# 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** **and Tory Lacca (****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.**