Introduction

This worksheet provides step-by-step documentation to complete a LCSR Plan-Do-Study-Act (PDSA) performance improvement (PI) project cycle. A project may have multiple cycles for testing a variety of improvement interventions to meet your performance goal. A new worksheet should be completed for each cycle of improvement. Reference the [LCSR PI Project Walkthrough](https://nrdrsupport.acr.org/support/solutions/articles/11000115431-lcsr-performance-improvement-project-walkthrough) for details on how to use this worksheet to plan and document each stage of your project.

Performance Improvement-CME Credit

20 Performance Improvement (PI)-CME credits are offered for completion of a PDSA cycle. All sections of this worksheet must be completed to obtain PI-CME credits. For more information, please see the [Requirements for PI-CME](https://nrdrsupport.acr.org/support/solutions/articles/11000115833-lcsr-requirements-for-pi-cme) article.

Worksheet Instructions

This worksheet includes tips for recording your project data and provides references to [NRDR Support Knowledge Base](https://nrdrsupport.acr.org/support/home) articles for more in-depth information to guide you through completing the PI project.

The grey boxes include guidance and examples for completing the worksheet which will be overwritten when you click in the box and begin typing your content. The sections include:

1. Project Selection and Team – Documents team members and may include persons outside the radiology department or practice.
2. PDSA Cycle Documentation
	1. **P**lan – Walks you through how to document your baseline data and provides links to tools to help you analyze performance gaps.
	2. **D**o – Provides suggestions for possible interventions to achieve improvement.
	3. **S**tudy – Walks you through documentation of your results.
	4. **A**ct – Allows documentation for next steps.

## Project Selection and Team

Review the Rationale articles for each LCSR measure for an explanation of the measure and how it relates to patient care.

|  |  |
| --- | --- |
| PI Project Title  | Choose an item. |
| BMI Category(Dose only) | Choose an item. |
| **Corporate Account and Facilities Included in the PDSA Cycle** |
| CorporateAccount | *Name* | *ID* |
|       |       |
| Associated Facility(ies) | *Name(s)* | *ID(s)* |
|      \*You may enter one or more facilities in the field above. |       |
| **The Project Team** |
| Project Lead  | *Name* | *Role* | *Email* |
|       |       |       |
| Project Team  | *Name(s)* | *Role(s)* | *Email(s)*  |
|       |       |       |
| Cycle Timeframe | From: Click or tap to enter a date. To: Click or tap to enter a date. |

##

## **Plan** Do Study Act Cycle

**Document Baseline Data**

Review the Data Review article for the relevant measure for details about how to access your registry data.

|  |  |
| --- | --- |
| Baseline Timeframe | From: Click or tap to enter a date. To: Click or tap to enter a date. |
| Baseline Measure Performance | Record the baseline measure performance for all or several facilities within your corporate account (listed individually or combined) or for a single facility. |
| Baseline Registry Median | Record the baseline registry median. |

**Determine the Performance Gap**

|  |  |
| --- | --- |
| Performance Goal  | Establish a desired goal for the measure.  |
| Scope | Briefly describe the parameters for the cycle. |

**Analyze Baseline Performance Results**

Review the [Performance Improvement Resources](https://nrdrsupport.acr.org/support/solutions/articles/11000115658-lcsr-performance-improvement-resources)articlefor methods to identify possible root causes of your baseline not meeting your performance goal and determine meaningful interventions for improvement.

|  |  |
| --- | --- |
| Performance Gap | Describe the root causes of the gap in performance and the methods you used to come to this conclusion. |

## Plan **Do** Study Act Cycle

**Plan Interventions**

Review the Interventions article for the relevant measure.

|  |  |
| --- | --- |
| Intervention Timeframe | From: Click or tap to enter a date. To: Click or tap to enter a date. |
| Planned Intervention(s) | Describe the planned intervention(s) your team will implement to improve performance. |
| Intervention Measurement | Describe how you will determine if the intervention is working and how frequently you will evaluate changes. |

## Plan Do **Study** Act Cycle

**Document Post-Intervention Data**

|  |  |
| --- | --- |
| Post-Intervention Timeframe  | From: Click or tap to enter a date. To: Click or tap to enter a date. |
| Post-Intervention Measure Performance | Record the post-intervention measure performance for all or several facilities within your corporate account (listed individually or combined) or for a single facility.  |
| Post-Intervention Registry Median | Record the post-intervention registry median. |
| Post-Intervention Results | Describe post-intervention results as compared to your performance goal.  |

## Plan Do Study **Act** Cycle

**Plan for What’s Next**

|  |  |
| --- | --- |
| Interventions to Sustain  | What did you learn and how will you sustain improvements? |
| Interventions That Need Continued Work | Which interventions need further testing or refinement? Which will you test next, if any? |