# PDSA WORKSHEET

**Team Name:** Hospital A  
**Date of test:** June 1, 2016  
**Test Completion Date:** June 3, 2016

**Overall team/project aim:** By December 2017, to reduce the rate of severe morbidities in women with preeclampsia, eclampsia, or preeclampsia superimposed on pre-existing hypertension by 20%

**What is the objective of the test?** To improve access to IV labetalol on the L&D unit.

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## PLAN:

**Briefly describe the test:**
Test use of the severe hypertension medication box containing: magnesium sulfate (with tubing, syringes, and needles), labetalol, hydralazine, and calcium gluconate.

**How will you know that the change is an improvement?**
Feedback from providers and staff on experience with box after use on one patient – does it contribute to improved access and time to treatment?

**What driver does the change impact?**
Response

**What do you predict will happen?**
We predict the medication box will improve access to IV hypertensive medication when caring for patient with severe hypertension.

## PLAN

<table>
<thead>
<tr>
<th>List the tasks necessary to complete this test (what)</th>
<th>Person responsible (who)</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gather medication for boxes using appropriate protocol</td>
<td>Jane &amp; John</td>
<td>June 1</td>
<td>L&amp;D Room 2X</td>
</tr>
<tr>
<td>2. Assemble boxes and label all contents individually and list contents on box.</td>
<td>Jane &amp; John</td>
<td>June 1</td>
<td>L&amp;D Room 2X</td>
</tr>
<tr>
<td>3. Mark boxes with a PDSA label so team knows it’s part of a test of change</td>
<td>Jane &amp; John</td>
<td>June 1</td>
<td>L&amp;D Room 2X</td>
</tr>
<tr>
<td>4. Notify L&amp;D staff and providers of the box and its location in all rooms.</td>
<td>Jane &amp; John</td>
<td>June 2</td>
<td>Staff meeting L&amp;D Room 3X</td>
</tr>
<tr>
<td>5. Meet with nurse, provider and any other involved staff after first use for feedback.</td>
<td>John</td>
<td>June 3</td>
<td>L&amp;D Room 3X</td>
</tr>
<tr>
<td>6. Develop subsequent PDSA cycle/other action.</td>
<td>Team</td>
<td>June 3</td>
<td>Team meeting L&amp;D Room 3X</td>
</tr>
</tbody>
</table>

Plan for collection of data: Qualitative discussion of nurse and provider experience with the box.

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## DO:

**Test the changes.**

- **Was the cycle carried out as planned?** X Yes  □ No
- **Record data and observations.**
  Nurse Joan used the box with a patient on June 3. Felt it greatly increased her access to the medications and patient was treated within 45 minutes of confirmed BP. Feedback that box was difficult to open. Questions about how to ensure new box is in place for next case were raised.

- **What did you observe that was not part of our plan?**
  We didn’t expect packaging to be an issue.

## STUDY:

- **Did the results match your predictions?** X Yes  □ No

- **Compare the result of your test to your previous performance:**
  First test. Previous treatment required additional steps to access medications.

- **What did you learn?**
  Medication box helps but needs to be easier to access in an emergency. Plan for restocking needed.

## ACT:

- **Decide to Adopt, Adapt, or Abandon.**
  - **Adapt:** Improve the change and continue testing plan. Plans/changes for next test: Change box closure type and retest with one patient. Add checking boxes for restocking to the hospital’s existing crash cart check list and review status after one box is used with one patient.
  - **Adopt:** Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability
  - **Abandon:** Discard this change idea and try a different one
Plan, Do, Study, Act (PDSA) Monthly Summary Worksheet

Please briefly describe the Plan, Do, Study, Act (PDSA) cycle(s) you completed this month in the following sections:

a. **Plan**: What was your hospital’s aim for improvement this month? What changes did you test this month? How did you implement the test of change (Who, What, When, Where, How)?

b. **Do**: When did you implement your first test of change? What barriers did you experience and how did you overcome them?

c. **Study**: What did you learn? Is it what you expected?

d. **Act**: What changes do you plan to test next month? How will you implement your next test of change?

The content of this survey is based on the Ohio Perinatal Quality Collaborative’s “MPR 39 Week Dissemination and Spread Survey” with adaptations based on Illinois Hospital Association’s “Action Plan Worksheet.”