PDSA WORKSHEET

Objectives	What do you hope to learn with this PDSA Cycle? What specific questions will you address? How can I increase completed depression screenings?			
PLAN	**Plan your change (what)**	**Responsible (who)**	**When to be done**	**Where to be done**
	during one day, test depression screenings completed in the exam room when waiting for the provider	Cynthia our MA	Wednesday 11/16 during Dr. Smith's clinic	in the exam room
	List the tasks needed to set up this test of change (how)	**Responsible (who)**	**When to be done**	**Where to be done**
	have paper copies of the PHQ-9, during rooming, give the screening; collect, score, and share with provider; make sure results get put into the chart	Cynthia and Dr. Smith	Print screenings11/15; hand out screenings	front office and exam room
	Predict what will happen when the test is carried out It may be hard to get the screening results to the provider in time; worried about delaying the appointment. Would like 75% completion.		**Measures/Data:** to determine if prediction succeeds (plan for data collection) number of completed depression screenings	

DO	**Describe what actually happened when you ran the test** / *Conduct the change/ test. Collect data, note observations, problems encountered, special circumstances:* All of the screenings were given and some patients took it (language was an issue); Dr. Smith reviewed the results. Not all of the final results made it into the chart. Some patients needed help completing the screening.

STUDY	**Describe the measured results and how they compared to the predictions** / *Analyze the data, quantitative and qualitative:* 50% of screenings were completed; issues are patient assistance completing the form (need a Spanish version); need to develop a process to make sure the results are entered into the chart - will look into a basket for completed screenings or look to see if EMR has one built in

ACT	**Describe what modifications to the plan will be made for the next cycle from what you learned** / *Analyze the data, quantitative and qualitative:* ___ PDSA Complete/ No modifications necessary / need to standardize across the practice __x Conduct another PDSA cycle with modifications ___Will review status again on _[insert date]_ ___Other Comments: