Plan-Do-Study-Act Cycle Log Example:

This is a real example of a series of PDSA cycles recorded in a log by a practice that worked on quality improvement around the issue of psychosocial screening. This gives an idea of how we would like our QTIP practices to record their efforts. Some of these PDSA cycles were conducted simultaneously; others followed on previous ones. This log was updated weekly over 20 weeks and this is the summary of what was done.

**PDSA 1:** Timeframe: December-ongoing

**P:** Can we use **billing code 96110 to monitor use of screening tools** and charges?

**D:** Will ask Dale to pull data from computer

**S:** 12/03/04: We reviewed our PDSA data for the past two weeks; only two 96110 charges for the 2 week psychosocial screen and one for PEDS.

**A:** Reviewed with the doctor the need to remember to code the front sheet. Front office staff will watch for PEDS and psychosocial screens and catch billings. Will continue to collect data on number of 96610 codes to monitor use of psychosocial screen and PEDS. Predict number will increase by 200 percent over the next month as Dr. Fisher and staff become more aware.

**S:** 12/14/04: Only 2 PEDS in interim

**S:** 1/13/05: Billed for 9 ORRS and 3 PEDS. Noted that we have very poor attendance for 18 month, 2 and 3 year physicals.

**A:** Reminder System, see PDSA 11

**PDSA 2:** Timeframe: December-ongoing

**P:** Look at our **psychosocial screen** we are using at the 2 week visit. We feel that some parents feel threatened by it.

**D:** Switch the handing of the screen from the front office staff to the nurses; have them explain that this is a stress index, why we are doing it, and see if it changes the number of positive screens. All screens go to Kathy our case manager, after completion. She will monitor the number of completed screens along with the number of positive screens and report on Dec. 14th.

**S:** Currently about 25 percent are positive; we predict 30 percent will be positive. Follow data pending the return of Kathy after maternity leave.

**PDSA 3:** Timeframe: December

**P:** Preventive Services Prompting Sheet. We use a template for each office visit, which we have considered a prompting sheet. What about a master prompting sheet?

**D:** Developed practice specific sheet and put in Dr. L's charts.

**S:** Our trial run of the preventive services prompting sheet has been well received by Dr. L and nursing staff. Nurse will add to all doctors' well child visits for children under 5 on a selected basis.

**A:** Decided to add a line for "Concerns" which is the first question for the PEDS to be used at visits in which the full PEDS is not used. Also changed maternal depression to depression so we would remember to ask teenagers; changed cardiovascular risk to obesity, cardiovascular risk, BMI so we would encourage obesity and BMI discussion; and added a line for "connected kids" (see below). Added slots for early intervention (baby net) and parent-to-parent. (PDSA cycle 3a: CSCHN question, PDSA cycle 3b: Depression question, PDSA cycle 3c: Concerns question, PDSA cycle 3d: PEDS screen)
PDSA 4: Timeframe: December-January

S: Dr. L reviewed Rob's draft of the connected kids VIPP/CK screener. It looks like precisely the kinds of questions we think should be included in well child care. How should we implement it?

D: We took Rob's questions and numbered them, posted them in Dr. L's exam room and added the question numbers we wanted to include at each well child visit under the “connected kids” row on the preventive service prompting sheet.

S: Will try it out over the next few weeks and see how we like it.

A: Felt to be very useful, may need to play with how we spread out the questions, see PDSA10

PDSA 5: Timeframe: January-ongoing

P: Need to address how we do strength and asset issues

D: Have taken the visit cards for asset development that we received from Paula and Margaret in Chicago and placed them in room 6.

S: Dr. L tried them out on well child visits in that room to see how they felt. He discovered that the majority of the material was already part of our well child routine. The handouts were considered too much on top of the handouts that we already pass out. Really like the focus on strengths and assets. Found that the division between Relationships/Energy/Awareness/Decision-maker seemed more and more forced the younger the child was at the time of the visit. Objected to recommending reading prior to the 6 month visit.

A: Dr. L will continue to play with them to get a feeling for how they can be better incorporated into his routine

PDSA 6: Timeframe: December-ongoing

P: What effect does Bright Futures have on office regime times?

D: Hillary is working with front office staff to record accurate times so we can measure the impact of intervention on visit length. Turn-around times recorded for every patient in practice from visits to allergy shots.

S: This has helped us to allow more time for more lengthy visits.

PDSA 7: Timeframe: January

P: Location of the Preventive Services Prompting Sheet (PSPS) hard to find.

D: Put holes in the right side of sheet and file in front of immunizations

S: Now, when the chart is opened to immunizations, with PSPS information on the mirror page, it is much easier to scan.

A: See PDSA 10
PDSA 8: Timeframe: January-ongoing

P: Current PSPS Sheet flow not quite right

D: Split sheet into four categories: 1: Basic demographic information; 2. Psychosocial and Developmental Screening; 3. Physical health screening; 4. Preventive services handouts

S: Try on trial basis

PDSA 9: Timeframe: January

P: Find out how other providers feel about Preventive Services Prompting Sheet.

D: Discussed Preventive Services Prompting Sheet with the other medical staff. Add a key to the back of the sheet so that others less familiar with it would be able to fill it out.

