Project Charter: Southern Care Hospital

PJM5900 Foundations of Project Management
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VERSION HISTORY

Version #	Implemented By	Revision Date	Approved By	Approval Date	Reason
1.0	*Chitika Para Deepthi Praneetha Thada*	*10/27/23*	*Tim O'Donnell (Senior Management)*	*10/27/23*	*Initial version*
1.1		10/28/23		10/28/23	Review and updates
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1 INTRODUCTION

1.1 EXECUTIVE SUMMARY

The Southern Care Hospital project aims to address critical needs in healthcare management and patient services by leveraging various innovative strategies and technologies. In response to the growing demand for improved patient care, reduced readmission rates, and enhanced operational efficiency, this project is designed to align with the organization's overarching goals.

1.2 PURPOSE OF PROJECT CHARTER

The Southern Care Hospital project charter documents and tracks the necessary information required by the decision maker(s) to approve the project for funding. The project charter includes the needs, scope, justification, and resource commitment as well as the project's sponsor(s) decision to proceed or not to proceed with the project. It was created during the Initiating Phase of the project.

The intended audience of the Southern Care Hospital project charter is the project sponsor and senior leadership.

2 PROJECT OVERVIEW

2.1 MISSION STATEMENT

At Southern Care Hospital, our mission is to enhance patient care and operational efficiency. We commit to delivering high-quality healthcare services. Our aim is to optimize processes, and meet the expectations of our medical staff, ultimately ensuring the well-being and satisfaction of our patients. We are dedicated to providing timely and accurate results, promoting a culture of continuous improvement, and striving for excellence in healthcare delivery for the benefit of our community.

2.2 PROJECT SPONSOR

Donors and Charity: Nonprofit hospitals, including Southern Care Hospital, often benefit from the generous support of donors. This category includes contributions from individuals, philanthropic foundations, and corporate donors who share the hospital's commitment to its mission and various healthcare initiatives.

Government Grants and Funding: In addition to donations, nonprofit hospitals may receive financial backing from government sources, spanning federal, state, or local levels. Such government grants and funding are often directed towards supporting specific healthcare programs or services.

Partnerships and Affiliations: Given Southern Care Hospital's unwavering dedication to delivering optimal patient care and guidance, it is essential to acknowledge the role of professional partnerships and affiliations. The hospital maintains a network of associations with other healthcare organizations, medical institutions, and health-focused entities. These collaborative relationships may entail the provision of both financial support and in-kind assistance, further fortifying the hospital's commitment to its mission.

These various sources of financial support and collaborations with external entities underline the multidimensional approach of Southern Care Hospital in fulfilling its healthcare objectives and enhancing patient services. The project's charter recognizes the significance of the hospital's interconnections with these sponsors, donors, and partners in facilitating its mission and its commitment to Six Sigma quality improvements.

2.3 PROJECT SCOPE

The project scope for the Six Sigma project at Southern Care Hospital involves reducing the lead time for stress test results from 3 days to 1.5 days. This includes optimizing processes within the hospital's nuclear medicine department, streamlining scheduling, data collection, and result reporting, and ultimately improving patient care and satisfaction. The scope encompasses internal stakeholders, data analysis, and adherence to healthcare regulations and quality standards, with a potential focus on cost management and resource allocation. The project's primary objective is to achieve a lead time of one and a half days from test order to radiologist sign-off.

2.4 TIME FRAME AND MILESTONES

The expected time frame for the Six Sigma project at Southern Care Hospital is approximately 6 months. This 6-month duration allows for the completion of various project phases and milestones.

