**Quality Improvement Projects – Monitoring Form**

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| **Name of QIP** | **Idea & Plan for QIP agreed** | **First audit done** | **Change executed** | **Reaudit & analysis done** | **Change executed** | **Reaudit & analysis done** | **Change executed** | **Reaudit & analysis done** | **Change executed** | **Reaudit & analysis done** |
| E.g. Iron Deprescribing QIP | Yes | Yes-Nov 23 | Yes | Yes–May 24 | Yes | Due–Nov 24 |  |  |  |  |
| E.g. Vitamin D testing QIP | Yes | Yes-Jul 24 | Yes | Due-Jan25 |  |  |  |  |  |  |
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Date for next review: April 2028