

# Instant PDSA

June 23, 2026



Visit the **PHMI Cohort Portal** to access the agenda with Zoom links and related materials



# Presenters



**Catherine Craig**

She, Her, Hers

Action Community  
Director, Ninja Horses



**Adrianna Saada**

She, Her, Hers

Improvement Advisor

# Learning Objectives

## 1

Identify common stumbling blocks that make PDSAs difficult to execute or learn from.

## 2

Design a PDSA to be performed *today*.



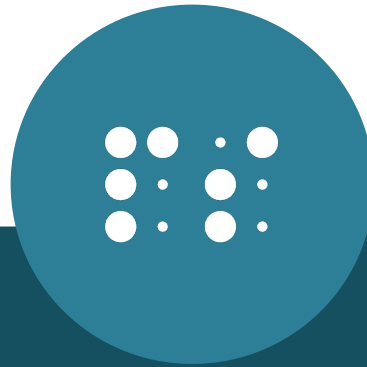
*You can make some progress today — no matter your circumstances!*

# Agenda

|    |                                                |         |
|----|------------------------------------------------|---------|
| 01 | Check in on Your PDSAs                         | 10 mins |
| 02 | Improve Your Practice: Common Stumbling Blocks | 20 mins |
| 03 | Design an Instant PDSA                         | 45 mins |

