**Monitoring of lithium**

|  |  |  |  |
| --- | --- | --- | --- |
| **Practice** | | **Lead for QOF** | |
|  | |  | |
| **Safety Indicator and chosen patient group(A)** | | | |
| **Improved monitoring of patients prescribed lithium** | | | |
| **Date of baseline assessment and number of. patients identified (B)** | **Date:** | | **No. patients:** |
| **Result of baseline assessment and root cause analysis** | | | |
| *What issues did the practice identify with prescribing safety?* **(C)** | | | |
| ***Action Plan*** | | | |
| *What changes will the practice make to try and address the issues identified with prescribing safety?* **(D)** | | | |
| **Objectives –** | | | |
| What objectives has the practice chosen (see Appendix B for examples) **(E)** | | | |
| ***Peer Review Meeting (1)*** | ***Date of meeting*** | |  |
| *How the network peer review meeting influenced your quality improvement plan* **(F)** | | | |
| **Results of implementation of action plan** | | | |
| **Date of search re-run and number of. patients identified (G)** | **Date:** | | **No. patients:** |
| *What did the practice achieve?* **(H)** | | | |
| *What changes will be embedded into the practice system to ensure prescribing safety in the future?* | | | |
| *What future work has the practice identified?* | | | |
| **Peer Review meeting (2)** | ***Date of meeting*** | |  |
| *How did the network peer support meetings influence the practice’s quality improvement plans and understanding of prescribing safety?* **(I)** | | | |