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## Plan-Do-Study-Act Continuous Quality Improvement Worksheet

PDSA Start Date:	
List your improvement area.	
Example: It is a challenge to get documentation of mammogram results back when we refer women for this service.	
1. What are we trying to accomplish? (Indicator)	
Example: Increase the communication feedback loop between the center and mammogram providers.	
2. How will we know a change is an improvement? (Target)	

Example: Baseline: 45% of the time we do not have mammogram results in the clinical record when a woman is referred. Target: 70% of women referred for a mammogram will

**3.** What are the actual/potential barriers to achieving the results we want? (Root Causes) List them below. Think about causes from a patient, provider, and a system perspective.



have a documented mammogram result in the clinical record.



**4. What change(s) can we make that will result in improvements?** (These are your actions). Prioritize your actions and select the one(s) that should prove most successful in achieving the outcome you want.

Priority Matrix Instructions:	For each category below rank on a scale of 1-5 with 1 being easy to achieve and 5 being difficult to achieve. Total up the points in the Total column. Prioritize based on score.					
Action	Controllable	Low cost to implement	Resource support	Ease in integrating into daily operations	Ease in data collection and reporting	Total:





5. List all PDSA team members:
Expected Duration of PDSA:
Date PDSA Cycle Closed:



