

Community Name: \_\_\_\_\_

## iCARE Year 10 Project Plan

Feb. 2019-Feb. 2020

Using the iCARE Year 10 Project Planning Form (given out at the February Learning Session and available on the iCARE website), please fill in your goals for iCARE Year 10 below, using the formats given by the planning form or by defining your own goal. Please ensure that your goals are **SMART** (specific, measurable, achievable, realistic, and timely). Identify at least one iCARE goal to work on in the year to come in each category.

<b>Data Project/Goal for Clinic:</b> <small>(Write SMART goal here.)</small>	<b>How we will get there:</b> <small>(Think about how you will achieve your goal, who is involved, the time line, etc.)</small>

<b>Data Project/Goal for Hospital:</b>	<b>How we will get there:</b>

<b>PFAC (Shared) Project/Goal:</b>	<b>How we will get there:</b>

**Team:** Who will participate? Consider 2-4 people from other departments, clinic, EMS, etc.

Lead Name/Title/Email: \_\_\_\_\_

Name/Title/Email: \_\_\_\_\_

Name/Title/Email: \_\_\_\_\_

Name/Title/Email: \_\_\_\_\_

Name/Title/Email \_\_\_\_\_