The KPI Institute

Celebrating 12 Years of PERFORMANCE

Certified KPI Professional Course

Documentation Forms Catalogue









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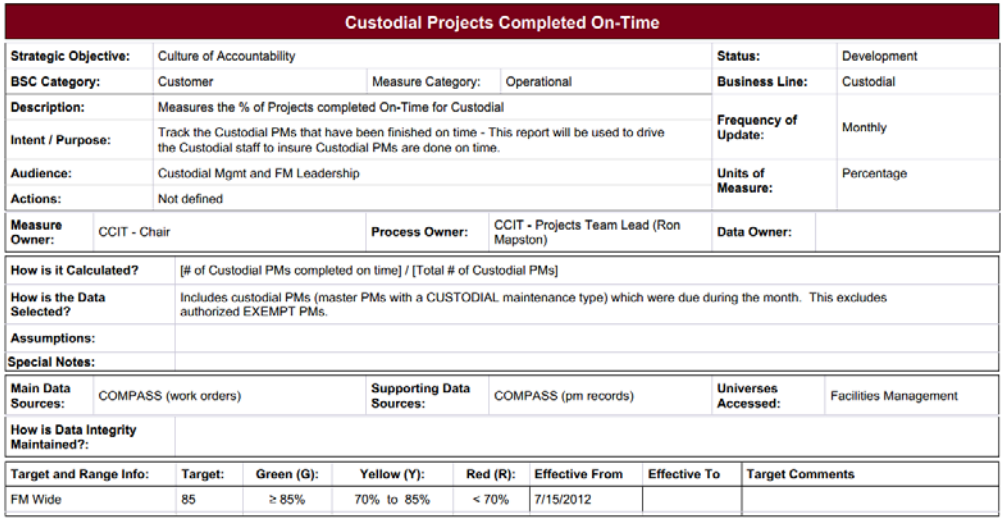
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Custodial Projects Completed On-Time					
Strategic Objective:	Culture of Accountability			**Status:**	Development
BSC Category:	Customer	**Measure Category:**	Operational	**Business Line:**	Custodial
Description:	Measures the % of Projects completed On-Time for Custodial			**Frequency of Update:**	Monthly
Intent / Purpose:	Track the Custodial PMs that have been finished on time - This report will be used to drive the Custodial staff to insure Custodial PMs are done on time.				
Audience:	Custodial Mgmt and FM Leadership			**Units of Measure:**	Percentage
Actions:	Not defined				
Measure Owner:	CCIT - Chair	**Process Owner:**	CCIT - Projects Team Lead (Ron Mapston)	**Data Owner:**	
How is it Calculated?	[# of Custodial PMs completed on time] / [Total # of Custodial PMs]				
How is the Data Selected?	Includes custodial PMs (master PMs with a CUSTODIAL maintenance type) which were due during the month. This excludes authorized EXEMPT PMs.				
Assumptions:					
Special Notes:					
Main Data Sources:	COMPASS (work orders)	**Supporting Data Sources:**	COMPASS (pm records)	**Universes Accessed:**	Facilities Management
How is Data Integrity Maintained?:					

Target and Range Info:	Target:	Green (G):	Yellow (Y):	Red (R):	Effective From	Effective To	Target Comments
FM Wide	85	≥ 85%	70% to 85%	< 70%	7/15/2012		



Process Safety Management System

KPI Details			
Name	Preventative Maintenance Compliance		
KPI Type	Leading		
Specified By	Brian Macdonald	Owned By	Maintenance Managers

Objective
The objective of this KPI is to measure the timescale compliance to the agreed business work order priority model for all Preventative maintenance work orders. Effective management of this measure will ensure that all preventative maintenance work orders are being planned to recognise their importance as defined within the work order priority model.

The KPI Institute Template

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KPI Description

Unique identification			
KPI name	% HR customer satisfaction with service levels		
smartKPIs.com no.	sK2379	Organisational measure no.	HRKPI001
Definition and useage			
Definition	Measures the percentage of internal customers who are satisfied with the HR department's overall service levels out of the total number of internal customers surveyed.		
Organisational area	HR Department	Balanced Scorecard perspective	Customer
Calculation			

Subordinate measures used for calculation	A = # Customers stating they are satisfied with the service levels
	B = # Customers surveyed		

Calculation formula	(A/B)*100	Trend is good when (figures are)	Increasing
Focus			
Purpose	To indicate whether the HR department"s services correspond to internal customer expectations, as this impacts future customer behaviour (purchases, recommendations, complaints etc.).		
Strategic Objective	Maintain high levels of internal customer satisfaction		
Measurement focus	Satisfaction	Measurement type	Quantitative
Impact stage	Outcome	Indicator focus	Leading
Level	Strategic	Presence at other levels	Upstream
Data profile			
Data capture period	Spot	Standard reporting frequency	Q
Automation fit	Not recommended	Data integrity	Medium
Limitations	It reflects only a level of general satisfaction, not areas in which dissatisfaction exists or causes for that. Measurement is based on internal customer surveys, thus being susceptible of inaccuracy due to subjectivity of respondents. This makes it also expensive.		
Targets			
Target	80%	Green threshold	>80%
Benchmarking fit	Suitable	Yellow threshold	60-80%
Other intermediate targets	n/a	Red threshold	<60%
Measure administration			
Measure owner (title)	HR Manager	Data custodian (title)	HR Analyst
Measure owner (name)	Firstname Lastname	Data custodian (name)	Firstname Lastname
Current status	Active	Activation date (past or future)	1/1/2009
Data gathering			
Lead time	5 days		
Data source (DB name, System...)	Employee		
Who maintains DS	HR	When is data produced	End of quarter
Comments			
Extended analysis of the surveys helps evaluate in what areas of service customers are not satisfied and what ideas for service improvement can be evidenced.			

Source: http://kpiinstitute.org/research/kpis-and-analytics/kpi-documentation-form/

