**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**:  Health Visions Delmarva Practice Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **TEAM MEETING INFORMATION**:  Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day of Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **PROJECTED COMPLETION DAY:** | | | |

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Physician Champion Date Approved