UCD School of Nursing, Midwifery and Health Systems

PROCESS IMPROVEMENT PROJECT CHARTER

Process improvement is initialised in a short project overview document known as a 'Project Charter'. Each applicant, as part of their online application, is required to complete a Project Charter template, outlining a suggestion for a process improvement idea within their organisation.

- Applicants applying as part of a team should each submit a copy of their agreed team Project Charter.
- Individual applicants will be assigned to co-led improvement teams and will collaborate on one team Project Charter for the duration of the programme.
- Please complete the Charter Template on page 2 and upload this document as part of your online application.
- Keep your Charter to one page.
- Charter examples from actual projects (organisations have been anonymised) to assist you in completing the template are on pages 3-4.

Do you have questions about filling in your Project Charter?
Please contact Programme Director Dr. Seán Paul Teeling by email sean.p.teeling@ucd.ie.

Project Charter Template

Applicant Name		**Team or individual applicant?**	Team Individual
		Organisation	
Proposed Project			
Project purpose *(Describe the rationale/reason for this project.)* .			
Identified problem/s *(Provide a summary of problems you have identified relating to the project or issue to be addressed by the project. Include any data(e.g., %) where available.)*			
Project scope *(In scope means everything you propose to look at within the project.)* . *(Out of scope means everything you will not look at within the project.)* .	**In Scope:** *List here the items you propose to review* **Out of Scope:** *List here the items you will not review*		
Project start and stop *(The start and stop points for the process under review.)*	**Starts with:** **Ends with:**		
Customers/ Stakeholders *(Who does this project involve?)*			
Person-centred goals *(How will you work as a team to be collaborative, inclusive and participatory?)*			
Potential service impact *(What is the impact of your proposed improvement on the service?)* .			

Project Charter Example 1

Applicant Name	Tom Baker	Team or individual applicant?	Team ☐ Individual ☒
		Organisation	Wellington Hospital, St Johns Wood, London

Proposed Project	Standardise and optimize the process for the delivery of Mandatory Basic Life Support (BLS) training
Project purpose *(Describe the rationale/reason for this project.)*	Redesign the current process for BLS training within the hospital to enable: ● easier staff access to BLS training ● a more efficient training process for BLS trainers ● the hospital to ensure that all registered nurses and designated health and social care professionals (HSCPs) maintain their BLS certification every two years
Identified problem/s *(Provide a summary of problems you have identified relating to the project or issue to be addressed by the project. Include any data(e.g., %) where available.)*	● Anecdotally staff not attending BLS training prior to BLS expiry date. ● In 2018, **62%** of clinical staff who completed BLS did so after their expiry date, in 2019 it was **39%** and in 2020 it was **54%**. ● Difficulty in meeting clinical demand for Basic Life Support (BLS). ● Clinical work time constraints such as scheduling/booking/attending BLS ● Current process generates a large amount of administration workload. ● Covid-19 restrictions have reduced BLS Class capacity by **33%**.
Project scope *(In scope means everything you propose to look at within the project.)* *(Out of scope means everything you will not look at within the project*.)	**In Scope:** *List here the items you propose to review* ● Recertification of BLS ● BLS review of delivery pre and post Covid-19. ● Scheduling and booking of BLS. ● Time and cost to attend current BLS recertification training. **Out of Scope:** *List here the items you will not review* ● Non-clinical staff and doctors BLS, and all other mandatory training categories.
Project start and stop *(The start and stop points for the process under review.)*	**Starts with:** Staff member certification, and 2-year renewal timeline begins for renewal of BLS training. **Ends with:** BLS recertification is completed, and staff member certified.
Customers/ Stakeholders *(Who does this project involve?)*	Clinical Staff, BLS trainers, Director of Human Resources, Director of Clinical Education, Director of Nursing, Director of Quality, Patients (indirect stakeholders, benefit from skilled, trained staff).
Person-centred goals *(How will you work as a team to be collaborative, inclusive and participatory?)*	● Include the entire project team in decision making. ● Collaborate with stakeholders to co-design meaningful solutions. ● Ensure everyone involved in the process is encouraged to participate. ● Respect each other as a team.
Potential service impact *(What is the impact of your proposed improvement on the service?)*	● Reduction in BLS training time that will allow a significant release of staff time for patient care. ● Improved access to BLS training for relevant staff and subsequent reduction in staff with expired BLS certification.

Project Charter Example 2

Applicant Name	Joan O'Sullivan	Team or individual applicant?	Team ☒ Individual ☐
		Organisation	Mater Hospital, North Sydney

Proposed Project	Review the patient journey within the Acute Medical Short Stay Unit (AMSSU)
Project purpose *(Describe the rationale/reason for this project.)*	Redesign the current patient pathways within the AMSSU to facilitate: ● a reduction in the average length of stay (AVLOS) of the AMSSU ● the referral of appropriate patients to the AMSSU as part of the Acute Medicine Pathway (Right patient, right place, right time) ● improved AMSSU bed utilisation rate
Identified problem/s *(Provide a summary of problems you have identified relating to the project or issue to be addressed by the project. Include any data(e.g., %) where available.)*	● The National Acute Medicine Programme KPI is **48 hours**. ● Mater Hospital Sydney has a **72 hour** AVLOS (breaching the KPI by 24 hours - **50%**) ● Staff feel that the AMSSU is not functioning as intended and not meeting the needs of the Mater Hospital Sydney in caring for patients on the Acute Medicine Pathway in an efficient and timely manner.
Project scope *(In scope means everything you propose to look at within the project.)* *(Out of scope means everything you will not look at within the project.)*	**In Scope:** *List here the items you propose to review* ● Pathway for patients referred to the AMSSU from the Acute Medical Unit (AMU) as part of the Acute Medicine Pathway ● Pathway for patients referred to the AMSSU from the Emergency Department (ED) as part of the Acute Medicine Pathway ● Pathway for patients who have had 'Take Over of Care' (TOC) by the Acute Medical Physicians **Out of Scope:** *List here the items you will not review* ● All other wards and units other than AMU,AMSSU and ED.
Project start and stop *(The start and stop points for the process under review.)*	**Starts with:** Patient Referral to the AMSSU **Ends with:** ● Patient Discharge from the AMSSU to home/rehab/other ● Patient transfer to another ward/unit ● Patient transfer to Patient Transfer Unit
Customers/ Stakeholders *(Who does this project involve?)*	ED and Acute Medicine: ● Nursing teams, Health and Social Care Professionals, Admin and Support Staff, Acute Medicine Physicians, and Emergency Department Physicians. ● General Practitioners (GPs).
Person-centred goals *(How will you work as a team to be collaborative, inclusive and participatory?)*	● Authentic collaboration with staff involved in the project to co-design solutions. ● Meaningful engagement with patients - we want to avoid tokenistic engagement and encourage patient participation in solution design. ● Working together as an effective team - respecting each other.
Potential service impact *(What is the impact of your proposed improvement on the service.)*	● Right patient, right place, right time will optimize quality of care and patient experience. ● Improved AMSSU bed utilisation rate will improve patient flow and obviate charges for breach of AVLOS KPI. ● Right Patient right place will improve Ambulance Turnaround Times (TAT) and obviate charges for breach of 20 minute KPI.