



Plan-Do-Study-Act

A Process Improvement Guide for Committees

Definitions:

Plan Phase: A change or need for change is identified. In this phase, committees, teams or individuals are assessing the need for improvement and creating a plan of specific change ideas or interventions to address the issue. For this guide, we will use the opportunity of improving quiet at night for our patients. This phase should also include goal setting and metric identification. Each goal should be established as an aim that is clearly defined and measurable. Each performance improvement event should have two types of measures:

Lead Measure: a predictive measure of how well the change or improvement project is performing. This measure could be as simple as we will assist patients with a bedtime routine that includes the offering of blankets, eye masks, ear plugs and other sleep menu options. We will also ensure that care is clustered to limit interruptions to the patient's sleep. Our lead measures will be: Number of patients offered the sleep menu and clustered evening care and number of patients that slept greater than 5 hours uninterrupted.

Lag Measure: a longer term, bigger goal that is evaluated by post-experience data as opposed to real time data in the lead measure. The Lag Measure for our example is Quiet at Night Score improvement on the HCAHPS survey. Overall we desire an improvement in the Lag Measure, however, if we only measure that we will be in a constant state of addressing concerns and challenges reflectively instead of proactively. The Lead Measure gives us real-time data that can help us predict if the Lag Measure will improve. Instead of waiting for the Lag metrics, we will know from Lead data that the interventions are successful and can then predict that the Lag measure will improve.

Do Phase: This is the phase of action, the phase where we implement the plan and track the lead measure. It is important that this phase lasts long enough to determine initial outcomes. As it pertains to our example, this phase is where we would implement the sleep menu and clustered care routinely.

Study Phase: This is the observation portion of the cycle. The implementation has begun, the collection of Lag Measure data is in progress, and early results or challenges are being discovered. It is important that this phase lasts long enough to determine if the intervention is successful or needs to be refined. In early phases of change, there is resistance and anxiety related to process improvement. The Study Phase must last long enough to evaluate whether the implementation needs refinement or the responses are due to change anxiety. This also underscores the need for lag measures, as the data will provide the team with an understanding of what is occurring during implementation.

Act Phase: This phase is where the data, both quantitative from lag measures and qualitative from feedback from staff and patients, is evaluated and acted upon. The decision for the team is to continue with implementation in the current state or to respond to the data and refine and adjust the implementation; starting another cycle with the planning phase.

PDSA Team Worksheet

Identified Project/Process:	
PLAN PHASE	<p><u>Identified Lead Measure:</u></p> <ul style="list-style-type: none"> • Data Collection Tool: • Data Owner: <p><u>Identified Lag Measure:</u></p> <ul style="list-style-type: none"> • Data Source: • Data Owner:
DO PHASE	<p><u>Initial Observations:</u></p>
STUDY PHASE	<p><u>Quantitative Metrics from Lead Measure:</u></p> <p><u>Qualitative Data from Lead Measure:</u></p> <p><u>Early Lag Measure Results (if any):</u></p>
ACT PHASE	<p>Evaluation and Results:</p>