

DR/ADMIT		S	W	E	E	P
		<i>Support/Staff</i>	<i>Workflows</i>	<i>Equipment</i>	<i>Education</i>	<i>Policy</i>
My Unit Metrics (what I will assess)						
Baseline - Week 1 (Date: _____)						
Status	Choose one	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes						
Week 2 (Date: _____)						
Status	Choose one	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes						
Week 3 (Date: _____)						
Status	Choose one	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes						
Week 4 (Date: _____)						
Status	Choose one	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes						

THERMOREGULATION	S	W	E	E	P
	Support/Staff	Workflows	Equipment	Education	Policy
My Unit Metrics (what I will assess)					
Baseline - Week 1 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes					
Week 2 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes					
Week 3 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes					
Week 4 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes					

SKIN		S		W		E		E		P
		<i>Support/Staff</i>		<i>Workflows</i>		<i>Equipment</i>		<i>Education</i>		<i>Policy</i>
My Unit Metrics (what I will assess)										
Baseline - Week 1 (Date: _____)										
Status		Choose one		Choose one		Choose one		Choose one		Choose one
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Action List		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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Notes		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Week 2 (Date: _____)										
Status		Choose one		Choose one		Choose one		Choose one		Choose one
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Action List		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Notes		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Week 3 (Date: _____)										
Status		Choose one		Choose one		Choose one		Choose one		Choose one
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Action List		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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Notes		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Week 4 (Date: _____)										
Status		Choose one		Choose one		Choose one		Choose one		Choose one
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Action List		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Notes		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

INFECTION	S	W	E	E	P
	<i>Support/Staff</i>	<i>Workflows</i>	<i>Equipment</i>	<i>Education</i>	<i>Policy</i>
My Unit Metrics (what I will assess)					
Baseline - Week 1 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes					
Week 2 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes					
Week 3 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes					
Week 4 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes					

NEURO-PROTECTION	S	W	E	E	P
	Support/Staff	Workflows	Equipment	Education	Policy
My Unit Metrics (what I will assess)					
Baseline - Week 1 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes					
Week 2 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes					
Week 3 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes					
Week 4 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes					

NEURO-DEVELOPMENT		S	W	E	E	P
		Support/Staff	Workflows	Equipment	Education	Policy
My Unit Metrics (what I will assess)						
Baseline - Week 1 (Date: _____)						
Status	Choose one	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes						
Week 2 (Date: _____)						
Status	Choose one	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes						
Week 3 (Date: _____)						
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Notes						
Week 4 (Date: _____)						
Status	Choose one	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes						

RESPIRATORY	S	W	E	E	P
	<i>Support/Staff</i>	<i>Workflows</i>	<i>Equipment</i>	<i>Education</i>	<i>Policy</i>
My Unit Metrics (what I will assess)					
Baseline - Week 1 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes					
Week 2 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes					
Week 3 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes					
Week 4 (Date: _____)					
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Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes					

NUTRITION	S		W		E		E		P	
	Support/Staff		Workflows		Equipment		Education		Policy	
My Unit Metrics (what I will assess)										
Baseline - Week 1 (Date: _____)										
Status	Choose one		Choose one		Choose one		Choose one		Choose one	
Action List	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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Notes										
Week 2 (Date: _____)										
Status	Choose one		Choose one		Choose one		Choose one		Choose one	
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Notes										
Week 3 (Date: _____)										
Status	Choose one		Choose one		Choose one		Choose one		Choose one	
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Notes										
Week 4 (Date: _____)										
Status	Choose one		Choose one		Choose one		Choose one		Choose one	
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Notes										

FAMILY INTEGRATION	S	W	E	E	P
	Support/Staff	Workflows	Equipment	Education	Policy
My Unit Metrics (what I will assess)					
Baseline - Week 1 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes					
Week 2 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes					
Week 3 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes					
Week 4 (Date: _____)					
Status	Choose one	Choose one	Choose one	Choose one	Choose one
Action List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes					