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### Team Charter

**Project Name:** Click here to enter text.

Do you want the PI Dept. to help you complete this form? [ ]  No [ ]  Yes, contact extension 8476

**Select project type:**

[ ]  Performance/Quality/Safety Improvement Project

[ ]  Order Set, Protocol, or Clinical Pathway Development Project

[ ]  Process Improvement Project

**Problem Statement** (What problem have you identified? What gaps in quality will this address? Do not answer Why.):

**What:** Click here to enter text.

**When:** Click here to enter text.

**Where:** Click here to enter text.

**Who Impacted:** Click here to enter text.

**How Much/How Many:** Click here to enter text.

**Business Case** (Why is this project important to the organization to dedicate resources to accomplish? Why do this now? What is the impact to the organization if project not completed? Cost of poor quality?):

 Click here to enter text.

**Project Scope** (Who/what areas or phases of care will this project affect? What is out of the scope that this project will not address):

Click here to enter text.

**Goal/Aim and Metrics** (What is the improvement goal or the intended change? What metrics will be used to measure the progress or achievement of the goal? Write in S.M.A.R.T. format: Specific, Measurable, Achievable, Realistic, Time-based. Include a metric about baseline improvement, if data available):

Goal/Aim: Click here to enter text.

Metric(s):

1. Click here to enter text.
2. Click here to enter text.

**Estimated Project Start & Completion Date** (What is the timeframe for this to be accomplished?)**:**

Click here to enter text.

**Project Champion(s)** (Depending on project’s scope, you may need a physician/nurse/clinical champion and/or executive champion):

 Click here to enter text.

**Project Leader(s)** (This is who will own the operation after the project is completed – List by name, department/job title):

Click here to enter text. Click here to enter text. Click here to enter text.

**Team Members** (Who are the right people to accomplish the goal(s)? What subject-matter experts do we need? – List by name, department/job title)**:**

Type names, department/job titles here.

Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text.

**Key Stakeholders** (Anyone affected by the change but isn’t on the team – List by name, department/job title):

Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text.

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**Team Charter Guide**

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| --- | --- |
| **Problem Statement** | * Identifies what, when, where, who, and how much/how many of the problem
* Includes quantitative data that demonstrates the extent of the problem
 |
| **Business Case** | * Is short and to the point
* Is linked to the strategic plan
* Explains why the project is worth doing
* Explains the consequences of not doing the project
* Includes financial and/or non-financial benefits

***For example:*** *Central line infections cause harm to patients and increase LOS. Twenty five children were harmed in our hospital last year as a result of central line infections.* |
| **Project Scope** | * Sets the project boundaries
* Identifies what areas are inside and/or outside of the project
* Helps prevent scope creep

***For example:*** *The project will include all patients with a central line on the 4th, 5th and 6th floor of the hospital. The project will not include Home Health or the Infusion Center* |
| **Goals and Metrics –** should meet the SMART criteria: | * **S**pecific – target a specific area for improvement
* **M**easurable – accurate data collection is possible
* **A**ctionable – trends indicate when action is needed
* **R**ealistic – the needed time and resources are available
* **T**ime-based – a deadline should be set for achieving the goal

***For example:*** *The goal is to reduce the CLABSI rate on the Medical/Surgical floors to 2.0 per 1000 device days by December 31, 2015.* |
| **Project Administrative Champion** | The administrative leader that will be responsible for helping overcome barriers encountered by the team (scope-based) |
| **Physician Champion**  | The physician who will lead the team and/or is responsible for helping overcome the barriers encountered by the team (scope-based).  |
| **Nurse Champion**   | The nurse who will lead the team and/or is responsible for helping overcome the barriers encountered by the team (scope-based) |
| **Project Leader** | Who leads the project. May be the same person who will own the operation after the project is completed |
| **Team Members** | The people who are responsible for resolving the identified problem |
| **Key Stakeholders**  | The people or areas that will be affected by the changes you plan to implement. Consider resident and family involvement if appropriate.  |
| **Change Management and Communication**  | It is important to consider the people who will be supporters, barriers, both directly and indirectly affected by this project. Ensure they have been involved in the project, given a voice, and communicated with well in advance of implementation. Have a plan for education and communication of project progress and outcomes. Utilize multiple methods for communication and education. |