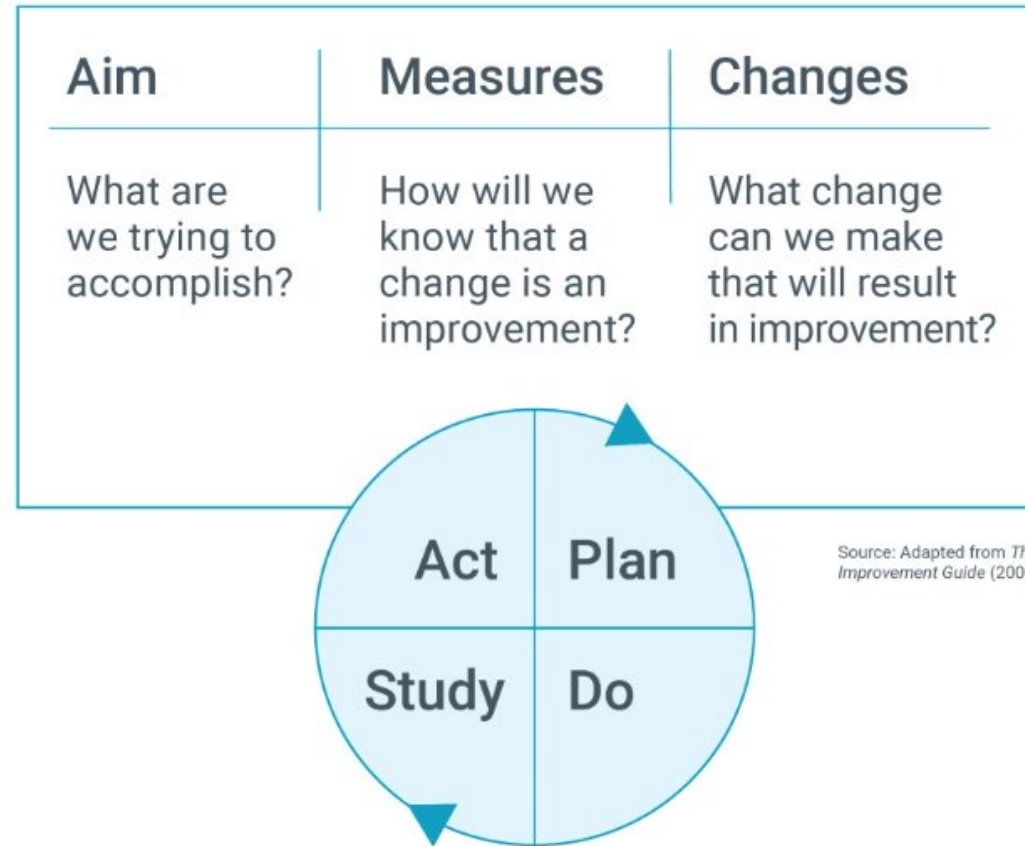
# Check in on Your PDSAs





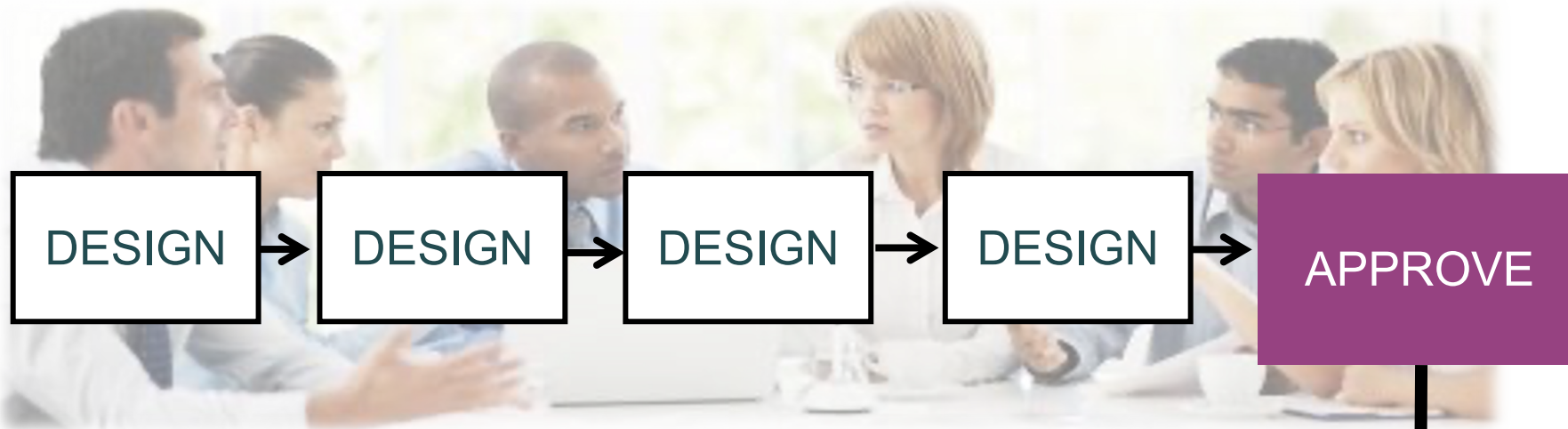
# PDSA Opinion Poll

# Model for Improvement



# A Typical Approach to Change

In the conference room



In the real world

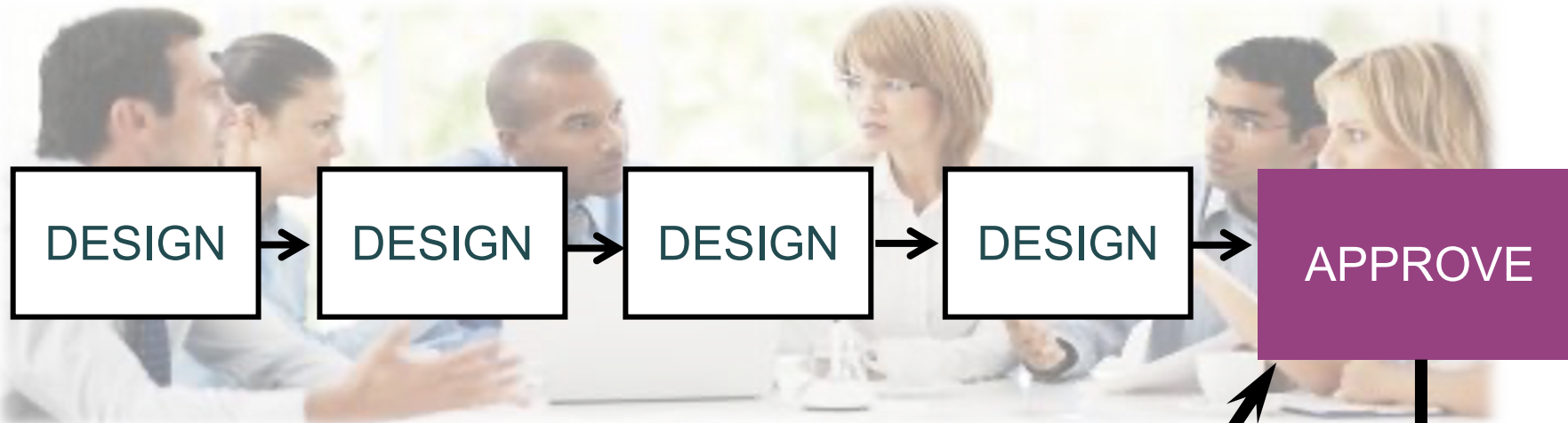


**IMPLEMENT**

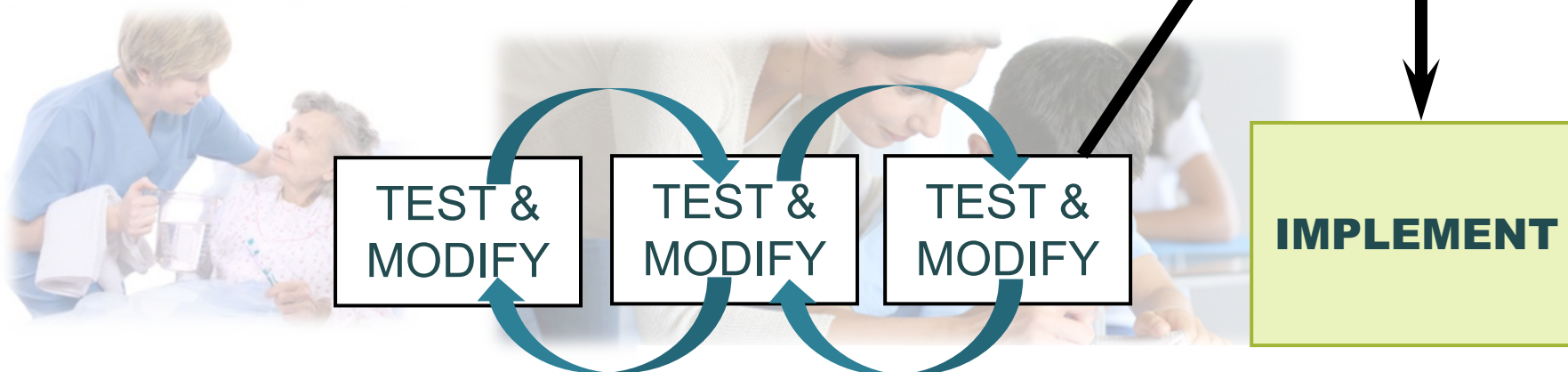


# A “PDSA” Approach

In the conference room



In the real world



# Your Role in This Session



## New to PDSAs?

Ask questions, take notes, get ready to test your understanding.

## Steady hand?

Listen for two ways to level up.

## Wise old owl?

Share your experience. Take the risk and overcommunicate.

# Improve Your Practice: Common Stumbling Blocks

# First, a Few PDSA Tips From the Field...



Process, not  
one-time  
event



Think ahead



Include front-  
line staff &  
patients



Test rapidly,  
frequently



Learn from  
failure



Document!

