

Project Charter

Quality Indicators Toolkit

Due: _____

To: _____

Project: _____ Schedule: _____ to _____

Institution: _____ Individual Completing This Form: _____

PROJECT PLAN

1. PROJECT DESCRIPTION/SCOPE. *Pilot unit or housewide project? Specific patient population? Are certain service lines being included?*

2. CASE FOR CHANGE (Potential ROI). *Describe the business reason(s) for initiating the project, specifically stating the business problem.*

3. PERFORMANCE MEASURES

Baseline

Goal

	Baseline	Goal

4. MILESTONES

Evaluation Date

a.	a.
b.	b.
c.	c.

5. POTENTIAL BARRIERS TO SUCCESS

ASSEMBLE TEAM & RESOURCES

6. KEY STAKEHOLDERS. List the individuals or groups who will be affected by these strategies.

a.	d.
b.	e.
c.	f.

7. INTERDISCIPLINARY TEAM MEMBERS Consider including representatives from key stakeholder groups noted above.

Leadership Liaison: _____ Team Member: _____
Physician Liaison: _____ Team Member: _____
Project Liaison: _____ Team Member: _____
Team Member: _____ Team Member: _____
Team Member: _____ Team Member: _____
% Time Required of Each: Leadership Liaison _____ Physician Liaison _____ Project Liaison _____

8. ADDITIONAL RESOURCES NEEDED

a. _____
b. _____
c. _____

9. SIGNATURES

Leadership Liaison/Date: _____
Physician Liaison/Date: _____
Project Liaison/Date: _____