DILG REGIONAL OFFICE 02
SYSTEM PROCEDURE

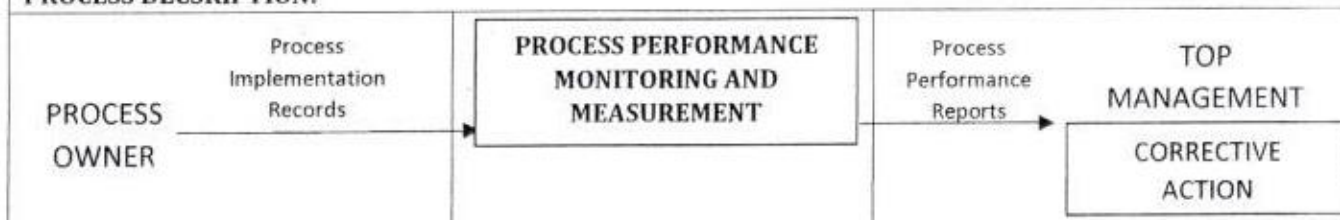| Document Code		
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PROCEDURE TITLE	PROCESS PERFORMANCE MONITORING AND MEASUREMENT
SCOPE	This procedure covers the activities from the monitoring of relevant process parameters to summarizing monthly results and initiating needed corrections and corrective actions for unmet objectives, where applicable.
PURPOSE	To define the process for the periodic monitoring, measurement and reporting of process performance against specified quality objectives or planned results of each process.

PROCESS DECSRIPTION:

PROCESS OWNER → Process Implementation Records → **PROCESS PERFORMANCE MONITORING AND MEASUREMENT** → Process Performance Reports → TOP MANAGEMENT / CORRECTIVE ACTION

DESCRIPTIVE STATEMENT:

The process owner implements the process, records the progress of the transaction and submits process performance reports to the QMS Secretariat who validates and consolidates the reports, prepares/issues Corrective Action Report duly signed by the QMR for unmet targets, and submits report of the overall QMS performance, signed by the Deputy QMR to the Top Management through the QMR.

Step No.	Responsible Personnel	PROCESS/ ACTIVITY	Details	References
1	**Process Owner**	Implement the Process	• Implement the process as per documented procedures.	• Quality Procedure (QP) of the process
2	**Process Owner**	Record progress of transaction or process implementation	• Record the actual progress of transaction, or actual data of process implementation to monitor the process performance based on the committed quality objectives in the respective process performance monitoring tool, if any. • For voluminous transactions, summarize the process performance data in the Process Summary Log Sheet (PSL) to get the consolidated results for the period being reported, duly noted by the concerned Deputy QMR.	• Respective monitoring tool per process

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Step No.	Responsible Personnel	PROCESS/ ACTIVITY	Details	References
3	**Process Owner**	Report the process performance results	• Report the process performance results for the period using the Quality Monitoring and Evaluation (QME) form, print and submit for review by the concerned Division Chief/OIC and noted by the Bureau/Service Director or OIC. • Submit the PSL and QME Report to the QMS Secretariat on or before the 5th working day of the ensuing month of the current period. • Communicate within the Bureau/Service/Division/Office the process performance results.	• Process Quality Monitoring and Evaluation (QME). • Minutes of the Meeting/ Memo/ Bulletin Posting
4	**QMS Secretariat**	Validate and Consolidate QME Report	• Monitor the submission of the PSL and QME Report. Review results based on available information submitted. • Consolidate QME Results and evaluate performance against top management objectives. • Prepare Corrective Action Report (CAR) to concerned Process Owners that did not meet the quality objectives/planned results duly signed by the Deputy QMR within 2 working days upon receipt of the QME report. • Submit QMS-QME report, QMS-PSL, and QME results to Deputy QMR.	• QME Report and Supporting Document/s • QMS-QME report, QMS-PSL • CAR
5	**Deputy QMR**	Review and sign reports	• Review and accept/sign CAR and return to QMS Secretariat, if any. • Sign the QMS-QME and memo transmittal to the QMR. • Return to QMS Secretariat.	• CAR, if any • QMS QME with QMS PSL
6	**QMS Secretariat**	Issue CAR, if any and forward QMS-QME Report	• Issue CAR to concerned Office.	• CAR, if any

