**Sample “Plan-Do-Study-Act”[[1]](#footnote-1) Form**

*Use this form to help you plan your introduction of visual management. It includes sections to help you plan and manage all the tasks necessary to introduce a visual management board. You can also use it to gauge the success of your initial attempt at introducing visual management.*

**Purpose: Develop management practices to sustain the use of surgical checklist and related communication behaviors in order to reduce harm to patients at [Name of Site]**

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| --- | --- | --- | --- |
| Team Name:  | Date:  | Revision Date:  | Cycle:  |

What change are we testing? Visual management board with safety focus

**What questions do we hope to answer with this test?** (1) Can team develop a visual management board for daily use with a safety focus? (2) Can team make visual management board routine part of huddle practice?

***Plan:***

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| **Describe your first (or next) test of change** (*Every goal will require multiple tests of change)* | **Person responsible** | **When to be done** | **Where to be done** |
| Create and populate visual management board, and review data during one huddle. |  |  |  |
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| **List tasks needed to set up this test of change** *(include getting ready to measure)* | **Person responsible** | **When to be done** | **Where to be done** |
| 1. Describe purpose of visual management board to your team (e.g., those in huddle).
 |  |  |  |
| 1. Select board items. (Use component kit.)
 |  |  |  |
| 1. Identify the source for each item.
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| 1. Identify the person who goes to the source for each item.
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| 1. Identify the ONE PERSON who is accountable for making sure all items are up to date on the agreed-upon basis (e.g., by obtaining data from the relevant people and sources).
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| 1. Identify where the visual management board will be kept (default: wherever you will do daily huddles).
 |  |  |  |
| 1. Identify date of huddle where the board will first be used.
 |  |  |  |
| 1. Contact all staff necessary to pull needed information, and request the data for one update of the board (e.g., several days prior to huddle).
 |  |  |  |
| 1. Identify appropriate format for each item (e.g., a bar chart from Excel? A large table created in Word?).
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| 1. Obtain poster board or reserve white board space.
 |  |  |  |
| 1. Post data to board (e.g., Excel charts, tables).
 |  |  |  |
| 1. Give heads-up to team about test (avoid days after weekends or holidays for first test): Let staff involved in development of board know that it will be reviewed during huddle; if huddle is not scheduled regularly yet, let all relevant staff know huddle will happen.

“Test of a visual management board on [date]. Meet standing up in [location], no more than 10 minutes, start time is [time]. We expect to modify the board, learn by doing, and try it again.” |  |  |  |
| 1. Script language for discussion of items in huddle to ensure huddle flow is good
 |  |  |  |
| 1. Schedule 10-minute debrief call with those leading quality improvement project to introduce visual management, before noon on day of visual management board test.
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| **Predict what will happen when the test is carried out** (e.g., if we do “x,” “y” will happen) | **Measures to compare prediction to actual experience** |
| 1. QI managers, huddle facilitator and unit managers rate visual management board as at least A = Agree:

(a) *“The visual management board, as designed, has promise for daily use with operating room (OR) and/or pre/post staff (whomever is in huddle)”* Strongly disagree (SDA) Disagree (DA) Neutral (N) Agree (A) Strongly Agree (SA)(b) *“The visual management board, as* ***actually used*** *today during a huddle, has promise for daily use with OR and/or pre/post staff”* SDA DA N A SA | 1. Ask during debrief meeting, questions (a) and (b)
 |
| 1. Quality improvement (QI) managers, huddle facilitator and unit managers agree to do a second cycle
 | 1. Verify in debrief meeting
 |
| 1. At least one staff person suggests a change that can be tried on second cycle
 | 1. Verify in debrief meeting
 |
|  |  |

***Do:*** **Describe what actually happens when we run the test (note any unexpected events or problems)**

***Study*:** **Describe the results and how they compare to the predictions. Document new issues.**

|  |  |
| --- | --- |
| **Prediction** | **Actual Results** |
| 1. QI managers, huddle facilitator and unit managers rate visual management board as at least A = Agree:

(a) *“The visual management board, as designed, has promise for daily use with OR and/or pre/post staff (whomever is in huddle)”* SDA DA Neutral A SA(b) *“The visual management board, as* ***actually used*** *today during a huddle, has promise for daily use with OR and/or pre/postoperative staff”* SDA DA Neutral A SA |  |
| 1. Quality improvement (QI) managers, huddle facilitator and unit managers agree to do a second cycle
 |  |
| 1. At least one staff person suggests a change that can be tried on second cycle
 |  |

***More description?***

***New issues?***

***Act*: PLAN for our next cycle based on what we learned.**

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| What decisions do we make based on what we learned? |
| What do we want to learn in the next cycle(s)?  |
| What new questions do we have? |

**Organizing measures on the table (to help your planning)**

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| --- | --- | --- | --- | --- |
| **Item name** | **Why?** | **What are contents and format** | **Who updates?** | **Frequency of update** |
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**Purpose: Develop management practices to sustain the use of surgical checklist and related communication behaviors in order to reduce harm to patients at [Facility name]**

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| --- | --- | --- | --- |
| Team Name:  | Date: | Revision Date: | Cycle: DH-2 |

What change are we testing? Visual management board with safety focus

**What questions do we hope to answer with this test?** (1) Does the second cycle of updating the board and integrating it into the huddle go more smoothly?(2) What do we need to adjust to be able to update the board and integrate it into a huddle each day?

***Plan:***

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| --- | --- | --- | --- |
| **Describe your first (or next) test of change** (*Every goal will require multiple tests of change)* | **Person responsible** | **When to be done** | **Where to be done** |
| If our predictions hold in cycle 1, then repeat on next day. May incorporate suggestions from team or managers. |  |  |  |
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| --- | --- | --- | --- |
| **List the tasks needed to set up this test of change** *(include getting ready to measure)* | **Person responsible** | **When to be done** | **Where to be done** |
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| **Predict what will happen when the test is carried out** (i.e., if we do “x,” “y” will happen) | **Measures to compare prediction to actual experience** |
|  |  |
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***Do:*** **Describe what actually happens when we run the test (note any unexpected events or problems)**

***Study*:** **Describe the results and how they compare to the predictions. Document new issues.**

|  |  |
| --- | --- |
| **Prediction** | **Actual Results** |
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***More description?***

***New issues?***

***Act*: PLAN for our next cycle based on what we learned.**

|  |
| --- |
| What decisions do we make based on what we learned? |
| What do we want to learn in the next cycle(s)?  |
| What new questions do we have? |

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1. “Plan-Do-Study-Act” refers to a method for testing changes in clinical practice. In the “plan” step, lay out the specifications of your test. In the “do” step, conduct the test. In the “study” step, review how the test went and lessons learned. In the “act” step, integrate your learning into a next test or into daily practice. [↑](#footnote-ref-1)