TEAM CHARTER

Team Name: Le	Leader:		Date:	
How will the success of this team impact the Quality Measures?				
What is the Objective or AIM of the Team? (There should be Measures of Success for each Objective)	Method of Measurement	Baseline	Target/ Goal	
Example: Reduce Antipsychotic Medication use by 10% by December 2016	31, CASPER Report	20%	10%	
What is the start and end of the process you are trying to improve?	Start: End:			
Who are the customers being impacted? Patients/Residents	Family Staff Physicians Ot	her		
What Departments, Units or Sites in the organization will be impacted Department/Unit:	•			
Anticipated timeframe for completion: 30 days 60 days	3 months 6 months >6 mor	nths		
Team members by name or position: (Include direct care staff)				
Who is the Executive Sponsor? (Person outside of the team, who wil	I monitor progress and can remove barri	ers to success)		