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| **PROJECT BACKGROUND**  *This page to be completed by the Project management team on behalf of the teams* | | | | | |
| **Project Title:**  *Provide a succinct title for the project* |  | | | | |
| **Project Aim:**  *Overall aim of the project* | *Key message – to improve clinical handover practices by implementing a standardised process for handover.* | | | | |
| **Project Background:**  *Brief outline of the project, consider including the problem or practice gap* |  | | | | |
| **Project Benefits:**  *Outline the benefits of standardised clinical handover to the organisation in terms of time, money, resources* | *This Project will result in the following outcomes:* | | | | |
| **Project Objectives:**  *NOTE: use SMART objectives*   * *Specific* * *Measurable* * *Achievable* * *Releveant* * *Timely* | *The overarching project objectives are:* | | | | |
| **SCOPE OF THE PROJECT IN YOUR HEALTH SERVICE**  ***Insert organisation name here***  *The following section of the project planning document is specific to each team.* | | | | | |
| **Organisational Context**  *Why is the project important for your organisation or health service? The objective may mirror the overall aim of the project from page 1- the intention is to localise the objective to be relevant for participants and project team.* | | | *Short brief statements with outcomes that creates the common goal* | | |
| **This project will include:** | | | | **This project will not include:** | |
| *e.g. which wards, clinical units or departments ill be included in implementation or will it be an all of organisation approach? Think about piloting the improved handover process in one ward or unit before spreading to other areas* | | | | *What is out of scope – consider activities that may be peripheral to the project, possibly nice to do but not core to the project aims* | |
| **Project Deliverables:**  What you will deliver at the end of the project. | | | *NOTE: these are the products you will have at the end of the project, e.g. a policy, education program, risk assessment & management pathway, improved awareness levels etc.* | | |
| **Success Criteria:**  How you will measure the success of the project? | | | *NOTE: the success criteria must be specific and measurable. e.g. audit data, education session attendance, policy uptake.* | | |
| **Resources:**  What are the resources required to undertake the project? | | | *NOTE: important to be fair and reasonable.*  *Consider: people, space to meet and access to a computer & internet, etc*. | | |
| **Linkages:**  Are there opportunities for this project to gain leverage from or provide support to other safety and quality project already underway in your organisation? | | | *NOTE: What the potential opportunities for this project to link with existing organisational activity? e.g. QI, KPIs, accreditation, education, research.* | | |
| **RISK PLAN**  **Consider the risks early?** | | | | | |
| **Assumptions** | | | | **Constraints** | |
| *Project assumptions are circumstances and events that need to occur for the project to be successful but are outside the total control of the project team. They are listed as assumptions if there is a HIGH probability that they will in fact happen.*  *What are the actions required to mitigate the risk based on assumptions* | | | | *Project Constraints are aspects about the project that cannot be changed and are limiting in nature. Constraints generally surround four major areas:*  ***Scope:*** *Change legislation relevant to the project*  ***Cost:*** *Project time dependent on limited resources*  ***Schedule:*** *Evaluation beyond 2 year commitment*  ***Quality:*** *Dependent on availability of resources and skills*  *What are the actions required to mitigate the risk based on assumptions?* | |
| **Work Breakdown:**  *The work breakdown will be developed from the implementation action plan* | | | |  | |
| **Time Frame & Milestones:**  *Insert key dates and milestones from action plan.* | | | | *You should allow at least 12 months to implement a handover improvement project.* | |
| **COMMUNICATION PLAN**  ***Who is important to make this project successful?*** | | | | | |
| **Stakeholders** | | **Who** | | **What are their information needs** | **How & when will we provide them information about the pain management initiative** |
| *e.g. Clinical staff, Organisational management, funders, consumers, etc* | | *e.g. Dr’s, nurses, allied health* | | *e.g. data related to current practice, the best available evidence, resources* | *e.g. newsletter, staff meeting, executive briefings* |
| **PROJECT TEAM ROLES**  **Are the team members clear about their roles?** | | | | | |
| **Executive Sponsor:** | | * *Nominate the Executive Sponsor* * *Role of the Executive Sponsor* | | | |
| **Clinical Leaders:**  *List the Opinion Leaders/Champions & summarise role of each* | | * *Nominate the Clinical Leader(s)* * *Role of the Clinical Leader* | | | |
| **Project Team Coordinator:** | | * *Nominate the Project Team Coordinator* * *Role of the Project Team Coordinator* | | | |
| **Project Team Members:**  *Use the roles and responsibilities information sheet in the planning phase as a guide.* | | * *Nominate the Project Team Members* * *Role of Project Team Members* | | | |
| **Project Key Contacts:**  *List the contact details for key people working on or involved with this project* | | *Site Project Lead.*  *Name*  *Email*  *Phone* | | | |
| **Review Process:**  *Insert details of meeting schedules and review processes* | |  | | | |
| **Start Date:** | |  | | **Completion Date:** |  |
| **Executive Sponsor**  **I have read and reviewed this project plan and agree to support the implementation project.** | | **Name:** | | **Signature & Date:** | |