



Project Charter Guide

Updated (MM/DD/YYYY)

| | | |
|---|---|-----------------------|
| Homeroom | | |
| Hospital / Center Name | | |
| Project Dates: | ____ / ____ / ____ to ____ / ____ / ____ mm dd yy mm dd yy | |
| VON Champion(s) / Primary Contact(s) | | |
| Physician Leader | | |
| Project Description / Statement of Work | | |
| <p><i>Describe the general project. What evidence suggests that improvement is possible?</i></p> | | |
| Statement of Need | | |
| <p><i>Rationale. Why should we do this? Why should we do this <u>now</u>? What is the business case? How does this project align with organization goals? (Review post-Feb. 10th webinar exercise) How are we addressing a gap in appropriate care or concern of our staff and/or parents?</i></p> | | |
| Project Definition | | |
| Project Aims = SMART Aim | <p><i>SMART Aim Statement (Specific, Measurable, Achievable, Realistic, Time-bound). What are we trying to accomplish?</i></p> | |
| Project Scope | <p><i>What are the start and ending points of the processes/practices that will be addressed? What staff groups will be affected? What units will be impacted? What patient population? Is anything considered out of scope for this project?</i></p> | |
| Change Ideas | <p><i>What are our initial ideas of changes that will result in improvement? If using a PBP Toolkit and/or driver diagram, reference here.</i></p> | |
| Performance Measures | Baseline | Goal or Target |
| <i>Include process, outcome, and balancing measures</i> | | |
| <i>You should plan at least one of each type of measure</i> | | |
| <i>Include statement that impact on families will be measured with every test of change</i> | | |
| <i>May add additional measures over time (as the project evolves)</i> | | |

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| Major Milestones | Due Date |
|---|----------|
| <i>Limit to 5 major milestones. May include development of a tool or policy, completion of staff training on a new procedure, reliable implementation of a bundle (>95% compliance), setting up a data collection system, etc.</i> | |
| <i>Provide goals for interim achievements toward the Project / SMART Aim (e.g. December 1, 2016, March 1, 2017 to be prepared for ONSITE, July 1, 2017 to prepare for Annual Quality Congress meeting in Chicago)</i> | |
| | |
| | |
| | |
| Potential Barriers to Success | |
| <i>Consider factors such as resistance to change (review Unit Engagement Self-Assessment), resource limitations, time constraints, effectiveness of partnership with families (review Family-Centered Care Self-Assessment). Is your team going to be able to meet formally (weekly or biweekly) about this project?</i> | |
| Resources Needed | |
| <i>Is there a specific 'ask' for your leaders? As an example, think about asking leaders to help provide you with data relevant to your project (e.g. length of stay); or assistance from other departments such as Biomedical Engineering if data downloads from patient monitoring devices is desired; or from Data Analytics to support creating run charts or control charts. To track key organizational measures related to your project—ask Senior Leaders to help identify which measures and data already exist and who can help you access and manage the data (review post-Feb. 10th webinar exercise).</i> | |

| Communication Plan | | | |
|--|--------------------------|------------------|-----------------|
| <i>How frequently will you update and meet with your senior leaders? How will you communicate with them? Consider sharing project deliverables, including abstracts and posters prepared annually for the Annual Quality Congress.</i> | | | |
| Stakeholders | | | |
| <i>List the individuals or groups whom you anticipate will be affected by tests of change. Ensure families are included.</i> | | | |
| Project Team Roles and Responsibilities | | | |
| <i>Include representatives from stakeholder groups noted above</i> | | | |
| Improvement Team members | Roles | Responsibilities | % Time Required |
| | Champion/Primary Contact | | |
| | Physician Lead | | |
| | Parent | | |
| | | | |
| | | | |



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| Sign Off | |
|---------------------------------------|-------------|
| Primary Contact(s)/Champion(s): _____ | Date: _____ |
| Medical Director: _____ | Date: _____ |
| NICU/Unit Director: _____ | Date: _____ |
| Division Director: _____ | Date: _____ |
| Senior Leader: _____ | Date: _____ |