KPI Catalogue Fields	Definition
KPI name	Name of the indicator, a brief representation of its role.
SmartKPIs.com.no.	Unique identification number assigned automatically to the KPI when entered in smartkpis.com. database.
Organizational measure no.	Unique identification number assigned to the KPI when entered in the database. It usually contains the initial letters of the department, followed by numbers.
Definition	Succinct description of the indicator, clarifying its name.
Organizational area	Organizational department where the KPI is monitored.
Balanced Scorecard perspective	Standard Balanced Scorecard perspective where the indicator fits best (Financial, Customer, Internal Processes, People, Learning & Growth).
Subordinate measures used for calculation	Name of the measures used in calculating the KPI.
Calculation formula	Formula linking the subordinate measures of the KPI, needed in order to compute the indicator.
Trend is good when (figures are)	Direction in which the results of the KPI need to move for a positive result. The options are: increasing, decreasing and within range.
Purpose	Explanation of the reason or business justification for using the KPI.
Strategic Objective	The strategic objective to which the indicator is linked.
Measurement focus	Classification of KPIs based on what dimension of an activity / result they are measuring (Risk / Satisfaction / Money / Quality / Duration / Volume).
Measurement type	Measurement approach for the KPI (Quantitative / Qualitative)
Impact stage	Strength of the KPI based on the sage of evaluation: input, process, output, outcome.
Indicator focus	Type of indicator based on the emphasis of past activity of future performance (Lagging / Leading).
Level	Organizational level at which the indicator is measured (Strategic / Operational / Tactical).
Presence at other levels	Indicates other levels of the organization where the indicator is also monitored.
Data capture period	Period of time when the results of the indicator have been measured. It can range from daily to yearly.
Automation fit	Suitability for automated data gathering, by importing data in a centralized reporting tool.
Standard reporting frequency	Frequency of data gathering and reporting for the indicator. It can range from daily to yearly.
Data integrity	Subjective evaluation of the integrity characteristics of the data being reported. Usually, surveys have a low data integrity, as they area affected by respondents' subjectivity, while financial indicators are an example of a high data integrity.
Limitations	Limitation (data or reporting system related) to be considered during the use of the indicator.
Benchmarking fit	Subjective evaluation of the suitability for benchmarking, based on indicator reporting standardization in the industry.
Target	Desired level of a KPI.
Thresholds	Targets interval of variation. Red stands for "under targets", yellow for "in tolerance limits" and green for "on or above targets".
Other intermediate targets	Smaller targets that need to be achieved in order to attain the final targets set for the KPI.
Measure owner (title)	Position of the person responsible for the achievement of the KPI.
Measure owner (name)	Name of the person responsible for the achievement of the KPI.
Data custodian (title)	Position of the person responsible with collecting the data needed to report the KPI.
Data custodian (name)	Name of the person responsible with collecting the data needed to report the KPI.
Current status	The status of the KPI, in terms of active (being reported on) or inactive (not being reported on).
Activation date	The date established for the indicator to turn active.
Lead time	The actual time needed to report data for the KPI, from the moment the data gathering process starts until it is reported.
Data source	The sources from where the data is collected: Business Intelligence solutions, reports or surveys.
Who maintains DS	The person in charge with maintain the Data source.
When is data produced	The time when the data that needs to be reported is ready.
Comments	Additional information regarding the KPI.

Educational Quality Improvement Program (EQUIP2)

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APPARENT INTAKE RATE

Definition: Apparent intake rate is the total number of new entrants in the first grade of primary education, regardless of age, expressed as a percentage of the population at the official primary school entrance age.

Purpose: The apparent intake rate indicates the general level of access to primary education. A rate of 100 percent indicates that a country is able, in principle, to provide its entire school entrance age population access to grade one. Intake rates also provide the most direct indicator of the effect of interventions on access to primary school.

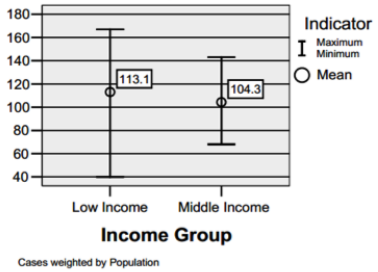
Method of Computation: Divide the number of children who enter first grade for the first time, irrespective of age, by the population of the same age and multiply the result by 100. For example, in Uganda, where first grade has an official entry age of six years old, the apparent intake rate is calculated as total enrollment in the first year of primary school, regardless of age, divided by the total population of six year olds.

Data Sources and Periodicity: New entry data are recorded regularly by ministries of education and are available on a yearly basis. Population censuses are usually conducted at 10-year intervals. During non-census years, population estimates may be updated annually with vital registers; otherwise projections are used. Net intake rates may also be obtained from periodic sample surveys.

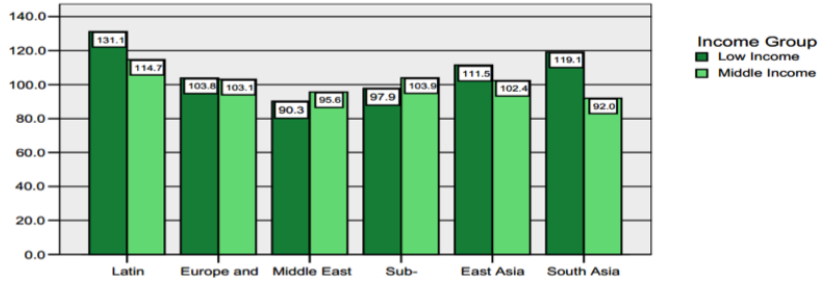
Data Trends: Apparent intake rates varied from 40 to well over 150 percent in low-income countries and from roughly 68 to 143 percent in middle-income countries, as shown in the chart Apparent Intake by Income Group, Minimum, Average and Maximum.

Average apparent intake rates exceeded 100 percent in many of the world's low- and middle-income countries. In contrast to net intake rates, which showed averages as low as 30 percent in some regions, average apparent intake rates were well above 90 percent worldwide, as shown in the chart Average Apparent Intake Rates by Income Group by Region, Both Sexes. This disparity may be evidence of late starting ages in some countries or an indication of data reliability issues surrounding age.

Apparent Intake Rates by Income Group, Minimum, Average and Maximum, Most Current Data, 2001/2002



Average Apparent Intake Rates by Income Group by Region, Both Sexes, Most Current Data, 2001/2002



Annual changes in the apparent intake rate over the period between 1999 and 2002 were positive but fairly low, averaging 1.7 percentage points for low-income countries and only 0.3 percentage points for middle-income countries, as shown in the chart Annual Changes in Apparent Intake Rates by Income Group.

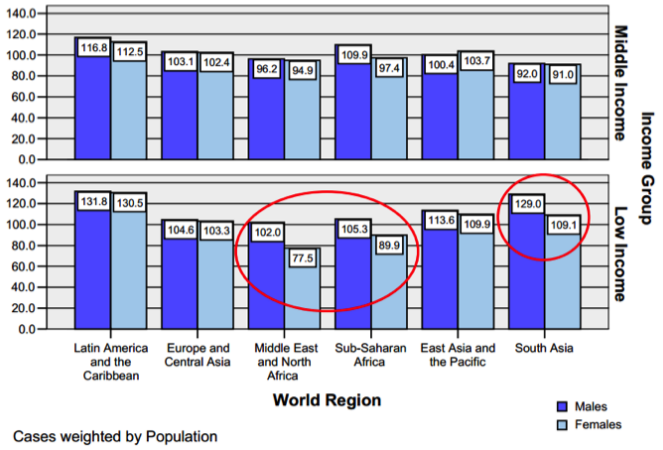
Annual Changes in Apparent Intake Rates by Income Group, 1999-2002 (in Percentage Points)

		Average Annual Change
Income Group	Low Income	+ 1.7
	Middle Income	+ 0.3

All statistics weighted by population

Apparent intake rates were higher for boys than girls across regions and income groups, with the exception of middle-income countries in East Asia and the Pacific. This disparity was particularly acute in low-income countries in the Middle East and North Africa, Sub-Saharan Africa, and South Asia, as shown in the chart Average Apparent Intake Rates by Region and Income Group by Sex.

Average Apparent Intake Rates by Region and Income Group by Sex, Most Current Data, 2001/2002



Comments and Limitations: Reliable estimates of net intake require accurate estimates of new entrants by age. This indicator can be distorted by an incorrect distinction between new entrants and repeaters in the first grade, which often occurs for under-age pupils who find it necessary to repeat the first grade at a more mature age. Finally, under-reporting of new entrant levels may occur when ministries fail to include all schools in the country.

