Appendix C – QI Implementation Tools

Change Project MAP-IT Worksheet

Form 6: MAP-IT Worksheet

MAP-IT Action Plan for: ________________________________ (Hospital Name)
Date Created: ________ Developed by: ______________________________

Aims Statement or Objective:
By ________________________________, no infants less than 39 weeks will be electively delivered.
(month, day, year)

M: Mobilize

A: Assess

P: Plan

I: Implement

T: Track

First Cycle Due Date: ________________________________