# Where PDSAs Go Wrong



A task,  
not a test



Tested  
too big

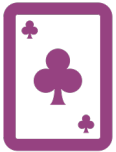


Adopt the 1:1:1 rule

Start with one patient,  
one provider,  
one clinic session



Asked weak  
questions



Skipped  
predictions



Did not  
collect data



Increased scale  
AND scope



Spread  
too fast

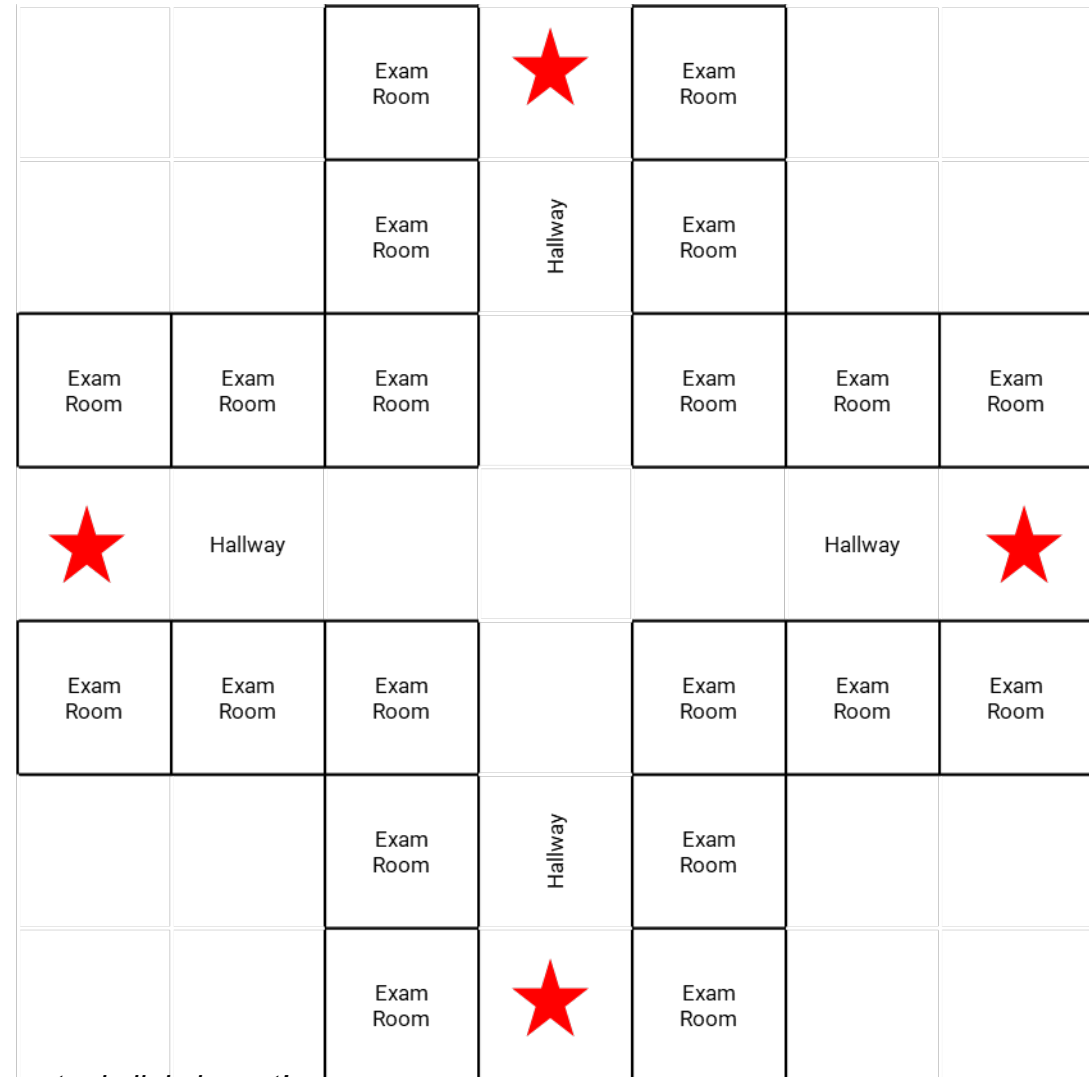
## Stumbling Block #1

## Testing Too Big

- **Too many patients:** Enrolling everyone vs. testing with 10 patients.
- **Too many staff:** Involving 15 staff members when you could learn with 2-3.
- **Too many changes:** Testing new intake forms AND new referral pathways AND new staff roles simultaneously.
- **Too many metrics:** Tracking 4-5 outcomes when you need only one signal that your change is working.

