HSA 2018 Initiatives Workplan Template
SafeCare BC 2018

HSA Mission / Vision Statement
To empower those working in the continuing care sector to create safer, healthier workplaces by fostering a culture of safety through evidence-based education, leadership, and collaboration.

Instructions

A. Injury / Return-to-Work Issues: In this section, state the primary trends identified by your industry's data (normally provided by WorkSafeBC, but information from other sources may be used). This should be specific enough to be actionable, for example, primary causes of injury, location of injury, number of time loss injuries, or claim duration. You may choose a measure because it represents a large component of the injuries in your industry, or because the measure indicates some trend on a year-over-year basis (e.g., injuries of this type are increasing). Your key initiatives for the year will be focused on addressing these measures. Under "Objective", you will state the quantifiable improvement you would like to see in the measures you identified. This should state a specific improvement that can be measured at the end of the reporting year.

See the **HSA Planning and Reporting Information Package** pages 2 and 3 for more details.

B. Behaviour-Based Outcomes: In section B(i), identify the safe work behaviours or practices you are trying to create or change to address the primary trends identified in Section A. "Behaviour" may refer to a change in an individual employee, a manager, supervisor, or in the organization as a whole. In Section B(ii), provide evidence that the behaviour change has taken place.

See the **HSA Planning and Reporting Information Package** pages 4 and 11 for more details.

C. Knowledge-Based Outcomes: In this section, identify the knowledge, understanding or skills that would be required to create or change the safe work behaviours or practices identified in Section B. In Section C(ii), provide evidence that the knowledge change has taken place.

See the **HSA Planning and Reporting Information Package** pages 5 and 11 for more details.

D. Planned Activities: In this section, list the activities that you will undertake to impact the required skills, knowledge or understanding identified in Section C. Identify the number, frequency or timeline that will allow you to determine at the end of the reporting period whether you have successfully completed the activity. Focus only on the key initiatives that will help you ultimately impact the measures identified in Section A. You will track your activities throughout the reporting year and report them in the actual column.

See the **HSA Planning and Reporting Information Package** pages 6 and 11 for more details.

E. Organizational Capacity: In this section, list the activities that you will undertake to improve your organizational capacity so that you can carry out the activities identified in Section D. Identify the number, frequency or timeline that will allow you to determine at the end of the reporting period whether you have completed the activity.

See the **HSA Planning and Reporting Information Package** page 6.

F. Marketing / Outreach: In this section, list the activities that you will undertake to reach a broader audience and inform them of your products and offerings. Identify the number, frequency or timeline that will allow you to determine at the end of the reporting period whether you have completed the activity.

See the **HSA Planning and Reporting Information Package** page 6.

Initiative #1: Enhance and Expand the Peer Coach Initiative

A. Injury / Return-to-Work Issues (**HSA Planning and Reporting Information Package** pages 2 and 3)

A. Using data and information from the industry, we have identified the primary trends within our industry and set the following objectives:	
Overexertion and violence remain primary source of injury for continuing care workers. WorkSafeBC 2017 statistics for long-term care indicate that 45% of injuries in the sector were due to overexertion and 15% of injuries were due to acts of violence. In home care, 43% of injuries resulted from overexertion and 5% of injuries resulted from acts of violence. A survey completed by SafeCare BC in 2017 of its membership clearly identified an ongoing need for training in key areas: mental health (76%) safe handling (67%), violence prevention (64%), and roles and responsibilities (47%). These needs also align with the 2017 WorkSafeBC High Risk Strategy. Establishing Peer Coach networks has been previously identified (through literature, surveys) as an effective way of disseminating training and education. A survey conducted by SafeCare BC identified that access to in-house training resources is limited in the sector, with only 38% having access to in-house dementia care training resources, 46% having access to in-house violence prevention training resources, and 51% having access to in-house safe resident handling training resources). Further expanding the existing SafeCare BC model is therefore anticipated to address issues around trainer availability in key topic areas while also fostering a culture shift in participating organizations with trainers in-house in terms of workplace health and safety.	Outcome: A decrease of 8% in violence-related and overexertion time-loss incidents among organizations that are participating in the Peer Coach Initiative over the next year, as compared to each organization's pre-participation baseline.

