

Develop a plan to achieve the goal?

(List steps of the plan – this will allow you to identify the step that may need modifying/revising if necessary.) *(Please attach additional paper if necessary.)*

What data sources are needed for the test? (What data sources will you use to monitor your progress?)

What measures are used to analyze if you are achieving the goal?

Baseline: *(September 2011 Bone & Mineral Data Collection Form)*

Phosphorus =

Calcium =

iPTH =

Measure: (Numerical formula)

$\frac{\# \text{ of patients Phosphorus between } 3.5\text{-}5.5\text{mg/dL}}{\text{Total \# of patients with labs drawn for the month}}$ = Facility rate

$\frac{\# \text{ of patients Calcium between } 8.4\text{-}10.2\text{mg/dL}}{\text{Total \# of patients with labs drawn for the month}}$ = Facility rate

$\frac{\# \text{ of patients iPTH between } 150\text{-}300\text{pg/mL}}{\text{Total \# of patients with labs drawn for the month}}$ = Facility rate

	Monitoring frequency: <i>Monthly</i>								
		Aug 2011 Baseline	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012
	Phos								
	Ca								
	iPTH								
<p>Step 2. DO: Try out the test on a small scale.</p>	<p>Implement the plan. (Document problems and unexpected observations as you implement your plan.) <i>(Please attach additional paper if necessary.)</i></p>								
<p>Step 3. STUDY: Set aside time to analyze the data and study the results.</p>	<p>Analyze the results and compare the results with your goal. <i>(Please attach additional paper if necessary.)</i></p>								
<p>Step 4. ACT: Determine if the test was successful or the plan needs to be revised.</p>	<p>If the test was successful, how will you implement the plan on a wider scale? <i>(Please attach additional paper if necessary.)</i></p> <hr/> <p>If it was not successful, what needs to be changed based on what you have learned? Should you continue to search for other root causes? <i>(Please attach additional paper if necessary.)</i></p>								

Medical Director's Signature

Date

Guidelines For Using The PDSA Process To Create Change				
PROCESS	Questions To Be Answered	Generate Ideas	Gain Consensus	What To Do Before Proceeding To The Next Step
PLAN: Identify an opportunity and plan for change.	How can we get to where we want to be? What do we do first? What's the best way to do it?	Ideas on how to solve the problem; how to implement solutions; how to monitor and evaluate the trial improvement.	Agree on a design and implementation plan for a trial improvement; agree on criteria for evaluating trial.	Brainstorm possible improvements; analyze strengths and weaknesses; establish criteria for selection; establish time lines and a plan for monitoring and evaluating the trial; update run charts and progress reports.
DO: Implement the change on a small scale.				Document problems and unexpected observations.
STUDY: Use data to analyze the results for the change and determine whether it made a difference.	Have we implemented the trial improvement correctly? Have we followed the monitoring plan? Are we improving? What are we learning?		Agree on effectiveness of trial.	Evaluate improvement trial using established criteria; compare results with desired state; check for new problems; decide to implement change system-wide, or return to root cause analysis (fishbone diagram) to search for other sources of variation; update run chart and progress report.
ACT: If the change was successful, implement the plan and continuously monitor results. If the change did not work, start the process again.	Should we implement system-wide change? Does management support the change? If not, should we continue to search for other root causes?	Ideas for planning system-wide change. (Implement action based on what you learned in the study step. If the change did not work, go through the process again with a different plan using what you have learned in the study step.)	Agree to a new plan for system-wide change; or, return to root cause analysis and start the process again.	Prepare to report results of the project; communicate results throughout the organization; continue to monitor.

Please submit your QAPI plan with the Medical Director's signature to the Network office by Friday, November 11, 2011