**PILOT PROJECT CHARTER**

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| --- | --- | --- | --- |
|  |   |   |   |
| **Project Title** | **[Title]** |
| Project Lead Name | [name] | Executive Champion | [name] |
| Start Date | XX/XXXX (mo/yr) | Project Approval Date | XX/XXXX |
| Est. Completion Date | XX/XXXX | Latest Revision to Charter | XX/XX/XXXX |
| **PROBLEM /****AIM STATEMENT** |  [What problem are you trying to address using this solution? What are you hoping to accomplish? Please make sure to specify target population or end-user group. Consider referencing the Framing the Problem Catalyst method.] |
| **PROJECT SUMMARY** |  |
| Selected Vendor Solution  | [Name of Vendor Solution selected] |
| Solution Description | [High level description of the solution features, i.e. what it does functionally, selection criteria it fulfills] |
| Strategic Impact | [How is this aligned with organization’s strategic goals?] |
| Estimated Cost  | [Should equal the budget] |
| **CONSTRAINTS** |  |
| Pilot Duration (# days or months) | [Not to exceed 6 months] |
| Scope | [Describe the scope of this pilot: for example, will you be testing with one department/team/clinic site?] |
| **CHALLENGES** |  |
| Potential Concerns / Limitations | [What challenges do you expect and how do you intend to minimize them?] |
|  |  |
| **KEY STAKEHOLDERS** |  |
| Target Patient(s) |  |
| Staff Impacted | [include names or just roles if TBD. You should plan to solicit input from these staff or involve them in testing the solution.] |
| Other Partners | [other organizations, if applicable] |
| **PROJECT TEAM** |   |
| Lead | [name, role;… - project lead listed above] |
| Key Contributors | [name, role,…] |
| Advisor(s) | [name, role,…] |
| Approver(s) | [name, role… - include executive champion listed above and others as applicable] |
| **TEAM LOGISTICS** | [e.g. Meet Tuesdays, 3-4 pm @ (room number, virtual, etc.)] |
| **PROJECT MILESTONES** | *High Level Project Timeline*  |
|  | [Month, Year] | Project Milestone or Deliverable  |
|  | *[Example Row – OK to delete!]* | *Some examples (consult the* [*Tech Pilot Lifecycle*](https://www.careinnovations.org/resources/technology-pilot-toolkit/) *for more milestone ideas)** *Implementation with vendor complete*
* *End-users (patients, staff) trained*
* *First round of data collection complete*
 |
|  |  | [add rows as needed] |
|  |  | [add rows as needed] |
|  |  | [add rows as needed] |

**CHIC SEED FUNDING BUDGET**

See the Budget Guidelines following this template for frequently asked questions about creating your budget. Either **right click -> open** or **double click** into the workbook image below to edit the budget or download the spreadsheet from the CHIC Seed Funding page.



**CENTER FOR CARE INNOVATIONS BUDGET GUIDELINES**

Please use CCI's budget to estimate your pilot costs. Below are some common questions and answers that can guide you as you complete the budget:

**1. What should I include in my budget?**

* Direct costs associated with the pilot, such as project materials, licenses, equipment or implementation expenses.
* Staff time for project team members. Please estimate the percentage of the employee's time dedicated to this program. Before listing expenses under personnel, please confirm with your finance department that your organization allows you to allocate grant dollars to personnel line items before listing.
* Travel costs, particularly for travel specified in the program description, such as a required in-person convening or site visit.

**2. What expenses should not be included this budget?**

* Staff time for individuals not working directly on this pilot.
* Travel costs not associated with this pilot.
* Fees associated with society/association membership or fundraising

**3. Do we have to include in-kind or matching funds?**

* No, CCI does not require in-kind or matching funds and they do not need to be included in this budget. Please share any other funding sources that will be used to support this pilot project.

**4. Can we include indirect costs in this budget?**

* You may include up to 10% indirect costs in this budget.

**5. Can we revise this budget during the program? Do we have to make CCI aware of any changes?**

* Yes, you may revise your budget during the program duration. This budget worksheet is a tool for you to plan your resource allocation prior to the program start and keep track of your spending throughout the program. You will be asked to submit a final budget at the conclusion of the pilot. During the pilot, please let CCI know if a particular line item changes more than 10% from what was originally submitted. In this case, you should email the program manager, Juliane Tomlin, with your revised budget.

**METRICS PLAN FOR PLANNING, MONITORING & EVALUATION**

This is a sample metrics document. The purpose of this document is to define the measures you will track to determine whether your pilot was successful, and whether to continue using the vendor solution at the end of the pilot,. It is advised that you convene a group of stakeholders to define what success looks like for this pilot. **For CHIC members seeking seed funding:** Please work with SOLVE Health Tech to create and submit a metrics plan aligned with your reporting capabilities and strategic goals.

**Definitions of Outcome Measure Categories:**

Structure is the physical and organizational context in which the program/product is delivered e.g., staffing, financing, and equipment)

Process focuses on the care delivered to patients or actions that are taken and how they are carried out (e.g., services, diagnosis, treatment)

Outcome is the effect of healthcare on patients and populations including changes to health status, behavior, or knowledge, as well as patient satisfaction.

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| **Measure Timing** | **Measure Category**(Structure, Process, Outcome) | **Measure Type** | **Metric Description***What do you plan to measure?* | **Data Capture** *Where and how will we collect these data?* | **Desired outcomes** |
| **Planning** | **Implementation** | **Post-implementation** | **Quantitative** | **Qualitative** |
| X |  |  | *Ex. Structure* |  | X | *Availability to specialty care consultations* | *Inventory of features; hardware and software performance*  | *Implementation and training for new electronic referral system completed in all clinical sites*  |
|  |  | X | *Ex. Outcome* | X |  | *Blood pressure control*  | *Report in EHR* | *Decreased blood pressure among patients receiving intervention*  |
|  | X |  | *Ex. Process* |  | X | *Integration of ambulatory prescribing safety in EHR system* | *EHR trainings of clinical staff; observation of clinic workflow* | *Clinicians use of new prescribing system in EHR* |
|  |  | X | *Ex. outcome* | X |  | *Patient satisfaction* | *Survey after telehealth appointment* | *Satisfaction scores meet or exceed in-person visit scores* |
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