Below are the expected milestones and their respective time frames:

Phase	Phase Length	Milestones
Define Phase	4 weeks	- Establish Project Goals
		- Develop Project Charter
		- VOC Study (Voice of the Customer)
		- Develop CTQ Tree (Critical to Quality Tree)
		- Develop Process Map
		- Stakeholder Analysis
Measure Phase	7 weeks	- Collect Process Data
		- Develop Run Chart
		- Calculate DPMO (Defects Per Million Opportunities)
		- Revise Project Charter
Analyze	5 weeks	- Cause and Effect Diagram

Phase		- Summary Statistics and Test
		- Pareto Analysis
		- Regression Analysis
Improve Phase	5 weeks	- Develop Payoff Matrix
		- Identify Improvements
		- Develop Training Material
Control Phase	4 weeks	- Develop Checklists
		- Develop SPC (Statistical Process Control) Charts
		- Develop Status Reports
Total	**25 +/- 4 weeks**	

3 JUSTIFICATION

3.1 BUSINESS NEED

The project addresses the critical business need of reducing lead times associated with stress test result processing at Southern Care Hospital (SCH). This need arises from the dissatisfaction among the medical staff regarding the current three-day lead time for stress test results in the nuclear medicine department. By optimizing this process, the hospital aims to enhance patient care, improve operational efficiency, and align its services with industry best practices.

The relationship between the project's goals and the organization's goals is direct and pivotal. SCH's overarching organizational goal is to provide high-quality patient care efficiently. By reducing stress test result lead times, the project directly contributes to this goal. Timely access to accurate medical information is fundamental to patient care, diagnosis, and treatment planning. Thus, the project aligns with SCH's mission to enhance patient outcomes and satisfaction. This business need is underpinned by several key factors.

3.2 ADDRESSING THE BUSINESS NEED

In the current healthcare environment, where patient outcomes, operational efficiency, and cost-effectiveness are paramount, Southern Care Hospital recognizes the imperative to enhance its healthcare services. This business need stems from the increasing emphasis on improving patient satisfaction, reducing readmission rates, and optimizing operational efficiency within healthcare organizations.

3.3 RELATIONSHIP BETWEEN PROJECT GOALS AND ORGANIZATIONAL GOALS

The project's goals are intricately linked to Southern Care Hospital's organizational goals and objectives, fostering synergy and alignment between them. The establishment of a Patient-Centered Medical Home (PCMH) model, as suggested by Dyer et al. (2012), is in direct harmony with the hospital's overarching mission to provide patient-centered care. This alignment ensures that the project is not an isolated initiative but a fundamental part of the hospital's commitment to delivering quality healthcare.

Furthermore, the integration of innovative IT solutions, as recommended by Lee et al. (2014), aligns with the hospital's strategic vision to leverage technology for enhanced healthcare delivery. This alignment strengthens the relationship between the project's goals and the broader organizational objectives, emphasizing the importance of technology in modern healthcare.

The implementation of process innovation, drawing from the principles outlined by Davenport and McNeill (2005), is aligned with the hospital's objective to streamline operations and enhance efficiency. By integrating these principles into the project's goals, the organization underscores its dedication to continuous improvement.

Lastly, adherence to evidence-based quality improvement methods, as highlighted by Shojania and Grimshaw (2005), supports the hospital's commitment to evidence-based practices and patient safety. The project's goals resonate with these objectives, emphasizing a culture of quality and safety within the organization.