## Example: Referral Sheets in All Exam Rooms

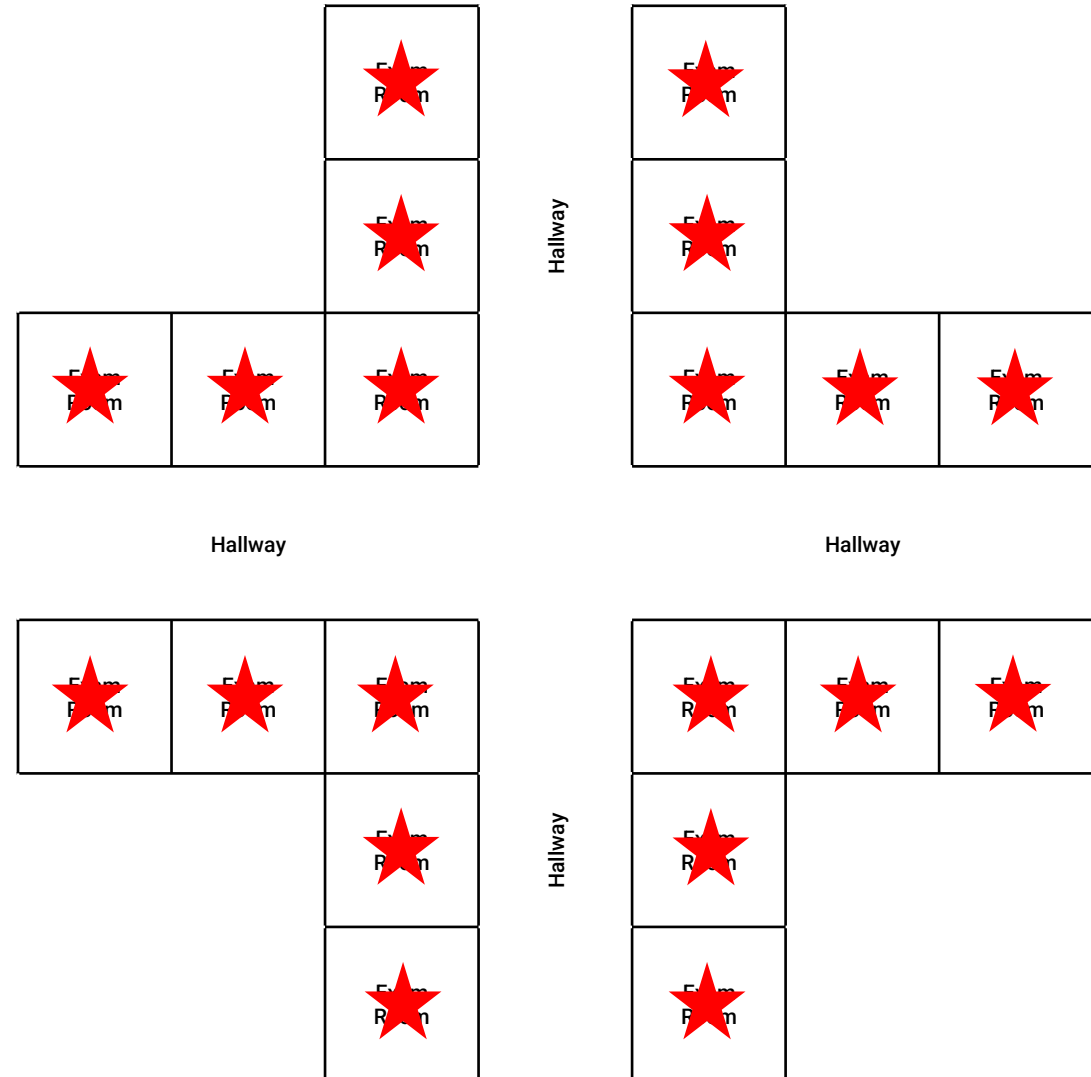
**Change idea:**  
Smooth the workflow  
by moving community  
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sheets from hallways  
to exam rooms.



