**Performance Measurement Plan and Findings – Part One**

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| ⌧**Ministry**: **Department Name:** | **Other Department/s or Teams Involved:** |
| **Year:** 2019 **Submitted by:** | **Date Initiated**: **Date Discontinued:** |

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| ***MEASUREMENT PLAN****:* | **Submit to CSOC**: ⌧Yes  No |

\**Note: Complete one form for each performance measure.*

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| **Type of Measurement**: Process Measure  Outcome Measure |
| **Dimension of Performance:**  Efficacy Appropriateness Availability Timeliness Effectiveness  Continuity  Safety Efficiency Respect and Caring |
| **Method of Data Collection:** RetrospectiveConcurrent |
| **Age Specific:** Yes No |
| **Frequency of Assessment of Data:**  Monthly Quarterly Every Other Quarter Other: |
| **Rationale For Choice of Performance Measure:** |
| **Goal or Anticipated Outcome:** |

***DATA AGGREGATION FINDINGS***

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| **Performance Measure:** | **Q4 2019** | | | **Q1 2020** | | | **Q2 2020** | | | **Q3 2020** | | | **Q4 2020** | | |
| **Performance Measure Source:**  . | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| **Numerator:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Denominator:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Threshold:**    **Rate:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part Two - Performance Measurement Plan and Findings**

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| **Date** | **Summary of Problem/s Identified or Opportunity**  **for Improvement** | **Plan of Action**  (**Plan** - *Determine What Needs To Be Done, And Create A Plan For Achieving That Goal*.)  (**Act -** *Modify Or Revise The Plan To Improve Performance)* | **Individual**  **Responsible**  **for Action/s** | **Date and Description of**  **Implementation of Plan**  (**Do** - *Put The Plan Into Action*) | **Evaluation of**  **Implemented Plan**  (**Check** - *Evaluate/Re-Evaluate*  *The Effectiveness Of The Plan*) |
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**Part Three - Quality Improvement Activity** (Separate from measure above)

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| **Date** | **Quality Improvement Activities** (list all Quality Improvement activities that occurred in the Department/Area during this reporting period) |
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