Guide to completing the PDSA Template

Beyond the C – Hepatitis C Elimination in Your Practice
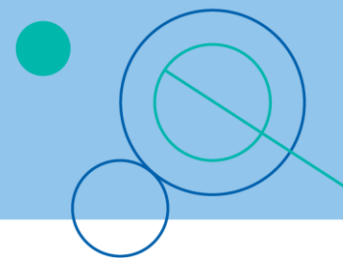
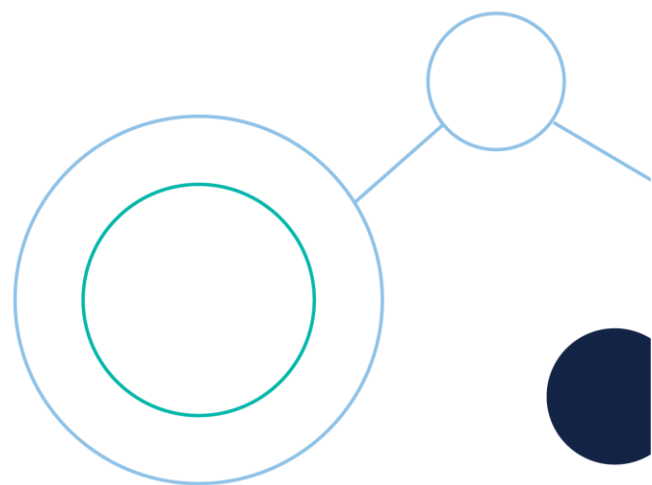# Contents

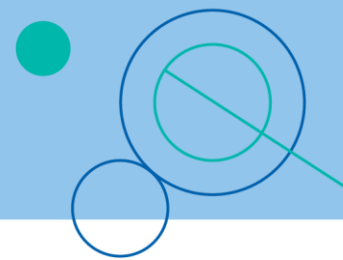## Purpose

This guide is intended to provide step-by-step instructions to help you complete the Plan, Do, Study, Act (PDSA) template so that it can be used to plan and execute the associated Quality Improvement activities.
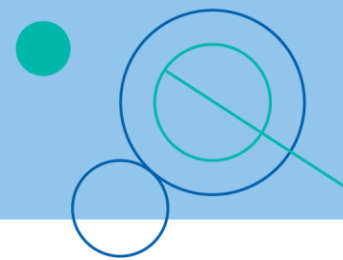
Introduction

The process for completing a Quality Improvement cycle involves a number of steps and these are documented in this guide. Several examples have been included to show how to use the template as well as prompts for each step in the template. It may also be useful to adapt these examples to save time when generating your own QI documentation. The template should be completed by the project lead with input from the team.

These documents can also be used to document the quality improvement activity for the purpose of PIPQI compliance so should be stored securely and retained as evidence for this dual purpose.
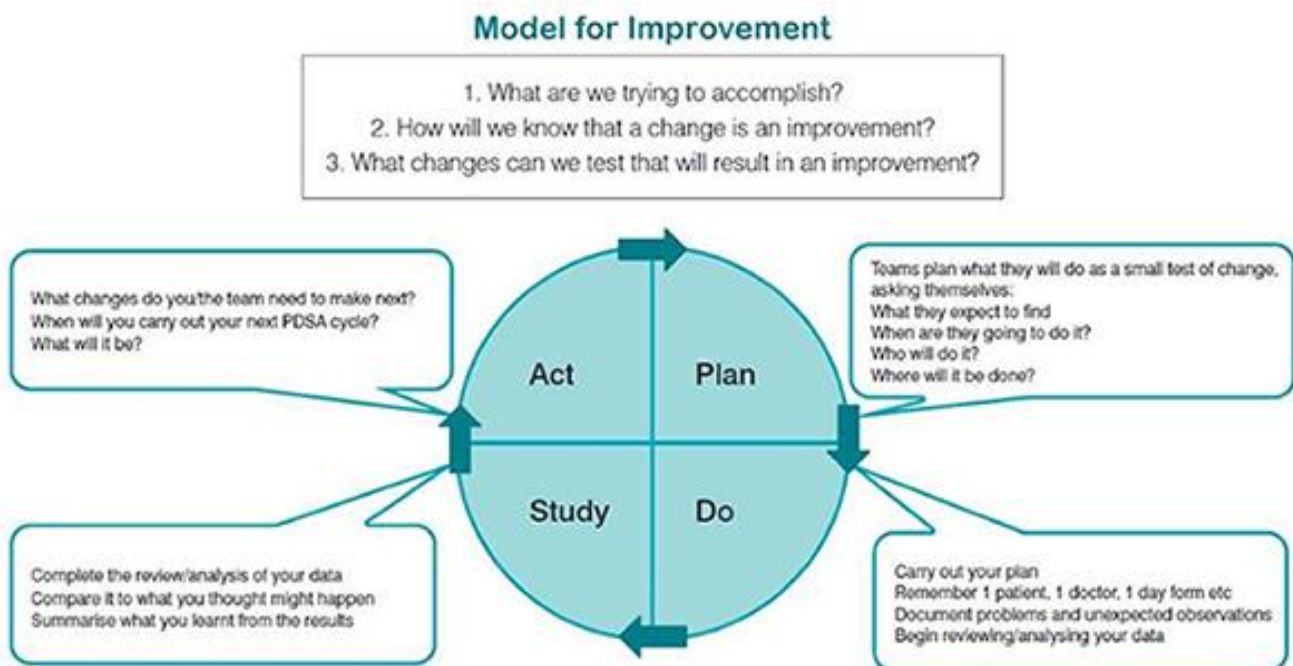
Step-by-step approach

