



Physician / Provider Well-Being Steering Committee

REVIEW

Facility		Review Period	
Physician Chair		Reg. Dir / Manager	

COMMITTEE FORMATION

Committee Members Identified	Meeting Dates
Chair: Administrator: Medical Group Administrator: Physician: Physician: APP: APP: Others:	1 st Quarter – 2 nd Quarter – 3 rd Quarter – 4 th Quarter -

NOTES/ACTIONS

ACCOMPLISHMENTS

1 st Quarter Meeting	2 nd Quarter Meeting	3 rd Quarter Meeting	4 th Quarter Meeting
–	–	–	

NOTES/ACTIONS

BARRIERS

1 st Quarter Meeting	2 nd Quarter Meeting	3 rd Quarter Meeting	4 th Quarter Meeting
–	–	–	

NOTES/ACTIONS

GOALS FOR 20__

1 ST Quarter Meeting	2 nd Quarter Meeting	3 rd Quarter Meeting	4 th Quarter Meeting
–	–	–	–

NOTES/ACTIONS

Attached Documents:

- o Sign in Sheets
- o Meeting Minutes