

Team Name Leader Date

How will the success of this team impact the problem to be solved?

| What is the objective or aim of the team? (There should be measures of success for each objective) | Method of Measurement | Baseline | Target/ Goal RIR | Date goal met (if applicable) |
|--|-----------------------|------------|------------------|-------------------------------|
| <i>Example: Reduce inappropriate antipsychotic medication use by 10% by December 31, 2024</i> | <i>CASPER Report</i> | <i>20%</i> | <i>10%</i> | <i>December 31, 2024</i> |
| | | | | |

PROJECT SCOPE

Who is being impacted? Select all that apply

Patients/Residents
 Family
 Staff
 Physicians

What departments, units or sites in the organization will be impacted by this work?

Anticipated time for completion

TEAM MEMBERS

Identify by name and title/role

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BARRIERS

| What obstacles can impact the success of planning? (resources, money, etc) | What can you do about this? |
|--|-----------------------------|
| | |

Who is the Executive Sponsor?
 (Person outside of the team who will monitor progress and can remove barriers to success)

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