(Add additional rows as required)

B. Behaviour-Based Outcomes (**HSA Planning and Reporting Information Package** pages 4 and 11)

B (i) To meet those objectives, workplace health and safety behaviours and/or return-to-work practices need to change in the following ways:	Employers are supportive of best-practices when it comes to at-the-point-of-care strategies to reduce injuries. Organizations have the necessary policies and practices in place to support training programs. Workers have access to relevant, appropriate, and engaging training opportunities. Workers adopt best-practices regarding point-of-care strategies to reduce injury risk.
B (ii) [To be completed at the end of the reporting year cycle]; Provide **evidence** that the changes described in B(i) took place by the end of the reporting year. This may be done through surveys, job site visits, interviews, audits, or any other method you feel is appropriate.	Click here to enter text.
B (iii) [For WSBC use only]	

C. Knowledge-Based Outcomes (**HSA Planning and Reporting Information Package** pages 5 and 11)

C (i) This requires knowledge, understanding or skills to be changed in the following ways:	Employers are aware of best-practices when it comes to point-of-care strategies to reduce injuries, including the business case and rationale for investment in these strategies in a funding-constrained environment. Organizations understand what policies and practices are needed to support training programs at their

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	organizations. This includes being aware of areas of weakness, and understanding where the necessary resources can be accessed to address those areas of weakness. Workers are knowledgeable of best-practice strategies to reduce injuries and feel confident in applying that knowledge.
C (ii) [To be completed at the end of the reporting year cycle]; Provide **evidence** that the changes described in C(i) took place by the end of the reporting year. This may be done through surveys, post-session testing, focus groups, interviews, or any other method you feel is appropriate.	Click here to enter text.
C (iii) [For WSBC use only]	

D. Planned Activities (**HSA Planning and Reporting Information Package** pages 6 and 11)

D (i) Therefore, we will undertake the following activities:			
Activity	Description	Number / frequency / timeline	
		Planned	D(ii) Actual
Establish an outreach framework for organizations looking to establish peer coaches	Procedures established on how SafeCare BC engages with organizations, what documentation is provided, what support is provided, and the timing for all of these steps (framework and algorithm).	1 new framework and algorithm developed by February 2018	Click here to enter text.
Upgrade IT infrastructure	Upgrade IT infrastructure to better track, support, develop peer coaches and their home organizations' programs	1 IT system in place by Summer 2018	
Develop and market peer coach model	Develop a marketing strategy to advertise the peer coach model	Marketing strategy developed by February 2018	
	Implement marketing strategy to advertise the peer coach model	Marketing strategy implemented by March 2018	
	Conduct targeted awareness campaigns to employers in home care and long-term care, communicating options available to employers across all Peer Coach streams (violence prevention, safe handling, and GPA)	Targeted outreach conducted with 10 long-term care and 5 home care employers by Summer 2017	
Expand the capacity of the peer coach model	Expand network of Peer Coaches in violence prevention	Run 1-2 Violence Prevention Peer Coach Sessions by Spring 2018	
		16 peer coaches trained violence prevention coaches trained by Summer 2018	
		6 violence prevention coaches seconded by Fall 2018	

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	Expand network of Peer Coaches in safe handling	3 violence prevention workshops delivered by seconded coaches by December 2018	
		Run 1 - 2 Safe Handling Peer Coach sessions by Spring 2018	
		10 peer coaches trained in safe handling by Summer 2018	
		4 safe handling coaches seconded by Fall 2018	
		4 safe handling workshops delivered by seconded coaches by December 2018	
	Activate network of Peer Coaches in GPA	3-5 GPA workshops to be delivered by seconded GPA coaches by December 2018	
Roll-out home care-targeted coach models for safe handling and PVPC	Recruit 5-7 home care employers to participate in safe handling peer coach training	3-5 home care employers participated in safe handling coach training by Spring 2018	
		8 - 10 safe handling peer coaches trained by Spring 2018	
	Recruit 3-5 home care employers to participate in violence prevention peer coach training	3-5 home care employers participate in violence prevention peer coach training by Spring 2018	
		6-10 violence prevention peer coaches trained by Spring 2018	
Provide consultative support to peer coach organizations	SafeCare BC to provide follow up support to peer coaches in enhancing the effectiveness of their programs	SafeCare BC to follow up with all peer coaches by December 2018	
Conduct interim and end-of-year assessments	Develop an evaluation method	1 Evaluation Method developed by February 2018	
	Program evaluation to determine effectiveness of peer coach program	Interim evaluation conducted by Spring 2018; Final evaluation conducted by December 2018	
Run feature communication stories	Run success stories to provide status updates and awareness	3 success stories total, in Spring,	

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	about the successes of the initiative	Summer, and Fall 2017	

(Add additional rows as required)

D (iii) [For WSBC use only]
Click here to enter text.

