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

|  |  |
| --- | --- |
| **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:** |
|  |  |
|  |  |
|  |  |
| **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:** |