**PDSA Plan**

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| **QI ACTIVITY FOCUS** |  | | | |
| **START DATE** |  | **END DATE** |  | |
| **PURPOSE OF PLAN**  What are you trying to accomplish? |  | | | |
| **CYCLE NUMBER** |  | | | |
| **INITIAL MEASURE** |  | **END MEASURE** |  | |
| **PLAN** - Here you will write a concise statement of what you plan to do and the steps involved. | | | | |
| What do you plan to do? | | | | |
| What do you hope to achieve? (include measurement/outcome) | | | | |
| How are you going to do this? (list the steps to be implemented) | | **BY WHO** | **BY WHEN** | **Completed** |
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| **Practice Partner/General Manager:** |  | **Date:** |  |
| **QI Nurse Manager:** |  | **Date:** |  |
| **Team/PDSA Lead:** |  | **Date:** |  |

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| **DO -** Implement your plan and write down observations you have during your implementation. This may include how the patients react, how the doctors react, how the nurses react, how it fit in with your system or flow of the patient visit.  You will ask, "Did everything go as planned?" |
| What did you observe? |
| Were there any unexpected events? |
| **STUDY -** After implementation you will study the results and record how well it worked, if you met your goal and  document areas of improvement. You will ask "Do I have to modify the plan?" |
| What did you learn? |
| Has there been an improvement? |
| **Did you meet your measurement goal?** |
| What could be done differently? |
| **ACT -** Here you will write what you came away with for this implementation, whether it worked or not. And if it did not work, what you can do differently in your next cycle to address that. If it did work, are you ready to spread it across your entire practice? |
| What did you conclude from this cycle? |

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