

OPERATIONAL PLAN

2025-2026

Q4 Operational Goals

January - March 2026

1. SAFETY IMPROVEMENTS AND RISK REDUCTION

Reduction of Medication Administration Variances

Desired Outcome	Establish a reliable baseline for medication administration variances (Direct and Indirect) and demonstrate measurable reduction. By March 31, 2026: Baseline medication variance data established using standardized reporting outputs. By March 31, 2027: Demonstrate 25% reduction in Direct Medication Variances and 15% reduction in Indirect Medication Variances.
Key Performance Indicator	Quarterly percentage change in Direct and Indirect Medication Variance rates relative to baseline. Tracking includes: Total variances, wrong medication/person/dose, missed administrations, duplicate doses, high-alert medications, and variances resulting in ER visits or hospitalization.
Target Population	Direct Care Professionals responsible for medication administration and all supported individuals receiving medications from Ongwanada staff.
Responsibility	Nurse Educator: Responsible for routine review and analysis of monthly Medication Variance Reports to identify trends, systemic issues, and learning opportunities, and to provide targeted education and follow-up.
Accountability	Senior Director, Professional Services & Partnerships: Accountable for ensuring effective medication variance monitoring and education framework, including escalation, resourcing, and reporting through QA/RM structures.
Data Source	eCIMS (Report 179 - CSV export) and NucleusLabs query reports
Baseline Period	January 1 - March 31, 2026 (Q4)
Reporting Frequency	Quarterly QA/Risk Management reporting, Annual summary analysis by end of Q4 to Senior Leadership Team

2. SAFETY IMPROVEMENT AND RISK REDUCTION

Health and Safety for Supported Individuals

Desired Outcome	Reduce risk related to services for individuals through improved monitoring and reporting of Serious Occurrence Report (SOR) trends, analysis, and corrective actions. By March 31, 2026: Baseline SOR variance data established using standardized reporting outputs. By March 31, 2027: Demonstrate X% reduction in SOR Variances across all categories
Key Performance Indicator	Q4 2025-26: Baseline number of SORs established for each category FY 2026-27: Quarterly percentage reduction in SORs (target to be finalized after establishing the baseline)
Target Population	All individuals receiving services and all clinical and direct service employees
Responsibility	Managers, Service Delivery: Responsible for routine review and analysis of monthly SOR Reports to identify trends, systemic issues, and learning opportunities, and to provide targeted education and follow-up.
Accountability	Senior Director, Community and Support Services: Accountable for ensuring effective SOR monitoring and education framework, including escalation, resourcing, and reporting through QA/RM structures.
Data Source	SOR database and Nucleus database
Baseline Period	January 1 - March 31, 2026 (Q4)
Reporting Frequency	Quarterly QA/Risk Management reporting, Annual summary analysis by end of Q4 to Senior Leadership Team

3. ORGANIZATIONAL CULTURE

Employee Engagement and Team Collaboration

Desired Outcome	Improve employee engagement, morale, and team collaboration through organizational initiatives that promote connection and positive workplace experience. Design and implement team-building, wellbeing, and engagement initiatives informed by staff feedback and organizational priorities.
Key Performance Indicator	Q4 2025-26: Data supports the establishment and refinement of baseline participation and feedback trends. FY 2026-27: Implementation tracking and participation metrics (annually)
Target Population	All employees
Responsibility	HR Manager: Responsible for the design, implementation, and evaluation of employee engagement, team-building, and morale initiatives. Operational Support: Communications Coordinator, Administrative Support Staff, and Supervisors/Managers, as appropriate.
Accountability	Senior Director, Professional Services & Partnerships Accountable for strategic alignment, resourcing, and performance reporting related to employee engagement, team-building, and morale initiatives.
Data Source	HR tracking tools, event attendance records, employee feedback surveys
Baseline Period	January 1 - March 31, 2026 (Q4)
Reporting Frequency	Quarterly progress reports Annual summary of outcomes and employee feedback

