

APPENDIX - E Change Project Form

PROJECT CHARTER

2. What are you'trying to accomplish what Alfw will the Change Project address? White a prior summer. What is your Aim Statement?. Example: Reduce the swerage time it takes to run a mile by 20% from 10 minutes to 8 to run a mile by 20% from 10 minutes to 8 to run a mile by 20% from 10 minutes to 8 to run a mile by 20% from 10 minutes to 8 to run a mile by 20% from 10 minutes to 8 to y (completion date). Location Reduce the swerage time it takes to run a mile by 20% from 10 minutes to 8 to y (completion date). Location Reduce the swerage time it takes to run a mile by 20% from 10 minutes to 8 to y (completion date). Location Reduce the swerage time it run and target you trying to help a g. ustomers in a specific program, age group etc? 7. EXECUTIVE SPONSOR 8. CHANGE TEAM MEMBERS/ROLE on the formal address and telephone number. 9. CHANGE TEAM MEMBERS/ROLE on the formal address and telephone number. 10. How will you COLLECT DATA to measure the impact of change? Who iii collect if? 11. What is posicled IMF ACT of this change project? Increase revenue or productivity, decrease expenses. How will the Executive Sponsor know?	1. CHANGE PROJECT TITLE		
Reduce/Increase(choose one)	2. What are you trying to accomplish what AIM will the Change Project address? Write a brief summary		
from(baseline)to(goal) ves to by (completion date) ore Start End l are in a	What is your Aim Statement?	Reduce/Increase(choose one)	by (%)
by (completion date) Start End Name: Name: Malling address:	Include baseline data and target goal	4	al)
Start End Ind Ind Ind Ind Ind Ind Ind Ind Ind I	Example: Reduce the average time it takes to run a mile by 20% from 10 minutes to 8 minutes by February 1, 2012	by (completion date)	
Start End End End End CE if XTION are mers in a etc? Name: Name:	LOCATION(specify if you have more than one)		
Vare in a Name:	4. START DATE and expected COMPLETION DATE	Start	
are a Name: Name: Mailing address: Fon ill No ill No ill Name: Name	 LEVEL OF CARE or SERVICE if applicable 		
Name: Name: Name: Mailing address: Ho ill Name: Name: Name: Name: Name: Name: Name: Name: Name: Name: Name:	6. What CUSTOMER POPULATION are you trying to help, e.g. customers in a specific program, age group etc?		
Name: Mailing address: To ill This or low	7. EXECUTIVE SPONSOR		
no ill this or	8. CHANGE LEADER	Name:	Telephone number:
9. CHANGE TEAM MEMBERS/ROLE on the team 10. How will you COLLECT DATA to measure the impact of change? Who ill collect it? 11. What is the expected IMPACT of this change project? Increase revenue or productivity, decrease expenses. How will the Executive Sponsor know?	Include mail address and telephone number	Mailing address:	
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	11. What is the expected IMPACT of this change project? Increase revenue or productivity, decrease expenses. How will the Executive Sponsor know?		



RAPID CYCLE TESTING - (add more cycles as needed)

2	Napid Cycle #:
S	Cycle Begin Date: Cycle End Date:
S	What is the idea/change to be tested?
U	PLAN: What steps are you specifically making to test this idea/change? Who is responsible? How it will get done?
U	DO: What steps did you implement? Document any problems and unexpected observations from the PLAN.
ഗ	STUDY: What were the results? How do they compare with baseline measure?
D	ACT: What is your next step? Adopt? Adapt? Abandon? Why?
70	Rapid Cycle #:
0	Cycle Begin Date: Cycle End Date:
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U	PLAN: What steps are you specifically making to test this idea/change? Who is responsible? How will it get done?
U	DO: What steps did you implement? Document any problems and unexpected observations from the PLAN.
ഗ	STUDY: What were the results? How do they compare with baseline measure?
D	ACT: What is your next step? Adopt? Adapt? Abandon? Why?



EVALUATION AND SUSTAIN PLAN

roject Outcomes (only complete once the project is finished)	roject is finished)
. What was the project END DATE(when you stopped making changes)?	
What did you I II A UNI () a whot work	
some unexpected outcomes or lessons learned from your change efforts)?	
3. What was the FINANCIALIMPACT of this change project? (e.g. Increased revenue) Body pool octoo	
staff retention?)	
Sustainability Plan (only complete if you are sustaining the changes)	sustaining the changes)
N. Who is the SUSTAIN LEADER?	
8. What CHANGES do you want TO SUSTAIN?	
C. What SUSTAIN STEPS are being taken to ensure that the changes stay in place and that it is not possible to revert back to the old way of doing things?	
D. What is the TARGET SUSTAIN MEASURE, i.e. the point at which the Change Team would intervene to get the project back on track?	
E. What system is in place to effectively MONITOR the SUSTAIN MEASURE?	

Additional Notes: