Rapid Cycle PDSA Worksheet

CENTER OF EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES
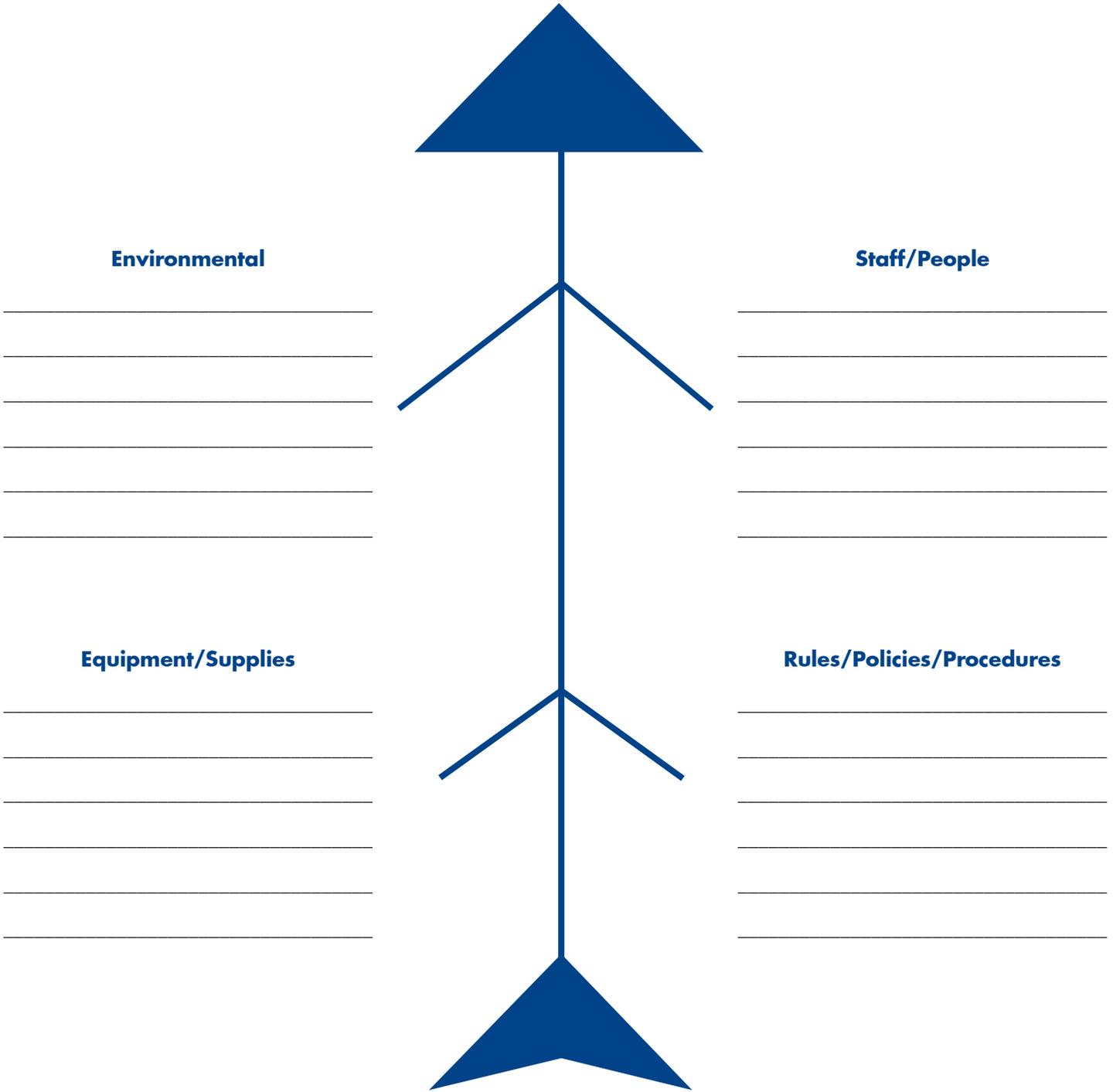
Date: _____ Technical Assistance Focus: _____

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?	☐ Mental health ☐ Workforce training ☐ Substance use ☐ Behavioral health equity ☐ De-escalation strategies ☐ Trauma-informed care ☐ Suicide prevention ☐ Operations ☐ Naloxone (Narcan) Training ☐ Other _____
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? ☐ Root cause analysis ☐ Identify project champion ☐ Engage interdisciplinary team ☐ Review residents' records ☐ Review Casper or equivalent report ☐ Training (title/type): _____ ☐ Number to be trained: _____ ☐ Resources (type): _____ ☐ Disseminate/post resources ☐ Observations (staff/residents) ☐ Behavioral health huddles ☐ Naloxone access ☐ Train agency staff

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
				☐ **Adopt** and spread actions to all appropriate work units and or shifts ☐ **Adapt** and detail changes in new action steps ☐ **Abandon** and develop new action steps
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RCA Problem Statement

Environmental

_____
_____
_____
_____
_____
_____

Staff/People

_____
_____
_____
_____
_____
_____

Equipment/Supplies

_____
_____
_____
_____
_____
_____

Rules/Policies/Procedures

_____
_____
_____
_____
_____
_____

Facility Name: _____ CCN: _____

Champion Name: _____

Team Members: _____

_____

_____

Notes:

nursinghomebehavioralhealth.org