



ILLINOIS ACADEMY *of* FAMILY PHYSICIANS

DIABETES SELF-MANAGEMENT PI PLAN-DO-ACT-STUDY WORKSHEET

Online form - <https://form.jotform.com/sortega801/IAFPDiabetesPI>

Information must be submitted on the online form to receive credit.

PLAN

Example: Implement diabetes self-management education incorporating modifications such as nutrition therapy, physical activity, and psychosocial care.

AIM

- What is the goal of this project?

Objectives

- What quality gap is the project addressing, and what are its primary objectives?

Plan

- What measures will be used to assess progress?
- What changes or improvements will be tested?
- How does this plan align with broader organizational or project goals?

Stakeholder Engagement

- Who are the key stakeholders, and how were they involved in developing this plan?
- How will their feedback be incorporated?

Anticipated Challenges

- What potential barriers or challenges might arise during implementation?
- How will these challenges be addressed?

Team

- Who is involved in the plan, and what are their roles?

Improvement Results

- What are the baseline and follow-up percentages or numbers that reflect performance on the stated measures?

Measures of Success

- How will you know if the change is an improvement?
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DO

Example: Deliver targeted diabetes self-management interventions using SMART goals and lifestyle prescription formats.

Examples of recommended diabetes self-management education and support per the 2024 American Diabetes Association Standards of Care:

- *Medical nutrition therapy*
- *Physical activity*
- *Smoking cessation*
- *Support for positive health behaviors (e.g., medication adherence)*
- *Psychosocial care (e.g., addressing diabetes, distress, anxiety, depression, sleep health, and available resources)*
- *Sleep at least seven hours most nights of the week.*
- *Engage in moderate physical activity (e.g., can talk but not sing) for at least 150 minutes per week, including 2-3 days of resistance training.*
- *Incorporate fiber-rich foods into the daily diet.*

Interventions Implemented

- What actions or interventions were undertaken during the project?

Patient/Participant Involvement

- How were patients or participants informed or educated about the interventions?
- Were there specific strategies to encourage participation?

Observations

- What happened during implementation?
 - How were the implemented changes documented or tracked?
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STUDY

Example: Evaluate patient adherence and A7C levels after prescribing at least one diabetes self-management intervention.

Results

- Compare the outcomes to the measures of success.

Analysis of Variance

- Were there any unexpected outcomes, both positive and negative?
- How did these outcomes compare to the expected results?

Impact on Equity

- Did the interventions affect different groups of participants differently?
- How were equity considerations addressed?

Data

- Attach de-identified aggregate results data.

Summary of Lessons Learned

- What insights or reflections were gained from the implementation process?
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ACT

Example: Develop strategies to address barriers impacting adherence and refine the approach for improved outcomes.

Next Steps

- What actions will be taken based on the findings and lessons learned?
- How can the approach be adjusted for better outcomes next time?

Sustainability

- What steps will ensure the improvements are maintained over time?
- Are there plans for ongoing monitoring?

Scalability

- Can this approach be expanded to other groups, settings, or regions?
- What adjustments would be necessary for broader implementation?

Feedback Incorporation

- How will lessons learned be shared with the team or stakeholders?
- How will feedback inform future PDSA cycles?

Notes:

Optional Information

- Attach any additional files or references relevant to the project.