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| **Project Name** | |  | | | |
| **Project Dates:** | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | |
| **Team Leader** | |  | | | |
| **Physician Leader** | |  | | | |
| **Project Description / Statement of Work** | | | | | |
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| **Statement of Need** | | | | | |
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| **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** | | | | | |
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| **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 |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | | **Sign Off** | | | | | | **Team Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Medical Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Nursing Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Division Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Senior Leader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |