

New Jersey 2015 Sepsis Learning – Action Collaborative

AIM STATEMENT

Organization Name:	_ Team Lead:
Team Lead E-mail:	
(Name of Team)	Team
intends to accomplish	
(general statement describing what you intend to accomplish as you work in	N.J. 2015 Sepsis Learning-Action Collaborative)
by	
(time frame, i.e., month/year in which you intend to a	ccomplish improvement)
because (reasons to work on this improvement):	
Our goals are (please specify what you will measure and monitor through the initiative):	
Please submit the information on this form <i>electronically</i> to NJHA at	

https://www.surveymonkey.com/s/sepsis_aim.

This resource is based on the Team Planning Worksheet which was developed as part of the Greater New York Hospital Association (GNYHA)/United Hospital Fund (UHF) STOP (Strengthening Treatment and Outcomes for Patients) Sepsis Collaborative. Please visit the <u>GNYHA STOP Sepsis</u> <u>Resource Center</u> for additional information and tools.