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| **Project Title:** |
| **Team Leader:** | **Executive Sponsor:** |
| **Team Member Names:** | **Position & Organization or Site:** |
| **Patients Who Will Benefit:** | **Types of Clinical & Administrative Staff Involved:****Staff Benefits:** |
| **Problem/ Opportunity Statement:** (What’s wrong with quality?) |
| **Aim Statement:** (What are we trying to accomplish? Numerical target for improvement, over what time?) |
| **Measures:** (How will we know if we are improving?) Outcome Measures:Process Measures: Balancing Measures: |

