



**FACILITATION TOOLS**

* **Questions for Selecting ICan Projects**
* **Project Checklist**
* **Project Plan**

**Questions for selecting ICan Projects**

* How can we get rid of activities that are a waste of effort (e.g., looking for supplies, unnecessary or duplicate documentation, extra walking due to environment design)?
* How can we make any of our daily processes simpler?
* What can we do to create a “joyful” environment for one another?
* What can we do to create a “joyful” environment for our clients?
* How can we use technology to help us spend less time away from our clients?
* What can be done to improve communication and make it more efficient and effective?
* How can we more effectively involve clients and families in different areas?
* How can we improve some aspect of the care or services that we provide?

Project Checklist

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_**Organization**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Location**\_\_\_\_\_\_\_

**□ Potential problems to work on are identified**

* Use sample questions if needed to generate ideas

**□ Main problem for improvement is selected**

* Do further brainstorming with team if needed to identify problem area
* Gather feedback from staff by asking a challenge question such as: “If you could create the perfect resident experience and perfect staff experience, how would you do it?”

**□ Brainstorm Solutions**

**□ Prioritize using *Prioritization Matrix* and select solution for project**

**□ Develop *Project Plan* to implement project**

* Problem statement
* Proposed solution
* Identify team members/Assign tasks & responsibilities
* Identify goals and how to measure progress
* Create the tools needed to track data

**□ Complete the second page of the *Project Plan* and describe:**

* Tasks needing to be done to implement the plan
* People responsible for each task
* Where the task will be done
* When the task will be done
* Plan for any equipment, information, people, time needed to do each task
* Talk with your manager/the person you need to get support from to implement your solution

**□ Take a “Before” picture for the photo album**

**□ Start your project**

**□ Test your solution using the PDSA cycle; revise as needed**

**□ Track and graph your project data**

**□ Schedule regular updates with team members**

**□ Take “After” pictures**

**□ Celebrate all success and be creative!!!**

**Optional**

* Create a project contest at your site with a set timeframe for completing projects
* Consider putting an article in the employee newsletter
* Gather stories from staff about an exceptional resident experience. The story can be a personal one, one about a family member’s experience or an experience that a patient or family member has shared.
* Invite the administrator, director of nursing, nurse manger, charge nurse for regular ICan updates
* Document the departments that were involved with the project. Keep track of their names and follow up with thank you notes

Organization: Click or tap here to enter text. Location: Click or tap here to enter text.

ICan Project Plan

Project Name:Click or tap here to enter text.

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| --- |
| **Problem you want to address:** |

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| --- |
| **Team members:**1. Name Click or tap here to enter text. TitleClick or tap here to enter text. Project Role Click or tap here to enter text. 2. Name Click or tap here to enter text. TitleClick or tap here to enter text. Project Role Click or tap here to enter text. 3. Name Click or tap here to enter text. TitleClick or tap here to enter text. Project Role Click or tap here to enter text. 4. Name Click or tap here to enter text. TitleClick or tap here to enter text. Project Role Click or tap here to enter text. 5. Name Click or tap here to enter text. TitleClick or tap here to enter text. Project Role Click or tap here to enter text. |

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| **Proposed Solution(s):** |

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| **Goal:**1. What data are you going to track to measure progress? Click or tap here to enter text.
2. What is your numerator? Click or tap here to enter text.
3. What is your denominator? Click or tap here to enter text.
4. How often are you going to measure? Click or tap here to enter text.
5. For how long are going to measure? Click or tap here to enter text.
6. What is your goal (what do you consider success?) Click or tap here to enter text.
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| **PLAN:** Answer Who, What, When, Where |
| **List *Key* project tasks**  | **Person Responsible** | **When task will be done** |
| 1. Click or tap here to enter text.
2. Click or tap here to enter text.

3. Click or tap here to enter text.4. Click or tap here to enter text.5. Click or tap here to enter text.6. Click or tap here to enter text. | 1. Click or tap here to enter text.
2. Click or tap here to enter text.
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