

**Vista Centre Brain Injury Services (VCBIS) 2023 – 24/25 Operational Plan**

The purpose of VCBIS Operational Plan is to identify the activities that will take place over the next year to guide day to day operations and to move us toward meeting strategic goals. This plan includes the agency’s Human Resources plan, Person Family Centered Care plan, Communication plan, Risk Management plan, Quality Improvement (QI) plan and Client Safety Plan and outlines specific objectives to improve elements of the strategic plan as well as to meet standards set out by funders and the accreditation process.

**A. Strategic plan: Community We Serve: Clients and Families, Partners in Healthcare, Staff and Volunteers and Wider community.**

OBJECTIVES	ACTIONS	WHO	TIMELINES	OUTCOMES/OBJECTIVES
<b>COMMUNICATION PLAN: Keep the community we serve informed.</b>				
<b>To involve staff, clients, significant others, partners in the Strategic Plan process.</b>	Recruitment of stakeholders to be part of Strategic plan Committee  Stakeholders will be informed of upcoming strategic planning session(s). These Planning/focus sessions will be used to gather input from our stakeholders.	Strategic Plan Committee	Fall 2024 / Winter 2025	To have stakeholders involved with the Board in the Strategic Planning from the beginning
<b>To share the updated Strategic Plan 2024 to 2028 with the community we serve.</b>	Post the strategic plan on the VCBIS web site and on SharePoint (if needed).  Develop and implement a reliable strategy to keep employees and stakeholders informed of strategic and operational plan progress on an ongoing basis.  To look at the feasibility to embed this plan in the annual review report.	Strategic Plan committee	Once Strategic Plan 2024 – 2028 is completed (Fall 2024 /Winter 2025 at the latest)	Employees and other stakeholders are kept aware of and informed about the agency strategic plan and subsequent progress.  Employees and other stakeholders are more engaged as their representatives have input and contribute to the development of both the strategic and operational plan.
<b>To improve profile of VCBIS QI initiatives</b>	Ensure progress is communicated to the different stakeholders and arrange for quarterly postings (where appropriate) of performance indicator results. (Key Performance Indicator tracker i.e. medication benchmark, Incident Report)	Stéphane Hébert to send (posted internally) Medication Management benchmarking data to all residential staff (quarterly) and IR reports to the Board of Directors (quarterly).	Ongoing	Employees are aware of the performance indicators, kept informed of the progress, are encouraged to take responsibility for improvements and congratulated on their success at QI.

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	<p>Send Congratulatory messages to employees upon success and congratulations extended during staff meetings.</p> <p>Develop a strategy to inform the public of QI initiatives including format and content.</p> <p>To be included in the annual review report.</p>	<p>Program Managers</p> <p>Program Managers</p>	<p>Ongoing</p> <p>Fall 2024 / Winter 2025</p>	<p>Stakeholders and the general public to be kept informed of the agency quality improvement successes on VCBIS website.</p>
<p><b>To share results of client and family surveys</b></p>	<p>Format and disseminate results of surveys to the appropriate stakeholders.</p> <p>Determine how to incorporate into VCBIS' website.</p>	<p>Leadership Committee to review results and draft report</p> <p>Final report shared with staff via email / posting / at team meetings</p> <p>Final report shared with Board</p> <p>Final report shared with Clients and Families (final mode of communication to be determined i.e. website / phone call / e-mail etc)</p> <p>Re-evaluate frequency of survey</p>	<p>Fall 2024</p> <p>Winter 2025</p>	<p>Family, clients and staff understand that their feedback on surveys and satisfaction questionnaires is valued and influences quality improvement.</p>
<p><b>To share Leading practice information for clients, families and practitioners on the Substance Use and Brain Injury Project (SUBI) project</b></p>	<p>Continue to make manual available for ABI/ substance use providers and workbook for clients (on website).</p> <p>To include in Client/Family Handbook</p>	<p>Stéphane Hébert</p>	<p>Info on Website</p> <p>Last updated Summer 2024</p>	<p>A web-based platform (<a href="http://www.SUBI.ca">www.SUBI.ca</a>) was developed for the dissemination of information including the practice manuals and workbooks for substance use and brain injury and related resource links was developed with funding from the Ontario Neurotrauma Foundation (by CHIRS). Posted on VCBIS website with CHIRS Permission.</p>