*\*Not the actual clinic layout!*

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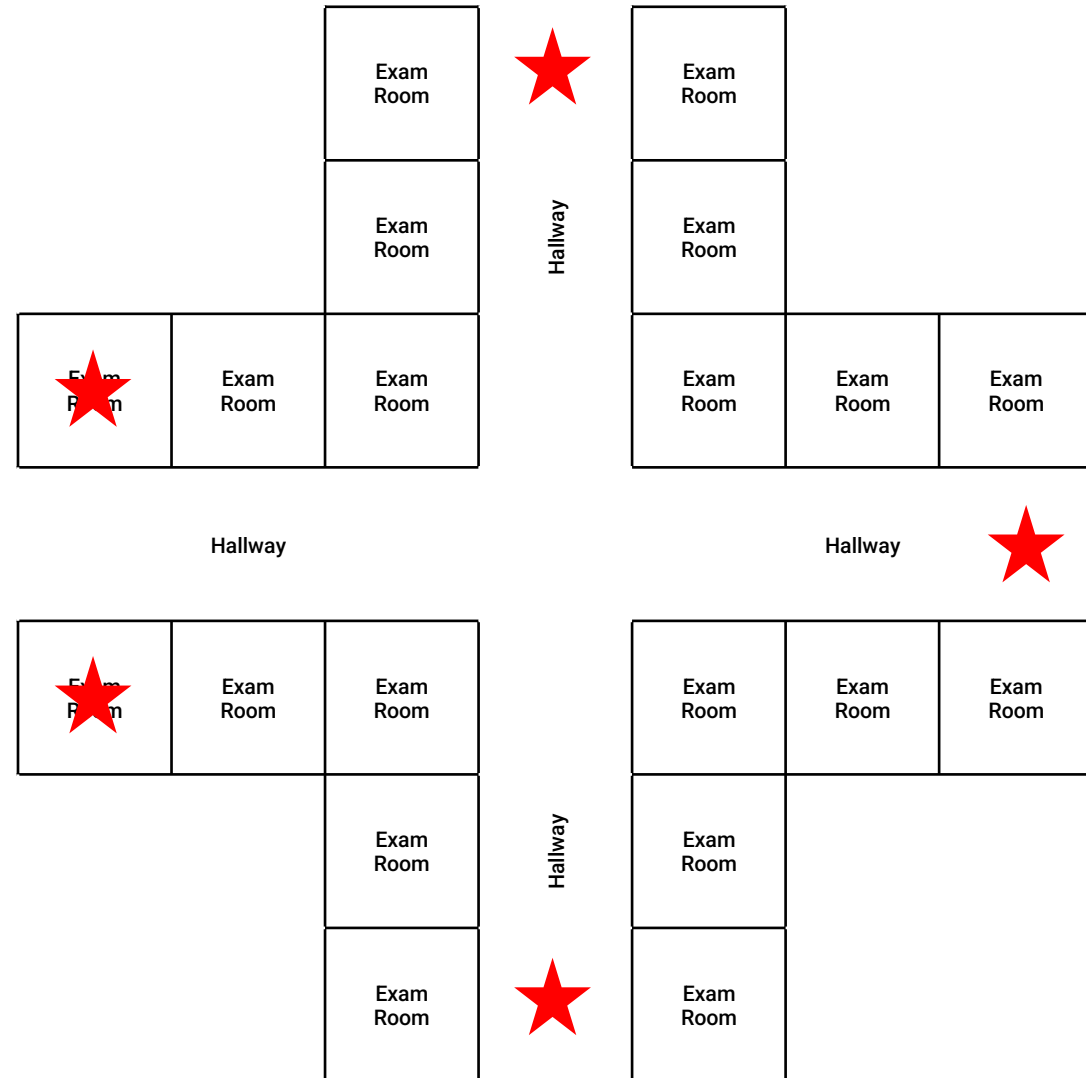