Reliable estimates of the net intake rate also require reliable estimates of the eligible population of primary school entrance age. Issues related to the reliability of population estimates are discussed under the heading Population Estimates Used in Education Statistics.

Source: http://www.equip123.net/docs/e2-MissionHandbook.pdf

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The University of Western Australia

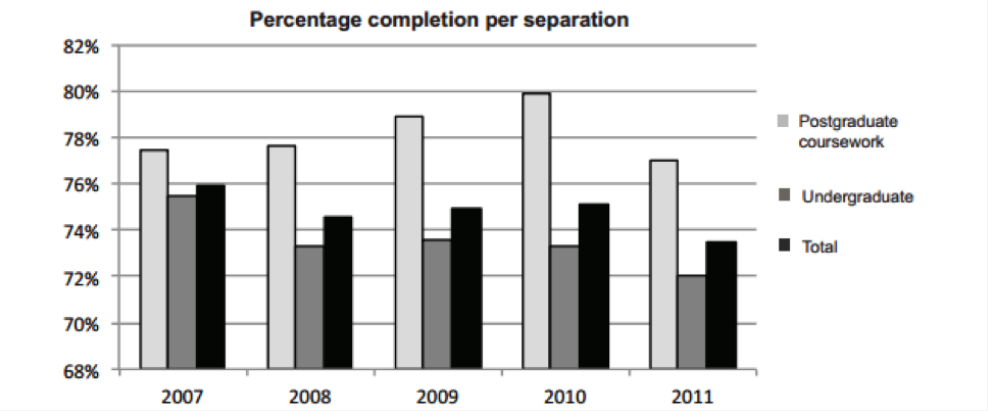
Indicator 1.2 Course completion rates

This indicator shows the proportion of all non higher degree by research (non-HDR) course separations in a given year that were associated with course completions. A separation is considered to have occurred in a given year when a student who was enrolled in the previous year does not enrol in the same course or another course of the same broad course type in the following two years. For example, students who were enrolled in 2010 but did not enrol in the same course or another UWA course of the same broad course type in either 2011 or 2012 are shown as separating in 2011. Thus a proportion of completions per separation figure of 75 per cent for 2011 would show that three quarters (75 per cent) of students who separated from their course in that year had completed that course or a similar course. It should be noted that students who transfer between courses within a two-year period are not considered to have separated for the purposes of calculating this indicator. Furthermore it should be noted that this indicator under-numerates the proportion of students who eventually complete an award course because a significant number of students who are counted as separations without completion subsequently return and complete a course.

The proportion of non-HDR separations that were due to completions was 73.4 per cent in 2011 which was the lowest achieved over the past five years and below the target of 76 per cent. Both the undergraduate and postgraduate components were the lowest achieved over that period.

Percentage completion per separation [a], 2007 to 2011 [b]

	2007	2008	2009	2010	2011	2011 target
Postgraduate coursework	77.4%	77.6%	78.9%	79.9%	77.0%	80%
Undergraduate	75.4%	73.3%	73.5%	73.3%	72.0%	74%
Total	75.9%	74.5%	75.0%	75.1%	73.4%	76%



Source: http://year2012.annualreport.publishing.uwa.edu.au/welcome/disclosures_and_legal_compliance/key_performance_indicators?f=306333

University of Minnesota

Budget vs Actual Expense

Strategic Objective:	Cost Effective			**Status:**	Active
BSC Category:	Financial	**Measure Category:**	Strategic	**Business Line:**	All FM
Description:	Compares ACTUAL spending, against BUDGET, per Business Line.			**Frequency of Update:**	Monthly
Intent / Purpose:	To track the accuracy of Budgets				
Audience:	FM Leadership and FM Management			**Units of Measure:**	Percentage (Dollars)
Actions:	N/A				
Measure Owner:	Finance (Wendy Berkowitz)	**Process Owner:**	Finance	**Data Owner:**	Finance (Andrew S.)
How is it Calculated?	The data in the "Fav/(Unfav)" column is divided by the "Budget" column.				
How is the Data Selected?					
Assumptions:	1) The data is current and accurate as checked by Finance 2) Leadership has set the R/Y/G targets				
Special Notes:	Finance is responsible to the validation and maintnenance of the BI report used for this measure.				
Main Data Sources:	This measure comes from an existing WebI report being included in the Scorecards. The Report can be found in [Public Folders/FM/Operations/Financial Reporting/], and is named "FM Budget Statement". The data is found in the table under "Summary by Business Unit", under "Support" heading.	**Supporting Data Sources:**		**Universes Accessed:**	
How is Data Integrity Maintained?:					

Target and Range Info:	Target:	Green (G):	Yellow (Y):	Red (R):	Effective From	Effective To	Target Comments
FM Wide	-2	≥ -2	-5 to -2	< -5	7/15/2012		

Custodial Projects Completed On-Time

Strategic Objective:	Culture of Accountability			**Status:**	Development
BSC Category:	Customer	**Measure Category:**	Operational	**Business Line:**	Custodial
Description:	Measures the % of Projects completed On-Time for Custodial			**Frequency of Update:**	Monthly
Intent / Purpose:	Track the Custodial PMs that have been finished on time - This report will be used to drive the Custodial staff to insure Custodial PMs are done on time.				
Audience:	Custodial Mgmt and FM Leadership			**Units of Measure:**	Percentage
Actions:	Not defined				
Measure Owner:	CCIT - Chair	**Process Owner:**	CCIT - Projects Team Lead (Ron Mapston)	**Data Owner:**	
How is it Calculated?	[# of Custodial PMs completed on time] / [Total # of Custodial PMs]				
How is the Data Selected?	Includes custodial PMs (master PMs with a CUSTODIAL maintenance type) which were due during the month. This excludes authorized EXEMPT PMs.				
Assumptions:					
Special Notes:					
Main Data Sources:	COMPASS (work orders)	**Supporting Data Sources:**	COMPASS (pm records)	**Universes Accessed:**	Facilities Management
How is Data Integrity Maintained?:					

Target and Range Info:	Target:	Green (G):	Yellow (Y):	Red (R):	Effective From	Effective To	Target Comments
FM Wide	85	≥ 85%	70% to 85%	< 70%	7/15/2012		

Source: http://www.facm.umn.edu/prod/groups/uservices/@pub/@uservices/@fm/documents/content/uservices_content_430638.pdf

World Bank

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Example of the DART framework: indicator of total system losses

Summary

Full name:	Total system losses
Short name:	System losses
Formula:	(Electricity supplied to national grid - Total electricity billed) x 100/Electricity supplied to national grid
Units:	%
Key importance of the KPI:	Operationalizes overall distribution performance of utility (including technical and non-technical aspects).
Customer service contribution:	Availability, reliability, cost, customer relations.

Note: Electricity supplied to national grid = Electricity generated (net)+Electricity imported-Electricity exported.

Definition and analysis

Total system losses is a popular indicator for measuring all losses that occur during the transmission and distribution of electricity from generating stations or points of purchase to end-use customers. Total system losses equal the difference between the power (GWh) supplied for consumption within the country and the power (GWh) billed to end users.

