Facility: Name of Facility

City: Location of Facility

Date: Click here to enter a date.

|  |  |
| --- | --- |
| Targeted Units | Common Name Population Served |
| Unit One | What types of patients are on this unit? |
| Unit Two | What types of patients are on this unit? |
| Unit Three | What types of patients are on this unit? |
| Unit Four | What types of patients are on this unit? |
| Unit Five | What types of patients are on this unit? |

|  |  |
| --- | --- |
|  | Aim |
| 1 | What are you going to accomplish? |
| 2 | What are your going to accomplish? |
| 3 | What are you going to accomplish? |
| 4 | What are your going to accomplish? |
| 5 | What are you going to accomplish? |

This material was prepared in part by the Lake Superior Quality Innovation Network, under contract with the Centers for Medicare & Medicaid Services (CMS),
an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 11SOW-WI-C1-15-117 111915