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<p><b>To ensure that written materials provided to clients and families promote: the Leading Person and Family Centred Care approach at VCBIS</b></p>	<p>Review and update the Client and Family Centred care approach as needed. Provide Information/ education session to all stakeholders (i.e. develop PowerPoint presentation).</p>	<p>Stéphane Hébert</p>	<p>Ongoing</p>	<p>PowerPoint presentation developed and presented as needed</p>
	<p>Client and Family Handbook to be reviewed and updated.</p>	<p>Stéphane Hébert</p>	<p>Completed Fall 2024</p>	<p>Revisions completed</p>
	<p>Share information with relevant staff.</p>	<p>Stéphane Hébert</p>	<p>Ongoing</p>	<p>Materials shared with all staffs as needed</p>
	<p>Audit all current communication material for clients and families to see what revisions are required- assign the appropriate teams/groups.</p>	<p>Managers and Team Leads to review brochures, handbooks etc. to determine assignments.</p>	<p>Ongoing</p>	<p>To provide up to date information to staff, families and clients.</p>
	<p>Given changes to the handbook over time consider re-launching the handbook to families who have been with VCBIS a long time.</p>	<p>Managers in consultation with Team Leads as well as employees' input.</p>	<p>Fall 2024 / Ongoing</p>	<p>To ensure that the Materials is available on the website and updated as needed. To keep our stakeholders, inform.</p>
	<p>Update the pamphlets / handbook section / general documentation on fall prevention and the development and education session of the "no catch policy" for the staff.</p>	<p>Joint Health and Safety Committee (look at the establishment of a formal Client Safety and Wellness group).</p>	<p>Ongoing</p>	<p>All Fall prevention program materials updated and on website.  "No Catch Policy" has been implemented.</p>
<p><b>To provide Information and promotional material specific to Adult Day Program (ADP)</b></p>	<p>To implement ADP committee at both VCBIS ADP Programs  Produce monthly calendar and disseminate said calendar in a way that best suits the participants of the ADP.</p>	<p>Team lead /Counsellors/participants at each ADP programs</p>	<p>Ongoing</p>	<p>Published material increases awareness and promotes participation into the Adult Day Programs.</p>

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through the ADP committee				
<b>To better promote Client Publications and other VCBIS relevant information</b>	On an ongoing basis to review the use of different social media towards promoting current events at VCBIS i.e. (Facebook, twitter, website etc) – Look at how clients and family could be involved in the process.	Committee in Place	Completed	Look at the feasibility of clients/family members to be provided with the opportunity to be creative, and expressive within the VCBIS community.  The “Communication Officer” is currently overseeing all of VCBIS social media platform.
	To recruit a “communication Officer”	Tammy Kuchinsky	Completed	
<b>To communicate employee wellness initiatives</b>	To formalize wellness committee to produce “wellness blog, monthly schedule of wellness activities on an ongoing basis”	Ongoing	Ongoing	Employee safety and wellness culture and associated activities are promoted at VCBIS.
	To find ways to get as much participation as possible from staff	Ongoing		Employees to be kept informed of key health and safety issues according to the time of year.
	Review current wellness program			*** There is currently a big challenge in recruiting employees for this activity.
<b>To ensure all communication elements related to legislative requirements are followed</b>	Update Accessibility Policy Statement to website as per legislative requirements as needed.	Stéphane Hébert	Ongoing	Statement on VCBIS website
	Provide Accessibility Standards to website developer so VCBIS’ website complies with WCAG Level AA compliant. To ensure ongoing communication with our website developer so that VCBIS website constantly meets Accessibility Standards as set forth by the proper authority.	Stéphane Hébert to forward to website developer		Completed / Ongoing
	Add Employment Accessibility Statement to career section of current website	Stéphane Hébert and website developer		Statement on VCBIS website
	Finalize and post Accessibility Plan on website	Stéphane Hébert to forward		Statement on VCBIS website
		Stéphane Hébert	Ongoing	Statement on VCBIS website