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Step No.	Responsible Personnel	PROCESS/ ACTIVITY	Details	References
			• Forward QMS-QME Report with QMS PSL to the QMR.	• QMS QME with QMS PSL
7	**Process Owner**	Initiate correction and corrective action	• Plan appropriate corrections/immediate actions to address the unmet planned results. • Determine the root cause. • Formulate Corrective Action Plan (CAP) duly noted by the Division Chief/OIC and approved by the Bureau/Service Director/OIC with identified person responsible and specified timelines. • Submit accomplished CPAR to QMS Secretariat within 10 working days upon receipt.	• CAR • SP-05A Corrective Action • SP-05B Preventive Action
8	**QMS Secretariat**	Review and approve the Corrective Action	• QMS Secretariat: Review the proposed corrections and corrective actions. • If found in order and adequate to address the unmet target, secure approval of the Deputy QMR; else, return to concerned Process Owner for appropriate action. • Deputy QMR: Approve the Corrective Action Plan and return to QMS Secretariat. • QMS Secretariat: Provide copy of the approved CAP to concerned process owner.	• CAR
9	**Process Owner; QMS Secretariat**	Implement and Monitor Corrective Action Plan (CAP)	• Process Owner: Implement CAP as planned. Monitor progress against Corrective Action Plan. If any Corrective Action cannot be/is not implemented, discuss with the Head of Unit/Bureau for possible additional intervention. QMS Secretariat: • Verify implementation and effectiveness of actions taken after at least 2 months of full CAP implementation.	• CAR

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Step No.	Responsible Personnel	PROCESS/ ACTIVITY	Details	References
			• Verification can happen more than once if the initial (first) verification does not provide evidence of non-recurrence of the root cause(s) identified. • If non-recurrence of the root cause is verified, close-out the CPAR duly approved by the Deputy QMR; else, coordinate with concerned bureau/service/office/division for continuous CAP implementation and/or take any further appropriate action. • Communicate the results of verification to concerned bureau/service/division/office.	
10	Process Owner	Continue process monitoring and conduct data analysis	• Continue process monitoring on succeeding period. • Analyze data and trends every three (3) consecutive performance reporting periods and submit to the QMS Secretariat on the 5th working day of the ensuing month.	• Process Monitoring Tool/s (e.g Logsheet, Tracker, etc.) • QMS Performance Analysis Report
11	Process Owner, QMS Secretariat	Retain records	• Retain records in accordance with Control of Retained Documented Information Procedure and Master List of Records	• Control of Retained Documented Information Procedure • Master List of Records

Prepared By	Reviewed By	Approved By
(sgd.)	*(sgd.)*	*(sgd.)*
IVE B. SALUDEZ	**ATTY. ODILON L. PASARABA, CESO V**	**JONATHAN PAUL M. LEUSEN, JR., CESO IV**
QMS Secretariat Head	**Regional Quality Management Representative**	**Regional Director**

CONTROLLED COPY

QMS Process Summary Logsheet (PSL)

TOP MANAGEMENT QUALITY OBJECTIVE:
FREQUENCY OF MONITORING:
COVERED PERIOD:
Due Date of Submission:

* NPY - No Performance Yet; NSY - No Submission Yet; NA - Not Applicable

*DR = Date Received; DDS = Due Date of Submission

No.	Process No.	Quality Objective	Timeliness			RESULTS								Frequency of Reporting	QP Code	Procedure Title	Remarks	REVIEW OBSERVATIONS
			Date Received	≤ DDS	> DDS	Target	Data	Actual	Met	Unmet	NSY	NA	NPY					

