



Neonatal Abstinence Syndrome

Project Charter and Commitment Form

Project Term: May 2019 – April 2021

Hospital / Center Name	
Primary Contact(s)	
Project Description / Statement of Work (e.g. what do you hope to accomplish)	
Statement of Need (e.g. why does your hospital need this initiative)	
Project Definition	
Project Aims = SMART Aim	
Project Scope (which population)	
Communication Plan (e.g. how will you communicate with your team)	



Stakeholders (Please list key hospital/community stakeholders in addition to those listed below)				
Project Team Roles and Responsibilities				
<i>Include representatives from stakeholder groups noted above</i>				
Team Roles	Names	Responsibilities	Email	
Team Lead (may be one of the roles below)				
Physician Champion				
Nurse Champion				
Data Champion		Conducts VON day audits		
Executive Champion				
Other				
Sign Off				
Team Lead: _____		Date: _____		
Physician Champion: _____		Date: _____		
Nurse Champion: _____		Date: _____		
Executive Champion: _____		Date: _____		