Add additional initiatives as required using the same template.

Initiative #2: Targeted Outreach Program (TOP)

A. Injury / Return-to-Work Issues (**HSA Planning and Reporting Information Package** pages 2 and 3)

B. Using data and information from the industry, we have identified the primary trends within our industry and set the following objectives:	
Sector-level averages on injury rates etc. are influenced by organizations at the extremes of reported ranges ("outliers") and employers with very large payrolls ("very large employers"). One strategy to influence the overall sector average would therefore be to target poor-performing outliers and very large employers who are above the sector average in terms of injury rates etc. Over the past four years, SafeCare BC has identified that the majority of employers maintain a steady-state with regards to injury rates. That is, outliers in any given year tend to include the same organizations (21 organizations continually met the criteria to be on the SafeCare BC High Priority List from 2012 to 2015). This implies that without outside intervention / support, these outliers will remain as such.	TOP organizations that actively participate in the program experience an 8 - 10% decrease in overexertion / violence claims over the next year, as compared to each organization's baseline at admission to the program.

(Add additional rows as required)

B. Behaviour-Based Outcomes (**HSA Planning and Reporting Information Package** pages 4 and 11)

B (i) To meet those objectives, workplace health and safety behaviours and/or return-to-work practices need to change in the following ways:	Organizations actively address the unique underlying causes of workplace incidents at their organizations. Managers and senior leaders are committed to and support best-practices when it comes to workplace health and safety. Workers adhere to safe work practices in their day-to-day activities and are proactively engaged in improving workplace safety. All employees within an organization have a sense of ownership and responsibility in creating safer work environments for themselves and their fellow employees.
B (ii) [To be completed at the end of the reporting year cycle]; Provide **evidence** that the changes described in B(i) took place by the end of the reporting year. This may be done through surveys, job site visits, interviews, audits, or any other method you feel is appropriate.	Click here to enter text.
B (iii) [For WSBC use only]	

C. Knowledge-Based Outcomes (**HSA Planning and Reporting Information Package** pages 5 and 11)

C (i) This requires knowledge, understanding or skills to be changed in the following ways:	Organizations have an accurate picture of their strengths and weaknesses when it comes to workplace health and safety Managers, supervisors, and senior leaders know: • What a healthy, engaged workplace safety culture looks like • What their roles and responsibilities are in creating a healthy, engaged workplace safety culture

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	• Where their strengths and weaknesses lie as individuals as it relates to supporting a strong workplace safety culture, and where they can go for help
• What practices and policies need to be in place to support a healthy, engaged workplace safety culture
• How to implement the necessary changes within their organization to get to a healthier, more engaged workplace safety culture
• Where to access resources to support the changes needed

Workers know:
• What constitutes safe work practices (what best-practice looks like)
• How safe work practices apply to their day-to-day lives, and why they should care
• What their roles and responsibilities are in creating a healthy, engaged workplace safety culture
• What they can expect of their supervisors and managers in terms of supporting them to work safely
• Where they can access resources to support them in working safely |
| C (ii) [To be completed at the end of the reporting year cycle]; Provide **evidence** that the changes described in C(i) took place by the end of the reporting year. This may be done through surveys, post-session testing, focus groups, interviews, or any other method you feel is appropriate. | Click here to enter text. |
| C (iii) [For WSBC use only] | |

D. Planned Activities (**HSA Planning and Reporting Information Package** pages 6 and 11)

D (i) Therefore, we will undertake the following activities:			
Activity	Description	Number / frequency / timeline	
		Planned	D(ii) Actual
Develop an operational framework for TOP	Develop an operational framework to guide the Targeted Outreach Program (TOP), including: • Flowchart to map out how organizations interact with SafeCare BC via TOP • Connection between TOP to existing programs (e.g. PEER, Peer Coach Initiative, Safety Culture Framework, direct training workshops etc.)	1 Operational framework created to map out how organizations interact with TOP and the connection with existing programs by January 2018	Click here to enter text.
Identify 30 high-priority long term care sites and 20 high-priority home care organizations for participation in TOP	Identify data sources available to SafeCare BC to establish participant criteria Define selection criteria for organizations participating in TOP Identify organizations that meet the TOP Criteria	Data sources identified by January 2018 Criteria defined by February 2018 Identification of 30 TOP candidates	
Conduct outreach for TOP	Develop marketing and collateral for the program	Marketing and collateral materials	

