TEST OF CHANGE WORKSHEET

TEAM: ______________________ DATE: ______________________

Describe the “Small Test of Change”:

PLAN (Who? What? When? Where?)

<table>
<thead>
<tr>
<th>Tasks required to start the “Small Test of Change”</th>
<th>Person Responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>5.</td>
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</tbody>
</table>

What is the desired result of the “Small Test of Change”?

Measures of Success

1.                                               
2.                                               
3.                                               

(Carry out test of change)

Describe what was done:

CHECK (Collect Data and Analyze Results)

Summarize the outcome of the test and what was learned:

ACT (Describe modifications due to test results)

Continue PDCA cycle until no further modifications are necessary.

PURDUE UNIVERSITY CENTER FOR MEDICATION SAFETY ADVANCEMENT

http://www.indianapatientssafety.org/Images/Toolkit%20read%20only.pdf