PDSA Tool

Ramp #:
Cycle #:
Site:
Filled out by:

PLAN – Plan for your Test of Change

ISSUE: What is the issue in your process that you will address in this PDSA?

TEST OF CHANGE: What will be changed in the current process?

METRIC: How will the team know if the Test of Change is successful?

PDSA Metric(s) Described in Detail*	Sample Size (3-10 data points)	Who is Responsible	Numeric Goal**

*For compliance metrics include numerator and denominator or for Turn-Around Time (TAT) metrics include units

**Numeric goal should be either a percentage or a Turn-Around Time (TAT)

WWW: List the steps and responsibilities that will help the team carry out the Test of Change

What are the Steps?	Who is Responsible?	When Will They Start?
Morning rounds identifies the sedation reduction	Nurse and physician	20 minutes after sedation reduction

FILL OUT DO STUDY ACT SECTIONS AFTER YOU CARRY OUT THIS PLAN

PDSA Tool

DO – Observations after carrying out the Plan

List what worked well:

-
-
-
-

List what could have gone better:

-
-
-
-

STUDY – Feedback and Lessons Learned after carrying out the Plan

Based on the team's data: Did the metric improve, worsen, or remain the same compared to your last cycle?

Improve ☐   Worsen ☐   Remain the Same ☐

Did the team meet the goal?   **No** ☐   Yes ☐

If No: What is the current average? Please explain the Root Causes

If Yes: Are there any data points that do not meet the goal? Why did they not meet the goal? Please explain the Root Causes.

ACT – What did the team conclude from this cycle?

As a result of this PDSA cycle, select a decision about this Test of Change:

Adjust ☐   **Expand** ☐   **Discard** ☐

Explain the team's selected decision for your next PLAN:

Congratulations on completing this PDSA cycle: Continue on to the next PDSA cycle and PLAN for your decision!