

PDSA CYCLE FEEDBACK SHEET

PURPOSE: To provide helpful feedback to hospital teams who have submitted a PDSA worksheet documenting tests of change designed to develop, test or implement a change.

FULL Facility Name (do not use abbreviation):

PDSA #

Date:

Reviewer:

| PLAN: Review Question: | Was it Addressed? (√ if yes) | Comments/Notes: |
|--|--|------------------------|
| Was the objective for this PDSA cycle clear? | | |
| Did the team state their predictions? Did the prediction identify how they thought test would result in an improvement? | | |
| Did the team address WHO, WHAT, WHERE, WHEN? | | |
| Did the team describe plan to collect the data required to answer questions? Will the team be able to evaluate the predictions using these data? | | |
| What was the scale/scope of the PDSA (Too large, small, complex, simple etc.)? Was there a more useful size/scope for this PDSA cycle? | | |
| DO: Review Question: | | |
| Did the team attempt to carry out their plan? | | |
| Did the team document any problems or unexpected events? | | |
| Did the team collect the data they planned to collect? | | |
| Suggestions to improve the DO phase of the PDSA. | | |
| STUDY: Review Question: | | |
| Did the team compare the data and feedback or observations to their prediction and summarize what they learned? | | |
| Did the team update their theories about the objective of the cycle? | | |
| Any suggestions? | | |
| ACT: Review Question: | | |
| Did the team say what will happen in the next PDSA cycle (develop change further, test, implement)? | | |
| Suggestions for the next PDSA cycle(s)? | | |

Additional Comments: _____