The PDSA template is divided into 4 steps so that you know when to complete each section of the document. This approach will help to maximise the timeliness and effectiveness of the QI process:

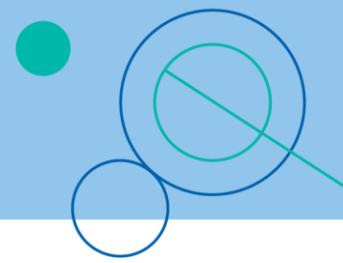| Step Number	Step Name	Timing	Description
Step 1	PLAN	Before	This is the planning phase. It should be completed prior to the start of the QI activity, prior to any work commencing.
Step 2	DO	During	This is the activity and recording phase and should be completed during and immediately after the QI work is carried out to record details of the activities completed as identified in the plan.
Step 3	STUDY	After	This is the reflection phase. It is an opportunity to reflect on the outcome after the QI activity has been completed and the results are available. You will need to analyse the results in this phase.
Step 4	ACT	After	Following the study phase where you analyse the outcome, this is where you will decide if any changes to the plan are necessary.

PDSA / QI ACTIVITY PRINCIPLES

- The PDSA is a cyclic activity, and learnings from one cycle inform the next.
- Keep each change idea small and achievable within 1-2 weeks.
- Develop SMART goals:
  - Specific (simple, sensible, significant) – What do I want to accomplish?
  - Measurable (meaningful, motivating) – How will I measure my progress?
  - Achievable (agreed, attainable) – What are the logical steps I can take?
  - Relevant (reasonable, realistic and resourced, results-based) – Is this worthwhile?
  - Time bound (time-based, time limited, time/cost limited) – How long will it take?
- Involve the team members in the generation of improvement ideas and prioritise them logically (i.e. according to impact, sequence of activities etc)
- Not all change ideas will lead to an improvement. That's why measurement is particularly important.
- Adopt and adapt quality improvement ideas generated by others.

Model for Improvement

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we test that will result in an improvement?

What changes do you/the team need to make next? When will you carry out your next PDSA cycle? What will it be?

Teams plan what they will do as a small test of change, asking themselves:
What they expect to find
When are they going to do it?
Who will do it?
Where will it be done?

Act | Plan

Study | Do

Complete the review/analysis of your data
Compare it to what you thought might happen
Summarise what you learnt from the results

Carry out your plan
Remember 1 patient, 1 doctor, 1 day form etc
Document problems and unexpected observations
Begin reviewing/analysing your data

Source: https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/model-for-improvement-and-pdsa-cycles

STEP 1:
PLAN

Getting started is often the most challenging step. With this is mind, it is helpful to begin by talking to the whole team so everyone understands the purpose and feels invested in the process.

