

Outcomes Measurement – Summary & Analysis

Hospital: _____
RSS Title: _____
Quarter(s): ☐ July-Sept ☐ Oct-Dec ☐ Jan-Mar ☐ Apr-Jun
Summary & Analysis Completed by: _____

Instructions: Answer all questions in relation to the Regularly Scheduled Series listed above. Please use additional sheets as needed.

Please describe what you planned to do with this series, include purpose, practice gaps, and learning objectives:

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Briefly describe what you have done to date, include content and data collection methods:

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Provide a summary of the evaluation/outcomes data you have collected:

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Based on this data, explain how the goals and practice gap objectives have or have not been met?

Describe your plans going forward.