# Minnesota Department of Health **Plan-Do-Study-Act (PDSA) Form**

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| **Change Being Tested:**  |
| **Agency:**  | **Home Visiting Model:**  | **Month:**  |
| **Primary Driver:**  | **Secondary Driver:**  | **Cycle #:**  |
| **Objective** | [ ]  Test a change[ ]  Implement a change |
| **Questions**What are we trying to learn?If we……will it result in……?Questions 🡪 Predictions 🡪 Data Collection 🡪 Conclusions |  |
| **Predictions**What do we think will happen?Try to make it numerical. |  |
| **Plan**Who WhatWhereWhenTasks or Tools NeededData Collection |   |
| **Do**Carry out the plan.Document what happened – observations, challenges. Report the data. |  |
| **Study**Complete analysis.Compare data to predictions.Summarize conclusions, surprises, lessons learned. |  |
| **Act**Do changes need to be made?What happens next? | [ ]  Adapt (modify and try again, move to next test) [ ]  Adopt (move to implementation)[ ]  Abandon (stop exploring this change)Describe next steps.  |
| **Parent Involvement**Did parents provide input? | [ ]  Yes[ ]  NoIf yes, describe how.  |