**Priority 1:**

How was the priority identified? (Select all that are applicable):

[ ]  Accreditation Type Criteria # here Select type of criteria

[ ]  Identified risk

[ ]  Personal care home standard(s)

[ ]  Disrupting Racism and Indigenous Reconciliation (e.g., Truth and Reconciliation Calls to Action)

[ ]  Staff feedback or staff survey

[ ]  Client experience surveys or client/family feedback

[ ]  Patient safety (e.g., Patient Safety Learning Advisories)

[ ]  Ethical issues

[ ]  Other, please specify: Click or tap here to enter text.

| A Positive Experience | A Healthy, Empowered, and Thriving Workforce | Intentional Community Engagement | Sustainable Health Services | **Objectives**Identify what the team intends to accomplish. Be SMART: **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-Based. | **Plan of Action****What** are the key steps to be taken, **who** will do it, and by **when**? | **Measures**Describe what you will measure to determine success/effectiveness? | **Progress**What have we accomplished so far (include dates)? | **Date Completed** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|[ ] [ ] [ ] [ ]   | * Who, what, when
* Who, what, when
 |  |  |  |
|[ ] [ ] [ ] [ ]   | * Who, what, when
* Who, what, when
 |  |  |  |
|[ ] [ ] [ ] [ ]   | * Who, what, when
* Who, what, when
 |  |  |  |
|[ ] [ ] [ ] [ ]   | * Who, what, when
* Who, what, when
 |  |  |  |

**Priority 2:**

How was the priority identified? (Select all that are applicable):

[ ]  Accreditation Type Criteria # here Select type of criteria

[ ]  Identified risk

[ ]  Personal care home standard(s)

[ ]  Disrupting Racism and Indigenous Reconciliation (e.g., Truth and Reconciliation Calls to Action)

[ ]  Staff feedback or staff survey

[ ]  Client experience surveys or client/family feedback

[ ]  Patient safety (e.g., Patient Safety Learning Advisories)

[ ]  Ethical issues

[ ]  Other, please specify: Click or tap here to enter text.

| A Positive Experience | A Healthy, Empowered, and Thriving Workforce | Intentional Community Engagement | Sustainable Health Services | **Objectives**Identify what the team intends to accomplish. Be SMART: **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-Based. | **Plan of Action****What** are the key steps to be taken, **who** will do it, and by **when**? | **Measures**Describe what you will measure to determine success/effectiveness? | **Progress**What have we accomplished so far (include dates)? | **Date Completed** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|[ ] [ ] [ ] [ ]   | * Who, what, when
* Who, what, when
 |  |  |  |
|[ ] [ ] [ ] [ ]   | * Who, what, when
* Who, what, when
 |  |  |  |
|[ ] [ ] [ ] [ ]   | * Who, what, when
* Who, what, when
 |  |  |  |
|[ ] [ ] [ ] [ ]   | * Who, what, when
* Who, what, when
 |  |  |  |

**Priority 3:**

How was the priority identified? (Select all that are applicable):

[ ]  Accreditation Type Criteria # here Select type of criteria

[ ]  Identified risk

[ ]  Personal care home standard(s)

[ ]  Disrupting Racism and Indigenous Reconciliation (e.g., Truth and Reconciliation Calls to Action)

[ ]  Staff feedback or staff survey

[ ]  Client experience surveys or client/family feedback

[ ]  Patient safety (e.g., Patient Safety Learning Advisories)

[ ]  Ethical issues

[ ]  Other, please specify: Click or tap here to enter text.

| A Positive Experience | A Healthy, Empowered, and Thriving Workforce | Intentional Community Engagement | Sustainable Health Services | **Objectives**Identify what the team intends to accomplish. Be SMART: **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-Based. | **Plan of Action****What** are the key steps to be taken, **who** will do it, and by **when**? | **Measures**Describe what you will measure to determine success/effectiveness? | **Progress**What have we accomplished so far (include dates)? | **Date Completed** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|[ ] [ ] [ ] [ ]   | * Who, what, when
* Who what, when
 |  |  |  |
|[ ] [ ] [ ] [ ]   | * Who, what, when
* Who, what, when
 |  |  |  |
|[ ] [ ] [ ] [ ]   | * Who, what, when
* Who, what, when
 |  |  |  |
|[ ] [ ] [ ] [ ]   | * Who, what, when
* Who, what, when
 |  |  |  |