

Action Plans for Instrument Results

Part of the Qmentum accreditation program is developing and submitting action plans for instruments. Client organizations are asked to submit action plans that address the results of the Worklife Pulse Tool (or an approved substitute) and the Canadian Patient Safety Culture Survey tool (Can-PSCS tool).

These action plans are another way to use accreditation as a quality improvement framework. They serve as a useful guide for quality improvement activities and help with setting improvement priorities.

Surveyors will receive a copy of your action plans, along with the instrument results, prior to the on-site survey. Be prepared to discuss the plans with them. During the on-site survey, surveyors will be looking for specific actions you have taken. They will want to talk about what has been achieved, what remains to be done, how these activities have been resourced, and which team members were involved.

We ask that you upload your action plans to the Document Centre one year prior to your on-site survey. This will allow time to implement the actions so you can share your achievements with the surveyors.

You have the flexibility of deciding on the key questions your action plans will address, allowing you to concentrate on the areas that are a priority for your organization.

The attached Instrument Action Plan Template provides an example of the focus Accreditation Canada is looking for. You can use this template to develop and submit the actions plans, or you are welcome to use your own format.

Action Plan Template for Instrument Results

Organization Code: **HANDI**

Date: **April 2025**

Instrument: **Governing Body Assessment**

Based on your findings, what actions did you take or do you plan to take before your on-site survey?	Why did you take this action? What end result do you want to achieve?	What is the timeline for items that still need to be completed?	Who are the key players/teams involved?	What will you measure? How will you determine whether actions you take lead to an improvement?
<p>Quality Improvement: Addressing Systemic Racism</p> <p>Q08: In the past 12 months, have your received education or participated in continuous learning on how this organization is addressing systemic racism as a member of this governing body?</p> <ul style="list-style-type: none"> Noted that the board members completed Rainbow Health Training in November 2024. HDH recognized that the 2SLGBTQ+ communities face specific health challenges and barriers to accessing care. The training provided education and information on clinical and cultural competency in caring for 2SLGBTQ+ service users. February 2025 – Board Presentation on Project Search (to be implemented at HDH in September 2025); a school to work training program for students with disabilities. March 2025 – EDI Strategic Plan reviewed with Board Members as a new addition to the Operational Plan. Education provided as to the purpose and importance of this plan. Review of the 5 year EDI Implementation Plan to implement anti-discrimination practices 	<ul style="list-style-type: none"> HDH recognizes the importance of fostering an environment where equity, diversity, and inclusion (EDI) are fundamental to everything we do. By ensuring the board members comprehend how systemic barriers affect different populations, they will be able to make better strategic decisions about program development, facility planning, community partnership and resource investments. HDH board members oversee organizational culture and must ensure HDH can 	<ul style="list-style-type: none"> Ongoing EDI Strategic Plan over 5 years 	<ul style="list-style-type: none"> Board Members CEO Health Equity Committee 	<ul style="list-style-type: none"> The Governing Body Assessment will be readministered in Spring 2026. Question 8 comparison to indicate whether improvement has been made. EDI and addressing systemic racism training will be continued to be offered to the Board Members annually and tracked to monitor completion.

<p>and incorporate inclusive process and design, enhance EDI learning culture, Equitable Care, and incorporating EDI into hospital systems included. Included is reference to the new Indigenous Cultural Safety Plan. Also included training initiatives</p> <ul style="list-style-type: none"> • Approved in March 2025 – EDI questions added to the Board Director application . • April 2025 – Health Equity Report provided at Quality Governance – update on Health Equity Committee Progress including EDI initiatives. • May 2025 – Q4 2024/25 Goal Results and Initiates providing an update that 96% of full-time and part-time staff completed relevant equity, diversity, inclusion and antiracism education that fiscal year. • Three board members attended the Cultural Awareness Training in spring of 2025. • Summer 2025: All members of the board completed Anti-Black Racism Training online. • Quarterly Health Equity updates will be provided and will reference EDI initiatives, new policies and procedures and training to address systemic racism at HDH. • Board members will continue to participate in all relevant training. A EDI curriculum has been developed in 2025 by the Health Equity Committee for all staff, physicians, and Board of Directors which includes Culturally Safe Indigenous Training. This plan spans 3 years and will be ongoing. 	<p>attract, retain and support diverse healthcare professionals.</p> <ul style="list-style-type: none"> • Understanding historical injustices and how this affects community trust in healthcare institutions helps to make decisions that rebuild trust, improve community engagement and ensure the hospital remains accessible to all residents. 			
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<p>Quality Improvement: Peer feedback system Q13: Have you received constructive feedback from the chair on your contributions as a governing body member in the past 12 months?</p> <ul style="list-style-type: none"> • Review the Governance Survey feedback with the board. • Review and evaluate current feedback process with the board. • Review and evaluate current board policy: Evaluation of Board Performance (#311). • Review current board policy: Board Direct Mentorship Program (#316). • Review current board policy: Peer Feedback of Board Members (320). • Review standardize feedback process which covers key performance areas which align with HDH's strategic objectives and governing principles. • Review follow-up mechanism to identify any areas for improvement. • Promote a feedback culture – normalize feedback as a tool for continuous improvement rather than criticism. 	<ul style="list-style-type: none"> • Maintain and promote a culture of continuous improvement not only within the organization but also within our board members by providing constructive feedback to improve skills. • To enhance collaboration/communication between board members. • To ensure appropriate governance oversight for patient safety, risk management and quality improvement. • To further educate Board Members on the importance and reasoning behind our feedback mechanism. 	Ongoing	Board Chair Board Members CEO	<ul style="list-style-type: none"> • Re-administer the Governing Body Assessment in Spring 2026; compare results of question 13 to capture whether we are seeing improvement; ask for input from board members. • Review performance evaluations to see improvements are being made based on feedback provided by mentorship program.
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