QUALITY IMPROVEMENT

PROJECT CHARTER

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| --- |
| *The purpose of this document is to help a QI team structure their improvement project as well as develop and communicate a shared vision. This document is a tool to aid in the process of thinking through the project, communicating with others, and continually engaging with key partners.**Note: Developing an improvement project charter is an iterative process. The team should review the charter periodically with the improvement project sponsor, revising the charter as the project evolves and the team learns.* |

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# PROJECT DETAILS

|  |  |
| --- | --- |
| **PQI Project Title:** |  |
| **Project Lead and Title:** |  |
| **Project Organization and Location:** |  |

# PROJECT TEAM

|  |  |  |
| --- | --- | --- |
| **NAME** | **JOB ROLE & PROJECT TITLE** | **RESPONSIBILITY** |
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# PROJECT OVERVIEW

## 3.1 BACKGROUND/RATIONALE

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## 3.2 PROBLEM STATEMENT

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|  |

## 3.3 PROJECT SCOPE

|  |  |  |  |
| --- | --- | --- | --- |
|  | **IS IN SCOPE** | **IS NOT IN SCOPE** | **ACTION** |
| **WHAT** |  |  |  |
| **WHERE** |  |  |  |
| **WHEN** |  |  |  |
| **WHO** |  |  |  |
| **SCOPE** |  | | |

## 3.4 AIM STATEMENT

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## 3.5 QUALITY DIMENSIONS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Respect** |  | **Appropriateness** |  | **Efficiency** |
|  | **Safety** |  | **Effectiveness** |  | [*BC Health Quality Matrix*](https://healthqualitybc.ca/resources/bc-health-quality-matrix/) |
|  | **Accessibility** |  | **Equity** |  |

## 3.6 RESOURCING REQUIREMENTS

|  |  |
| --- | --- |
| **Resource** | **Requirement** |
|  |  |
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# PROJECT CONDITIONS

## 4.1 PROJECT ETHICS

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Ethics review submitted (date): |  | Ethics review completed (date): |  |

## 4.2 PRIVACY AND DATA STEWARDSHIP

|  |
| --- |
|  |

## **4.3 APPROVALS AND ENDORSEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Signature** | **Date** |
|  |  |  |  |
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# APPENDICES

## 5.1 APPENDIX A: KEY PARTNER (STAKEHOLDER) ENGAGEMENT WORKSHEET

| **Title**  (Individual or Group) | **Name** | **Impact** | **Expectations** | **Project Influence**  (Low, Medium, High) | **Priority to Engage**  (Low, Medium, High) |
| --- | --- | --- | --- | --- | --- |
|  |  | *How are they impacted by the project? What perspective can they offer that strengthens the project? What are the risks of not engaging them?* | *How much do they want to be involved? Actively engaged in all decisions? Consulted? Informed of progress and risks regularly? Consider the* [*IAP2 Spectrum*](https://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20(1).pdf)*.* | *Where are they on the power/interest grid? Dedicate time & effort accordingly.* | *The higher the priority, engage sooner and more regularly to ensure support! In some cases, you may invite them to be part of your PQI team.* |
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## 5.2 APPENDIX B: DRIVER DIAGRAM

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AIM**  *What you want to accomplish; the project outcome measure* |  | **PRIMARY DRIVERS**  *The established evidence-based factors that have a direct impact on the aim; can be project process measures* |  | **SECONDARY DRIVERS**  *Local interventions that need to be addressed to achieve success with primary drivers; main processes you seek to improve; your project process measures* |  | **CHANGE IDEAS**  *Specific and tangible ideas to test that influence the secondary drivers; interventions that you predict will lead to an improvement; the PDSA changes that can be tested.*  *(Transcribe these change ideas you want to test into your PDSA Worksheet)* |  | |  | |
| **IMPACT** | **EFFORT** | | |
| *Low, Medium, High* | | | |
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## 5.3 APPENDIX C: PROJECT MEASUREMENT PLAN