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## Example: Referral Sheets in All Exam Rooms

**Change idea:**  
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## Shrink the Change

- **One change:** Test a single workflow modification, not a complete redesign.
- **One provider or team:** Run with your most interested, cooperative staff member first.
- **One location:** Try in one room or one session, not clinic-wide.
- **One metric:** Focus on one measure that shows change is working.
- **One small group:** Test with 5-10 patients or a single day's schedule, not patients across the whole month.

## Shrink the Change

- **One change:** Test a single workflow modification instead of a complete redesign.
- **One provider or team:** Test with one provider or a small cooperative staff member instead of everyone.
- **One location:** Try in one room or clinic instead of clinic-wide.
- **One metric:** Focus on one measure that shows change is working.
- **One small group:** Test with 5-10 patients or a single day's schedule, not patients across the whole month.



**Share with peers:**  
What makes it difficult to  
“start small” in a PDSA?

## Stumbling Block #2

## Skipping the Prediction

- **"Let's just try it and see what happens"**: Without a baseline expectation, you can't tell if results are actually good.
- **Vague hunches instead of predictions**: "I think more patients will show up" vs. "I predict 8 out of 10 patients will complete the intake screening."
- **Missed feedback**: If you predicted 70% but got 55%, that's feedback; without the prediction, 55% might seem like a win.
- **Team doesn't know what success looks like**: Team won't know if they should feel good about the results or try something else.

## Make a Clear Prediction (...and write it down)

**Instead of this...**

“The new referral form will make things better.”



**Try this...**

“We predict that the new form will reduce time to complete a referral from 8 minutes to 5 minutes; we'll measure it with 10 patients.”

## Make a Clear Prediction (...and write it down)

### **Instead of this...**

“Warm hand-offs  
will make patients  
be more open to  
referrals.”



### **Try this...**

“We predict that 7 out of 10  
patients will accept a  
behavioral health referral  
when we use the warm  
hand-off script.”

## Key Takeaways

- Shrink the change—think *one patient, one team, or one part of the process*.
- Make a prediction *every time*, or you miss out on learning.



# Design an Instant PDSA





## Instant PDSA



Let's practice our skills together... **right now!**

In the next 30 minutes, your team is going to design a real test of change—and then run it before the end of business today.

Not next week. Not “when things calm down.” Today.

This is how improvement happens: it is small, fast, and tangible.

# E-Z Instructions for Your Implementation Team



## Step 1: Pick a change (8 minutes)

Choose ONE small thing you want to test. Remember to shrink the change (one change, one provider, one session, one small group of patients, etc.). If it sounds too small, it's probably just right.



## Step 2: Write your prediction (4 minutes)

Write down what you think will happen and why. Use numbers if you can. *“We predict that 2 out of 4 patients will...”*



## Step 3: Decide how you'll know it worked (4 minutes)

Pick ONE simple measure. How will you collect it? Who is responsible for collecting it?



## Step 4: Fill out the PLAN portion of your PDSA worksheet (14 minutes)

Assign roles, decide exactly when and where this happens today. Write it down.

# Submit Your Team's PDSA Form by 5:00 PM

Once you have written your plan, run the PDSA!

**Send your AC Director your completed PDSA worksheet by 5 PM**

We'll debrief your PDSAs in tomorrow's Action Community session.

**Behavioral Health:** Catherine Craig  
[ccraig@faculty.ihl.org](mailto:ccraig@faculty.ihl.org)

**Chronic Conditions:** Fiona Donald  
[fiona@fionadonaldconsulting.com](mailto:fiona@fionadonaldconsulting.com)

**Pregnant People & Children:** Jen Powell  
[jen@jenpowell.net](mailto:jen@jenpowell.net)

**Preventive Care:** Paige Nichols  
[paige.nichols@jsi.org](mailto:paige.nichols@jsi.org)

## Who Improves the Most?

The teams who improve the most are not the ones with the best ideas; they are the ones who **test the fastest**.

