

**PERFORMANCE IMPROVEMENT
DEPARTMENTAL SCOPE OF CARE**

Department: _____

Review/Revision Date: _____ 19

THE SCOPE OF CARE FOR THIS DEPARTMENT/TEAM INCLUDES THE FOLLOWING:

Types of Patients Served (consider major age or disability group)	
Range of Conditions and Diagnoses Treated	
Range of Treatments or Activities Performed (e.g., procedures performed, medications frequently used, as well as activities other than direct patient care)	
Types of Staff Carrying Out these Activities (e.g., Physician, Nurse, Technician, etc.)	
Sites where Care and Service are Provided (e.g., Inpatient or Outpatient Settings, Department, Nursing Unit, etc.)	
Times When Care and Service are Provided (e.g., Shifts, Weekdays, 24 Hour Service)	

ASSIGNMENT OF RESPONSIBILITY:

Responsibility for Identifying Indicators is Assigned to: _____

Responsibility of Collecting Data is Assigned to: _____

Responsibility for Evaluating Care (Analyzing Data) is Assigned to: _____

Responsibility for Taking Actions to Improve Care is Assigned to: _____

DEPARTMENT MANAGER _____

PHYSICIAN DIRECTOR OF DEPARTMENT _____