

Developing a Charter

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MMC/P Performance Improvement Team

Learning Objectives:

1. Express the importance of developing a charter
2. Describe general components of a charter
3. Determine when to use a formal charter versus a mini-charter

The development of a charter is one of the first steps in the Lean Six Sigma process and an important part of any quality or process improvement project or initiative. A charter will help to define your problem, objectives, and desired outcomes, as well as clearly outline necessary resources (including key team members) and project scope. “It serves as an informational contract that helps the team stay on track with the project objectives”¹. The charter is the most important piece of documentation at the beginning of a project as it serves as a formal record of the authorization of the project, the needed resources, and offers a sense of direction and purpose of the project to leadership from the beginning of the project to the end.²

A project charter will ideally contain the following information:

- Project name and impacted department/service line/unit
- Business case – relationship to higher level strategic goals and initiatives, patient/organizational benefit, reason for prioritization
- Problem statement – include background information, how will this project address the issue at hand?
- Project goals – written in SMART (Specific, Measurable, Assignable, Realistic, Time-Related) goal format; be sure to include process and outcome measures as a way to track success of interventions
- Estimated benefits – include hard and soft savings when listing estimated benefits
- Project scope and possible risks or barriers – be specific to reduce scope creep. List what is in scope and out of scope. List what could be a potential barrier or risk that could affect the project.
- Key Stakeholders – list all groups of people who the specific project or intervention would affect or involve.
- Project Resources – this includes individuals that need to be involved in the project in some way. Include their role in the organization and role on the project team. Other resources must be documented as well, especially such as improvement specialist support, Information Technology support, analytics/reporting needs, etc.
- Project Milestones – generally broken down into phases and high level objectives, with a target completion date, supported by an implementation/action plan.^{3,4}

As an Improvement Specialist, I use different charters depending on the complexity or duration of the project at hand. I utilize a “mini-charter” for projects of short duration and low complexity with few outcome goals and requiring minimal resources. The Diabetes Management Workgroup mini-charter (figure 1) is designed for a long-standing workgroup with consistent outcome measures that they are

working to achieve year after year and only one or two non-complex intervention additions. The scope of the work remains large and the charter is necessary for the group members to stay on track.

Figure 1. Diabetes Management Workgroup Mini-Charter

Project Name: Diabetes Management Workgroup		Maine Medical PARTNERS <small>A Division of Maine Medical Center</small>										
Facilitators:		Start Date:	8/1/2020									
Executive Sponsors:		Completion Date:	9/30/2021									
Process Owner:		Revision Date:										
Project Team:												
Business Case	Project Goals											
According to the American Diabetes Association, based on 2018 data, 34.2 million Americans have diabetes. Diabetes is the 7 th leading cause of death in the United States (2018). There are many types of co-morbidities associated with diabetes, most commonly, hypertension, but also cardiovascular disease and obesity (NAMCP, 2008). MDP must focus on identifying and implementing best practices to help improve the care and health of this patient population, and ultimately, reduce the overall burden and costs associated with diabetes to the health system.	By September 30, 2021, we will develop and implement workflows related to diabetes statin therapy and reinforce existing diabetes-related metrics in order to meet the associated quality metric targets (see measures section below). Outcome Measures: <ul style="list-style-type: none"> Diabetes: HbA1c Poor control heat map metric (17.0%) Diabetes: Eye Exam metric (71.6%) Diabetes: Medical Attention for Nephropathy Metric (94.2%) Diabetes: Statin Therapy Metric (79.7%) Long Acting Insulin Protocol Metric (25.0%) 											
Problem Statement:	Estimated Benefits											
With 20% of the MDP adult primary care metrics revolving around one case of patients with diabetes and the continual decline over the last year in all diabetes measures, it is clear that there are opportunities to improve how we care for our patients with diabetes. Additionally, many of these metrics are system level goals and tied to reimbursement via payer contracts.	<ul style="list-style-type: none"> Improved care of our patients with diabetes population Reimbursement through payer contracts if targets are met "One Stop Shop" for patients with diabetes: POC nephropathy, eye exams, A1c tests leading to improved patient experience and compliance Supporting a comprehensive PCMH model of care 											
Scope (In & Out):	Project Milestones											
In Scope: <ul style="list-style-type: none"> -Developing and implementing workflows for statin therapy (diabetes) -Monitoring existing diabetes metrics -Site support for POC nephropathy and eye exam equipment -Reiterating best practices for diabetes metrics -Offering recommendations to Quality Oversight Committee for Quality Review Day areas of focus on diabetes 	<table border="1"> <thead> <tr> <th>Phase</th> <th>Deliverable</th> <th>Target Completion Date</th> </tr> </thead> <tbody> <tr> <td>Planning Assessing Monitoring</td> <td>Develop report for statin therapy for patients with diabetes, create best practice workflow for statin therapy, pilot at 2 sites. Monitor performance in all diabetes-related metrics at MDP and site specific level and identify high and low performers. Support sites that are implementing POC nephropathy and RetinaVue scanners (dependent on acquiring the technology).</td> <td>12/31/2020</td> </tr> <tr> <td>Executing Monitoring</td> <td>Spread statin therapy workflow to all MDP adult primary care sites. Monitor performance in all diabetes-related metrics at MDP and site specific level and identify high and low performers. Perform RCA for lowest performing sites and plus intervention around A1c control. Support sites that are implementing POC nephropathy and RetinaVue scanners (dependent on acquiring the technology). Monitor performance in all diabetes-related metrics at MDP.</td> <td>3/31/2021</td> </tr> </tbody> </table>			Phase	Deliverable	Target Completion Date	Planning Assessing Monitoring	Develop report for statin therapy for patients with diabetes, create best practice workflow for statin therapy, pilot at 2 sites. Monitor performance in all diabetes-related metrics at MDP and site specific level and identify high and low performers. Support sites that are implementing POC nephropathy and RetinaVue scanners (dependent on acquiring the technology).	12/31/2020	Executing Monitoring	Spread statin therapy workflow to all MDP adult primary care sites. Monitor performance in all diabetes-related metrics at MDP and site specific level and identify high and low performers. Perform RCA for lowest performing sites and plus intervention around A1c control. Support sites that are implementing POC nephropathy and RetinaVue scanners (dependent on acquiring the technology). Monitor performance in all diabetes-related metrics at MDP.	3/31/2021
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Out of Scope: <ul style="list-style-type: none"> -Developing new workflows related to insulin titration, A1c control, nephropathy -Patients with diabetes <18 years of age and >75 years of age 												

