QI Basics

# Project Charter with Roles and Responsibilities

The Quality Improvement (QI) Project Charter organizes the framework of your QI project and provides a summary for your project team, sponsors, and constituents.

# Introduction

A project charter states a QI project’s goals, scope, timing, milestones, and team roles and responsibilities. The charter may be developed by leadership at an organization and then handed off to the QI team leader. It also may be developed by the QI team leader and then approved by leadership. The charter sets forth the scope of the work and what is to be accomplished as part of a QI project.

## How to Use

This tool should be completed either by leadership at an organization or by the project leader with input and review by the project team. If leadership does not develop it, it should have their approval before moving forward.

* Read through each element in the template below and follow the recommended descriptions of what to include in each element.
* After completing the individual fields, review your QI Project Charter as a complete document and confirm what your QI team will be working on and what they’ll achieve is clearly described. Anyone unfamiliar with your project should be able to read the document and gain an understanding of the project and its scope.

An example QI Project Charter is provided at the end of this document for your reference.

## Project Charter with Roles and Responsibilities

1. Name of project:Enter name of project here.
2. **Problem statement**What is the nature of the work, and what are you attempting to accomplish?
Elements of your problem statement may include:
* Specific dates in which the problem occurred (months/years)
* Specifics of the problem
* Quantify the problem.
* Differences between current and desired/expected performance.
* Impact of the problem on patients, organization, staff, etc.
1. **Background**Briefly describe the history and context of your project.
2. **Goals**What improvements are you seeking to achieve?
3. **Timeline**What are your project’s start and completion dates and any significant milestone dates?
4. **Team roles and responsibilities**

Enumerate the team members and specific roles. This can be done directly in the charter or by utilizing the Team Roles and Responsibilities template, available on the [QI Basics web page](https://stratishealth.org/toolkit/quality-improvement-basics/), as an addendum to the Charter. Some typical roles are listed below.

* Project sponsor
* Team leader/Project manager
* Meeting facilitator
* Group contributor
* Data specialist
* Health Information Technology champion/specialist
* Scribe / Notetaker
1. **Resources required**Itemize specific resources, including staff time, meeting rooms, equipment, etc.
2. **Barriers**Include known barriers at the outset of your project.
3. **Approvals**

List any approvals you know, such as managerial approval for staff time devoted to your project.

## Example QI Project Charter

1. **Name of project:**
Using scripting to increase home health service acceptance.
2. **Problem statement**
Our home health agency (HHA) receives frequent refusals for home health services from referred patients during the initial intake call.
3. **Background**
Our hospital is working to reduce emergency room overutilization by using community resources such as home healthcare agency services, visiting physicians, hospital care management programs, and/or addressing social determinants of health issues etc.  Our HHA receives frequent refusals for home health services from referred clients during the initial intake call. We will develop scripting to help the intake staff communicate with the referred client, so clients are more likely to receive home health services, as patients with home health in our system have fewer ED visits/readmissions.
4. **Goals**
We will develop a script to be used by HHA intake during the initial call to increase acceptance for services by 25% within three months.
5. **Timeline**
We will allow for a month of meeting, planning, and organization time and then launch into a 3-month trial implementation and measurement period where we test the use of the script by HHA intake staff.
6. **Team roles and responsibilities**

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| **Role** | **Responsibilities** | **Name** |
| Project Sponsor | * Determine scope and authority of QI team.
* Secures necessary resources for the team.
* Reviews and provides feedback regarding project outcomes
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| Team Leader/Project Manager | * Identifies and recruits team members, including a patient family representative (to learn from their experience and advice)
* Drives and manages the project; schedules meetings and develops agenda.
* Responsible for the communication plan
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| Meeting Facilitator | * Guides discussion, keeping group conscious of purpose, progress, and time.
* Assists in identifying and resolving conflict.
* Assists in developing action steps (or the closing phase of the meeting)
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| Team Contributor and/or Subject Matter Expert | * Participates fully to support and advance purpose, goals, and processes.
* Helps gather and interpret needed information.
* Acts as liaison with others in the organization as needed
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| Data Specialist | * Help define data collection plan.
* Helps with analysis and data visualization needs
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| HIT Champion/ Specialist | * Supports team in leveraging electronic systems to achieve project goals.
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| Scribe / Note Taker | * Captures conversation summaries, decisions made, action items, and notes.
* Creates meeting summary documents
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1. **Resources required**
Primarily, we must allocate meeting time and pull staff out of their typical encounter and patient care schedules. All other resources (meeting room, IT, etc.) are available and ready for use.
2. **Barriers**
Our primary barrier will be finding time to meet. Secondarily, our challenge may be the culture of adapting to new ways of doing our work and reordering our workflow.
3. **Approvals**

Our project champion will be responsible for gaining approval to engage in this work and determining the amount of staff time we can allocate to meetings. We also need leadership approval to focus on this topic; however, our frequent refusal of home health services has been identified as an opportunity to reduce ED utilization.