

## AIM STATEMENT

Organization Name: \_\_\_\_\_ Team Lead: \_\_\_\_\_

Team Lead E-mail: \_\_\_\_\_

The \_\_\_\_\_ Team  
(Name of 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 accomplish 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 **electronically** to NJHA at  
[https://www.surveymonkey.com/s/sepsis\\_aim](https://www.surveymonkey.com/s/sepsis_aim).