PLAN-DO-STUDY-ACT (PDSA) TOOL

A guide for countries to use rapid-cycle problem-solving and the Plan, Do, Study, Act (PDSA) cycle to implement family planning guidelines

HOW TO USE THIS TOOL

1. Understand rapid-cycle problem-solving and the PDSA cycle.
3. Read the case study to see how rapid-cycle problem solving through the PDSA cycle works.

1. Understand rapid-cycle problem-solving and the PDSA cycle

What is rapid-cycle problem solving?

Rapid-cycle problem solving is a method used to make quick, incremental improvements and solve urgent problems as a new process is being implemented – for example, with implementation of revised family planning guidelines. It is a technique that helps the people who are implementing to become comfortable with just “enough” planning, to avoid the expectation of having a new process be “perfect” before it is implemented. That is, a new set of practices or a new program must get started in order to get better. Careful and quick attention by the people involved, and the use of a “Plan, Do, Study, Act” process (described below) helps to avoid letting problems get worse, and helps to avoid abandoning new ways of work in lieu of familiar but less effective practices.

What is a “Plan, Do, Study, Act Cycle”? A “Plan, Do, Study, Act Cycle” is a step-wise, cyclic way to make improvements and changes in a system.

PLAN

Barriers or challenges are identified. The people and methods for addressing them are preliminarily specified. Teams are created. A process for how to move programs forward is specified. These teams determine what data will be reviewed to monitor the success of the process.

DO

Those processes initiated by the team are to be done as intended.

STUDY

The process is monitored, using the data specified during the start of the process.

ACT

What was learned during the cycle is applied to improve the process and the outcomes. The team determines whether to restart the cycle, reassessing the “who,” “how,” and “what”: the team, the process, and the data to evaluate.
2 Implementing rapid-cycle problem-solving

**WHO**

Rapid-cycle problem solving needs a team of people. Who should be part of the team?

1. Identify a leader who will take responsibility for pulling together a team, organizing the process, and following the process through to a conclusion.

2. Who else should be on the team? These should be people with a stake in the outcome, expertise and information relevant to the problem, and authority to make necessary changes to solve the problem or access to decision-makers. The team does not need to be large.

3. To whom should the team report problems, challenges, and successes?

**HOW**

Problems and challenges in implementing a new process, program, or policy are normal. The team should answer the following to determine how these should be addressed.

1. What schedule and process should be used to report problems and challenges?

2. What are the new aspects of the process to be implemented?

3. What is the desired outcome?

4. What are the team’s best guesses about what might work to implement the process?

**WHAT**

In order to understand and solve problems, the problems need to be measured. The team should ascertain what information is needed to measure and solve the problems and the next steps once the improvement process has been initiated.

1. What data will be collected and reviewed to determine if the improvement process worked as intended?

2. Was the improvement process carried out as intended?  

3. Which changes were achieved?

4. Is another PDSA cycle is required?
3 Case study of PDSA Cycle used to implement MEC guidance

**PLAN**
Plan for the introduction or the use of new or revised MEC/SPR recommendations, including a plan for collecting data.

- Develop an implementation plan and goals to increase the uptake of postpartum contraceptive implants prior to hospital discharge.
- Identify patient records, registries, or data sets that can be used to monitor postpartum contraception counseling and provision of contraceptive implants.

**DO**
Introduce the new guidance and implementation recommendations in one clinic setting.

- Arrange training session on the new guidance, counseling, and implant insertion and removal.
- Develop process related data (for example, pre- and post-training, provider competencies, provider knowledge, attitudes, and skills, coaching outcomes, proportion of providers trained).
- Engage administrative and clinic leadership to garner buy-in.
- Develop monitoring and document challenges.

**STUDY**
Analyze family planning metrics in light of goals.

- Complete analysis of process-related data.
- Compare the data to goals.
- Document and reflect on lessons learned

**ACT**
Decide on next steps based on lessons learned, and consider another PDSA cycle with additional changes.

- Determine changes within setting or expand testing, if appropriate.
- Develop a plan for another PDSA, if needed.

**EXAMPLE**
Offer contraceptive implants to all women, whether they are breastfeeding or not after childbirth. Develop and conduct a structured teaching session for service providers that reviews changes in the 2015 Medical eligibility for contraceptive use, fifth edition, emphasizing the lifting of the restriction on progestin-only implants immediately postpartum.

**EXAMPLE**
Introduce the policy that implants are to be offered to breastfeeding women at any time after delivery.

**EXAMPLE**
In the month after the training, assess the proportion of breastfeeding women less than six weeks postpartum who are (i) offered or (ii) accepting the contraceptive implant, assess potential reasons, including concerns or barriers with practice staff, concerns or preferences of patients, and logistics and supply issues. Provide the support needed to ensure fidelity and progress in moving to full implementation. Take action (for example, additional coaching, training on implant placement, review of evidence) based on provider feedback. Address and resolve the supply chain barrier by ordering additional implants.

**EXAMPLE**
If no changes are seen in the proportion of breastfeeding women less than six weeks postpartum who are (i) offered or (ii) accepting the contraceptive implant, assess potential reasons, including concerns or barriers with practice staff, concerns or preferences of patients, and logistics and supply issues. Provide the support needed to ensure fidelity and progress in moving to full implementation. Take action (for example, additional coaching, training on implant placement, review of evidence) based on provider feedback. Address and resolve the supply chain barrier by ordering additional implants.