

YOUR HOSPITAL  
DEPARTMENT/TEAM PERFORMANCE IMPROVEMENT ANNUAL EVALUATION  
EVALUATING PERFORMANCE IMPROVEMENT FUNCTIONS FOR 199\_

Department/Team:

Completed by:

<b>1</b>	Have improvements been made over the past year as a result of your Performance Improvement activities?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>a</b>	If so, what improvements were made?		
<b>b</b>	Did the improvement/s involve improving a process?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>c</b>	Did the improvement/s improve a patient outcome?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>d</b>	Was the improvement directly related to the Performance Improvement measures you chose?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>2</b>	How did you choose your performance improvement measurements?		
<b>3</b>	Have any Performance Improvement activities involved other departments or teams?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>a</b>	If so, were the other departments or teams involved in the measurement process or informed of the findings?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>b</b>	Were the other departments or teams involved in development of the performance measures or collection of data?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>4</b>	Have you used any statistical tools – charts or graphs in analyzing the your data?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>5</b>	Has the scope of your department or team changed over the last year?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>a</b>	Has anything been added? If so, what?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>b</b>	Has anything been deleted? If so, what?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>c</b>	Has performance been measured for new services provided?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>6</b>	Over the past year, has it been necessary for you to prioritize any of your Performance Improvement activities due to multiple areas for improvement being identified?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>a</b>	If so, how did you determine which area was the priority?		
<b>7</b>	Were the performance measures reviewed with the staff in your department or team members before data collection was initiated?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>8</b>	How often were findings of your Performance Improvement efforts reviewed with the staff in your department or with team members?		
<b>9</b>	When problems or opportunities for improvement were identified, was input requested from the those performing the functions involved in order to make the necessary changes for improvement?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>10</b>	<b>Departments Only:</b> Are the results obtained from Performance Improvement activities used for employee evaluations in your department?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>11</b>	<b>Departments Only:</b> Has your department/service been involved in any team performance measurement activities?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>a</b>	If so, has data directly relating to your department been collected	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>b</b>	What Team/s is your department involved in?		
<b>12</b>	What suggestions do you have for improving the current Performance Improvement Reporting System?		