Ask the following 3 questions to establish the Plan for the QI Activity and complete the first section of the template:
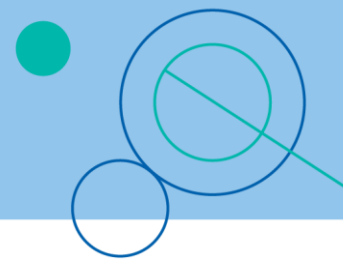
3 fundamental questions:

1. **What are we trying to accomplish?**
   By answering this question you will develop your goal for improvement

2. **How will we know that change is an improvement?**
   By answering this question you will develop measures to track the achievement of your goal

3. **What changes can we make that will lead to an improvement?**
   By answering this question you will develop the ideas you will test to achieve your stated goal. The improvement ideas generated here will serve as potential PDSA's/QI cycles that you will develop further as you work through the process and complete the template. This provides an opportunity to 'brainstorm' ideas for problem solving and should ideally involve the whole team and not be restricted. Good ideas often come from the least likely source. On further exploration of each idea, you can eliminate any that won't or can't be implemented due to time constraints, cost or logistics.

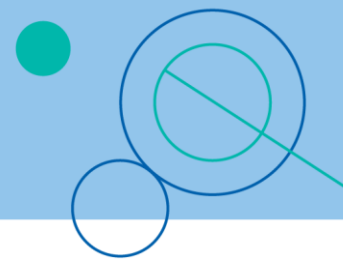| PLAN	DO	STUDY	ACT
• What is your task? • Who will carry it out? • When will it be carried out? • Where will it take place? • What do you predict will happen? • What data / information is to be collected • What measures will be taken to ensure success?	• Document / describe what actually happened. • Were there any unanticipated events?	• What were the results of the outcome measures? • How did the measured outcomes compare with the predicted outcomes?	• Identify next steps to be taken to meet the goal and complete the next PDSA/QI Activity Cycle. • Are modifications required to the ongoing plan?

The PDSA template represents a single PDSA / QI Activity cycle. There may be many cycles related to the stated goal and therefore multiple templates will be completed (one per cycle). The following example includes 3 QI Activity cycles and would therefore generate 3 PDSA documents:

Example QI Plan (including multiple PDSA cycles)

Goal: To build an accurate Hepatitis C register by the 30th June 2023

Cycle No.	Plan	Do	Study	Act
1	• Practice Manager to organise team meeting to discuss and agree improvement ideas and plan for activities	• Meeting held as planned. Improvement ideas and plan developed	• 9 improvement ideas generated. 3 eliminated after further analysis	
2	• Project officer to search database for patients with coded diagnosis of hepatitis C • When: Tues 30th July • Where: At practice • Predictions: A small number of patients will be identified (20-30)	• Plan was executed but delayed by 2 days due to staff absence	• 10 patients were identified with hepatitis C diagnosis and a further 5 patients identified for follow-up audit • Outcomes were as predicted with slightly fewer patients identified.	• Nurse to be provided with the list of 15 patients for confirmation of diagnosis

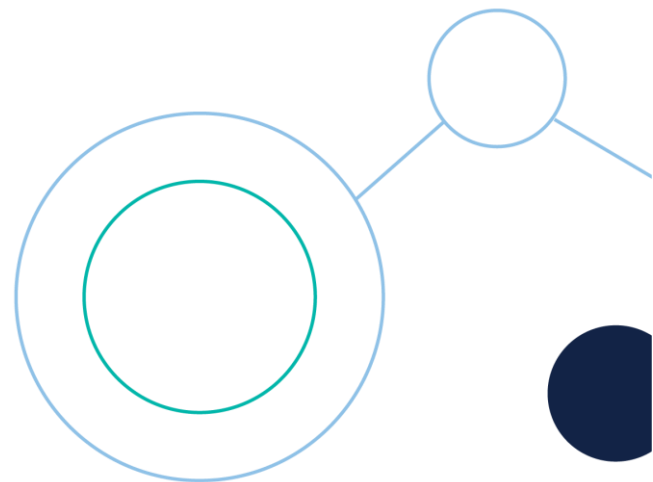|				
	• Data: Number of patients with hepatitis C diagnosis in Past Medical History • Success Measures: protected time to be scheduled, instruction sheets and access		• Searches took longer than expected	
3	• Project officer to search database for patients taking hepatitis C medications without a hepatitis C diagnosis • When: Tues 10th August • Where: At practice • Predictions: A large number of patients will be identified (100-150) • Data: Number of patients with NO hepatitis C diagnosis in Past Medical History but Hep C medications in Current treatment • Success Measures: protected time to be scheduled, instruction sheets, and access available	• Plan was executed on the scheduled date	• Further time is needed to complete the search. Fewer patients (18) patients were identified with NO hepatitis C diagnosis but taking Hep C medications in past or current history • Had to search both past and current treatments to identify patients ever taking Hep C medications	• Complete search of past prescriptions to ensure all potential patients with Hep C ever diagnosed are included in the register.
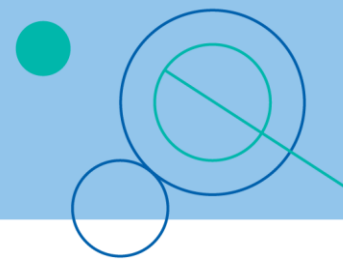
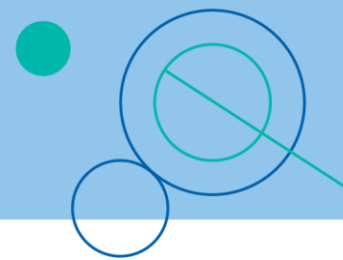## PDSA Template fields to be completed in the PLAN phase

Each item within this section of the PDSA template is described below. Use the field descriptors and associated questions to complete each item.

| Field Name	How to complete
Date:	Current date
PDSA Cycle ID:	This is the No. in the current PDSA/QI Activity cycle.
Change idea for testing:	This is the improvement idea (single PDSA cycle). Each idea is represented as a unique cycle ID, and all cycles are intended to meet the goal (e.g. build an accurate hepatitis C register).
Steps to be taken to facilitate the change:	Document each step in the change activity – include as much detail as necessary to clarify roles and expectations.
Who is responsible?	Document who is responsible for completing each step.
Date due:	Document the due date for completion of each step in the process.
Predicted outcomes:	Use your combined knowledge and experience to predict the measurable outcome of the improvement activity. e.g. 60 patients will be identified with a diagnosis of hepatitis C.
Measures to determine success:	Be specific about how you will measure the activity using the principles of SMART goals above. e.g. There will be a 15% increase in the number of patients with a coded diagnosis of hepatitis C recorded on file by (DATE).

| DATE:		PDSA CYCLE ID:	
AIM	**Change idea for testing:**		
PLAN	**Steps to be taken to facilitate the change:**	**Who is responsible?**	**Date due:**
	Predicted outcomes:	**Measures to determine change success:**	
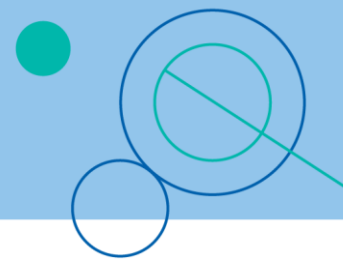
STEP 2:
DO

The 'Do' phase involves carrying out the plan that was documented in the planning phase. It also involves recording what was done. Consider if the plan was completed as anticipated or whether there were aspects that were overlooked or incomplete.

Try to focus on recording the facts rather than the opinion of the author and refer back to the plan to consider how the activity and the associated steps were expected to be carried out.
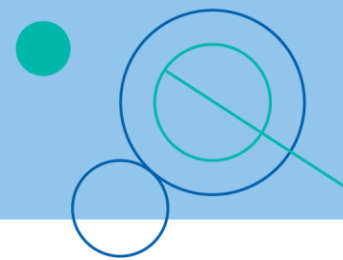
PDSA Template fields to be completed in the DO phase

Each item within this section of the PDSA template is described below. Use the field descriptors and associated questions to complete each item.

Field Name	How to complete
Document / describe what actually happened	• Was the improvement activity executed on the planned date? • Was the activity able to be completed within the scheduled timeframe? • Was additional help required? • Were there any technical difficulties?
Were there any unanticipated events?	• Document anything that occurred that was not expected. • Record facts rather than opinions in this section.
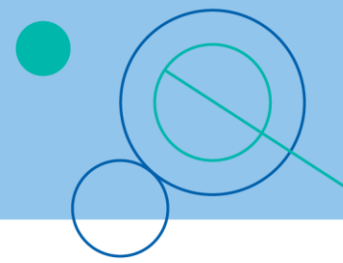
| DO	**Describe what actually happened?**
	Were there any unanticipated events?

