



Improvement Plan: Plan-Do-Study-Act (PDSA)

Continuous Quality Improvement Objective:

Immediate (0-3 months)
 Short Term (3-6 months)
 Long Term (6 months-1 year)

Start Date: _____ **Projected Date of Completion:** _____ **Staff Coordinating/Staff Involved:** _____
Actual Date of Completion: _____

Type of PDSA:

Professional Development
 Self-Care
 Team Building
 Program Outcomes

Other: _____

Your Overall AIM:

The AIM should be stated as a single SMART goal (Specific, measurable, attainable, realistic, time limited)

Baseline Data/Information:

Anticipated Challenges:

What source(s) of evidence did you use to determine the need for this objective

CYCLE #1

PLAN

Person(s) Responsible

Completion

PLAN	Person(s) Responsible	Completion
Action Step #1:		
Action Step #2:		
Action Step #3:		

What resources, professional development or support will be needed to achieve this objective?

DO

Were the action steps carried out as planned? Yes No Barriers:

What did you observe that wasn't part of the plan?

STUDY

What were the results?

What does the data tell you?

ACT

<input type="checkbox"/> Adapt	<input type="checkbox"/> Continue objectives/Action steps	<input type="checkbox"/> Adopt	<input type="checkbox"/> Complete	Abandon
Start date for cycle #2:				

CYCLE # 2

New Data/Information:
Anticipated Challenges:

What source(s) of evidence did you use to determine the need for this objective

PLAN

Person(s) Responsible

Completion

Action Step #1:		
Action Step #2:		
Action Step #3:		
What resources, professional development or support will be needed to achieve this objective?		

DO

Were the action steps carried out as planned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Barriers:
What did you observe that wasn't part of the plan?	

STUDY

What were the results/New data?
What does the data tell you?

ACT

<input type="checkbox"/> Adapt	<input type="checkbox"/> Continue objectives/Action steps	<input type="checkbox"/> Adopt	<input type="checkbox"/> Complete	Abandon
Start date for cycle #3:				

CYCLE # 3

New Data/Information:

Anticipated Challenges:

What source(s) of evidence did you use to determine the need for this objective

PLAN

Person(s) Responsible

Completion

Action Step #1:

Action Step #2:

Action Step #3:

What resources, professional development or support will be needed to achieve this objective?

DO

Were the action steps carried out as planned? Yes No

Barriers:

What did you observe that wasn't part of the plan?

STUDY

What were the results?

What does the data tell you?

ACT

Adapt

Continue objectives/Action steps

Adopt

Complete

Abandon