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| --- | --- |
| **Project Name** |  |
| **Project Dates:** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ |
| **Team Leader** |  |
| **Physician Leader** |  |
| **Project Description / Statement of Work** |
|  |
| **Statement of Need**  |
|  |
| **Project Definition** |
| **Global Aim** |  |
| **Project Aim** |  |
| **Project Scope** |  |
| **Change Ideas** |  |
| **Performance Measures** | **Baseline** | **Goal or Target** | **Time Frame** |
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|  |  |  |  |
| **Major Milestones** | **Due Date** |
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| **Potential Barriers to Success**  |
|  |
| **Resources Needed** |
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| **Communication Plan**  |
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| **Stakeholders** |
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| **Project Team Roles and Responsibilities** |
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| --- | --- | --- | --- |
| **Team members** | **Roles** | **Responsibilities** | **% Time Required** |
|  | Team Leader |  |  |
|  | Physician Lead |  |  |
|  | Parent |  |  |
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| **Sign Off** |
| **Team Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Medical Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Nursing Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Division Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Senior Leader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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