

# TRACTION LC PDSA Form

This form is to submit your TRACTION PDSA form.

Please select your site below and select "next" to continue to PDSA form. Once the form has been completed, please select submit.

If you have any questions/issues/concerns, please contact Jackie Stratton ([jstratton1@bwh.harvard.edu](mailto:jstratton1@bwh.harvard.edu)) and Jack Ellrod ([jellrodt@bwh.harvard.edu](mailto:jellrodt@bwh.harvard.edu)).

Affiliated Site \*

Northwell Health

PDSA Title \*

Data Capture

Month \*

November

PLAN

What is the objective for this cycle? \*

For the first month's objectives of this trial, we will be focusing on data capture. We will be identifying the rates of collection of CDAI scores before and after the kick-off lecture and determining if there is a difference in the rate of data collection. Based on CDAI recording in our files, we can decide if we want to take another step in obtaining a disease activity measure. We also want to see how well we have documentation of medications for the RA patients.

What do you predict will happen? \*

We predict there to be a higher rate of thorough data collection and CDAI scores after the kick-off lecture.

What is the plan for the cycle? What are the steps to execute the cycle, including data collection (who, what, where, when)? \*

We will be taking measures to ensure collection of CDAI scoring during patient visits, as well as documentation of RA patient medication in a consistent manner through follow up confirmations.

DO

What did you observe? Include descriptions of successful encounters, problems, and other special circumstances that may or may not have been part of the plan. \*

We will be observing the patients currently actively diagnosed with RA under Dr. Horowitz's care for this month's PDSA.

STUDY

Summarize and analyze the observed results. What did you learn from this cycle? \*

This is our plan for the coming cycle of November PDSAs, we are anticipating positive results.

Do the results agree with the predictions you listed in the “Plan” phase? \*

Yes

No

Other: As this is a plan we are hoping to initiate for this month, we are not able to provide results.

ACT

What action are you going to take as a result of this cycle? \*

Adapt the test

Plan for the next cycle. What changes are needed? If expanding or adapting, what will you do to continue your learning while beginning to spread the successes? \*

We will be ensuring the use and documentation of the CDAI scores as well as the thorough and ongoing documentation of patient medications.

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