

MOC Part 4: Practice Quality Improvement (PQI) Projects Group Participant PDSA (Plan-Do-Study-Act) Checklist & Summary Record

PLEASE NOTE: This **optional** form contains the structural elements for **GROUP PQI** project process record-keeping. Separate recording of the data elements of a project should be attached to this form. **DO NOT SEND** this form to the ABR unless requested to do so during an audit.

BASELINE PDSA CYCLE (Cycle #1)

(In Cycle #1, a topic is selected, and baseline data are gathered to compare with post-improvement plan data in Cycle #2.)

Step 1: PLAN. Identify and Describe the Project (Group-Designed)

[GROUP MEETING #1]

- Select a topic (area of interest). This should address a part of your group's practice that you would like to improve, or an observed gap in service or patient care: _____
- Define a measurement to be obtained: _____
- Establish a desired measurement target/goal. What does the group want the measurement to be in order to achieve an appropriate standard of performance and/or patient care? _____
- Estimate the predicted baseline measurement result: What does the group think the measurement *will* be? _____

Step 2: DO. Baseline Measurement Summary

- Number of data points collected: _____
- Baseline measurement value calculated: _____

Step 3: STUDY. Baseline Data Analysis [GROUP MEETING #2]

- How did the baseline measurement results compare to the predicted measurement results? _____
- How did the results compare to the desired target goal? _____
 - If baseline results **did** meet the target, cite potential contributing factors and/or root causes:
 1. _____
 2. _____
 3. _____

- 4. _____
- 5. _____

- Proceed to Step 4.
- If the baseline results unexpectedly **did** meet or exceed the desired goal, complete Steps 9 and 10 as appropriate. Then return to Step 1 to select a new project and begin a new PDSA process.

Step 4: ACT. Improvement Plan Development

- Discuss and adopt actions to address contributing factors and/or root causes:
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - 5. _____
- Based on these findings, construct an improvement plan and a process by which to implement the plan. Determine an appropriate time interval after plan implementation to allow the plan to have its desired effect. Then proceed with re-measurement to assess improvement in Cycle #2.

POST-IMPROVEMENT PLAN PDSA CYCLE (Cycle #2)

(In Cycle #2, re-measurement is performed after implementation of the improvement plan developed in Cycle #1.)

Step 5: PLAN.

- Determine that the improvement plan constructed in Cycle #1 has been successfully implemented.
- Reaffirm the measurement to be obtained: _____
- Reaffirm the desired measurement target/goal. What does the group *want* the measurement to be? _____
- Estimate predicted measurement result *AFTER* implementation of the improvement plan. What does the group think the measurement *will* be?

Step 6: DO. Repeat Measurement Summary

- Number of data points collected: _____
- Re-measurement value obtained: _____

Step 7: STUDY. Re-measurement Data Analysis [GROUP MEETING #3]

- How did the measurement results compare to the predicted results?

- How did the measurement results compare to the desired target goal?
- If results **did not** meet the target:

 1. Re-evaluate the improvement plan by determining any problems with the plan’s design or its implementation, including issues preventing root causes from being addressed effectively:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 2. Has the target/goal been set too high? Is an adjustment in order?
 3. Is the measure the correct one?
 4. Are modifications to the improvement plan warranted?
 5. Proceed to Step 8.
- If results **did** meet or exceed the target, proceed to Step 8.

Step 8: ACT. Project Decision Point [GROUP MEETING #4]

- Determine whether the group project has met its performance goal.
 1. **If “yes,”** adopt the improved practice process as a standard and proceed to a new PQI project.
 2. **If “no,”** proceed with additional PDSA cycle(s) as needed to adjust the improvement plan or the measurement target/goal. Continue the existing project either until the goal is met or an end-point is otherwise determined. *(Any improvement identified through this process is an indication of success, and in some cases, the magnitude of improvement in the project measure achieved may be all that can be reasonably expected.)*

Step 9: Participant Self-Reflection Statement

This brief narrative completes the quality improvement process. The PQI participant records his or her reflections on the project, improvements in quality and/or safety as a result of the project, and its overall value to the practice or patient care.

Step 10: Each Group PQI Project Participant Must Attest to Project Completion on his or her myABR Account (<https://myabr.theabr.org/login>).