

Worksheet 2: Prioritize A Change Idea

Delirium Care Implementation Coaching Series

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REGIONAL GERIATRIC
PROGRAM OF TORONTO

Step 1: Decide how you will engage people and teams in the selection of your change idea. Use two-way communication mechanisms to both obtain feedback and share what you have done with the feedback.

<input type="checkbox"/> Dot survey	<input type="checkbox"/> _____
<input type="checkbox"/> Naming contest	<input type="checkbox"/> _____
<input type="checkbox"/> Free speech board	<input type="checkbox"/> _____
<input type="checkbox"/> Suggestion box	<input type="checkbox"/> _____
<input type="checkbox"/> Focus group	<input type="checkbox"/> _____
<input type="checkbox"/> Virtual meeting poll	<input type="checkbox"/> _____

Step 2: Refer to the list of change ideas on page 6 of the [delirium practical implementation guide](#) and use this in your conversations and engagement with point-of-care teams and leaders.

- What change ideas will address root causes?
- What are the 1-2 change ideas that we need to implement now?

Step 3: Once you have selected your change idea(s), use the [5Ws worksheet](#) to decide and write out the Why, What, Where, When, and Who of your change idea.

Once again, its important to talk to point-of-care teams and other stakeholders to decide the 5W details, such as what area of your organization is most ready to implement your change idea(s)? which front-line staff will perform the new practice(s)? and who will support them? etc.

Unsure how to start? Look at our [filled out example for the early delirium screening change idea](#).

Quotes & Inspiration from Delirium Care Expert Implementers

Deborah Brown, NP

Senior Friendly Strategy, Sunnybrook Health Sciences Centre

Zainab Rizvi, OT

Delirium Consultant, Trillium Health Partners

“The right time to implement is now!”

There will never be a perfect time to create change. Barriers will always be there. It is important to think creatively about how to link your work to existing priorities

“Education is forever”

Education on delirium care is an ongoing effort. It is never a “one and done”. Staff turnover happens and even existing staff need reminders.

“Tell your prevention story in a way that hits multiple outcomes”

This way your leaders and staff see what’s in it for them in their current context.

“People remember when you go the extra mile to help them”

Its always worth your time to go out on the floor and support staff with practice changes. They remember those teaching moments.

Questions?

Contact an RGP coach by emailing info@rgptoronto.ca