System losses = (In-country generation, net of plant own use (GWh) – Export (GWh) + Import (GWh)) – Electricity billed to customers) / (In-country generation, net of plant own use (GWh) – Export (GWh) + Import (GWh))

The main components of system losses are technical losses (e.g. heat or copper losses, magnetic losses, or transformation losses) and non-technical losses (e.g. meter failure, meter tampering or fraud, un-metered or illegal connections, or data encryption losses in billing, in other words, commercial losses, metering failures and theft). It provides more reliable and thus better comparable performance information than Technical and Non-technical losses, which are very difficult to separate. Total system losses, as referred here, do not include collection losses that occur due to customer unwillingness or inability to pay, failures in billing and collecting.

Limitations of the indicator

System losses provide a good overview of a utility's performance but the indicator is limited to be used on the system level: while providing an overall estimate of sector efficiency, the indicator of system losses does not help understand the sources of inefficiency. This happens due to the fact that system losses combine technical and all types of non-technical losses. Therefore, while estimating the

Operational dimensions of the indicator

Technical efficiency: The system loss indicator is a direct measure of the technical efficiency of a utility. Although not perfect, this indicator provides more reliable information on technical efficiency than other measures of losses (e.g. technical and non-technical) because the input data of the indicator is more verifiable than those of other indicators.

Commercial efficiency: This dimension has two components: (a) non-technical losses due to billing and metering errors, theft of electricity among other causes and (b) collection efficiency that compares revenues collected against the bills issued. Given that the system losses indicator only addresses the first component of the commercial efficiency, this indicator cannot be used to assess the commercial efficiency of a utility.

Optimal range

"Optimal" range of system losses varies from system to system. Total system losses typically range between 7% - 10% in developed countries while they are about 30%-50% in Sub-Saharan Africa. The most efficient utilities in the region report total system losses below 20%.

Alternative indicators

- Transmission losses, Distribution losses (In unbundled systems or for lower level view of losses)
- Aggregated technical and commercial (AT&C) losses (For an overview including losses in collections)

Benchmarking of the indicator

Sub-Saharan African countries differ substantially according to the level of system losses, which ranges from 14.5% in Angola to 68% in Swaziland (Figure III.1a).

Source: http://www.esmap.org/sites/esmap.org/files/P099234_AFR_Monitoring%20Performance%20of%20Electric%20Utilities_Tallapragada_0.pdf

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Canada Revenue Agency

Indicator Name	Number of T1 Filers vs. Population (15+)
Indicator type	
Group	Macro Indicators
Subgroup	N/A
Client segment	Individuals - T1
Compliance	Requirement Filing
Description	This indicator compares the number of T1 filers (on-time and late) to the number of potential filers (15 years and older) in the Canadian population to estimate filing compliance. This indicator will be tracked over time and analysed for filing compliance trends. Its value is between zero and one.
Calculation	[Number of T1 filers]/[Population (15+)]
Data	
Sources	T1 filers: CRA, Statistic Services Division Population 15+: Statistics Canada
Frequency	Annually
Limitations	Not all of the 15+ population required to file a tax return.

Source: https://www.ato.gov.au/About-ATO/Research-and-statistics/In-detail/General-research/Literature-review--measuring-compliance-effectiveness-2007/?page=32

Data Unit Wales

Service/ policy area	**Environment and Transport - Street Scene**		
Domain	Service Quality		
Reference	STS/C/F/005b/04-001 (STS/005b)		
Headline	**Cleanliness of highways**		
Indicator	The percentage of highways inspected of a high or acceptable standard of cleanliness		
Guidance	'High or acceptable standard of cleanliness' is defined as achieving Grades A, B+ or B of the Code of Practice on Litter and Refuse (2007), namely: • Grade A No litter or refuse • Grade B+ No more than 3 small pieces of litter • Grade B Predominately free of litter and refuse apart from some small items To calculate the indicator, the following surveys need to be undertaken: • 6 bi-monthly surveys based on inspections of 2% of adopted highways of an authority, undertaken by the Local Authority or an organisation contracted to undertake the work on their behalf • Annual independent survey/s based on a minimum 6% overall sample of adopted highways of an authority undertaken by Keep Wales Tidy 'An inspection' is a visual examination of a 50 metre length of street (transect) against the photographic standards in the Code of Practice for Litter and Refuse (2007) or any subsequent revised version of the Code. Streets are graded as either Grade A, Grade B+, Grade B, Grade C or Grade D. For the independent surveys: • Local Authorities will be expected to provide Keep Wales Tidy with a current list of all adopted highways for the above types of land use by 1 April each year. This list should indicate which land use type the highways falls into • Keep Wales Tidy will undertake unannounced survey/s of 6% of the highways. • A report will be provided by Keep Wales Tidy to the relevant Local Authority of the survey/s within one month of completion		
Calculation	**Numerator:** The number of inspections of highways undertaken that had a high or acceptable level of cleanliness **Denominator:** The total number of inspections of highways **Formula:** $\frac{\text{Numerator}}{\text{Denominator}} \times 100$		
Data source	-	Data source	1
Explanation	This indicator measures the proportion of streets within a local authority boundary that are of acceptable cleanliness		
Disaggregation	Disaggregation should be considered to suit local context and knowledge.		

Source: http://www.dataunitwales.gov.uk/SharedFiles/Download.aspx?pageid=79&mid=459&fileid=885

Ontario Buys

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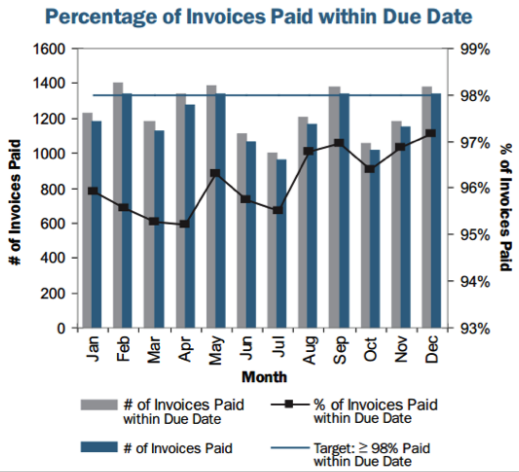
Metric 5.1:
Percentage of Invoices Paid within Due Date

Objective:
To increase compliance with agreed-upon payment terms to maintain good supplier relationships

Calculation:

$$\frac{\text{Number of invoices paid within agreed-contract terms}}{\text{Total number of invoices}} \times 100\%$$

Target: ≥ 98% by net invoice date



Target Considerations

Establishment
The Working Group has limited experience with this measure and few people are currently tracking it. The group recommends setting an initial target of 98 per cent, with a review six to twelve months after implementation.

Impact of Other Metrics
To pay suppliers on schedule, hospitals require access to accurate payment term information and a short payment cycle process. Automated processes such as three-way matching of invoices can increase payment speed, but these processes rely on error-free data to work effectively. Initiatives to improve this metric should be considered in conjunction with metric 3.7 Percentage of Invoice Matches.

Related Metrics and Standards

Related Metrics:

1.1 Percentage of Active Items under Contract
3.6 Percentage of Invoices with Purchase Orders
3.7 Percentage of Invoice Matches

Related Standards:

1.1 Purchasing Policies and Procedures
1.3 Boilerplate Contracts and Key Legal Principles
5.1 Supplier Performance Management Process

Implementation

Calculation Parameters

Calculation

$$\frac{\text{Number of invoices paid within agreed-contract terms}}{\text{Total number of invoices}} \times 100\%$$

Variable	Include	Exclude
Number of invoices paid within agreed-contract terms	Include PO invoices for which payment is sent to suppliers by the due date for the types of orders and categories below	Do not include invoices with late payments or for the types of orders or categories below
Total number of invoices	Include invoices that are both for the following types of orders: · POs · Blanket order releases **AND** for the following categories: · Stock items · Non-stock items · Capital · Services	Do not include invoices that are either for the following types of orders: · Non-purchase order invoices · Standing order releases · Purchasing card transactions **OR** for the following categories: · Pharmacy · Food

Data Accessibility Rating

CHALLENGING – Data are available but require analysis and custom reporting

Possible Data Sources

Electronic
Procurement and Accounts Payable Modules:
For automated reporting of *Invoices paid within agreed-contract terms*, information systems must be able to report on the contracted payment terms for every contract purchase order issued. The information systems in many hospitals lack the capability of reporting the contracted versus non-contracted status of items in purchase orders. If this function is unavailable, organizations may wish to establish a default term on all non-contracted POs (for instance, payment within 45 days) to include them in this metric. At a minimum, the accounts payable module must track payments to suppliers issued at or before payment due dates for all contract purchase orders. Custom reporting may be required.

Most financial reporting systems will provide the *Total number of invoices* received by an organization.

Manual
If electronic reporting is unavailable, the organization could consider using a logging method throughout the month or selecting a representative time period (one day, one week, etc.) to collect a subset of data. Organizations should select the option that balances the cost of collecting the data and the associated accuracy with the benefit of reporting the metric.

Implementation Challenges

Challenges
Accounts payable may not see this as an important initiative. The accounts payable department should be encouraged to participate in the improvement initiative. Senior management commitment and support may be required for implementation across existing departmental boundaries.

Source: http://www.doingbusiness.mgs.gov.on.ca/mbs/psb/psb.nsf/Attachments/BPSPerformMeasurePhaseII-UserGuide-pdf-eng/$FILE/perf_meas_userguide-eng.pdf

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U.S. Agency for International Developemt

QUALITY

A. Product Selection Based on National Essential Medicines List

Definition

For each product that a program selects for procurement, this indicator measures the percentage of those products that are listed on a National Essential Medicines List (NEML), or other approved product list, or standard treatment guidelines (STG).

Formula

$$\frac{\text{number of products selected for procurement that are listed on the NEML or other approved list}}{\text{total number of products selected for procurement}} * 100$$

Purpose and Issues

This indicator can help determine whether the NEML is used for product selection and whether product selection is limited to the NEML. Evaluators can also examine whether the EML is up–to-date and accurate. Typically, governments regularly update their NEMLs to reflect health priorities. An NEML identifies medicines or commodities that are a priority in providing the basic health care requirements for a country. If a product is not on the NEML, it may receive lower priority and funding, or it may require a special waiver for procurement. The World Health Organization (WHO) provides a model EML at— http://www.who.int/medicines/publications/essentialmedicines/en/index.html

The indicator can help evaluators establish whether products that are regularly procured are essential products. Also, in many instances, products on the NEML are exempt from value added tax (VAT) and customs fees; also, the registration process for products on the NEML may be less cumbersome.

Data Sources	Data Requirements
• Lists of procured products from government sources or programs assisting the government in procuring commodities, e.g., Logistics Management Division or similar department; PipeLine software for contraceptives; the Reproductive Health Interchange (RHI) website for contraceptive shipment information from USAID and other funding agencies; and Quantimed software for antiretrovirals (ARVs) and other products or individual donors procuring on behalf of the government • Most current NEML from the Ministry of Health or Procurement and Planning Division • National procurement policies • Key informant interviews with procurement unit to determine actual practices and whether any policies discourage procurement of commodities not on the EML Procurement proposals to verify guidance for bidders.	• List of products procured over a defined period of time • Copy of NEML or other approved product list

Related Indicators

- Is procurement restricted to products on the EML, or are there barriers to procuring products outside the list?
- Are there policies regarding generic versus branded product selection and brand (product) proliferation? Current national procurement policies and guidelines may contain restrictions or provide guidance on selecting generic products, or they may limit the number of brands of a specific product that enter the country. Procuring generic products can be more cost efficient than procuring branded products. However, policies should be in place to monitor the proliferation of brands but still allow for private sector competition.

Source: http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=11153&lid=3

Treasury Board of Canada

Agent Adherence

Percentage of a day that we can reasonably expect an agent to be logged onto the ACD

$$\frac{\text{Total Time Logged onto ACD (Talk, Wait, and Wrap-up)}}{\text{Total Time Reasonably Expected to be Logged On}} \times 100 = \%\ \text{Adherence}$$

Adherence is a key performance indicator for individual agent performance and the performance of a call centre as a whole.

For example, a call centre operation might plan that agents should be logged on 80 per cent of their scheduled hours of work after excluding leave and formal training. While logged onto the ACD, agents should be speaking to a client, wrapping up the call, or waiting for the next call. Non-telephone related activities should be accomplished within a 20 per cent allowance. Examples of non-telephone activities include other assigned duties such as callbacks and counter service, meetings, coaching time, supervisor discussions, breaks, and reading or writing e-mails.

Agent Occupancy

Percentage of time agents are logged onto the ACD system and are either speaking with a client or completing paperwork related to that specific call

$$\%\ \text{of Talk Time} + \%\ \text{of Wrap-up Time}$$
$$\text{OR}$$
$$100\%\ \text{Logon Time minus}\ \%\ \text{of Wait Time}$$

Agent Adherence and Occupancy: Vendor Specifics

System	Source
Northern PBX (MAX 6/7)	Report Name: Agent by ACD-DN Performance (Shows performance for all queues worked by an agent) or ACD-DN by Agent Performance (provides statistics for agents' performance on a specific queue)
Centrex MAX 100	Report Name: Agent Summary Column/Data Name: WORK %
Centrex Perimeter	Report Name: Agent Performance Column/Data Name: Occupancy = total of % of time incoming + Clerical/Variable Wrap up (Note: This report also provides an average occupancy rate for the group.)
Symposium	If agents work in more than one skill set for the period, it is not possible to accurately calculate Occupancy by application or by skill set using the standard reports supplied with Symposium.