3.4 BENEFITS TO THE ORGANIZATION

a. Enhanced Patient Satisfaction: By implementing a Patient-Centered Medical Home (PCMH) model, the organization anticipates an increase in patient satisfaction, as advocated by Dyer et al. (2012). Patients will receive more personalized, coordinated, and convenient care, contributing to overall satisfaction.
b. Reduced Readmission Rates: As discussed by Boulding et al. (2011), there is a strong link between patient satisfaction and readmission rates. By improving patient experiences, the project aims to reduce readmissions within 30 days, leading to cost savings and improved patient outcomes.
c. Operational Efficiency: The integration of innovative IT solutions and process innovation, in line with the principles presented by Lee et al. (2014) and Davenport and McNeill (2005), respectively, will enhance operational efficiency. This includes streamlined workflows, reduced administrative burdens, and improved resource allocation.
d. Quality Improvement: Adhering to evidence-based quality improvement methods, as recommended by Shojania and Grimshaw (2005), will result in higher standards of care, improved patient safety, and better healthcare outcomes.
e. Alignment with Value-Based Care: The project's goals, informed by Porter and Teisberg's (2016) value-based competition on results, reinforce the organization's commitment to providing value-based care, thus ensuring the hospital's competitiveness and sustainability in a value-driven healthcare landscape.
f. Improved Reputation: Efficient and timely services enhance SCH's reputation in the medical community and among patients. Positive feedback and word-of-mouth referrals contribute to the hospital's standing.
g. Cost Savings: Streamlining processes often leads to cost savings by reducing unnecessary steps, minimizing resource wastage, and improving resource allocation. These savings can be reinvested into other areas of the organization or used to fund further improvements.
h. Compliance and Standards: Meeting or exceeding industry standards for stress test result processing ensures SCH remains compliant with regulatory requirements. This adherence is vital for maintaining the hospital's license and reputation.

4 SCOPE

4.1 OBJECTIVES

The primary objectives of the project are as follows:

a. Reduce lead times: Significantly decrease the average lead time from 3 days to 1.5 days for reporting stress test results, aiming to meet the medical staff's desired goal of a day and a half.
b. Enhance patient care: Improve the quality of patient care by providing timely and accurate stress test results to aid in diagnostic and treatment decisions.
c. Optimize resources: efficiently utilize existing resources, including personnel, data, and technology, to achieve lead time reduction.
d. Compliance: ensure that the project aligns with regulatory requirements and data privacy laws in the healthcare sector.
e. Enhancement of Patient Satisfaction: The project aims to improve patient satisfaction levels by providing better inpatient care, reducing readmission rates, and addressing patient complaints (Boulding et al., 2011; Huppertz, 2010).
f. Optimizing Healthcare Processes: It seeks to streamline and optimize healthcare processes through IT innovations such as Electronic Health Records (EHRs) and data analytics (Buntrock, Krauss, & Geiger, 2016; Lee, Williams, Sambrook, & Coghlan, 2014).
g. Enhancing Quality of Care: The project focuses on the implementation of a Patient-Centered Medical Home (PCMH) model to ensure comprehensive and patient-centric care (Dyer, Sorra, & Smith, 2012).
h. Improving Clinical Operations: Clinical operations will be refined using the principles of evidence-based quality improvement, process innovation, and data envelopment analysis (Davenport & McNeill, 2005; Shojania & Grimshaw, 2005; Zhu, Xie, Mendel, & Hu, 2017).
i. Enhance Team Collaboration and Communication: Foster a collaborative and communicative team environment among project members. To guarantee smooth operation and the successful application of process changes, encourage efficient communication of data, problem-solving, and decision-making among the project team.

Objective	Specific	Measurable	Action-Oriented	Realistic	Time-Limited
1	Enhance speed in reporting stress test results	Reduce lead times by 50%	Implement automation tools	Achievable with the available resources	Within 6 months
2	Maintain or improve the quality of stress test results	Maintain or improve quality scores	Implement quality control measures	Realistic with staff training	Within 6 months
3	Optimize resource allocation	Allocate resources efficiently based on workload	Implement a resource allocation strategy	Achievable within budget	Within 3 months

4.2 HIGH-LEVEL REQUIREMENTS

The following table presents the requirements that the project at Southern Care Hospital must meet for the project objectives to be satisfied.

