**Note:** Print this page only when adding / amending / deleting a document. If using this document as a record, this Revision History page can be omitted.

**REVISION HISTORY**

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| Issue no | Revision no | Date | Description of Changes | Reason for Revision | Revised by |
| 0 | 0 | 2/26/2016 | New Document |  |  |
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TM-BR-MG- 11 Rev00, 05302012

Objective: To ensure efficient project implementation within the allotted time and resources

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|  | KPM 1 | KPM 2 |
| Key Performance Measure | On time Implementation | Quality |
| Target | 100% | 80% post-implementation review |
| Tolerable Limit | 90% | 70% post-implementation review |

| PROCESS | SUB-KPM | TARGET | TOLERABLE LIMIT | FREQUENCY OF REVIEW | SOURCE  OF DATA | PERSON/S RESPONSIBLE |
| --- | --- | --- | --- | --- | --- | --- |
| Implementation | Timeliness | Should be delivered according to the project schedule | 90% timeliness | weekly | Contracted Project schedule, Updated Project Schedule | Project Manager |
|  | Completeness | 100% completed activities | 90% completeness | weekly | updated project schedule, implementation guide, Implementation Checklists, accepted and signed documents | Project Manager |
|  | Smooth transition | 100% resolved UAT SRs within 1 month from live date by web team | 90% resolved within 1 month | weekly | no. of SRs by the end of the nth month depending on client size | Project Manager, Management |
|  | Timeliness of review | Post implementation review no more than 2weeks after 1st month end | 1.5 months after transition | once (end of project) | contract, actual project schedule VS contracted project schedule, filled up and signed implementation review form | Project manager |
| Monitoring of Key Performance Measurement | | * Timeliness * Completeness | * Completed 2nd week of the following month * 100% of KPMs reviewed | * Completed 3rd week of the following month * 90% of KPMs reviewed | Monthly | KPM Monitoring Report | Unit heads / QMR /  Deputy QMR |
| Control of Non-Conforming Service | | * Promptness | 100% have remedial action < 7 days after report date | 90% have remedial action < 7 days after report date | Monthly | * NC report * NC/CPIAR Monitoring Report | Unit heads / QMR /  Deputy QMR |
| Corrective, Preventive and Improvement Action | | * Promptness | 100% have remedial action < 7 days after report date | 90% have remedial action < 7 days after report date | Monthly | * CPIAR * NC/CPIAR Monitoring Report | Unit heads / QMR /  Deputy QMR |
|  | |  | 100% have action plan <14 days after report date | 90% have action plan <14 days after report date |  |  |  |
|  | |  | 100% closed within corrective /preventive action date | 90% closed within corrective /preventive action date |  |  |  |
|  | | * Effectiveness | 100% of CPIARs did not recur within 3 months after closing | 80% of CPIARs did not recur within 3 months after closing |  |  |  |
| Records Control | | * Effectiveness * Completeness of documented procedure * Timeliness of review | * 100% of quality records are: * readily identifiable with storage labels * readily retrievable within 8 hours * archived and disposed of properly, based on master list of QR * Procedure to define record control is 100% documented and updated * 2 weeks after the end of the quarter | * 90% of quality records are: * readily identifiable with storage labels * readily retrievable within 8 hours * archived and disposed of properly, based on master list of QR * Procedure to define record control is 90% documented and updated * 4 weeks after the end of the quarter | Quarterly | * Quality Records * Master List of Quality Records | Unit Heads/QMR /  Deputy QMR |

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| Prepared by | Reviewed by | Approved by |