**Sample “Plan-Do-Study-Act”[[1]](#footnote-1) Form**

*Use this form to help you plan your introduction of daily huddles. It includes sections to help you plan and manage all the tasks necessary to introduce huddles. You can also use it to gauge the success of your initial attempt at introducing a huddle.*

**Purpose: Develop management practices to sustain the use of surgical checklist and related communication behaviors in order to reduce harm to patients at [Name of Site]**

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| --- | --- | --- | --- |
| Team name: | Date: | Revision date: | Cycle: |

What change are we testing? Daily Huddle with safety focus

**What questions do we hope to answer with this test?** (1) Can team run a useful daily huddle in 10 minutes or less? (2) Can team develop and use a huddle agenda?

***Plan:***

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| **Describe your first (or next) test of change** (*Every goal will require multiple tests of change)* | | | **Person responsible** | **When to be done** | | **Where to be done** |
| Try a huddle for one day, reflect, and prepare to test again right away. | | |  |  | |  |
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| **List the tasks needed to set up this test of change** *(include getting ready to measure)* | | **Person responsible** | | | **When to be done** | **Where to be done** |
| 1. Identify who is leading the quality improvement project to introduce huddles. Consider dedicated quality improvement staff, nurse managers, and administrators, for example. | |  | | |  |  |
| 1. Give overview of project work to your team before announcing the first test. | |  | | |  |  |
| 1. Why daily huddle? Agreement by leads of quality improvement (QI) project. Review benefits and edit if needed. | |  | | |  |  |
| 1. Who attends? (a) Operating room (OR) staff is first group? Alternatively, consider: (b) Preoperative or (c) post-anesthesia care unit. Consider whether to include physicians.   Default option: anyone may observe but start with OR staff. | |  | | |  |  |
| 1. Who leads huddle? Default: Direct supervisor or manager (subsequently: take turns to build skill among all) | |  | | |  |  |
| 1. When? Start of day? What exact time? | |  | | |  |  |
| 1. What? Agree to sample agenda. | |  | | |  |  |
| 1. Where will huddle happen? Default: In front of the visual management board | |  | | |  |  |
| 1. Draft agenda includes safety preview of patients for the day. What do we need to make this meaningful? How will any safety issues identified be addressed? (Who, How, When) | |  | | |  |  |
| 1. Identify who will write down concerns from previous day and concerns for current day. | |  | | |  |  |
| 1. Notify all participants in huddle about test 48 hours in advance (avoid days after weekends or holidays for first test):   “Test of a daily huddle on [Date]. Meeting standing up, no more than 10 minutes, start time is [Time]. We expect to modify the huddle, learn by doing, and try it again.” | |  | | |  |  |
| 1. Schedule 10-minute debrief for leaders of this quality improvement project (introduce huddles) after huddle, before noon on day of first huddle test. | |  | | |  |  |
| **Predict what will happen when the test is carried out** (e.g., if we do “x,” “y” will happen) | **Measures to compare prediction to actual experience** | | | | | |
| 1. QI staff, huddle leaders, and managers all rate daily huddle questions at least as A = Agree:   (a) *“The huddle as* ***planned*** *for today has promise for daily use with OR staff”*  Strongly Disagree Disagree Neutral Agree Strongly Agree  (b) *“The huddle as* ***actually run*** *today has promise for daily use with OR staff”*  Strongly Disagree Disagree Neutral Agree Strongly Agree | 1. Ask during debrief meeting, questions (a) and (b) | | | | | |
| 1. Managers, QI leaders, and huddle facilitators agree to do a second cycle | 1. Verify in debrief meeting | | | | | |
| 1. At least one staff person suggests a change that can be tried on second cycle (indicator of engaged staff) | 1. Verify in debrief meeting | | | | | |
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***Do:*** **Describe what actually happens when we run the test (note any unexpected events or problems)**

***Study*:** **Describe the results and how they compare to the predictions. Document new issues.**

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| --- | --- |
| **Prediction** | **Actual results** |
| 1. QI staff, huddle leaders, and managers all rate daily huddle questions at least as A = Agree:   (a) *“The huddle as* ***planned*** *for today has promise for daily use with OR staff”*  Strongly Disagree Disagree Neutral Agree Strongly Agree  (b) *“The huddle as* ***actually run*** *today has promise for daily use with OR staff”*  Strongly Disagree Disagree Neutral Agree Strongly Agree |  |
| 1. QI staff, huddle leaders and managers agree to do a second cycle |  |
| 1. At least one staff person suggests a change that can be tried on second cycle (indicator of engaged staff) |  |
|  |  |

***More description?***

***New issues?***

***Act*: PLAN for our next cycle based on what we learned.**

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| What decisions do we make based on what we learned? |
| What do we want to learn in the next cycle(s)? |
| What new questions do we have? |

**Purpose: Develop management practices to sustain the use of surgical checklist and related communication behaviors in order to reduce harm to patients at [Facility name]**

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| --- | --- | --- | --- |
| Team name: | Date: | Revision date: | Cycle: DH-2 |

What change are we testing? Daily Huddle with safety focus

**What questions do we hope to answer with this test?** (1) Does the second cycle of daily huddle go more smoothly?(2) What do we need to adjust to be able to run a daily huddle with safety focus every day?

***Plan:***

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| --- | --- | --- | --- |
| **Describe your first (or next) test of change** (*Every goal will require multiple tests of change)* | **Person responsible** | **When to be done** | **Where to be done** |
| If our predictions hold in cycle 1, then repeat on next day. May incorporate suggestions from team or managers. |  |  |  |
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| **List the tasks needed to set up this test of change** *(include getting ready to measure)* | **Person responsible** | **When to be done** | **Where to be done** |
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| **Predict what will happen when the test is carried out** (i.e., if we do “x,” “y” will happen) | **Measures to compare prediction to actual experience** |
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***Do:*** **Describe what actually happens when we run the test (note any unexpected events or problems).**

***Study*:** **Describe the results and how they compare to the predictions. Document new issues.**

|  |  |
| --- | --- |
| **Prediction** | **Actual results** |
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***More description?***

***New issues?***

***Act*: PLAN for our next cycle based on what we learned.**

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| --- |
| What decisions do we make based on what we learned? |
| What do we want to learn in the next cycle(s)? |
| What new questions do we have? |

AHRQ Pub. No. 16(17)-0019-4-EF

May 2017

1. “Plan-Do-Study-Act” refers to a method for testing changes in clinical practice. In the “plan” step, you lay out the specifications of your test. In the “do” step, you conduct the test. In the “study” step, you review how the test went and lessons learned. In the “act” step, you integrate your learning into a next test or into daily practice. [↑](#footnote-ref-1)