

PRECSRIBING SAFETY

GMS Quality Improvement project 2024/25



Name of Practice: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Name of Cluster: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PLAN: Understanding the problem	DO: What changes did we make could result in an improvement?
Add details	Add details
PLAN: Involving others	
Add details	
PLAN: Aim: What are we trying to accomplish?	STUDY: What did the measure(s) show, and what have you learned?
Add details	Add details
PLAN: Measures: How will we know a change is an improvement?	ACT: Reflection and the next steps
Add details	Add details

Practice contact: [insert name of QI Lead or named person]
 Health Board: XXXXXXXXXXXXXXXXXXXXXXXXXXXX