TEAM CHARTER

Team Name: _____ Leader: _____ Date: _____

How will the success of this team impact the Quality Measures? _____

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What is the Objective or AIM of the Team? (There should be Measures of Success for each Objective)	**Method of Measurement**	**Baseline**	**Target/ Goal**
Example: Reduce Antipsychotic Medication use by 10% by December 31, 2016	*CASPER Report*	*20%*	*10%*

What is the start and end of the process you are trying to improve? Start: _____ End: _____

Who are the customers being impacted? ☐ Patients/Residents ☐ Family ☐ Staff ☐ Physicians ☐ Other _____

What Departments, Units or Sites in the organization will be impacted by the work of this team?
Department/Unit: _____ Sites: _____

Anticipated timeframe for completion: ☐ 30 days ☐ 60 days ☐ 3 months ☐ 6 months ☐ >6 months

Team members by name or position: (Include direct care staff)

Who is the Executive Sponsor? (Person outside of the team, who will monitor progress and can remove barriers to success)

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