

PDSA Action Plan

Process Improvement: _____

Action Items	P/D/S/A	Responsible	Target Completion Date	Comments/Status
STRUCTURAL				
Task Force/Team Organized	P			
Goals Established*	P			
Meeting Scheduled Developed	P			
Update Shared Drive	P			
Action Items	P/D/S/A	Responsible	Target Completion Date	Comments/Status
DATA				
Baseline Metrics Collected**	P			
Ongoing Data Collection Process Defined/Assigned	P			
Ongoing Data Reporting/Monitoring	S			
Evaluation of Data/Outcomes after Implementation	S			

*Goal(s) for Improvement:

**Key Baseline Metrics:

Action Items	P/D/S/A	Responsible	Target Completion Date	Comments/Status
RESEARCH/ANALYZE				
Research: Evidenced and Best Practices	P			
Evaluate Current Practice and Data	P			
Key Stakeholder Interviews &/or Patient & Employee Rounding	P			
Action Items	P/D/S/A	Responsible	Target Completion Date	Comments/Status
DEVELOP NEW/IMPROVED PRACTICE				
Develop Policy/Guidelines	P			
Create Resources/Tools	P			
Develop Training	P			
Action Items	P/D/S/A	Responsible	Target Completion Date	Comments/Status
IMPLEMENT NEW PRACTICE				
Approval(s)	D			
Documentation/IS Changes	D			
Physician/Provider Education (prn)	D			
Staff Education	D			
Leadership Education/Communication				
“go live” (beta and/or big bang)	D			
Support for “go live”	D			
Action Items	P/D/S/A	Responsible	Target Completion Date	Comments/Status
STUDY & ADJUST				

Key Stakeholder Interviews &/or Patient & Employee Rounding	S			
Data Analysis &/or Competency Assessment	S			
Determine/Implement Adjustments to Process	A			