# 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  What  Where  When  Tasks or Tools Needed  Data 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  No  If yes, describe how. | |