S: They each reviewed it and were asked for feedback. They had one suggestion, to add a line under the physical health screening section for flu shots

A: See PDSA 10

PDSA 10: Timeframe: January-February

P: Find out how other providers feel about Preventive Services Prompting Sheet.

D: They will try it out, at least 5 per provider. Nurses also encouraged to use the PPPS sheet both as reminders for needed services and a place for documentation. Specific attention was paid to the Connected Kids questions.

S: Dr. L polled providers: Following comments:

- **What did you find useful about the Preventive Services Prompting Sheet?** Reminds me of what I should be doing; Organized thoughts and problems on one sheet; Reminder to check the newborn screen; Additional questions to mom
- **What did you not find useful?** Questions designed to evaluate home life; Duplicates physical exam sheet; What is the strength and assets check box for? The location, tie and concern if I identify a psychosocial problem that I can help
- **What would you like changed?** None; It would be nice if the questions to be asked were incorporated into the well child sheet. It's difficult and we need to make a better effort of getting the newborn screen results on the chart; Somehow include in check up sheet
- **Is it to cumbersome to have another spot in the record to have to go to for Well Child Visits?** No, but it would flow better if added to well child visit sheets; Yes, but manageable and in balance is helpful; Looking for the questions to ask in the most cumbersome. For me, yes. I already flip around in the chart for immunizations, growth curves and previous visits
- **A major purpose of the preventive services prompting sheet is to focus attention on psychosocial issues that affect child health outcomes. Is there any difference in your approach to psychosocial issues as a result of the preventive services prompting sheet?** I'm more apt to inquire with this reminder; No, but more aware to give parents chance to talk about issues; Difficult to assess at this point; More questions to mom about mom; I like the prompting sheet

A: Need to consider incorporating reminders into our well child visit sheets. PSPS could be used as a reminder for the nurses as to which forms are attached at each visit.
**PDSA 11:** March-May  
**P:** Reminder system discussed with medical staff. Under consideration. Staff participating in this month’s BF conference calls.  
**S:** Sara and Hillary participated in BF conference call  
**A:** At this time the consensus in the practice is to continue with our current system. Children older than 2 receive post-card notification each May if they have not been seen in over a year for a visit. Four-thousand patients are receiving cards this year.

**PDSA 12:** February-March  
**P:** Review of PDSA cycle 3d. Feel we need to add PEDS screen in at the 9 month visit, at least top half.  
**D:** PSPS modified to include PEDS at nine month visit.  
**S:** Discussed the Committee on Children with Disabilities with Mr. L. This change meets their new screening guidelines  
**A:** Will permanently adopt this change and continue forward

**PDSA 13:** February-April  
**P:** Want to include a screen for autism. Discussed with M. Gnarls. Think that using the joint attention questions from the M-CHAT in addition to the PEDS will be a good way to screen for autism.  
**D:** Add slot for asking 3 questions from M-CHAT on autism at 15 month or 18 month visit to PSPS.  
**S:** Dr. L is pleased, thinks this is easy to ask as part of well child protocol and may be useful and easy to do. Will continue to incorporate in our screening protocol.

**PDSA 14:** February-April  
**P:** Need to screen children for mental illness at entry to school  
**D:** Will ask Dr. L to try PSC checklist at 5 and 6 year visits. Add to PSPS to remind.  
**S:** Monitoring  
**A:** Useful. Unclear as to when to use PSC check list. Will do once during Elementary School, once during middle school when opportunity presents itself. See PDSA 16

**PDSA 15:** March  
**P:** Nursing staff does not always remember to put PEDS, PSC and PSEI forms with chart; or forget BP  
**D:** Sara has color-coded PSPS sheet with highlighter for these tasks, and placed PSPS sheet on the wall at nurse’s work-up station to remind nurses to pass out forms  
**S:** Will study 96110 code numbers and subjectively ask doctors if improvement occurs.  
**A:** Little improvement appears to be occurring. Will monitor provider-specific use of 96110 code.
**PDSA16:** April-June:

**P:** Appears to be little movement of Bright Futures initiatives out of Dr. L’s practice and into the rest of the organization. After Dr. L’s 3 week absence, nurses now even more likely to ignore new procedures. Other doctors not buying in.

**D:** Will monitor **provider specific data on use of the 96110** code (for PSEI, PEDS, Vanderbilt and PSC) and point out providers that they get paid for doing these screens (as a very limited pay for performance initiative) and share this data with providers on a weekly basis. Dale to collect data

**S:** Data for week ending:

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Obvious successful spread in practice change throughout entire building. Will consider monitoring again in future. Have overcome previous feedback of: "I don't have time"; "What is the code?"; "I do it informally"; "How do you score it?"

**A:** Scoring sheets provided to each provider. Can just write Dev Screen on the front sheet and front staff will code it. Some providers have time.

**PDSA17:** May-June

**P:** late adapters slow picking up screening routing

**D:** Will augment our data gathering in PDSA with focused attention on part of charge nurse on late adapters to encourage them to remember practice screening protocol

**S:** See data set in PDSA 16. Successful practice change.