**PRACTICE TRANSFORMATION TEAM CHARTER**

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| **AREA FOR TRANSFORMATION:** |
| **BRIEF SUMMARY STATEMENT**: *Briefly state the problem or opportunity that will be improved by team.* |
| **EVIDENCE GATHERED TO SUPPORT PROBLEM SELECTION:** *(Attach Data Summary)* |
| **TEAM MEMBERSHIP***: Include names and position*:PHYSICIAN CHAMPION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEAM LEADER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **TEAM MEMBERS** |
| Name | Position | Phone | Training Need Yes/No |
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| **POTENTIAL INTERNAL AND EXTERNAL CONSULTANTS**:HealthVisions DelMarva Practice Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **TEAM MEETING INFORMATION**:Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day of Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PROJECTED COMPLETION DAY:**  |

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Physician Champion Date Approved