Requirement	Description
Lead time reduction	Achieve a reduction in stress test result delivery time from 3 days to 1.5 days, aligning with medical staff's goal of 1.5 days.
Quality improvement	Ensure that the project maintains or enhances the quality and accuracy of reported results throughout the process.
Cost-effectiveness	All project activities, solutions, and interventions should be cost-effective and justifiable within the defined budget.
Data quality	Ensure access to high-quality, accurate, and complete data for analysis to support data-driven decision-making.
Stakeholder engagement	Actively engage and gain support from internal and external stakeholders, including medical staff and regulatory authorities.
Regulatory compliance	Ensure project activities adhere to healthcare regulations, data privacy laws, and compliance standards to avoid legal and ethical issues.
Resource	Efficiently use available resources, including human resources, data, and

optimization	technology, to achieve project objectives without resource wastage.
Sustainability	Implement solutions that can be sustained and continuously monitored for performance to ensure long-term benefits and quality improvements.

4.3 MAJOR DELIVERABLES

a. Project charter: a comprehensive project charter outlining project scope, objectives, stakeholders, and key details.
b. Data analysis and quality reports: documentation of data analysis and quality control measures implemented during the project.
c. Stakeholder communication plan: a plan outlining how the project team will engage with and communicate with stakeholders.
d. Regulatory compliance documentation: records confirming that the project adheres to healthcare regulations and data privacy laws.
e. Lead time reduction strategy: a strategy for reducing lead times, including detailed plans for each proposed intervention.
f. Resource allocation plans: documentation specifying how resources, including staff, will be allocated during the project.
g. Continuous monitoring and fine-tuning plans: strategies for ongoing monitoring and fine-tuning of project interventions to ensure sustainability.
h. Final project report: a comprehensive report summarizing project outcomes, lead time reduction achieved, and lessons learned.

5 BUDGET ESTIMATE

5.1 FUNDING SOURCE

Organizational Budget (Southern Care Hospital): As stated in our assessment of the project costs, we anticipate that material and testing costs associated with administering stress tests will be minimal and not additional to the normal expenses of Southern Care Hospital. Additionally, the project team is largely internal, and all the necessary equipment is available through the hospital's existing inventory. Finally, all testing can take place on the hospital premises, eliminating any potential rent expenses. Hence, we expect that much of the funding for the stress test improvement project will be covered by Southern Care Hospital's operational budget.

Federal Funding:

HRSA Grant: The health resources and services administration (HRSA) has a mission to provide equitable access to healthcare across the highest-needs communities of the country. They provide several grants to hospitals and health departments, including grants to advance health careers and improve public health. They also offer support for health workforce resiliency training. Southern care hospital would be able to apply for and secure funding for the six-sigma training program under the mission of advancing health careers and health workforce resiliency training. Further, the HRSAs focus on improving public health would allow for additional funding to conduct the stress test improvement program.

Agency for Healthcare Research and Quality: The Agency for Healthcare Research and Quality (AHRQ) is a federal agency responsible for improving the safety and quality of healthcare in the US. They focus on developing knowledge, tools, and data that help improve the healthcare system and ultimately empower professionals and patients to make better decisions about health. AHRQ also offers several state-based grants, many of which are based in the southern states, which would make this a reliable and accessible source of funding for Southern Care Hospital's Six Sigma training and stress test improvement project.

State and Regional Funds:

Public Health Learning Network (PHLN): The PHLN is a network of ten training centers across educational institutions in the country, bringing together health educators and professions to advance training and educational opportunities for the healthcare workforce. The Region IV Public Health Training Center (PHTC) works with healthcare institutions in the southern region of the country. The PHTC provides opportunities and support in the form of training and education funded by grants. This allows for a collaborative opportunity with Southern Care Hospital to conduct their Six Sigma training and testing improvement project.

SCH Partners and Donors:

As a nonprofit healthcare institution, Southern Care Hospital is supported by charitable donations from large philanthropic institutions and individual contributors alike. Furthermore, the hospital has established partnerships and affiliations with similar institutions that share its mission

of advancing healthcare through enhanced patient care and operational efficiency. This creates an opportunity to share resources including financial support.

