**Quality Improvement Team Charter** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **1. Team Name: *SHFA*** | | **2. Commitments:** | | |
|  | | **x We commit to meeting at least monthly as a team** | | |
| **3. Problem / Opportunity Statement:** | | * We commit to … | | |
| **4. Team Sponsor (Health / Agency Official):** | | | | |
| **5. Team Members (5-6 Members)** | **Email Address** | | | **6. Role** |
| a. |  | | |  |
| b. |  | | |  |
| c. |  | | |  |
| d. |  | | |  |
| e. |  | | |  |
| f. |  | | |  |
| g. |  | | |  |
| **7. Process Improvement Area of Interest** | | | | |
|  | | | | |
| **8. Initial Aim Statement:**  **SMART:** | | | | |
| **9. What is the Team’s scope / boundaries (if applicable)?** | | | | |
| **10. Customers/Stakeholders (Internal and External)** | | | **11. Consumer/Stakeholder Needs Addressed:** | |
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| **11. Success Measures: What does success look like?** | | | | |
|  | | | | |
|  | | | | |
| **12. Considerations (Assumptions / Constraints / Obstacles):** | | | | |
|  | | | | |
|  | | | | |
| **13. Meeting Frequency, Day/Time and Location:**  **Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_ Location: \_***\_\_\_\_\_\_\_\_\_* **Other information:**  **Frequency: Weekly Biweekly Monthly Other:** | | | | |
| **14. Communication Plan:**  **What needs to be communicated, and to whom?****Frequency and method:** | | | | |
| **15. Other Notes:** | | | | |