An "Engagement Charter" or formal charter (figure 2) is generally used for more complex project engagements, such as a project that can have a multi-year impact, involve multiple stakeholders, and requires more structure for the key resources on the team.

Figure 2. MaineHealth Performance Improvement Formal Engagement Charter

MaineHealth Performance Improvement																					
ENGAGEMENT CHARTER																					
NAME OF ENGAGEMENT																					
SERVICE LINE																					
Developed by:																					
Start date:																					
Anticipated completion date:																					
Page 1 of 1																					
ENGAGEMENT BACKGROUND																					
Problem Statement Define the problem to be solved. This statement will be entered in the group throughout the project to help engagement activities.																					
Engagement Business Case Identify the business case for this engagement. This includes the expected business outcomes such as improved outcomes, cost and process and other high-level engagement benefits of the engagement.																					
Goal Statement The goal statement should align with the problem statement, and generally include the following:																					
ANTICIPATED BENEFITS																					
Please aim to have at least one quality or financial outcome measure and two process measures.																					
Stakeholder Identify the anticipated stakeholder groups to be involved in the engagement.																					
Financial Identify the anticipated financial impact of the engagement.																					
Timeline List the start and end dates.																					
SCOPE OF WORK																					
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Page 2 of 1																					
ENGAGEMENT TEAM																					
<p>Creates a detailed list of roles and responsibilities that would affect the engagement.</p> <table border="1"> <thead> <tr> <th>Role</th> <th>Opportunity</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Role	Opportunity																		
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COMMUNICATION PLAN																					

To access a template for a “mini-charter” or “Engagement Charter” under the Project Planning documents on the MaineHealth Performance Improvement Tools and Templates sites, go here: [Tools and Templates \(mainehealth.org\)](https://home.mainehealth.org/2/MMC/CenterforPerformanceImprovement/SitePages/AllTools.aspx?web=1)

In closing, in order to better inform leadership and your project team, outline your project objectives, and realize your project benefits and necessary resources, it is helpful to start working on a charter once your project or intervention has been determined. It is a great tool for consistent reference to inform your project team of their roles and responsibilities and the original project focus. The charter documents the progress that has been made and is a living document that may be updated as frequently as necessary.

References

1. Acuity Institute. (2016). *Lean Six Sigma Black Belt eBook*. Denver: Acuity Institute.
2. Brown, A. S. (2005). *The Charter: Selling your Project*. *PMI Global Congress*. Newtown Square, PA: Project Management Institute. Retrieved from <https://www.pmi.org/learning/library/charter-selling-project-7473>
3. IHQI. (2021, May 7). *UNC Institute for Healthcare Quality Improvement*. Retrieved from UNC School of Medicine: <https://www.med.unc.edu/ihqi/resources/project-charter/>
4. MaineHealth Performance Improvement. (2021, May 12). *MaineHealth Performance Improvement Tools and Templates*. Retrieved from MaineHealth Performance Improvement Tools and Trainings: <https://home.mainehealth.org/2/MMC/CenterforPerformanceImprovement/SitePages/AllTools.aspx?web=1>