5.2 ESTIMATE

This section provides a summary of estimated spending to meet the objectives of the project as described in this project charter. This summary of spending is preliminary. It is intended to present probable funding requirements and to assist in obtaining budgeting support.

Project Team (Personnel Costs):

Personnel Member	Hourly Pay	Weekly Availability	Weekly Project Pay	Pay for Project Duration (20 weeks)
Hazel	$40	30%	$480	$9,600
Ken	$25	50%	$250	$5,000
Nick	$33	50%	$429	$8,580
Peggy	$40	50%	$200	$4,000
			Total Personnel Costs	**$27,180**

Other Tools and Resources (Project Software):

Software	**Unit Cost**	**Total Cost for Project Duration**
Asana Business License	$25 per month	$125
MS Project	$1,130	$1,130
Total Software Costs		**$1,255**

Contingency:

For this project, a contingency is calculated as a percentage of the project sub-total.

Sub-total	**$27,180**
Software Costs	$1,255
Total Cost	**$28,435**
Contingency (5%)	$1,422

Total Project Costs:

Project Expense	Estimated Cost
Personnel	$27,180
Software and Tools	$1,255
Contingency (5%)	$1,422
TOTAL	**$29,857**

5.3 HIGH-LEVEL ALTERNATIVES ANALYSIS

Alternative	Description	Evaluation
1	Streamlining Processes and Workflow Enhancements	Efficient but may not meet desired lead time
2	Introducing Automation Tools for Result Reporting	Faster but cost considerations
3	Priority-Based Reporting for Critical Cases	Faster for critical cases but may affect others
4	Staff Allocation for Resource-Intensive Periods	Efficient use of resources but may impact staff
5	Combination of 1-4 to Address the Lead Time Challenge	Comprehensive approach aligning speed and quality

6 ASSUMPTIONS, CONSTRAINTS AND RISKS

6.1 ASSUMPTIONS

This section identifies the statements believed to be true and from which a conclusion was drawn to define this project charter, drawing on relevant references:

a. Personnel competence: it is assumed that the six sigma team members, including green belts and black belts, have undergone comprehensive training and possess the requisite knowledge and skills to effectively fulfill their roles in the project (Davenport & Mcneill, 2005).

b. Resource commitment: it is assumed that the hospital's management is committed to providing the necessary resources, encompassing human resources, data, and technology, to support the successful execution of the project (Dyer, Sorra, & Smith, 2012).

c. Realistic timeline: the assumption is made that the projected timeline of approximately 6 months is both feasible and can accommodate the comprehensive execution of various project phases and tasks (Elonen & Artto, 2003).
d. Data quality: the assumption is that the project will have access to high-quality, accurate, and complete data for analysis, and that data quality issues will not significantly impede the project's progress (Hogan, Wagner, & Lewis, 2016).
e. Stakeholder support: it is assumed that the project team will effectively engage with internal stakeholders, including medical staff and departmental personnel, and garner the necessary support for the project (Boulding, Glickman, Manary, Schulman, & Staelin, 2011).
f. Availability of electronic health records (EHR) data: it is assumed that the hospital has a comprehensive and accurate electronic health records system in place. This assumption forms the basis for accessing patient data electronically and efficiently for the six-sigma project without the need for extensive manual data collection.

6.2 CONSTRAINTS

This section identifies any limitation that must be taken into consideration prior to the initiation of the project.

a. Budgetary limitation: the project is subject to a predefined budget, and substantial deviations from the allocated budget may necessitate formal approval and justification (Spitalnic, Amsden, Jones, & Croteau, 2005). This limitation necessitates efficient allocation of funds and resources to meet project objectives without exceeding the allocated budget.
b. Resource availability: the project operates with part-time resources, constrained by the availability of personnel to a percentage of their regular workweek. This constraint may affect task completion timelines (Rehman, Al-Hadhrami, Al-Dubai, & Mohamed, 2016).
c. Regulatory compliance: the project must conform to healthcare regulations and data privacy laws, introducing constraints that may influence project activities and require specific compliance measures (The Joint Commission, 2020).

