

Improvement Team Project Charter Template

Introduction

Audience: Health Center Quality Improvement Teams

Instructions: This team charter assists health centers to design a project team by identifying priorities, defining the landscape, and things that will be measured. This tool should be discussed and filled out as a team to develop consensus regarding overall purpose and goals.

- Slide 3: Overall make-up of the project team
- Slide 4: Measuring quality improvement and success
- Slide 5: Example.

Relevant Key Activities

- Children: Key Activity 1
 - Convene a Multidisciplinary Implementation Team Focused on Pediatrics
- Pregnant People: Key Activity 1
 - Convene a Multidisciplinary Implementation Team Focused on Pregnant and Postpartum People
- People with Behavioral Health Conditions: Key Activity 1
 - Convene an IBH Implementation Team
- Adults with Preventive Care Needs: Key Activity 1
 - Convene a Multidisciplinary Implementation Team for Cancer Screening
- Adults Living with Chronic Conditions: Key Activity 1
 - Convene a Multidisciplinary Implementation Team for Chronic Care Management



Name of Improvement Team and/or Primary Driver of Focus : _____

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Date: _____

Co-creation Process:

[How have you included the expertise, views and values of people with lived experience?]

Project Team:

[Place the names and roles of team members here..]

Applying an Equity Lens:

[Share how this project will apply an equity lens to all aspects of the work.]

Background & Boundaries (why & where?):

[Describe why this work is strategically important. Describe what will and will not be included in the project or what element will be the focus of the team's project.]

Guidance or Constraints:

[Share any direction to the team about what can or cannot be changed, resources that can be directed to the team, or how the team should approach this work.]



Aim Statement (What? How much? By when?):

[What does the team want to accomplish (i.e., its aim)? For example, "We will reduce the number of inpatient falls by 10 percent within 100 days."]

Unintended Consequences:

[How have you considered the possible unintended consequences of this project? In how the project is conducted and the intended outcome(s)? How is this work not widening inequities?]

Measures:

[What measures/indicators is the team collecting data around? (please list). Share baseline data, patient/staff stories, etc.]

Change Ideas or Theory of Change:

[If the team have a diagram showing the system they want to improve (e.g., block diagram, SIPOC, driver diagram, flow diagram, tree diagram), please include here.]



Name of Project: Joy in work

Is this project (place an x next to the appropriate answer): ☐ A new team

☒ Just beginning

☐ An existing (ongoing) team

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Project Team:

- Senior Sponsor: Jane Doe (CEO): Senior Sponsor
- Process Owner and Team Lead: Jessica Perry
- Improvement Coach: Cristina Martinez
- Team Members: Doug Jones (nursing rep.), Rae Jones (medical rep.), Joe Montana (aligned professionals rep.), Roger Craig (HR rep)
- Experience of team: Advanced – 1, Intermediate – 2, Beginner - 4

Background and Boundaries (why & where?):

General Hospital aims to be the best place to work for our staff. General Hospital has historically had low turnover & high willingness to recommend. However, qualitative data lead us to believe our staff our experiencing higher rates of burnout and our quantitative data has shown a recent shift down in staff willingness to recommend. We believe the joy of our staff is critical to improving the health of our patients and our communities—General Hospital's mission.

Although the team will be working on the broader joy in work project, I will focus my coaching on meaning and purpose driver to narrow the overall scope.

Aim Statement:

In service of our staff, we intend to improve the staff agreement that General Hospital is an excellent place to work among all permanent employees from 75% to 95% by December 31, 2019.

Guidance or Constraints:

- This project should link to the current work on burnout. Roger will serve as the link between the two teams.
- Staff should be heavily involved in generating solutions, leading subteams, and be invited to be leaders in the process of improving joy in work.
- We should consider other possible outcome measures as the work progresses.
- The team should not propose any changes that require significant investment of resources.

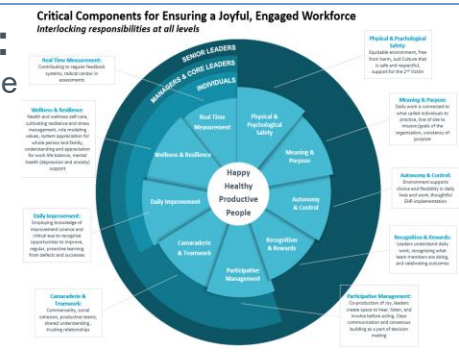
Measures:

- Outcome: % agree or strongly agree General Hospital is an excellent place to work
- The team will be identifying process and balancing measures in the coming months.

Change Ideas or Theory of Change:

The team will use the IHI joy in work framework to guide Our work with a particular focus on the following elements:

- Meaning & purpose
- Autonomy & choice
- Camaraderie & teamwork
- Leadership



Progress and Challenges:

What progress has this team made already, if any?

- Created an aim statement and outcome measure
- Met a couple of times together and with our senior sponsor
- Selected a conceptual framework to guide our work

What are the major challenges facing this team?

- Team members have slightly different agendas that I am struggling to manage as a coach (e.g., preventing burnout vs. creating joy, addressing the nursing shortage)
- Team members have very limited time to invest in this work and it has been hard to get everyone in the room together
- Our CEO is very supportive of this work, but has many competing priorities
- Team has very limited experience in improvement

