# Aspire ACQR/QI Champion Monthly Meeting Report

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| **Name of site**: |  |
| **Name of person submitting report**: |  |
| **Date of meeting**: |  |
| **Participants**: |  |
| **Focus of the meeting (Data diagnostics review, Case-by-case validation review, other QI, etc.)**:  Data diagnostics  Case by case validation  Failed cases review  Hospital level feedback report  Other, please explain | |
| **Lessons learned/areas in need of improvement**: | |
| **Plan for improvement**: | |

**Submit the completed form to Jaime Osborne** [**jsulek@med.umich.edu**](mailto:jsulek@med.umich.edu) **and Tory Lacca (**[**lacca@med.umich.edu**](mailto:lacca@med.umich.edu)**) at the ASPIRE Coordinating Center. If there was an agenda or documentation provided at the meeting, please include with submission of this form. Forms must be submitted on a monthly basis to receive the full 10 pts on the Performance Index Scorecard.**