d. Technology infrastructure: the project relies on the existing technology infrastructure, and any limitations or failures in technology may have implications for data collection, analysis, and reporting (Song, Fong, Zheng, & Zhang, 2018).

e. Scope limitation: the project scope is firmly defined within the realm of improving lead times for stress test results. Expanding the project scope beyond these established boundaries necessitates a formal change request process (Papadopoulou, Mentzas, & Young, 2003).

f. Stakeholder engagement: while stakeholders are assumed to be supportive, there may be constraints related to stakeholder resistance or varying expectations, obliging the project team to engage proactively and communicate effectively to address these challenges (Braithwaite et al., 2019).

7 RISKS

In the table below, outline the major risks associated with the project, their probability of occurrence, their potential impact, and the steps proposed to manage the risks.

RISK	PROBABILITY	POTENTIAL IMPACT	STEPS TO MANAGE THIS RISK
Resource Constraints	Moderate	High - Delays in project progress, inability to complete tasks on time.	1. Regularly monitor resource allocation and adjust as needed. 2. Identify backup resources or cross-train team members.
Data Inaccuracy	Low	Moderate - Inaccurate data may lead to incorrect analysis and solutions.	1. Implement data validation and quality control measures. 2. Double-check data accuracy and consistency.
Stakeholder Resistance	Moderate	High - Resistance to change can hinder project implementation.	1. Engage stakeholders early and communicate the benefits of the project. 2. Address concerns and involve stakeholders in decision-making.
Scope Creep	Low	Moderate - Expanding project scope can lead to timeline and budget overruns.	1. Clearly define and document the project scope and objectives. 2. Implement a formal change request process.
Black Belt Conflict	Low	Moderate - Conflicts between Black Belts can impact task completion and quality.	1. Clearly define roles and responsibilities of each Black Belt. 2. Foster open communication and conflict resolution processes.

Data Security Breach	Low	High - Breach of sensitive patient data could lead to legal and ethical issues.	1. Implement robust data security protocols. 2. Regularly audit and assess data security measures.
Regulatory Changes	Low	Moderate - Changes in healthcare regulations may impact project compliance.	1. Stay informed about regulatory changes and adapt the project as needed. 2. Involve legal and compliance experts in project planning.
Technology Failures	Low	Moderate - IT system failures may disrupt data collection and analysis.	1. Implement backup systems and data recovery plans. 2. Regularly maintain and update technology infrastructure.
Insufficient Team Training	Moderate	High - Inadequate training can lead to errors and incomplete tasks.	1. Provide comprehensive training to team members. 2. Ensure all team members have a clear understanding of their roles and responsibilities.
Budget Overrun	Moderate	High - Exceeding the project budget can lead to financial constraints.	1. Carefully monitor project expenses and budget allocation. 2. Implement cost control measures and seek budget adjustments if necessary.

8 PROJECT ORGANIZATION

8.1 ROLES AND RESPONSIBILITIES

This section describes the key roles supporting the project.

TEAM MEMBER NAME	ROLE	RESPONSIBILITY
Chitika Para Deepthi Praneetha Thada	Project Manager	Oversee the entire project, including planning, execution, and control. Ensure the project stays on schedule and within budget.
Hazel Vaughn	Green Belt	Actively participate in project tasks and Six Sigma activities. Collect and analyze data.
Ken Inman	Black Belt	Lead Six Sigma project tasks, analyze data, and implement process improvements.
Nick Rogers		
Peggy Moss		
[To be named]	IT Support	Provide technical support for data and technology requirements. Ensure the technology infrastructure is

		reliable and supports data collection, analysis, and reporting.
[To be named]	Compliance Officer	Ensure the project adheres to healthcare regulations and data privacy laws. Monitor and enforce compliance standards.
[To be named]	Risk Manager	Identify, assess, and mitigate project risks. Develop risk management strategies to ensure the project's success.
Hazel Vaughn	Radiology Supervisor	Supervise radiology department staff, ensuring adherence to protocols and quality standards.
Ken Inman	Radiology DB Mgr	Administer radiology databases and ensure data integrity.
Nick Rogers	Adm of Special Projects	Lead and manage special radiology projects, ensuring successful implementation.
Peggy Moss	Radiology Senior Bus Analyst	Analyze radiology business processes, identify areas for improvement, and implement solutions.

