TEST OF CHANGE WORKSHEET

TEAM:	DATE:		
Describe the "Small Test of Change":			
AN (Who? What? When? Where?)			
Tasks required to start the "Small Test of Change	Person Responsible	When to be done	Where to be done
1, 2, 3,			
2.			
3.			
4.			
5.			
What is the desired result of the "Small Test of Cl	hange"?		
- M	easures of Success		
1,			
2.			
3,			
(Carry out test of change)			
Describe what was done:			
HECK (Collect Data and Analyze Results	<u> </u>		
Summarize the outcome of the test and what was			
CT (Describe modifications due to test re	esults)		

Continue PDCA cycle until no further modifications are necessary.

PURDUE UNIVERSITY CENTER FOR MEDICATION SAFETY ADVANCEMENT

http://www.indianapatientsafety.org/images/Toolkit%20read%20only.pdf