**PRACTICE TRANSFORMATION TEAM CHARTER**

|  |
| --- |
| **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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **POTENTIAL INTERNAL AND EXTERNAL CONSULTANTS**:Health Visions Delmarva Practice Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **TEAM MEETING INFORMATION**:Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day of Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PROJECTED COMPLETION DAY:**  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Physician Champion Date Approved