8.2 STAKEHOLDERS

Internal Stakeholders:

a. Project Team: This includes the Project Manager, Green Belts, Black Belts, Subject Matter Experts, Data Analysts, Stakeholder Liaisons, Quality Assurance, IT Support, Compliance Officers, and Risk Managers. They play an active role in project planning, execution, and control.
b. Medical Staff: The physicians and healthcare professionals involved in ordering and interpreting stress tests are essential stakeholders, as they are directly impacted by the project's outcomes.
c. Hospital Administration: The hospital's leadership and administrative teams are interested in improving operational efficiency, reducing lead times, and enhancing patient care.
d. Radiology Department Personnel: This group consists of radiologists, radiology practice administrators, and other staff responsible for conducting and reporting stress tests. They are directly involved in the project and its outcomes.

External Stakeholders:

a. Patients: Patients receiving stress tests are external stakeholders, as they expect timely and accurate results for their healthcare and treatment decisions.
b. Regulatory Authorities: External regulatory bodies, such as healthcare regulatory agencies, set standards and guidelines that the project must adhere to. Compliance with these regulations is critical.
c. Healthcare Partners: Southern Care Hospital may have partnerships or collaborations with external healthcare organizations, which can impact the project's scope and objectives.
d. Healthcare Vendors: External vendors providing medical equipment and supplies, including the supplier of the Six Sigma training, have an interest in the project's success.
e. Insurance Providers: External insurance companies may have a stake in the project, as faster results can influence insurance claims and reimbursements.
f. Legal Advisors: Legal professionals or consultants who advise the hospital on compliance and risk management are external stakeholders.
g. Community and Public: The broader community and the public can be considered external stakeholders as they may use the hospital's services and have an interest in the quality of care provided.

9 PROJECT CHARTER APPROVAL

The undersigned acknowledge they have reviewed the project charter. Changes to this project charter will be coordinated with and approved by the undersigned or their designated representatives, under supervision of senior leadership.

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Print Name:	Sai Deepthi Sreepada		
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Signature:	Dr. Tim ODonnell	Date:	110523

Print Name:	Dr. Tim ODonnell
Title:	Senior Management

APPENDIX A: REFERENCES

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APPENDIX B: GOALS

- **CDC Strategic Goals**
  URL: **http://www.cdc.gov/about/goals/**
  - **Goal 1** - Healthy People in Every Stage of Life
  - **Goal 2** - Healthy People in Healthy Places
  - **Goal 3** - People Prepared for Emerging Health Threats
  - **Goal 4** - Healthy People in a Healthy World

- **Department of Health and Human Services (DHHS) Strategic Goals**
  URL: **http://aspe.hhs.gov/hhsplan/2004/goals.shtml** (Search for "HHS IT Strategic Plan")
  - **Goal 1** - Reduce the major threats to the health and well-being of Americans.
  - **Goal 2** - Enhance the ability of the Nation's health care system to effectively respond to bioterrorism and other public health challenges
  - **Goal 3** - Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices
  - **Goal 4** - Enhance the capacity and productivity of the Nation's health science research enterprise
  - **Goal 5** - Improve the quality of health care services
  - **Goal 6** - Improve the economic and social well-being of individuals, families, and communities, especially those most in need
  - **Goal 7** - Improve the stability and healthy development of our Nation's children and youth
  - **Goal 8** - Achieve excellence in management practices