Total

Result = Met/ TQP - NA - NPY   ___%

No. of QP for the month   _____

Prepared By	Noted By
{ Name Here }	{ Name Here }
Date:	Date:
{ Position Title Here }	{ Division Chief }

Prepared	Reviewed By	Approved By
(sgd.)	(sgd.)	(sgd.)
IVE B. SALUDEZ	ATTY. ODILON L. PASARABA, CESO IV	JONATHAN PAUL M. LEUSEN, JR., CESO IV
QMS Secretariat	Regional Quality Management Representative	Regional Director

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QMS PERFORMANCE ANALYSIS REPORT

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PROCEDURE TITLE:		QP CODE:	

COVERED PERIOD:	FROM:		TO:	

PART I: OVERALL ANALYSIS

PART II: GRAPHICAL PRESENTATION

PART III: IDENTIFIED GAPS/CONSTRAINTS/WEAKNESS AND ACTION PLAN

GAPS/CONTRAINTS WEAKNESSES	ACTION PLAN		TIMELINE	
	ACTIVITY (Identified Strategy)	RESPONSIBLE PERSON	FROM	TO

Prepared By:	Reviewed By:	Approved By:
Name:	Name:	Name:
Date:	Date:	Date:
Position Title:	Position Title:	Position Title:

Prepared By	Reviewed By	Approved By
(sgd.)	*(sgd.)*	*(sgd.)*
IVE B. SALUDEZ	ATTY. ODILON L. PASARABA, CESO V	JONATHAN PAUL M. LEUSEN, JR., CESO IV
QMS Secretariat Head	Regional Quality Management Representative	Regional Director

DILG REGIONAL OFFICE 02

PROCESS QUALITY MONITORING AND EVALUATION (QME)

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OFFICE	All Offices (QMS Scope)
PROCEDURE TITLE	Process Performance Monitoring and Measurement
OBJECTIVE STATEMENT	
CURRENT PERIOD	

	INDICATORS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
	Objective 1:													
A														
B														
C	Formula: — Target Result :													
D	Gap Analysis: (In case the objective is not met, put your analysis why it is not met)													
	Objective 2:													
A														
B														
C	Formula: — Target Result :													
D	Gap Analysis: (In case the objective is not met, put your analysis why it is not met)													
	Objective 3:													
A														
B														
C	Formula: — Target Result :													
D	Gap Analysis: In case the objective is not met, put your analysis why it is not met													

Note: For unmet targets, QMS Secretariat will initiate correction and corrective action using the Corrective Action Report (CAR) duly signed by the Regional Deputy QMR.

Prepared By	Reviewed By	Approved By
(sgd.)	(sgd.)	(sgd.)
IVE B. SALUDEZ	**ATTY. ODILON L. PASARABA, CESO V**	**JONATHAN PAUL M. LEUSEN, JR., CESO IV**
QMS Secretariat Head	Regional Quality Management Representative	Regional Director

CONTROLLED COPY

PROCESS QUALITY MONITORING AND EVALUATION (QME)

OFFICE	
PROCEDURE TITLE	
OBJECTIVE STATEMENT	
CURRENT PERIOD	

	INDICATORS		Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period n^{th}	Total
Objective 1:															
A															
B															
C	Formula:	Target Result :													
D	Gap Analysis: (In case the objective is not met, put your analysis why it is not met)														
Objective 2:															
A															
B															
C	Formula:	Target Result :													
D	Gap Analysis: (In case the objective is not met, put your analysis why it is not met)														

Note: For unmet targets, QMS Secretariat will initiate correction and corrective action using the Corrective Action Report (CAR) duly signed by the Regional Deputy QMR.

Prepared By		Reviewed By	Approved By
		(sgd.) ATTY. ODILON L. PASARABA, CESO V	(sgd.) JONATHAN PAUL M. LEUSEN, JR., CESO IV
Process Owner	Deputy QMR	Regional QMR	Regional Director