DEPARTMENT OF HEALTH

Project Planning Form

OBJECTIVE: MAP BROAD AIMS FOR **A**CTION PERIODS TO GUIDE YOUR PDSA PLANNING

INSTRUCTIONS:

- 1. Have the Driver Diagram with Changes available for reference
- 2. Identify which primary driver(s) your team will be working in
- 3. Write action period goals to guide your work on the 1st page
- 4. Write down the change ideas you'll test on the 2nd page; estimate which weeks you will test, implement, scale.

LOCAL IMPLEMENTING AGENCY:

PRIMARY DRIVERS IN WHICH YOU ARE / WILL BEGIN PDSA TESTING

PRIMARY DRIVERS	Action Period 1 (Date-Date)	ACTION PERIOD 2 (DATE-DATE	Action Period 3 (DATE-DATE)
 Competent and skilled workforce to support breastfeeding 			
2. Active family involvement in infant feeding planning and practices			
3. Strong community linkages to breastfeeding support systems			
 Reliable and effective policies and practices that support families in breastfeeding decision-making 			
 Successful integration of parent leaders in CQI efforts 			

Change	Person Responsible	T = Test; I = Implement; S = Spread Week													
		Jul	Jul	Jul	Jul	Jul	Aug			Aug	Sep			Sep	
		1	8	15	22	29	5	12	19	26	2	9	16	23	30
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