Source: http://www.tbs-sct.gc.ca/si-as/kpi-icr/use-uti/use-uti-eng.pdf

Health Safety Executive

Health and Wellbeing: Immunisations and Vaccines		
1	KPI Title	Percentage of children 12 months of age who have received three doses of vaccine against diphtheria (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3), hepatitis B (HepB3) (6 in 1 vaccine).
2	KPI Description	Total number and percentage of children on the HSE Area databases at 12 months of age who have received three doses of vaccine against diphtheria (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3), hepatitis B (HepB3) (6 in 1 vaccine).
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target
	Indicator Classification	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management☐
4	KPI Target	NSP 2013 target: *95%*
5	KPI Calculation	The figure is produced by dividing the number children at 12 months of age who are recorded on the HSE Area database as having received three doses of vaccine for each vaccine type diphtheria (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3) and hepatitis B (HepB3), by the total number of children at 12 months of age on the HSE Area database. (e.g. in Qtr 2, 2009. LHO had 368 children at 12 months of age, 290 children aged 12 months of age received three doses of vaccine against polio (Polio3), 290/368x100) Calculation: No. of children aged 12 months who rec 3 doses of Polio Vaccine (290)/Number of children aged 12 months of age (368)x100 = 79%
6	Data Source	Sourced from HSE Areas via Health Protection Surveillance Centre (HPSC)
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: This data is reported quarterly in arrears
8	Tracer Conditions	
9	Minimum Data Set	The number of children in cohort and aggregate number of children at 12 months of age in quarter who have received the full vaccine series appropriate for that age; data from each LHO and HSE Area
10	International Comparison	Similar to other countries eg UK
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☐National ☐Regional ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☑ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑CompStat ☑Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics
Contact details for Data Manager / Specialist Lead		Health Protection Surveillance Centre hpsc@hse.ie (01) 8765300/ John NolanInformation Analyst Children & Families Non-Acute BIU (046) 9280519 (01) 6352252 email: john.nolan3@hse.ie
National Lead and Directorate		Dr. Kevin Kelleher, Assistant National Director, Health Protection, Tel: 061 483347; Dora Hennessy, Principal Officer, Department of Health, Tel: 01 6354332

e: http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
202013%20Health%20and%20Wellbeing.pdf

NSW Health

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2.0 Asset Usage

Key Performance Indicator 2.3 - **Asset Depreciated Value/ Weighted Output Measure of Service**

This KPI is a measure of asset usage through relating an output measure of service and depreciated asset value. This indicator gives an indication of the level at which the asset portfolio is supporting the delivery of health services particularly in terms of asset utilisation at a facility level. For an indicator to appropriately reflect the effectiveness of asset management in terms of service delivery it is appropriate for it to contain a measure of service.

Facility Level Data Input	Facility Level Performance Indicator	AHS Level Performance Indicator	State Level Performance Indicator
1. Asset Depreciated Value ($) 2. Weighted Output Measure of Service (000)	A measure of the utilization of assets in the delivery of health services.	A measure of the utilization of assets in the delivery of health services at the AHS level	A measure of the utilization of assets in the delivery of health services at a State level

This indicator is defined by the following expression:

$$\frac{\text{Asset Depreciated Value}}{\text{Weighted Output Measure of Service}} \quad \$ \text{ / Weighted Output Measure of Service}$$

Reporting – Monthly, Annually

Note: This indicator requires finalization of 'Weighted Output Measure of Service' by Funding and Systems Policy Branch.

Source: http://www.health.nsw.gov.au/assets/Documents/kpi-report.doc

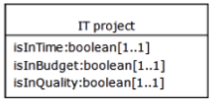
Enterprise Architecture Management KPIs

Project performance index

Description

Measurement of the success of the project delivery in the 3 dimensions time, budget and quality.

Information model



Organization-specific instantiation

Mapping:

Name in model	Mapped name	Contacts	Data sources
IT project			
isInTime			
isInBudget			
isInQuality			

Properties:

KPI property	Property value	Observed values
Measurement frequency		Monthly
Interpretation		Traffic lights for each dimension; Overall measure: • problematic if 3x yellow or at least 1x red • normal if max 2x yellow • good if 3x green
KPI consumer		
KPI owner		
Target value		
Planned value(s)		
Tolerance value(s)		
Escalation rule		

Goals

Ensure compliance
Foster innovation
Improve capability provision
Improve project execution
Increase disaster tolerance
Increase homogeneity
Increase management satisfaction
Increase transparency
Reduce operating cost
Reduce security breaches

Calculation

Sum of achieved project goals (budget, time & quality) divided by the number of goals (3).

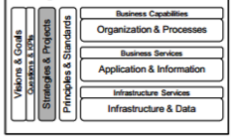
Code

EAM-KPI-0009

Sources

CobiT 4.0

Layers



Source: https://wwwmatthes.in.tum.de/file/3zh2nzhd4qws/sebis-Public-Website/Research/Enterprise-Architecture-Management/EAM-KPI-Catalog/EAM%20KPI%20Catalog%20v%201.0.pdf

European Science Foundation

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Code	F1 Mature Indicator
Indicator	**Budget for Joint Research Programmes (JRP)**
Objectives	FAs are important actors of the research system. Their coordination to design and manage Joint Research Programmes is an important feature towards ERA building. These programmes are European initiatives or common initiatives with other national agencies.
Use	Intensity of funding for collaboration European integration at the level of joint funding International collaboration, mutual learning
Measure	• Amount of financial resources for JRP • Total budget for direct research funding of the organisation All the programmes are co-developed with foreign organisations. Examples of programmes to be included: • ERA-NET • Article 185 projects • Eurostars • JPI • ESF EUROCORES • Joint calls for projects based on bilateral or trilateral agreements • Nordic Center of Excellence programmes (Nordforsk) • Nordic Top-Level Initiative (Nordforsk) Not included: membership fees of international organisations and infrastructures (CERN, ESF, EMBL, EMBC, several infrastructures)
Type of breakdown	• By field of science (using OECD 6 main fields) • By country • By year of funding decision • By type of programme: i) programme co-developed with a foreign organisation, ii) own or national programmes requiring international collaboration of applicants
Limitations in indicator production and constraints	Registering the amount of funding for JRP the year when the decision is made was considered as easier than tracking this budget during the years when the funds are paid to the organisations of research teams. Therefore, the total budget (to be used as denominator) has to be also the total budget commitment decision taken each year. However, this choice may be more difficult for some organisations (as FWF and DNRF mentioned). As the funds are broken down by scientific field, there might be big differences between years and scientific fields. For this reason, calculating a moving average would be relevant. Besides JPIs and other specific joint programming Initiatives, data in some cases also include the sums allocated to international activities as estimated by the project officers.

Source: http://www.esf.org/fileadmin/Public_documents/Publications/mof_indicators2.pdf

American Petroleum Insitute (API)

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Indicator:

E1: Greenhouse gas (GHG) emissions

Description

Report quantity of greenhouse gas emissions, including carbon dioxide and methane, from combustion and other processes.

Purpose

Greenhouse gases are generated by most petroleum industry operations and contribute to aggregate global atmospheric GHG concentrations. This indicator demonstrates how companies track and manage their GHG emissions.

Scope

The following scope summarizes key aspects of the IPIECA/API/OGP *Petroleum Industry Guidelines for Reporting Greenhouse Gas Emissions* which is recommended for accounting and voluntary reporting of GHG emissions in the petroleum industry and should be referred to for detailed guidance on this indicator.

Oil and gas companies should include significant GHG emissions to the atmosphere of six greenhouse gases covered under the Kyoto Protocol:

- carbon dioxide (CO_2)
- methane (CH_4)
- nitrous oxide (N_2O)
- hydrofluorocarbons (HFCs)
- perfluorocarbons (PFCs)
- sulphur hexafluoride (SF_6)

For oil and natural gas operations, CO_2 and CH_4 are usually the most significant components of GHG emissions. N_2O is emitted in very small quantities from the combustion of fossil fuels and its GHG contribution may be insignificant compared to CO_2. Depending on the company's operations, the other greenhouse gases—HFCs and PFCs used in refrigeration, and SF_6 used in electrical equipment and sometimes as a tracer in pipelines—may or may not make a substantial contribution relative to the total GHG emissions from a company's operations. For each listed GHG determined to be a significant contributor to total emissions, it is good practice to report annual emissions in metric tonnes and/or the CO_2 equivalent (CO_2e) of each GHG, where the CO_2e is calculated in accordance with published global warming potential (GWP) factors. To date, the preferred source for global warming potential factors is the IPCC's *Second Assessment Report* (1995).

