**Project Charter**

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.*

|  |  |  |
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| **3. PERFORMANCE MEASURES** | ***Baseline*** | ***Goal*** |
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|  |  |  |
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| --- | --- | --- | --- |
|  | **4.** | **Milestones** | **Evaluation Date** |
|  | a. |  | a. |
|  | b. |  | b. |
|  | c. |  | c. |

**5. POTENTIAL BARRIERS TO SUCCESS** (from Tool C.1. Prioritization Matrix)

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|  |  | **ASSEMBLE TEAM & RESOURCES** |
|  | **6. STAKEHOLDERS.** List the individuals or groups who will be affected by these strategies. | |
|  | a. | d. |
|  | b. | e. |
|  | c. | f. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7. TEAM MEMBERS.** Consider including representatives from stakeholder groups noted above. | | | | |  |  |  |  |
| Executive Liaison: | |  | | Team Member: |  |  |  |  |
| Physician Liaison: | |  | | Team Member: |  |  |  |  |
| Project Liaison: | |  | | Team Member: |  |  |  |  |
| Team Member: | |  | | Team Member: |  |  |  |  |
| Team Member: | |  | | Team Member: |  |  |  |  |
| % Time Required of Each: Executive Liaison | | |  | Physician Liaison |  |  | Project Liaison |  |
| **8. ADDITIONAL RESOURCES NEEDED** | | | |  |  |  |  |  |
| a. |  | | |  |  |  |  |  |
| b. |  | | |  |  |  |  |  |
| c. |  | | |  |  |  |  |  |

**9. SIGNATURES**

Executive Liaison/Date:

Physician Liaison/Date:

Project Liaison/Date: