# **PROJECT CHARTER** Date Prepared:

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| 1. General Project Information | | | | | | | | | | | | | | | | | |
| **Project/Workgroup Name:** | | | |  | | | | | | | | | | | | | |
| **Impact/Goal(s) of project:** | | | | *State the problem identified, the overall plan for intervention(s), and the expected outputs and outcomes of the work performed. The goal(s) should reflect intention to impact one or more of the following areas: qualilty of care, efficiency, clinical appropriateness, practice variation, clinical integraion, and coordination of care. Include a plan to communicate, disseminate, and promote the end-product of the project.* | | | | | | | | | | | | | |
| 2. Clinical Workgroup Membership\*\* | | | | | | | | | | | | | | | | | |
| Role | **Name** | | | | | | | **Department** | | | | **Telephone** | | | | **E-mail** | |
| **Workgroup Chair:\*** |  | | | | | | |  | | | |  | | | |  | |
| Recorder(s) |  | | | | | | |  | | | |  | | | |  | |
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| Physician Champion |  | | | | | | |  | | | |  | | | |  | |
| Member(s) |  | | | | | | |  | | | |  | | | |  | |
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| Other Stakeholder(s) |  | | | | | | |  | | | |  | | | |  | |
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| *\*Workgroup Chair: Reports to the HHP Medical Director and HHP Q/CI Committee. Responsible for the project charter and project control processes. Operates within the terms of the charter, ensures alignment of workgroup deliverables with shared savings and hospital quality performance interests, and is responsible for coordinating efforts of the workgroup and for planning, organizing and controlling the development of workgroup deliverables. Coordinates and ensures documentation of all workgroup activities, timelines and communicaitons. Ensures sustained engagement and participationof worgroup members.* | | | | | | | | | | | | | | | | | |
| 3. Stakeholders *(i.e. those with a significant interest in or who will be significantly affected by this project)* | | | | | | | | | | | | | | | | | |
| Title | **Name** | | | | | | | **Department** | | | | **Telephone** | | | | **E-mail** | |
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| 4. Project Scope Statement | | | | | | | | | | | | | | | | | | |
| **Project Purpose / Business Justification** *State the clinical opportunity your workgroup has identified to improve patient care and/or optimize system performance. Include rationale as to how the project contributes to shared savings or hospital performance. Address the intended impact in one or more of the following areas: quality of care, utilization, efficiency, clinical appropriateness, practice variation, clinical integration, and coordination of care.* | | | | | | | | | | | | | | | | | | |
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| **Objectives/Success Criteria** *Describe the measurable outcomes of the project:* ***S****pecific,* ***M****easurable,* ***A****ttainable,* ***R****ealistic,* ***T****imely* | | | | | | | | | | | | | | | | | | |
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| **Deliverables** *List the high-level “products” to be created (e.g., improved xxxx workflow, implement yyyy tool). Use to define workgroup activities and assign tasks.* | | | | | | | | | | | | | | | | | | |
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| **Requirements** *Identify the clear, high-level project requirements the project must conform to, including requirements from the organization’s processes/practices, clients, stakeholders, and clinical workgroup. When the project is finished, who should be able to do what, when, from where and how?* | | | | | | | | | | | | | | | | | | |
| **Requirement** | | | | | | | | | | | **Stipulated by:** | | | | | | | |
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| **Scope** *List what the project will and will not address (e.g. functionality will be provided within Epic but will NOT be interfaced to third party systems, In Basket notifications will be sent but BPA notices will NOT be turned on, etc.).* | | | | | | | | | | | | | | | | | | |
| **Included** | | | | | | | | | | | **NOT Included** | | | | | | | |
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| **Project Milestones** *Propose start/end dates for Project Phases (e.g., Design, Build, Testing, Move to PRD) and other major milestones.* | | | | | | | | | | | | | | | | | | |
| **Milestone** | | | | | | **Start Date** | | | | | | | | | | **End Date** | | |
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| **Major Known Risks (including significant Assumptions)** *Identify obstacles that may cause the project to fail.* | | | | | | | | | | | | | | | | | | |
| **Risk** | | | | | | **Probability (High, Med., Low)** | | | | | **Impact (High, Med., Low)** | | | **Mitigation/Response Strategy** | | | | |
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| **Constraints/Assumptions** *List any conditions that may limit workgroup options with respect to resources, personnel, or schedule (e.g., project end date, limit on number of physicians and/or staff that may be assigned to the project, technical limitations, etc.). Prioritize constraints to identify which will be the driving factor of the project.* | | | | | | | | | | | | | | | | | | |
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| **External Dependencies** *Will project success depend on coordination of efforts between the workgroup and one or more other individuals or groups? Has everyone involved agreed to this interaction?* | | | | | | | | | | | | | | | | | | |
| **Dependecy** | | | | | | | **Person/Workgroup/Dept. Involved** | | | | | | | | **Approval?** | | | |
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| 5. Communication Strategy *Specify how the workgroup chair will communicate to the HHP Medical Director, Q/CI Committee, Executive Sponsor, Departmental Sponsor(s), Clinical Workgroup members and Stakeholders (e.g., frequency of status reports, frequency of HHP Clinical Workgroup meetings, etc.)* | | | | | | | | | | | | | | | | | | |
| The workgroup chair will submit comprehensive quarterly reports to the HHP Q/CI Committee. The Chair or a designee will be invited to present directly to the HHP Q/CI Committee. The workgroup will determine the frequency of reporting to the HHP Medical Director (bi-monthly vs. monthly). | | | | | | | | | | | | | | | | | | |
| Reporting and Accountability *Provide clear documentation of meeting dates/times and workgroup reporting schedule* | | | | | | | | | | | | | | | | | | |
| Meeting/Recorder | | | Date | | | | | Time | | Significant Decisions/Change Requests | | | | | | | | |
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| Workgroup Reporting Schedule *(include quarterly comprehensive reporting to the Q/CI Committee Chair)* | | | | | | | | | | | | | | | | | | |
| HHP Medical Director | | | | | | | | | | | | HHP Q/CI Committee | | | | | | |
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| 6. Approvals/Sign-off | | | | | | | | | | | | | | | | | | |
|  | | | | Name | | | | | | Signature | | | | | | | | Date |
| HHP Medical Director | | | |  | | | | | |  | | | | | | | |  |
| Workgroup Chair | | | |  | | | | | |  | | | | | | | |  |
| 7. Notes | | | | | | | | | | | | | | | | | | |
| The scope of this charter is only applicable in FY20XX. | | | | | | | | | | | | | | | | | | |
| 8. Version Control | | | | | | | | | | | | | | | | | | |
| Version - Changes | | | | | | | Author | | | | | | | | Date | | | |
| 1 – Initial Document | | | | | | |  | | | | | | | |  | | | |
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