GHG emissions from all company business activities should be included:

- combustion emissions (e.g. fuel use in gas compression, power generation, heating, coke burn);
- flaring and venting;
- process emissions (e.g. vessel loading, tank storage and flushing, glycol dehydration, sulphur recovery units, hydrogen production);
- fugitive emissions of GHG gases (including piping and equipment leaks); and
- non-routine events (e.g. pipeline maintenance, gas releases, equipment maintenance).

GHG emissions estimates should include significant stationary and mobile sources. Stationary sources may include equipment at well sites, production facilities, refineries, chemical plants, terminals, fixed site drilling rigs and office buildings. Mobile sources may include marine vessels transporting products, tank truck fleets, mobile drilling rigs, and moveable equipment at drilling and production facilities.

Direct GHG emissions result from equipment or other sources owned (partly or wholly) and/or operated by the company. These correspond to

Reporting elements

Common reporting elements	Supplemental reporting elements

• Direct GHG emissions (Scope 1), consolidated using either the operational or equity share approach, to include:
  • direct CO_2
  • direct CH_4
	• Direct GHG emissions (Scope 1), consolidated using both operational and equity share approaches.
	• Indirect GHG emissions related to purchased energy (report separately from direct emissions) (Scope 2).
	• Separately report GHG species which contribute significantly to total direct GHG emissions (Scope 1).
	• GHG emissions and/or intensity, by business activity (e.g. oil and gas production, refining).

Other reporting elements

- Breakdown of major source categories for GHG emissions (e.g. combustion [stationary], flaring, venting, process, product transport). Companies should discuss their approach to managing GHG emissions overall or within the source categories. For example, describe strategies to improve energy efficiency, reduce flaring, increase use of cogeneration, sequester carbon and improve the efficiency of the use of the company's products.
- Emissions related to activities of special interest (e.g. oil sands) can be noted separately if these represent a substantial portion of the company's GHG profile.
- Separately report substantial direct GHG emissions associated with the cogeneration of heat and power.
- Separately report substantial direct GHG emissions related to generation of energy exported.
- Companies may choose to separately report other indirect GHG emissions (WRI/WBCSD Scope 3), for example those related to use of petroleum products: see also the IPIECA/API/OGP *Petroleum Industry Guidelines for Reporting Greenhouse Gas Emissions.*

References

1. API. 2009. *Compendium of Greenhouse Gas Emission Estimation Methodologies for the Oil and Natural Gas Industry.* www.api.org/ehs/climate/new/upload/2009_GHG_COMPENDIUM.pdf
2. IPCC. 1995. *Second Assessment Report—Climate Change 1995: The Science of Climate Change.* www.ipcc.ch/ipccreports/sar/wg_I/ipcc_sar_wg_I_full_report.pdf

Source: http://www.api.org/environment-health-and-safety/~/media/files/ehs/environmental_performance/voluntary_sustainability_reporting_guidance_2010.ashx

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Scottish Power

SCOTTISHPOWER
Energy Wholesale

Process Safety Management System

KPI Details			
Name	Preventative Maintenance Compliance		
KPI Type	Leading		
Specified By	Brian Macdonald	Owned By	Maintenance Managers

Objective
The objective of this KPI is to measure the timescale compliance to the agreed business work order priority model for all Preventative maintenance work orders. Effective management of this measure will ensure that all preventative maintenance work orders are being planned to recognise their importance as defined within the work order priority model.

Definition
Preventative Maintenance (PM) activities are generated automatically based upon certain criteria using rules within Maximo and EXP. Each PM has a planned start date with an appropriate target timescale for completion as defined within the business work order priority model. A work order becomes overdue once the work order has passed the target completion date as defined from the work order priority model, with a start based upon the date generated and the defined float on the Preventative maintenance task. This measure will compare the total PM generated within a period to those undertaken and "closed".

Source: http://www.hse.gov.uk/comah/case-studies/case-study-scottish-power.pdf

IPIECA

Number and name of indicator

Description: *briefly conveys the overall intent of the indicator, in particular for the common reporting elements.*

Purpose: *provides the reasoning behind the use of the indicator, including its potential relevance to a company in the oil and gas industry.*

Scope: *describes the indicator and reporting elements in terms of applicability with any relevant qualifying information; a separate list of aspects that are 'out of scope' or 'not included' may also be provided.*

Reporting basis: *defines measurement units (if applicable), and data consolidation/boundary considerations.*

Definition of terms: *offers a short specific glossary that clarifies terms specific to the indicator.*

Reporting elements: *summarized in a table:*

Common reporting elements	Supplemental reporting elements
• *Measures for tracking performance progress that are well established across the industry and offer a starting point for new reporters, as well as greater comparability for existing reporters and report readers.*	• *Alternate or additional measures that have been applied successfully by some reporters and provide options for more depth or different approaches to describe how a material issue is being addressed.*
Other reporting elements	
• *Less-established complementary measures, or emerging practices, that provide further options to develop a company's report.*	

References: *help with sourcing and compiling data*

Source: http://www.ipieca.org/system/files/uploads/IPIECA_Reporting_Guidance_-_What_to_report.pdf

U.S. Department of Energy

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Performance Indicator: ***Mechanic Availability Rate****—key troubleshooting tool to analyze non-airworthy maintenance rate (NAMR) issues.*

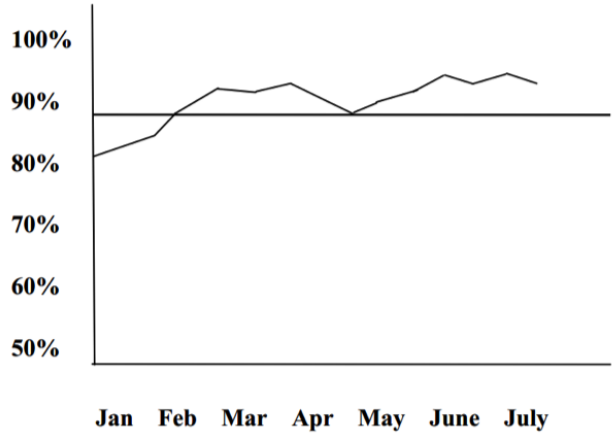
Definition: The percentage of time that the minimum required number of qualified and current mechanics is available to meet maintenance schedules or pace of operations.

Goals: Site specific goals should be to maintain the MA to meet program needs, while controlling payroll costs.

Data Location: Data records may be found at the AvM's office, director of maintenances office, training office, contractor's maintenance office, or employee's records.