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	Continue partnership with OACBABIS network – Use HR support services as needed			Ongoing contact with HR staffs from sister agencies. Uses HR Download as an HR support tool.
<b>To ensure SharePoint’s effectiveness as communication tool for staff</b>	<p>Select staff to join SharePoint audit workgroup.</p> <p>Conduct audit including survey piece for staff.</p> <p>Make recommendations to Management for revisions/approval.</p> <p>Develop implementation work plan and make revisions.</p> <p>Evaluate progress and revise work plan and timelines as needed.</p>	Tammy Kuchynski to coordinate entire process	Ongoing	<p>To ensure that</p> <ul style="list-style-type: none"> <li>- Duplications will be avoided</li> <li>- Site will be more user friendly and intuitive</li> <li>- Easier to manage changes and keep up to date</li> </ul> <p>Changes are constantly made to reflect the needs and wishes of the users.</p>

**Strategic Plan elements: Quality and Operational Effectiveness**

**CLIENT SAFETY PLAN:**

To formalize /implement Client Wellness and Safety committee to monitor client safety at VCBIS to identify potential risks, collect data and revise systems.	To recruit and set up members to join Client Wellness and Safety committee	Team Leads to review the process	Fall 2024	<p>Quarterly indicator data for medication incidences, infection rates, elopements and client fall etc. Annual work plans completed. (part of Key Performance Indicator Tracker report)</p> <p>Education and communications provided.</p>
	Solicit feedback from teams regularly by adding Client and Safety as agenda item on all team meeting agendas.	All team meetings	Ongoing	
	Conduct ongoing review of Client Incidents for trending purposes and provide recommendations.	Client Safety and Wellness Committee - Managers	Ongoing	
	Manage and oversee communications re: client safety for clients and families on safety (i.e. Healthy eating: Healthy Living: Physical Activity)	Client Safety and Wellness Committee Leaders of different programs – Leaders of all programs	Ongoing	

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	<p>Establish and Review work plan once committee has been appointed. Educate staff</p>	<p>Stéphane Hébert / Team Lead- Client Safety and Wellness Committee Stéphane Hébert / Team Lead - Client Safety and Wellness Committee</p>	<p>Fall 2024</p>	<p>Through “green binders” – HR Download</p>
<p><b>To review Fall Prevention Program</b></p>	<p>Review all fall incidents – determine trends (if any) – make changes to Fall Prevention Plan as needed</p> <p>Look at possible implementation of Client Falls workgroup.</p> <p>Residential Team to identify and coordinate future planning for clients who may require discharge in the upcoming year due to physical needs that go beyond what VCBIS can safely manage.</p> <p>To review Fall Prevention Program for all programs.</p>	<p>Stéphane Hébert – Residential Team Leads</p> <p>Stéphane Hébert</p> <p>Residential Team Leads</p> <p>Team Leads</p>	<p>Ongoing review of incidents at staff meetings or as needed</p> <p>Fall 2024 / Winter 2025</p> <p>Ongoing</p> <p>Summer 2024 to Winter 2025</p>	<p>Fall Prevention Plan reviewed Winter 2024</p> <p>Client falls are minimized; strategies and assistive equipment are put in place in a timely manner. Where Client falls present a high risk of personal injury, those clients are identified and managed. Consideration will be given to placement in a long-term care facility when the clients’ needs overwhelm VCBIS resources and there is a reasonable risk of serious physical injury.</p>
<p><b>To reduce Number of staff related medication administration errors.</b></p>	<p>Continue to collect and review Quarterly indicator data</p> <p>Investigate data for trends- by staff- more experience, new staff etc.</p> <p>All Medication policies to be reviewed</p> <p>Make revisions to training as needed</p>	<p>Amanda Armstrong - Medication Management committee</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Last reviewed Summer 2024</p> <p>Last amended Summer 2024</p>	<p>When supporting our residential clients around taking their medication, VCBIS staff will strive for <b>zero staff responsible</b> medication errors.</p> <p>The last full medication analysis report (and prospective analysis) was completed and tabled in the Summer of 2024</p>

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	Update staff medication test		Last updated Summer 2024	
<b>To provide/review policy on Outbreak management</b>	<p>Complete literature review for best practices for community-based agencies.</p> <p>Network with sister agencies to identify what they have in place.</p> <p>Remain updated with all Federal, Provincial and Local government guidelines.</p> <p>Draft/review Outbreak Policy</p> <p>Finalize policy and share with staff</p> <p>Train staff on the outbreak policy</p>	Stéphane Hébert – Andrew Mckinney – Amanda Armstrong (Joint Health and Safety Committee)	Ongoing	<p>The extent and the impact of an <b>infectious disease outbreak</b> on clients and staff will be limited by rapid implementation of evidence-based outbreak management and infection disease protocols.</p> <p>As with Covid-19, VCBIS remained up to date with all Federal, Provincial and Local government guidelines and applied said guideline in a timely manner to ensure the best outcome for our participants and employees.</p>
<b>To provide updated protocol for managing Elopement</b>	<p>Review Elopement policy as part of Operations Policy Review Initiative.</p> <p>Personalize it to adapt to each individual client (script and protocols)</p> <p>Ensure staff reviews policy / scripts / protocols</p>	<p>Stéphane Hébert</p> <p>Clients' counsellor</p> <p>Program managers</p>	<p>Winter/Spring 2024</p> <p>(Ongoing) Spring 2016</p> <p>(as needed)</p>	VCBIS will mitigate the risk associated with clients who elope from a VCBIS program or service by having a general procedure for unusual incidents and individual support procedures for those identified as requiring ongoing management in the area (through scripts and protocols).
<b>Utilize Client Safety culture survey results to make improvements as needed.</b>	<p>Administer Client Safety Culture tool to all staff</p> <p>Review findings from Patient Safety Culture survey</p>	<p>Accreditation Coordinator</p> <p>Accreditation Coordinator</p>	<p>Fall 2024</p> <p>Fall 2024</p>	<p>Surveys complete.</p> <p>Results reviewed.</p>

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	Share report with staff	Accreditation Coordinator	Fall 2024	Patient Safety Culture Report shared.
<p><b>Continue to benchmark client safety data with other community-based ABI providers.</b></p>	<p>Program managers to oversee the sharing of VCBIS client safety data re: client falls resulting in injury and staff responsible medication errors with other Directors. Agency data to be reviewed and ranked by agency.</p> <p>Develop yearly report on above benchmarking and shared with staffs</p>	<p>Program Managers</p> <p>Amanda Armstrong</p>	<p>Program managers to share with OACBABIS program directors.</p> <p>Program manager to share benchmarking data with Management Team as part of the Quarterly review schedule.</p> <p>Within two months of end of fiscal year</p>	<p>Data shared.</p> <p>Benchmarking data shared and reviewed.</p> <p>Report completed and shared with staff</p> <p>PS Currently not all agencies are sharing their data, this is mainly due because of the extra work having had to deal with COVID -19 and staff turnovers.</p> <p>It is hope that by 2025 that all data amongst all agencies will be shared once again.</p>
<p><b>Update Incident reporting policies to reflect change from adverse events to Patient Safety Incident</b></p>	<p>Complete literature review- Canada Patient Safety Management</p> <p>Audit systems to determine all documentation if revisions are required</p> <p>Review last prospective analysis on Incident report process to ensure that it is still valid</p> <p>Complete revisions and share policy changes with all staff (if applicable).</p>	<p>Stéphane Hébert / Amanda Armstrong</p>	<p>Spring/Summer 2024</p>	<p>Literature review completed</p> <p>Audit completed.</p> <p>Current process still valid</p>



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<b>RISK MANAGEMENT PLAN: a coordinated and well-articulated method to identify and address organization risk.</b>				
<b>Look at the possibility of setting up an external risk Management audit on an ongoing basis i.e. every 4 years.</b>	<p>Determine and assigned to appropriate team/person for decision in the matter</p> <p>Next audit to be scheduled depending on approval.</p> <p>Look at the feasibility of this being a student led project (Ottawa University), designate an employee or have the H&amp;S committee involve.</p>	<p>Executive Director</p> <p>Board to approve and schedule</p> <p>Senior management</p>	<p>Summer 2024</p> <p>To be determined</p> <p>To be determined</p>	<p>VCBIS integrated risk management plan would be augmented by an audit of an independent risk management professional. Gaps could be identified, and mitigation efforts would be addressed in the VCBIS yearly operation plans.</p>
<b>Establish documentation retention term for Personnel files</b>	<p>Gather information from sister agencies and HR sources to determine best practice standards on documentation retention.</p> <p>Information Management policy to be updated as necessary</p> <p>Policy to be circulated to all staff as necessary</p>	<p>Program managers</p>	<p>Summer 2024</p> <p>Ongoing</p>	<p>Research has been completed and appropriate P&amp;P will be amended to reflect the new information collected.</p>
<b>To update Operations Policies to ensure they reflect current practices</b>	<p>OP plan tracking developed</p> <p>Policies assigned to appropriate person</p> <p>Regular review to determine progress and work to be completed.</p> <p>Operational policies to be shared as completed.</p> <p>Revise Table of Content- to include review date.</p> <p>Propose 4-year review schedule and get approval by Management team.</p>	<p>Tammy Kuchynski</p> <p>Program Managers</p>	<p>Ongoing</p> <p>Ongoing</p> <p>As needed</p> <p>To be determined</p>	<p>Operations Policies are up to date and in line with current practice.</p>

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<b>QUALITY IMPROVEMENT PLAN</b>				
<b>SAFETY AND WELLNESS: Continue to promote a strong and leading-edge Health and Safety culture</b>				
<p><b>To improve and monitor employee safety.</b></p>	<p>Develop and maintain Continuous Quality Improvement plan and provide progress updates.</p> <p>Complete annual Health and Safety Management System audit.</p> <p>Complete annual review of Chapter 5 Health and Safety Policies.</p> <p>Continue to track employee injury indicators re: WSIB lost time statistics</p>	<p>Executive Director / Program Managers</p> <p>JHSC</p> <p>JHSC</p> <p>Program Managers</p>	<p>Ensure action plan items are carried over into next fiscal year.</p> <p>Annual audit to be completed by October 2024</p> <p>Presentation to Management Team /JHSC re: results (Nov. 2024)</p> <p>QI Action plan updated and shared with all staff (Nov.2024)</p> <p>(yearly)</p> <p>Policy review schedule to be determined by November 2024 (completed)</p> <p>Yearly</p> <p>Quarterly indicator data presented to Management within the review schedule.</p>	<p>Continuous quality action plan in place and maintained.</p> <p>Policies tracking sheet in place. Chapter 5 annual Policy review complete. Policies revised and re-circulated.</p> <p>Indicator data reviewed (for last fiscal year)</p>





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	Forward final policies for Executive Director approval Share with staff as policies get completed Set review schedule for ongoing maintenance.			
<b>Continue to conduct staff, client and family satisfaction survey</b>	Prepare survey tool. Update client and family list. Engage students to assist clients in completing the survey (where needed). <i>(communication of results is included in communication plan section)</i> - Review frequency	Management team (delegates as needed)	Ongoing/ as needed	Family, clients and staff understand that their feedback on surveys and satisfaction questionnaires is valued and influences quality improvement.  Survey completed / information shared  Frequency of survey to be determined in consultation with all stakeholders (part of PFCC plan)
<b>Quality and Operational Effectiveness: Responsible Financial Management</b>				
<b>Compliance with Ministry/LHIN agreements</b>	Continue to collect and measure Service statistics: individuals served, units of service requirements in all functional centers and quarterly financial reporting.	Executive Director	Indicator data to be presented to Board of directors  Complete annual indicator review.  Continue to meet all financial reporting requirements as set out by Ministry/LHIN every year.	Reporting documented in meeting minutes.  Reporting completed as required
<b>Quality and Operational Effectiveness: Strong Infrastructure</b>				
<b>To review and revise Disaster Response and Emergency planning</b>	Review Pandemic and emergency policy (Emergency Response Plan) to identify revisions required. Develop plan for reorganization and updating.  Test the plans (i.e. fire drills).	Executive Director / Designate  Program managers / Team Leads	Policies and resources reviewed as needed (Ongoing)  Fire drills completed monthly. Reports available to all staff	The ability of VCBIS to keep employees and clients as safe as possible during an emergency, pandemic or disaster is enhanced with integrated proactive emergency procedures.

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	<p>Retrain staff on revised pandemic and emergency plan as appropriate.</p> <p>Fire Marshal compulsory training completed for owners and supervisors.</p> <p>Fire Marshal compulsory training for supervisory staff and care occupancies, care and treatment occupancies and retirement homes</p>	<p>Stéphane Hébert / team Lead</p> <p>All residential staff</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Training for established staff (other programs) scheduled to roll out Fall 2024 with full implementation early 2025</p>	<p>Training completed as needed</p> <p>Training completed as needed</p> <p>Upcoming /Process to be reviewed</p>
Business Continuity Plan	<p>To Complete Risk assessment.</p> <p>Complete Audit of the Finance Dept.</p> <p>Outline Emergency Payroll emergency procedures.</p> <p>Identify gaps in continuity plan.</p>	Executive Director	2024 Ongoing	VCBIS continues to review continuity plan as to ensure services in the possibility of a disruptive event that has the potential to cause service interruption.
Computer infrastructure	<p>Consolidation of backup.</p> <p>Upgrade virtualized server with new software and build in redundancy.</p> <p>Continue with consolidation of aging computers.</p> <p>Year-end purchases</p>	Tammy Kuchynski / Nerds on Site	<p>Update at the end of year</p> <p>August 2024</p> <p>End of each fiscal year</p>	<p>The VCBIS computer infrastructure is current, secure and safeguarded from failure and adequately backed up to protect against information loss.</p> <p>Purchases of computer at end of fiscal year</p>
Database (CIMS)	Database is being utilize for intake purposes	Tammy Kuchynski / Anne Jackson-Beek	Completed	VCBIS will have data on service delivery easily accessible and available to guide service delivery and quality improvement decisions.
Incident Report data management	Continue with current Incident report process.	Program Managers / Team lead	Ongoing	Client and employee incident data is available in an organized and timely fashion in a format that instructs service and drives quality improvement.

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	Look into the possibility of using a data base for that purpose	<b>ALS team lead (Ottawa and Plantagenet)</b>	Winter 2025	A new computerized system “Point Click Care” has been implemented to process the IRs digitally. A review of this process is currently under way.
Centralized Waitlist	Continue with the use of the ABI Systems Navigator position	By person holding the navigator position	Ongoing	The Champlain LHIN ABI providers centralize client waitlist as requested by the Funder.
Family and client database	<p>Review the existing process and system of collecting client email addresses and make recommendations.</p> <p>Determine timelines around the development of the family and client database</p> <p>Integrate the anti-spam legislation (CASL) into the new process</p>	Tammy Kuchynski	<p>Ongoing / updated as needed</p> <p>Completed</p>	For VCBIS to be able to communicate with families and clients via email
interRAI- CHA / other systems	Continue use of assessment tool / helps with goal planning	All counsellors	Ongoing	VCBIS continuously review the tools being used towards that end and updates / amends as needed.
Ensure that Information Management Practices are current	<p>Complete Integrated Assessment Record privacy self-assessment</p> <p>Continue document retention/destruction policy and procedures.</p> <p>Identify document management needs, the data base will then be configured to meet those needs</p> <p>Revise information management policies</p>	Tammy Kuchynski	<p>Privacy self-assessment completed 2023</p> <p>Ongoing</p> <p>2024</p>	Personal Health Information policies are kept current so that staffs have the tools available to ensure that clients’ privacy rights are always respected.

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	Set up guidelines for yearly managerial inspection and report of departmental compliance with privacy policies		2024	
• Audits	Quality Audit of the RAI CHA module	Tammy Kuchynski	Summer 2024	Client Personal Health Information (PHI) is maintained in accordance to our contractual obligations
• Document retention	Identify retention period for client PHI and provide guidelines to staff for document and file storage both on and off site.	Tammy Kuchynski	2024	Clients PHI is retained for as long as is needed- (subject to the Limitations Act)  Part of interRAI-CHA, consents need to be signed every year
• General assessment	Determine how many of the clients' goals will be triggered.	Tammy Kuchynski - Counsellors	2024	Standardized General assessments are done on all clients served by VCBIS as part of our service.
<b>Quality and Operational Effectiveness: Sound Governance</b>				
To ensure that all Board Ends Statements are being met.	Look into hiring Facilitator/Consultant to assist board with Strategic Planning Process. (Hired 2023)  Develop and approve Strategic plan 2024 to 2027.  Complete annual evaluation re: board functioning and self- assessment of Governance Standards.  Review Results report.  Review results and update plan action.  Participate in accreditation site survey Maintain accreditation status.	Chair, and Board members	Fall 2023  Fall 2024  Ongoing  Ongoing  Ongoing  Yearly	Completed  Process started and completed Approved by the board of governors  Survey completed  Report reviewed and shared.  Ongoing process  Site survey participation



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	Track completion of board related items.  Develop annual work plan.			Items tracked and removed from action plan as needed.  Ongoing