



PDSA Workshop for Performance Improvement Professionals

June 2026

PDSA MODEL

What is it?

- It's a simple, widely used continuous improvement framework for testing and improving processes in healthcare

Key elements

- Plan
- Do
- Study
- Act

Try something → see what happens → learn → improve → repeat

PDSA MODEL

Indications for use

- System issues
- Assessment of trends and patterns across multiple cases
- Benchmarking (TQIP) against national or collaborative standards
- Assessment of effectiveness of guidelines and protocols

PROJECT TITLE

PLAN a change or improvement
The Problem

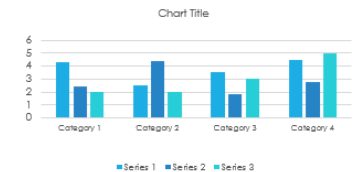
Aim/Goal
The goal of this Project is to...

Team

DO the improvement, make the change
The Interventions
What Changes did you make or plan to make?

STUDY the results and examine data
Graphs/Data

Or other supporting graphic. Compare where you started and what progress you have made since making changes.



Lessons Learned

State Key Accomplishments achieved to date and lessons learned from working on this project

ACT to sustain performance and spread change
Next Steps

Determine if need to expand to other areas or rework the cycle

PDSA MODEL

- **Benefits**
 - ‘Big Picture analysis – allows the reviewer to focus on trends and high-frequency issues
 - Benchmarking
 - Broader overview is resource efficient
- **Barriers**
 - Delayed impact
 - Less detail – may not include important facts that lead to variances
 - Dependent on accuracy in data collection

PLAN

Identify a problem or opportunity and design a change aimed at improvement.

Key activities

1. Define the problem clearly (e.g., low SBIRT compliance)

The problem

The ACS standards for verified trauma centers includes the requirement for screening admitted patients greater than age 12 for alcohol misuse and provide a brief intervention with referral to treatment if screening is positive. In 2024, the compliance rate is less than 80% for brief intervention and referral to treatment.

PLAN

Identify a problem or opportunity and design a change aimed at improvement.

Key activities

1. Set measurable goals
2. Identify metrics for success

Aim/Goal

The goal of this project is to improve compliance to 80% or greater for brief intervention and referral to treatment in patients who screen positive for alcohol misuse.

PLAN

Identify a problem or opportunity and design a change aimed at improvement.

Key activities

1. Identify key stakeholders

Team

- *TMD*
- *TPD*
- *Social Work*
- *PI Coord*
- *Lead trauma registrar*



DO

Implement the change

Key activities

- Carry out the planned test
- Collect data during the process
- Document any unexpected observations

DO

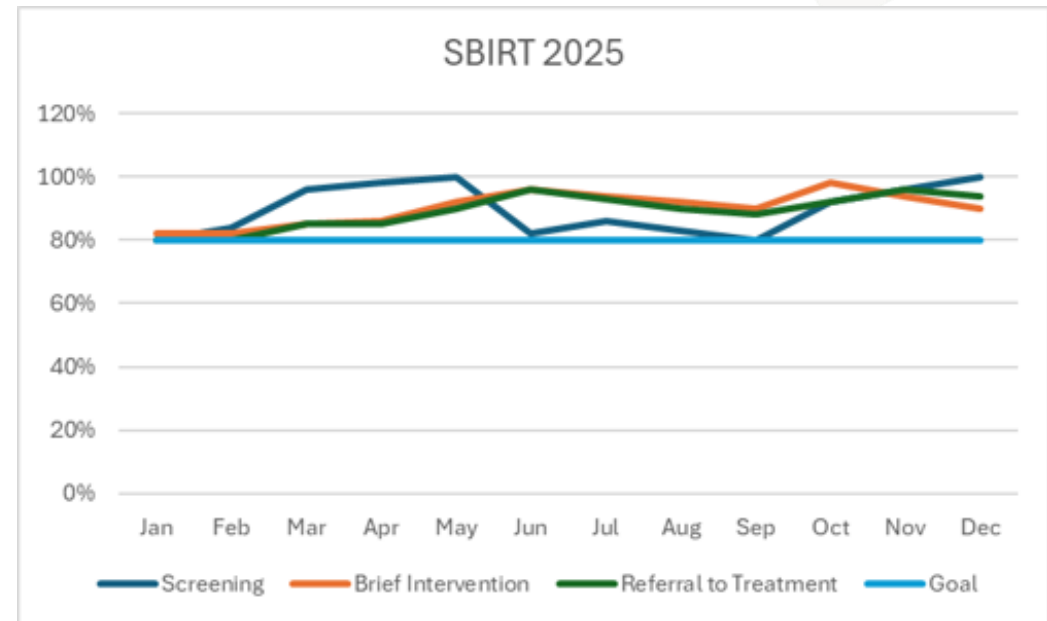
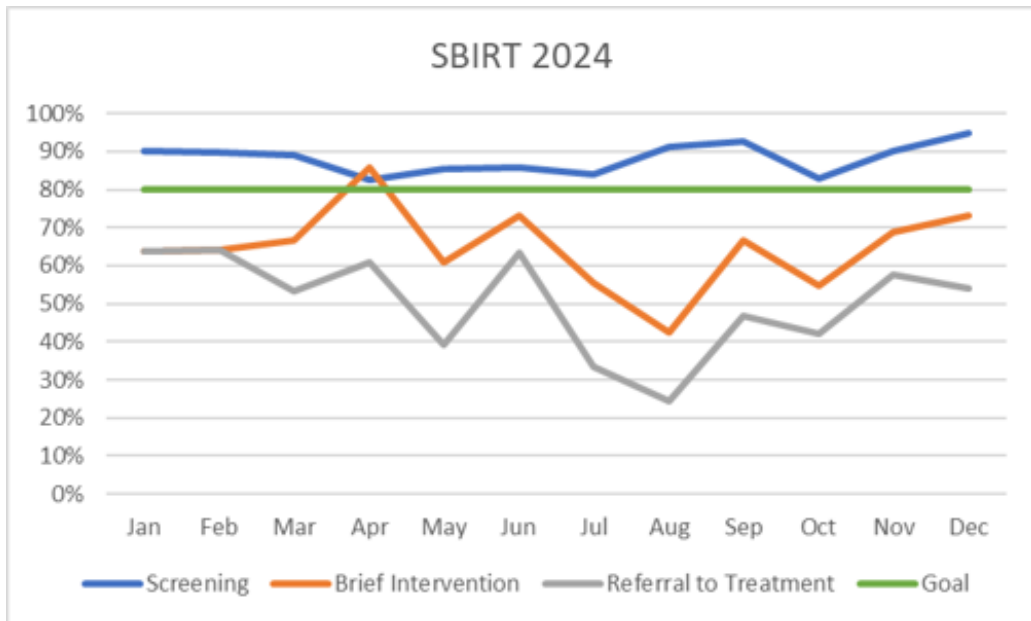
- *9/2024 compliance added to new PI dashboard – identified problem*
- *10/24 review of trauma registry data fields for collecting and reporting SBIRT compliance*
- *11/21/24 review existing SBIRT process*
- *12/17/24 meeting with Social Work to discuss workflow and proposed changes to existing SBIRT process that include all admitted patients over 12y for screening*
- *12/2024 Revise guideline to include ACS criteria for SBIRT*
- *1/2025 daily monitoring of SBIRT compliance with weekly communication with SW team*
- *1/2025 coordinate with registry to ensure consistency in data collection*
- *2/19/25 finalized revision of SBIRT guideline*

STUDY

Analyze the results of the test and compare them to expectations.

Key activities

1. Analyze the results
2. Compare what happened versus what you expected



STUDY

Analyze the results of the test and compare them to expectations.

Key activities

1. Analyze the results
2. Compare what happened versus what you expected




Lessons learned

- State key accomplishments achieved to date and lessons learned from working on this project
- *Need for criteria that meets inclusion/exclusion for SBIRT process*
 - *Inclusion: all admissions age 12 and older for screening; brief intervention and referral to treatment for all positive screenings*
 - *Exclusion for brief intervention/referral to treatment: Death, met brain death criteria, discharge to Hospice/LTAC/TBI rehab (cognitively impaired)*

ACT

Sustain performance and spread change

Decide what to do next

-  Adopt the change (if it worked)
-  Adapt it (modify and test again)
-  Abandon it (if it didn't work)

Next steps

- *Continued daily monitoring for compliance*
- *Weekly communication with SW team*
- *Monthly reporting of compliance through PI dashboard*

SBIRT Compliance

PLAN a change or improvement

The Problem

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Aim/Goal

The goal of this project is to improve compliance to 80% or greater for brief intervention and referral to treatment in patients who screen positive for alcohol misuse.

Team

- TMD
- ATMD
- TPD
- Social Work
- IP Coord
- Lead trauma registrar

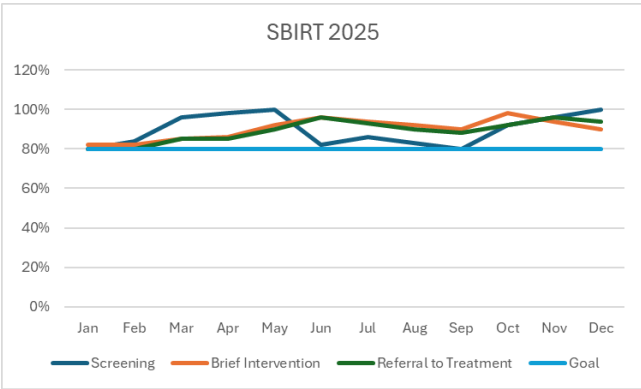
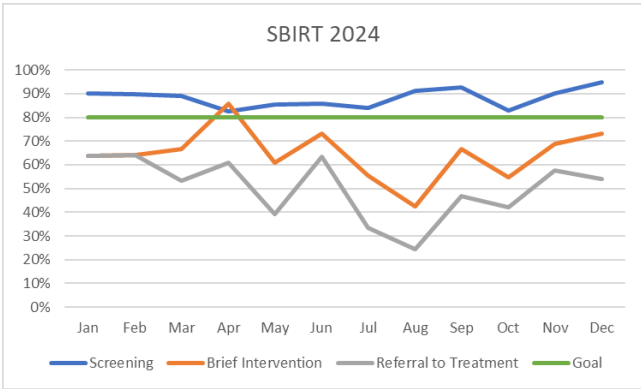
DO the improvement, make the change

The Interventions

- 9/2024 compliance added to new PI dashboard – identified problem
- 10/24 review of trauma registry data fields for collecting and reporting SBIRT compliance
- 11/21/24 review existing SBIRT process
- 12/17/24 meeting with Social Work to discuss work flow and proposed changes to existing SBIRT process that include all admitted patients over 12y for screening
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STUDY the results and examine data

Graphs/Data



Lessons Learned

State Key Accomplishments achieved to date and lessons learned from working on this project

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ACT to sustain performance and spread change

Next Steps

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- Continued daily monitoring for compliance
- Weekly communication with SW team
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KEY PRINCIPLES FOR SUCCESS

- Start small and scale gradually
- Use clear, measurable metrics
- Involve key stakeholders
- Document learning from each cycle
- Repeat cycles until goal is met






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