Factors that Effect the Measure: Vacation time, duty-time limitations, job vacancies, sickness, operational pace, etc.

$$\frac{\text{12 mechanics available}}{\text{15 mechanics (required \# of mechanics)}} \times 100 = 80\ \%\ \text{MA rate}$$



2001—MAR Trend

NOTE: The horizontal bar in the graph depicts the minimum percentage of available mechanics required to meet maintenance requirements. To use this tool properly, statistical analysis of mechanic requirements must be accomplished. The key to this analysis is having data on mean time to repair or inspect your aircraft.

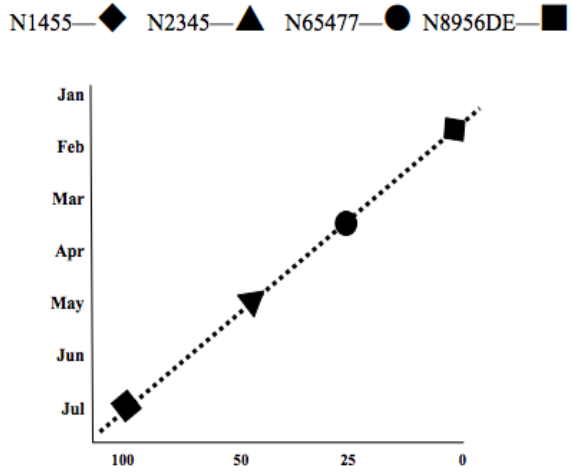
Performance Indicator: ***Time Left to Inspection****—key troubleshooting tool to analyze non-airworthy maintenance rate (NAMR) issues.*

Definition: The health of the aircraft fleet is a very important issue. In order to maintain aircraft availability high, it is important to properly manage your inspection flow to preclude several inspections coming due at the same time causing backlogs or grounding aircraft and impacting mission capability. Time left to inspection is graphically depicted by aircraft tail number. This information can be obtained from maintenance plans, scheduling and maintenance personnel. Fleet average time left to inspection should be close to 50 percent of the inspection interval and should be evenly staggered along a 45 degree slope.

Goals: Site specific goals.

Data Location: Data records may be found at the AvM's office, maintenance office, production control office, or contractors maintenance office.

Factors that Effect the Measure: Operational pace, mechanic availability, etc.



NOTE: The graph above depicts whether the maintenance manager or production control manager is maintaining a steady flow of product into the maintenance organization. If scheduling is not managed well, the maintenance organization could be overwhelmed and severely impact the organization's mission readiness.

Source: https://www.directives.doe.gov/directives/0440.2b-EGuide-1a2/at_download/file

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PORTFOLIO OF GOALS
FY 2012 Methodology Report
FAA Performance Metrics in DOT Strategic Plan

U.S. Department of Transportation
Federal Aviation Administration

SAFETY
Serious Runway Incursion Rate

FY 2012 Performance Target

Maintain the rate of serious runway incursions (Category A & B) to no more than 0.395 per million operations.

FAA Outcome and Performance Metric in DOT Strategic Plan

Outcome : Reduction in transportation-related fatalities and injuries.

Performance Metric: Reduce category A&B runway incursions in all airports to a rate of no more than 0.395 per million operations in FY 2013.

Lead Organization: Air Traffic Organization – Office of Safety

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012[1]
Target	0.509	0.472	0.450	0.450	0.395
Actual	0.427[1]	0.227	0.117	0.138	TBD

[1] Final result revised in FY 2011 from original actual of 0.427, reflecting slight change jn final number of operations.

Definition of Metric

Metric Unit: Rate of Category A & B (most serious) runway incursions per million operations.

Computation: The total number of Category A and B runway incursions is divided by the sum of the number operations divided by 1 million.

Formula:

$$\frac{\text{Number of A \& B Incursions}}{(\text{Operations Count}/1{,}000{,}000)}$$

Scope of Metric: A runway incursion is any occurrence at an aerodrome involving the incorrect presence of an aircraft, vehicle or person on the protected area of a surface designated for the landing and takeoff of aircraft. They are grouped in three general categories: air traffic, pilot, or vehicle/pedestrian events Runway incursions are reported and tracked at airports that have an operational air traffic control tower. Operations are defined as total takeoffs and landings.

The FAA tracks four categories of runway incursions - A, B, C, D - but includes only those with the highest risk of collision, Category A and B incursions, in the metric.

- Category A: Separation decreases to the point that participants take extreme action to narrowly avoid a collision.
- Category B: Separation decreases, and there is a significant potential for a collision.
- Category C: Separation decreases, but there is ample time and distance to avoid a collision.
- Category D: There is little or no chance of collision, but the definition of a runway incursion is met.

In FY 2002, FAA changed the focus of measurement for runway incursions from all incursions to those incursions with measurable risk of collision, Categories A and B. Since Category C and D incursions were not likely to lead to an accident or a significant risk of an accident, their inclusion in the previous total tended to mask true safety risk. The new metric reflects the focus of FAA's runway safety effort to reduce the rate of the incursions with demonstrable risk.

Method of Setting Target: This target was set based on past history and long term trends of the rate of serious runway incursion events.

Why the FAA Chooses this Metric

Runway incursions create dangerous situations that can lead to serious accidents. Reducing the number of runway incursions lessens the probability of accidents that potentially involve fatalities, injuries, and significant property damage.

Public Benefit

Reduced probability that the public will be injured or killed in an accident resulting from a runway incursion.

Partners

The FAA Co-Chairs the Runway Safety Council with the Aircraft Owners and Pilots Association (AOPA). Other Council members include the Airline Transport Association, the Air Line Pilots Association, NATCA, National Association of Flight Instructors, National Business Aviation Association, Regional Airline Association, National Air Traffic Controllers Association, Airport Councils International-North America, and the American Association of Airport Executives. The program has internal FAA support from AVS, ARP, and ATO.

External Factors Affecting Performance

Runway incursions are the result of an air traffic controller, pilot, or vehicle/pedestrian event. The FAA has direct influence on air traffic controller performance, but indirect influence on pilots and airport personnel.

Source of the Data

Air traffic controllers and pilots are the primary source of runway incursion reports. The data are recorded in the FAA Air Traffic Quality Assurance (ATQA) database, which has replaced the FAA National Incident Monitoring System. Preliminary incident reports are evaluated when received and evaluation can take up to 90 days

Statistical Issues

None

Completeness

The data are typically not finalized for 90 days following the close of the fiscal year. Surface event reports are reviewed on a daily basis to determine if the incident meets the definition of a runway incursion. Runway incursions are a subset of the incident data collected and the completeness of the data is based on the reporting requirements and completeness for each of the incident types.

If the operations data are not up to date, these calculations must be revised. The rate may also need to be recalculated if runway incursions are reported late. Historical volume data have been changed over the last three years, resulting in adjustments to current baselines.

Reliability

FAA uses performance data extensively for program management, personnel evaluation, and accountability in prioritizing its facility evaluations and audits. The data are also used to track daily progress on performance goals. Annual runway incursion incident data are used to provide a statistical basis for research and analysis and outreach initiatives. FAA verifies and validates the accuracy of the data through reviews or preliminary and final reports. Reconciliation of the databases is conducted monthly and anomalies are explored and resolved. In cases where major problems are identified, a request to re-submit is issued. The FAA conducts annual reviews of reported data and compares them with data reported from previous years.

Source: http://www.faa.gov/about/plans_reports/media/FY12_POG.pdf





The KPI Institute

Celebrating 12 Years of PERFORMANCE

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