PDSA WORKSHEET

ALASKA HOSPITAL & HEALTHCARE ASSOCIATION

Team Name:	Date of test:	Test Completion Date:
Overall team/project aim:		
Test objective		

PLAN:

Briefly describe the test:

How will you know that the change is an improvement?

What driver does the change impact?

What do you predict will happen?

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where

Plan for collection of data:

DO: Test the changes.

Was the cycle carried out as planned? ☐ Yes ☐ No

Record data and observations.

What did you observe that was not part of our plan?

STUDY:

Was the cycle carried out as planned? ☐ Yes ☐ No

Compare the result of your test to your previous performance:

What did you learn?

ACT: Decide to Adopt, Adapt, or Abandon.

☐ Adapt: Improve the change and continue testing plan.
Plans/changes for next test:

☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability.

☐ Abandon: Discard this change idea and try a different one