4. ORGANIZATIONAL DEVELOPMENT

Role Clarity and Performance Management of Non-union Employees

Desired Outcome	Ensure all non-union employee positions have current, accurate job descriptions and establish a structured performance management framework to support employee development and organizational effectiveness.
Key Performance Indicator	<p>Q4 2025–26 (Baseline Establishment):</p> <ul style="list-style-type: none"> ○ 100% of Non-Bargaining Unit job descriptions reviewed, finalized, approved, and communicated. ○ Foundational performance expectation tools made available for NBU roles. <p>FY 2026–27 (Progressive Implementation):</p> <ul style="list-style-type: none"> ○ Use of updated job descriptions to inform training and development needs. ○ At least (1) documented KPI for each role.
Target Population	All Non-Bargaining Unit positions.
Responsibility	<p>HR Manager</p> <p>Responsible for coordinating job description updates, providing tools and guidance for documenting role expectations and priority goals, and tracking completion status in collaboration with managers.</p>
Accountability	Senior Director, Professional Services & Partnerships Accountable for strategic oversight, resourcing, and reporting related to role clarity and performance expectation alignment through Quality Assurance and Risk Management structures.
Data Source	HR records and departmental tracking tools (databases or spreadsheets), job description records, performance planning documentation
Baseline Period	January 1 - March 31, 2026 (Q4)
Reporting Frequency	Quarterly QA/Risk Management progress reporting Annual summary of progress, gaps, and next-phase priorities to Senior Leadership Team

5. SYSTEM AUTOMATION

Updated Automation of Scheduling, Payroll, and Employee Information

Desired Outcome	Successful implementation and adoption of updated Medisolution business functions (HR, Scheduling, Payroll) to ensure continuity and efficiency of back-office processes.
Key Performance Indicator	Training Completion Rate: By March 31, 2026: 100% of back-office staff and super users By June 30, 2026: 100% of all employees by June 30, 2026
Target Population	1) All back-office staff required to use new Medisolution functions (HR, Scheduling, Finance) 2) Designated Super-Users 3) All employees
Responsibility	HR, IT, Finance, and Project Manager
Accountability	Senior Director, Corporate Services
Data Source	Learning Management System (LMS) or Training Tracking Log Medisolution training logs and completion certificates
Implementation Period	January 1 - March 31, 2026 (Q4) for back-office staff April 1 - June 30, 2026 (Q1-Q3) for all employees
Reporting Frequency	Weekly updates leading up to Go-Live date Monthly reporting thereafter to track post-launch usage/adoption QA/RM Annual Summary Report

6. POLICIES RENEWAL

Updated QAM Organizational Policies for Compliance Readiness

Desired Outcome	Complete and implement updated organizational policies, with review of format, content, and number of policies to reflect modernization needs, flexibility, and individualized services.
Key Performance Indicator	By March 31, 2026: All QAM-required policies completed FY 2026-27: Ongoing policy review and implementation tracking
Target Population	All employees
Responsibility	All Managers
Accountability	Senior Leadership Team
Data Source	Policy Manual with research including review of sector best practices

Implementation Period	Q4 2025-26 and FY 2026-27
Reporting Frequency	Quarterly QA reports Annual Analysis and Wrap-Up Report

7. CEO - COMPLAINTS AND FEEDBACK PROCESS

Building Trust through Accountability, Compliance, and Timely Resolution

Desired Outcome	Enhance stakeholder trust and organizational accountability by ensuring all formal, CEO-level complaints are addressed promptly, demonstrating commitment to high-level compliance and resolution.
Key Performance Indicator	FY 2025-2026: Policy and procedure have been updated and the process has been implemented FY 2026-2027: CEO Complaint Resolution Time (CCRT): • Number of complaints per quarter • Percentage resolved at initial stages within timeframes • Percentage resolved when elevated within timeframes • Percentage not resolved Goal: 100% of complaints resolved within established timeframes
Target Population	Any person with a complaint, including (but not limited to) supported individuals, families/friends, employees, sector or community partners
Responsibility	CEO and Senior Director, Professional Services & Partnerships with administrative support
Data Source	Complaints & Feedback compliance tracking system (to be reviewed or newly created)
Baseline Period	January 1 - March 31, 2026 (Q4) - To collect baseline average correspondence follow-up time and set targets
Reporting Frequency	Quarterly QA reports Annual Analysis and Wrap-Up Report