

UNIT A RECOVERY SKILLS PROGRAM

LEADERSHIP REVIEW FORM

Final Draft - Pending Leadership Review

REVIEW INFORMATION | Complete before beginning the checklist

Reviewer name: _____	Title / role: _____
Department: _____	Review date: _____
Program owner: _____	Target pilot date: _____

Instructions: Review each category, select one status, and add concise comments or required revisions. Unit A policies and leadership decisions remain authoritative.

CLINICAL AND PRACTICE REVIEW | Core safety, accessibility, and workflow

1. Clinical language

Clinical language is accurate, recovery-oriented, trauma-informed, and appropriate for Unit A patients.

Status: ☐ Approved ☐ Revision Needed ☐ Not Applicable

Comments: _____

2. Body-based activity safety

Body-based activities have been reviewed for unit-specific medical restrictions, contraindications, and staff consultation triggers.

Status: ☐ Approved ☐ Revision Needed ☐ Not Applicable

Comments: _____

3. Patient education and accessibility

Reading level, visual clarity, cultural respect, voluntary participation, and low-disclosure options are appropriate.

Status: ☐ Approved ☐ Revision Needed ☐ Not Applicable

Comments: _____

4. APeX documentation workflow

Teaching and response cues align with the current APeX Nursing Group Note workflow and do not create a new documentation system.

Status: ☐ Approved ☐ Revision Needed ☐ Not Applicable

Comments: _____

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LEADERSHIP REVIEW CHECKLIST**Final Draft - Pending Leadership Review****IMPLEMENTATION READINESS** | Branding, production, pilot operations, and governance**5. Unit A pilot branding**

Unit A-only branding is approved for pilot use. Organizational logo use remains deferred until formal approval.

Status: ☐ **Approved** ☐ **Revision Needed** ☐ **Not Applicable**Comments: _____
_____**6. Printing and supplies**

A4 printing, color use, lamination needs, binder margins, paper stock, and supply availability are confirmed.

Status: ☐ **Approved** ☐ **Revision Needed** ☐ **Not Applicable**Comments: _____
_____**7. Workbook distribution workflow**

The process for distributing, supporting, collecting, storing, or allowing patients to keep practice pages is defined.

Status: ☐ **Approved** ☐ **Revision Needed** ☐ **Not Applicable**Comments: _____
_____**8. Pilot feedback method**

A practical feedback method is selected for nurses and patients, including responsibility for collection and review.

Status: ☐ **Approved** ☐ **Revision Needed** ☐ **Not Applicable**Comments: _____
_____**9. Version ownership**

A version owner, approved storage location, revision cadence, and future change-approval process are assigned.

Status: ☐ **Approved** ☐ **Revision Needed** ☐ **Not Applicable**Comments: _____
_____**10. Organizational branding approval**

The MarinHealth name or official logo will be added only after formal organizational approval and brand review.

Status: ☐ **Approved** ☐ **Revision Needed** ☐ **Not Applicable**Comments: _____

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LEADERSHIP DECISION & NEXT ACTIONS

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- ☒ **Approved for pilot**
- ☐ **Approved with revisions**
- ☐ **Additional review required**
- ☐ **Not approved**

Decision rationale / required conditions

NEXT ACTIONS | Assign ownership and timing

Action / revision required	Responsible person	Target date

SIGN-OFF | Complete after all conditions are addressed

Reviewer signature: _____	Date: _____
Program owner signature: _____	Date: _____
Additional approver, if required: _____	Date: _____

Unit A pilot materials remain pending leadership approval until this review is completed.