

Rapid Cycle PDSA Worksheet

Date: _____ Technical Assistance Focus: _____

Facility Name: _____

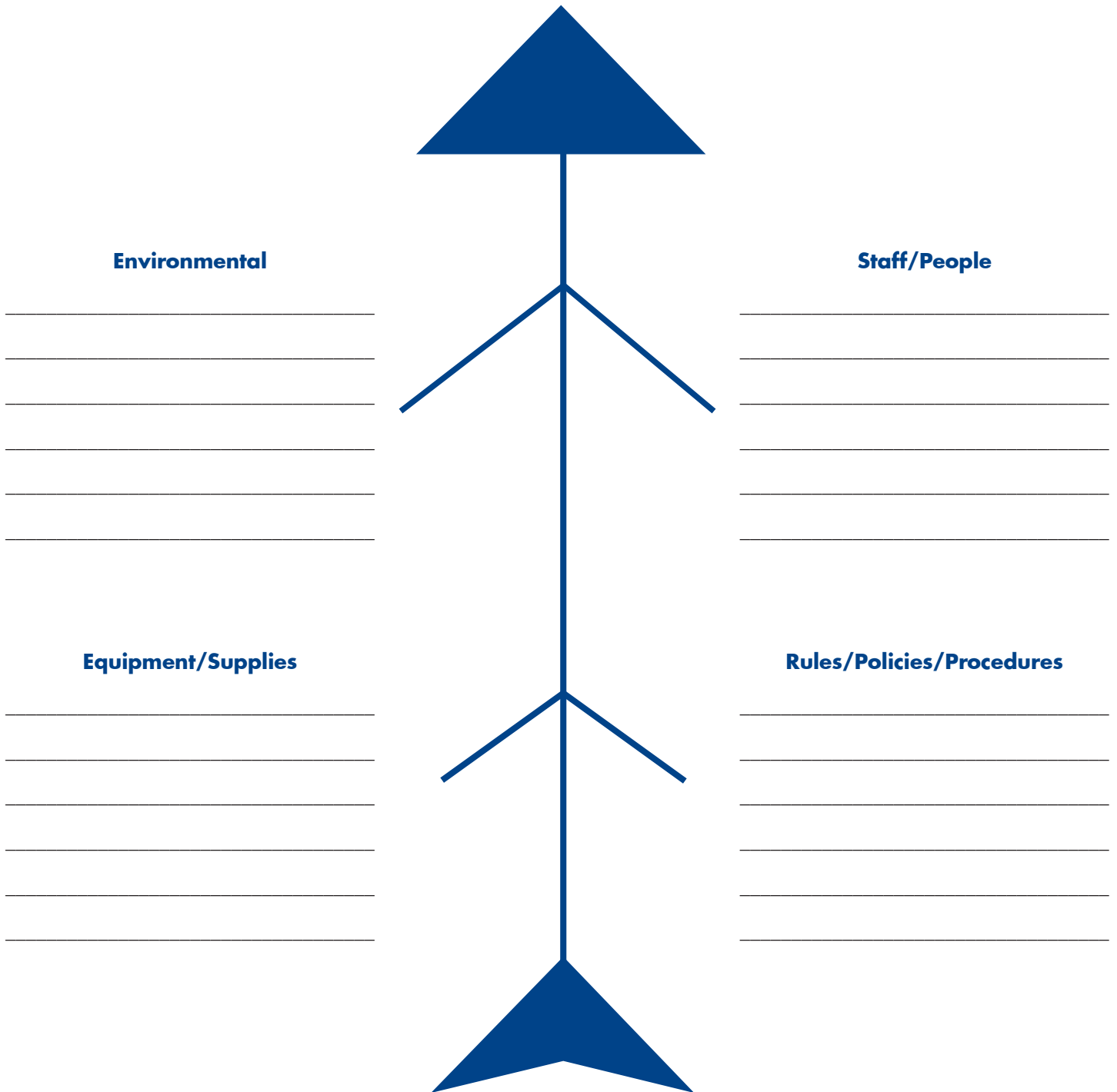
Facility Champion: _____

Plan/Goal Setting: Describe the problem to be solved and complete Root Cause Analysis (RCA) on page 3

State the problem ex. who, what when, where, and how long	
What do you want to accomplish? How do we know a change is an improvement? What do you want to change or improve? Identify the goal and estimated timeframe for resolution. Consider how long you will work on this improvement area. (Recommend one to three months)	Which area needs improvement or change? What triggered the need?
	What do you hope to accomplish?
	What is the frequency of review? (target: three-month review)
	Will this be presented to the QAPI committee?
Identify the behavioral health focus What is the area of importance?	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Mental health <input type="checkbox"/> Substance use <input type="checkbox"/> De-escalation strategies <input type="checkbox"/> Suicide prevention <input type="checkbox"/> Naloxone (Narcan) Training <input type="checkbox"/> Other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Workforce training <input type="checkbox"/> Behavioral health equity <input type="checkbox"/> Trauma-informed care <input type="checkbox"/> Operations </div> </div>
What will be done? e.g., initial intervention(s), expected outcome for each intervention, goal(s), and expected overall outcome goal rate in a percentage format (as applicable)	What changes will result in the improvement? <div style="margin-top: 10px;"> <input type="checkbox"/> Root cause analysis <input type="checkbox"/> Identify project champion <input type="checkbox"/> Engage interdisciplinary team <input type="checkbox"/> Review residents' records <input type="checkbox"/> Review Casper or equivalent report <input type="checkbox"/> Training (title/type): _____ <input type="checkbox"/> Number to be trained: _____ <input type="checkbox"/> Resources (type): _____ <input type="checkbox"/> Disseminate/post resources <input type="checkbox"/> Observations (staff/residents) <input type="checkbox"/> Behavioral health huddles <input type="checkbox"/> Naloxone access <input type="checkbox"/> Train agency staff </div>

DO: Intervention/Improvements:			STUDY Results	Act
Action Step(s)	Start Date	Person Responsible/ Team	Analyze Impact of Action in Reaching Goal	Outcome Decisions and Date
				<input type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps
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RCA Problem Statement



Facility Name: _____ CCN: _____

Champion Name: _____

Team Members: _____

Notes: