

PDSA/PDCA	AAAHC Study Development Steps	Standards v43
<p>PLAN: Plan the test, including a plan for collecting data.</p> <ul style="list-style-type: none"> State the question you want to answer and make a prediction about what you think will happen. Develop a plan to test the change. (Who? What? When? Where?) Identify the data you will need to collect. 	<ol style="list-style-type: none"> Purpose of the study: quantify the gap and explain why it's important Set goal: define what your organization is trying to achieve Identify reasons for the performance gap; explain the why 	<p>QUA.270 The organization demonstrates that continuous improvement is occurring by conducting quality improvement studies when the data collection processes indicate that improvement is or may be warranted.</p>
<p>DO: Run the test on a small scale.</p> <ul style="list-style-type: none"> Carry out the test. Document problems and unexpected observations. Collect and begin to analyze data. 	<ol style="list-style-type: none"> Define your corrective action(s) and implement 	<p>QUA.270.10 As evidenced by documentation of quality improvement studies conducted, the studies include the applicable components of the quality improvement process.</p>
<p>STUDY/CHECK: Analyze the results and compare them to your predictions.</p> <ul style="list-style-type: none"> Complete, as a team, if possible, your analysis of the data. Compare the data to your prediction. Summarize and reflect on what you learned. 	<ol style="list-style-type: none"> Remeasure to ensure improvement and sustainment 	<p>QUA.270.20 At least one current quality improvement study demonstrates that improvement occurred and has been sustained.</p>
<p>ACT: Based on what you learned from the test, make a plan for your next step.</p> <ul style="list-style-type: none"> Adapt (make modifications and run another test), adopt (test the change on a larger scale) or abandon (don't do another test on this change idea). Prepare a plan for the next PDSA. 	<ol style="list-style-type: none"> Remeasure to ensure improvement and sustainment (if goal not met) Communicate widely before, during, and after 	<p>QUA.270.30 As documented in committee and/or staff meeting minutes, and/or in records of educational activities, the findings of quality improvement activities are communicated:</p> <p>QUA.270.20.1 To the governing body QUA.270.30.2 Throughout the organization, as appropriate.</p>

The AAAHC Study Development Steps describes the components that should appear in a quality improvement study. This chart shows one way the PDSA/PDCA model can crosswalk with the standards and these components. The AAAHC recommends that the search for a meaningful QI study begins with a review of the data that your organization is already collecting and an evaluation of your performance against benchmarks – your own (internal) or those of like organizations (external). If you find that you are not meeting the benchmarking, then you have identified a study opportunity.

References:

1. Accreditation Association for Ambulatory Health Care (AAAHC). *Accreditation Handbook for Ambulatory Care, v43*. AAAHC (Deerfield, IL). Available at <https://store.aaahc.org/handbooks?page=1>. January 2024.
2. Accreditation Association for Ambulatory Health Care (AAAHC). *Accreditation Handbook for Medicare Deemed Status, v43*. AAAHC (Deerfield, IL). Available at <https://store.aaahc.org/handbooks?page=1>. January 2024.
3. Institute for Healthcare Improvement (IHI). *Plan-Do-Study-Act (PDSA) Worksheet*. Available at <https://www.ihl.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx>. January 2024.
4. Minnesota Department of Health. *PDSA: Plan-do-study-act*. Available at <https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/pdsa.html#NaN>. January 2024.
5. Gorenflo, G. and Moran, J. The ABCs of PDSA. Downloaded from the Public Health Foundation at http://www.phf.org/resourcestools/Pages/The_ABCs_of_PDCA.aspx. Retrieved January 2024.