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OUTCOME MEASURE (1-2)**  Clinical outcome (the voice of the patient); the aim of the project. | | | | | | | | | | | | | | |
| Measure Name  *A logical name for your measure; most measures start with “number of,” “percent of,” or “\_\_\_ rate.”* | Operational Definition  *Define the measure in clear, specific terms.*   * *Indicate if you are using a count, a percent, “days between,” etc.* * *If the measure is a percentage or rate, provide the numerator and the denominator* | Goal  *(e.g., amount of increase/ decrease, or improvement, reduction, etc.)* | Baseline/  Current State  *(e.g., %, numerical value, unknown, etc.)* | | Collection Method  *(e.g., interview, survey, chart review, check sheet)* | | Data Source  *(e.g., an individual, a database, survey report, EMR, etc.)* | | Collector  *(e.g., responsible for collecting and storing data)* | | Collection Frequency  *(e.g., once, weekly, every instance in x timeframe)* | | Data Display Method  *(e.g., tally sheet, table, bar chart, pie chart, etc.)* | |
|  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  | |  | |  | |  | |  | |  | |  |
| **PROCESS MEASURES (3-5)**  The health of the system; how we know we’re on the right track. Changes will be more visible here before they are visible in the Outcome Measure. | | | | | | | | | | | | | | |
| Measure Name | Operational Definition | Goal | Baseline/  Current State | | Collection Method | | Data Source | | Collector | | Collection Frequency | | Data Display Method | |
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| **BALANCING MEASURES (1-2)**  Unintended consequences; downstream effects. | | | | | | | | | | | | | | |
| Measure Name | Operational Definition | Goal | Baseline/  Current State | | Collection Method | | Data Source | | Collector | | Collection Frequency | | Data Display Method | |
|  |  |  |  | |  | |  | |  | |  | |  | |

## 5.4 APPENDIX D: SAMPLE PROJECT MEASUREMENT PLAN

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OUTCOME MEASURES**  Clinical outcome (the voice of the patient); the aim of the project. | | | | | | | | | | | | | | |
| Measure Name | Operational Definition | Goal | Baseline/  Current State | | Collection Method | | Data Source | | Collector | | Collection Frequency | | Data Display Method | |
| Antibiotic usage | **Numerator:** Number of >34-week gestational age infants with maternal h/o chorioamnionitis qualifying for intrapartum GBS prophylaxis AND receiving antibiotics in the first 3 days of life  **Denominator:** # of >34-week gestational age infants with a maternal chorioamnionitis qualifying for intrapartum GBS prophylaxis | >30% reduction from baseline (lower is better) | Unknown | | Chart Review | | EMR, EPIC early-onset sepsis data report | | Karen & Mya | | Weekly initially, then monthly | | Run chart | |
|  |  |  | |  | |  | |  | |  | |  | |  |
| **PROCESS MEASURES**  The health of the system; how we know we’re on the right track. Changes will be more visible here before they are visible in the Outcome Measure. | | | | | | | | | | | | | | |
| Measure Name | Operational Definition | Goal | Baseline/  Current State | | Collection Method | | Data Source | | Collector | | Collection Frequency | | Data Display Method | |
| Mother’s own milk pumped volume is >500 ml on day of life 7 | **Numerator**: Number of infants whose mother’s own milk pumped volume is >500ml on day of life 7  **Denominator**: Total number of included infants | >50% improvement from baseline (higher is better) | Unknown | | Interview mother (in-person or phone) | | Mother | | NICU Primary lactation specialist | | Once per infant | | Bar chart | |
| Antibiotic mismatch | **Numerator**: Patient being treated with an antibiotic that identified organism is not susceptible to  **Denominator**: All patients treated for culture positive late-onset sepsis. | <5% (lower is better) | 10% | | Chart review | | EMR, EPIC late-onset sepsis data report | | NICU Antimicrobial stewardship committee | | Weekly | | Pie Chart | |
| Communicated with the family | **Numerator**: Number of yes debriefing survey responses to ‘notify family” per month  **Denominator**: Total number of debriefing surveys documented per month | >75% improvement from baseline (higher is better) | 20% | | Review of documented debriefing survey | | Debriefing survey | | Charlie | | Monthly | | Table | |
|  |  |  | |  | |  | |  | |  | |  | |  |
| **BALANCING MEASURES**  Unintended consequences; downstream effects. | | | | | | | | | | | | | | |
| Measure Name | Operational Definition | Goal | Baseline/  Current State | | Collection Method | | Data Source | | Collector | | Collection Frequency | | Data Display Method | |
| Mortality rate of C. difficile patients | Mortality rate of all patients with C. difficile lab ID positive events admitted to TGH in the specific period  *(****Note****: not all measures have a numerator and denominator)* | <5% (lower is better) | 205 | | Electronic chart abstraction | | EMR Database | | TGH Quality Department | | Monthly | | Table | |