**measurement Plan**

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| **Program/Department:** |  |
| **Project Name:** |  |
| **Team Facilitator:** |  |

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| **What?** | **How?** | **Where?** | **Who?** | **When?** |
| What is being measured? | How will you track the measurement?  Tracking charts, observations, other?  Do you need any items to measure?  Clock, pedometer, etc.? | On which unit/area will the data be collected? | Who is responsible for collecting the measurements? | When are the measures being collected? |
| Example: Total time spent in patient room. Start time: When room is entered. End time: When room is exited | Measurement Sheets  Will need a stop watch | Medical floor | Unit clerks | Monday April 5 – Friday April 9 |
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