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| --- | --- | --- |
|  | **Meeting Name Here**  **Date:**  **Place:**  **Time:**  **Dial in #:** | |
| **TOPIC** | **FACILITATOR** | **TIME** |
| **Reflection** |  |  |
| **Celebrations/Accomplishments** |  |  |
| **Living Our Mission Pulse Check** |  |  |
| **Co-Worker Engagement** |  |  |
| **Physician Satisfaction** |  |  |
| **Quality/Safety** |  |  |
| **Patient Experience** |  |  |
| **Growth** |  |  |
| **Financials** |  |  |
| **Help Needed?** |  |  |
| **Questions / Adjourn** |  |  |