Project Charter

What is the purpose of this tool? The purpose of the project charter is to describe the performance improvement rationale, goals, barriers, and anticipated resources to which the team will commit.

Who are the target audiences? Staff members directly involved in the improvement project. Consider adding representatives from the physician and nursing staff, along with quality improvement representatives.

How can the tool help you? Upon completion of the project charter, the project team will have the following:

- Working knowledge of the project.
- Specific performance measures and targeted improvement goals.
- Identified organizational forces that may promote or impede project success.

How does this tool relate to others? The tool should be used after completion of the prioritization worksheet and in conjunction with the best practice detail forms.

Instruction Steps

1. Describe the project scope and provide a goal statement. Some questions that can be addressed in the scope include whether this is a pilot project or will be implemented throughout the hospital. Which units will this project affect? Are certain service lines included? What patient population will be included?
2. Document the case for change; list the key business reasons for initiating the project, specifically stating the business problem. These should come from Tool C.1, the prioritization worksheet.
3. List the performance measures and baseline performance data. Set a performance goal for each measure.
4. List the project milestones that will guide your team in keeping on track. Milestones are major points in a project lifecycle. Some milestones for improvement projects could be the development of a tool or policy or completion of staff training on a new procedure.
5. Consider factors that are potential barriers to success, such as resistance to change, resource limitations, or time constraints.
6. List the individuals or groups who will be affected by these strategies; include stakeholders.
7. Choose team members based on stakeholder analysis. Enter the project team members’ names. Review the estimated percentage of time the executive liaison, physician liaison, and project liaison will dedicate to the project.
8. Document any additional resources that may be needed, such as team members and administrative support.
9. Review the charter with the executive, physician, and project liaisons and obtain signatures.

Resources

Project Charter

Due: _________________
To: _________________

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

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<thead>
<tr>
<th>Baseline</th>
<th>Goal</th>
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4. Milestones

<table>
<thead>
<tr>
<th>Evaluation Date</th>
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<tbody>
<tr>
<td>a.</td>
</tr>
<tr>
<td>b.</td>
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<tr>
<td>c.</td>
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5. POTENTIAL BARRIERS TO SUCCESS (from Tool C.1. Prioritization Worksheet)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

ASSEMBLE TEAM AND RESOURCES

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

a. __________________

b. __________________

c. __________________

d. __________________

e. __________________

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

Executive Liaison: __________________

Physician Liaison: __________________

Project Liaison: __________________

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: __________________

Resources:

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3. DHFS – Project Chart.