STEP 3:
STUDY

The 'Study' phase is used to reflect on the results of the QI activity. It requires an analysis of the data collected during the Do phase to determine if the outcomes were as expected or not. You may conclude that further information should be collected to improve understanding before deciding the next steps or that the wrong data was collected to inform the measurement process. You may also decide to trend data using a timeline to better understand the outcome of the activity.

Through analysis of the data, clearly document your conclusions for further discussion with the team.
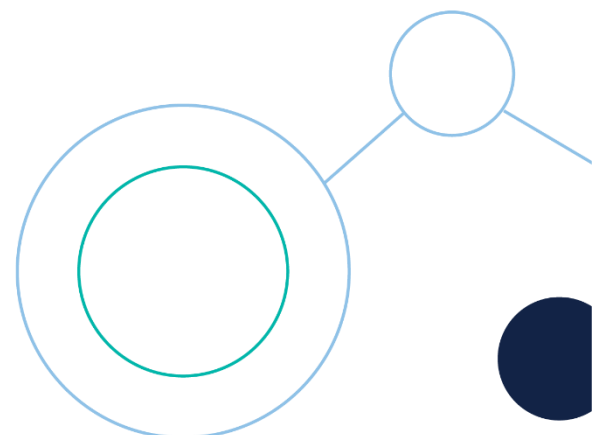
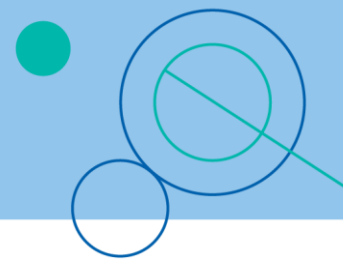### PDSA Template fields to be completed in the STUDY phase

Each item within this section of the PDSA template is described below. Use the field descriptors and associated questions to complete each item.

Field Name	How to complete
Results of outcome measures	• Document the results of the activity measurement. • The outcome metrics are included in the Plan section of the PDSA template and describe what data will be used/collected to measure the change idea. • This is an objective measure that may be manually or automatically generated depending on the nature of the information and the capability of the clinical information system in use.
How did the measured outcomes compare with the predicted outcomes?	• Document the expected versus actual result and describe how they differed, if at all. • Document why the expected results differed from the predicted result, if relevant.
Was the desired outcome achieved?	• Document whether or not the expected outcome was achieved and any issues or barriers encountered with the process / method used to achieve the result. • Was it possible to record the agreed/defined metrics?
Reflections from this change process	• Can you identify how to improve the QI activity to get a better outcome? • Were there any steps missing in the process? • Was adequate training provided to perform the QI activity? • Was adequate training provided to collect the outcome data? • Were any other resources required?
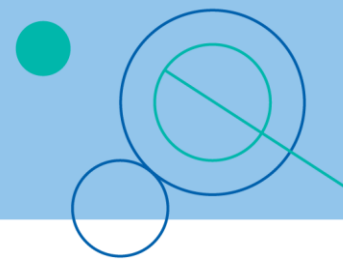
| STUDY	Results of outcome measures:
	How did the measured outcomes compare with the predicted outcomes?
	Was the desired outcome achieved?
	Reflections from this change process:

STEP 4:
ACT

The 'Act' phase is the final step in the PDSA process and should be documented in the template. Summarise the findings of the QI activity as a statement and consider what, if any changes are required to the plan as a result of completing the activity. Update the plan accordingly. Use the Act section to socialise the changes with the team so an agreement can be reached on the next logical steps to be taken.

PDSA Template fields to be completed in the ACT phase

Each item within this section of the PDSA template is described below. Use the field descriptors and associated questions to complete each item.

Field Name	How to complete
PDSA cycle conclusion	• The conclusion is a statement summarising the results of the PDSA cycle. It includes whether the activity achieved the stated goal and what the outcomes measures showed.
Modifications required to the ongoing plan?	• Considering the conclusion and analysis of the outcome results, are there any modifications required to the ongoing plan to reach the goal? • If so, what are the changes required?
Informing the next PDSA cycle:	• The next PDSA cycle should be a logical next step in the process of achieving the stated goal of the QI activity. If the QI activity had unexpected results, it may be necessary to modify/adapt the next PDSA cycle to cater for this scenario. • Are additional steps needed to complete the plan? • Does the approach need to change? • Are different resources required?
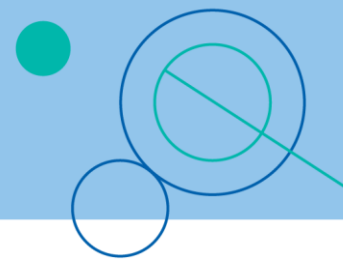
ACT	PDSA cycle conclusion:
	Modifications required to the ongoing plan?
	Informing the Next PDSA Cycle:
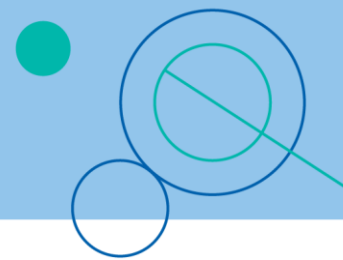
COMPLETED PDSA – SAMPLE No. 1

1. What are we trying to accomplish?

Examine the Clinical Information System database to determine if all patients with Hepatitis C have a diagnosis recorded in the Past Medical History

2. How will we know that change is an improvement?

The total number of patients on the register will increase by a minimum of 20%

3. What changes can we make that will lead to an improvement? (IDEAS)

- Archive patients who have not visited the practice for 2 years or more
- Search for all active patients with a coded diagnosis of 'Hepatitis C', 'Hepatitis C infection', 'Hepatitis C being treated' in clinical software
- Search for all active patients with a Reason for visit of 'Hep C', 'Hepatitis C' in clinical software
- Search for patients with a recall / reminder reason of Hepatitis C in clinical software
- Compare the lists and remove any duplicate patients

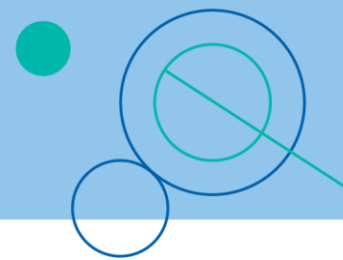| DATE: 10th August, 2023		PDSA CYCLE ID: 2	
Lead Name:			
Practice Name:			
AIM	**Change idea for testing**		
	Examine the Clinical Information System database to determine if all patients with hepatitis C have a diagnosis recorded in the Past Medical History. Build a list (register) of patients with this condition.		
PLAN	**Steps to be taken to facilitate the change**	**Who is responsible?**	**Date due**
	Search the Bp Premier database for all patients with a diagnosis of 'Hepatitis C' OR 'Hepatitis C infection' OR 'Hepatitis C being treated'	Project officer – Mandy	20/12/2023
	Predicted outcomes	**Measures to determine change success**	
	There will be at least 10 patients identified with hepatitis C	Number of patients identified with	
DO	**Describe what actually happened**		
	On 19/8/2023, the Project Officer searched the Bp Premier database for all patients with a diagnosis of 'Hepatitis C' OR 'Hepatitis C infection' OR 'Hepatitis C being treated' as per the plan.		

	Were there any unanticipated events?	
	No, but the activity did take longer than expected due to first time using the database search tool.	
STUDY	**Results of outcome measures**	
	The Bp Premier database search finds the following number of patients in each category: Hepatitis C = 8 Hepatitis C infection = 4 Hepatitis C being treated = 5 There were 4 duplicate patients in the list that have been removed bringing the total number of patients with Hep C diagnosis to 13.	
	How did the measured outcomes compare with the predicted outcomes?	
	Yes, we predicted that a minimum of 10 patients with Hepatitis C would be identified. 13 were identified after duplicates were removed.	
	Was the desired outcome achieved?	
	Yes, the search resulted in the identification of patients to establish a register.	
	Reflections from this change process	
	Consider the need for training / upskilling prior to each activity period to ensure all staff involved in the activity have the necessary skills and information to effectively complete the allocated task.	
ACT	**PDSA cycle conclusion**	
	The project officer to investigate the files of the 13 patients identified to confirm the diagnosis and print the list for a treating doctor to review and confirm for next best actions.	
	Modifications required to the ongoing plan?	
	None identified	
	Informing the next PDSA cycle	
	It is important to have planned protected time for this activity for the project officer to investigate files as part of the PDSA cycle conclusion. Consider adding other searches to identify patient files to be audited where no coded diagnosis of Hepatitis C has been added to the record. (i.e. risk factors, medications etc).	