**Quality Improvement Project Team List**

|  |  |
| --- | --- |
| Name of Primary Care Team |  |
| Project Start Date |  |

*When selecting Improvement Team participants, seek representation from each functional area that will be affected; physicians, front desk staff, rooming clerks, nursing staff and inter-disciplinary team, clinic manager, EMR staff, and others as appropriate.*

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| --- | --- | --- | --- |
|  | Name | Role | Preferred contact email or phone number |
| Project Lead(authority to make decisions; approve team participation, call meetings, etc.) |  |  |  |
| Improvement Lead(work closely with Improvement Facilitator to support follow-through on team plans) |  |  |  |
|  |  |  |  |
| Team Member |  |  |  |
| Team Member |  |  |  |
| Team Member |  |  |  |
| Team Member |  |  |  |
| Practice Facilitator |  |  |  |