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| PDSA Worksheet | Team: | PDSA Leader: |
| Long-term Goal: | |
| Focus: ☐ Patients ☐ Providers ☐ Non-clinical Staff ☐ System ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Objective of Cycle: ☐ Collect Data ☐ Develop a Change ☐ Test a Change ☐ Implement a Change | |
| PDSA Cycle Aim: | |

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| **PLAN** | S  P  E  C  I  F  Y | What are you trying to accomplish or what questions do you hope to answer? | Key Driver Impacted:  1.  2.  3. | |
| M  E  A  S  U  R  E | How will you know that change is an improvement?   * Provide an evaluation plan to support your predictions. | Who (will collect):  What (measures):  When (time period):  Where (location):  How (method): | |
| A  C  T  I  O  N | State the tasks of the PDSA cycle   * Note who, what, when, where, and how the PDSA cycle will be accomplished. | List steps necessary to complete the PDSA cycle | Person Responsible |
| 1.  2.  3.  4.  5. |  |
| R  EASON | What do you predict will happen when the PDSA cycle is completed? |  | |
| T  I  M  E | What is the time frame of this PDSA cycle? | Date Started:  Target Completion Date: | |

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| **DO** | Carry out the PDSA & Collect data.  Describe:   * observations * problems encountered * special circumstances * items not part of the plan | Was the PDSA carried out as planned? ☐ Yes ☐ No  1.  2.  3. |

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| **STUDY** | Analyze the data and summarize the results. | Did your results match your predictions? ☐ Yes ☐ No  What did you learn from this?  1.  2. |

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| **ACT** | List lessons learned, major conclusions.  Are you confident that you should expand size/scope of test or implement?  What modifications/refinements are needed for the next cycle? | Did you meet your aims and goals? ☐ Yes ☐ No  Did you answer the questions you wanted to address? ☐ Yes ☐ No  Do you plan to ☐ Adopt ☐ Adapt ☐ Abandon the change or test?  1.  2.  3. |