In 30 minutes, you'll have a plan on paper.

Tomorrow, you'll have data.

That's more than many teams do.

Go be one of the teams who *does*!

## Real Talk and Support



# Questions?

**More clarifying questions about the Instant PDSA?**

*Coaches and SMEs will stay in this room  
for individualized support and consultations*

# Before Team Time...

## Look Ahead to Day 2

# Day 2 Agenda Preview



Visit the **PHMI Cohort Portal** to access the agenda with Zoom links and related materials



## All-Cohort Sessions (9:00 a.m. - 11:20 a.m.)

### CONNECT

Welcome & Launching Day 2

9:00-9:20 a.m.

### INNOVATE

Maximizing Technology for  
Population Health Management

9:20-10:20 a.m.

### PLAN

Program Updates, Evaluation, and  
Launching the Next Action Period

10:30-11:20 a.m.

## Leadership Concurrent Sessions (11:30 a.m. - 1 p.m.)

**Financial Foresight: Strategies  
for Sustaining PHM Amid  
Policy Shifts**

**Audience:** CEO, COO, CFO

11:30 a.m. - 1 p.m.

**PHMI Leads Peer Problem-Solving  
Session**

**Audience:** PHMI Leads

11:30 a.m. - 1 p.m.

**Implementing Clinical Guidelines:  
Lessons from the Field**

**Audience:** Clinical Leaders

11:30 a.m. - 1 p.m.

## Send PDSA Worksheet to Your Action Community Director by 5:00 PM

**Behavioral Health:** Catherine Craig [ccraig@faculty.ihl.org](mailto:ccraig@faculty.ihl.org)

**Chronic Conditions:** Fiona Donald [fiona@fionadonaldconsulting.com](mailto:fiona@fionadonaldconsulting.com)

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Thanks for committing time to this community of improvers!

We'll see you tomorrow morning!

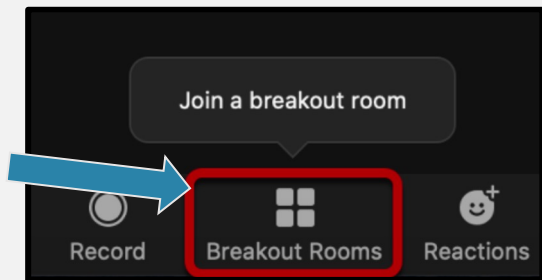


# How to Join Breakout Rooms

## Step 1:

When breakout rooms open, a popup will show up above the *Breakout Room* icon.

Click **Breakout Rooms**.

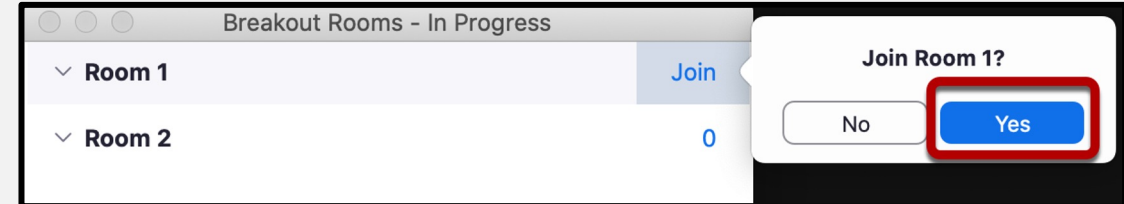


## Step 2:

A menu will pop up with a list of all breakout rooms. Hover over your CHC breakout room, then select “Join.”

## Step 3:

Click “Yes” to confirm, and you will be moved to that breakout room.



**\*Please follow the steps above to join your CHC breakout room**

If you experience any technical issue and/or need help getting into your breakout room, please private chat **PHMI Action Network**