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	Conduct outreach communicate with potential TOP organizations	developed by February 2018 Conduct outreach with 20 LTC and 10 home care organizations to raise awareness of TOP by March 2018	
Sign 10 LTC and 5 home care organizations onto TOP	Obtain written consent from 10 LTC and 5 Home Care organizations to confirm their participation in TOP	10 signed contracts from LTC organizations by April 2018 5 signed contracts by Home Care organizations by April 2018	
Design targeted interventions for each TOP organization	Use existing SafeCare BC materials and external resources to support change, including: o Workplace Health and Safety Culture Framework o Policy templates o Risk assessment templates o PEER Resource Network o Peer Coach initiative o Direct training workshops in: dementia care, violence prevention, safe handling, JOHSC, and LPN safety leadership o Safety Systems Audit Tool (SSAT)	Gap analyses conducted with all participating TOP organizations by May 2018 Plan of action developed for each TOP organization by June 2018 75% of TOP organizations have accessed 1 or more SafeCare BC resources / programs by December 2018	
Develop supplementary resources to support anticipated TOP organization's needs	Develop supplementary resources to support anticipated TOP participant needs, including: o Communications package to be used internally by participating organizations to communicate participation in TOP o Violence Prevention and MSIP risk assessment templates o Policy templates on violence prevention (home care-specific), safe handing (home care-specific) o Claims management templates (RTW resources) o Safety Innovations Database o Mental Health o JOHSC Toolkit	Communications package for TOP organizations created by March 2018 1 risk assessment template created by June 2018 1 policy template on violence prevention and safe handling created by August 2018 for Home Care 1-2 Mental Health resources	

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		identified by Fall 2018	
		1-2 Claims Management resources created by Fall 2018	
		1 JOHSC Toolkit created by Winter 2018	
Publish feature stories on TOP	Run success stories to provide status updates, awareness about the successes, build momentum around the initiative, and spark interest in future iterations	Publish 3 success stories in total, one in Spring, Summer, and Fall 2018	
Conduct interim and final evaluation of TOP Initiative	Interim evaluation of TOP effectiveness conducted	Spring 2018	
	Final evaluation of TOP effectiveness conducted	Winter 2018	

(Add additional rows as required)

D (iii) [For WSBC use only]
Click here to enter text.

Initiative #3: Increase Access to Training

A. Injury / Return-to-Work Issues (**HSA Planning and Reporting Information Package** pages 2 and 3)

A. Using data and information from the industry, we have identified the primary trends within our industry and set the following objectives:	
Over the past four years, SafeCare BC has conducted ongoing, comprehensive outreach with the continuing care sector to accurately ascertain the needs of the sector. Safe Handling and Dementia education remains a top priority. In terms of how to best tailor training to reduce or eliminate potential barriers to accessing training, the following has been identified from stakeholder consultations: • Offer low or no cost training • Offer short training in a variety of formats (i.e. online and in-person) • Offer training outside of the regular 9:00AM-5:00PM training times It is anticipated that creating online resources to supplement existing resources will increase accessibility, improve learner engagement, expand the reach, and create more cost-effective training options for organizations.	Workshop participant satisfaction survey results relating to knowledge transfer and course organization will increase by 5% as compared to baseline number survey numbers for 2018 participants in the revised Safe Handling Peer Coach Training program. 85% of Safe Handling Peer Coaches participating in the revised program will report receiving adequate support post-initial training in 2018. 10% increase in engagement for the redeveloped Creating Connections dementia care workshop in 2018, as compared with engagement figures from the current Creating Connections format.

(Add additional rows as required)

B. Behaviour-Based Outcomes (**HSA Planning and Reporting Information Package** pages 4 and 11)

B (i) To meet those objectives, workplace health and safety behaviours and/or return-to-work practices need to change in the following ways:	Organizations are willing to utilize online content and make content available to workers Workers have access to self-paced learning which will help match learning needs

	Workers will have access to interactive learning opportunities which results in better engagement
B (ii) [To be completed at the end of the reporting year cycle]; Provide **evidence** that the changes described in B(i) took place by the end of the reporting year. This may be done through surveys, job site visits, interviews, audits, or any other method you feel is appropriate.	Click here to enter text.
B (iii) [For WSBC use only]	

C. Knowledge-Based Outcomes (**HSA Planning and Reporting Information Package** pages 5 and 11)

C (i) This requires knowledge, understanding or skills to be changed in the following ways:	Workers are knowledgeable about how to prevent injuries and best practices Workers are willing to take part in self-paced learning to address gaps in their current training
C (ii) [To be completed at the end of the reporting year cycle]; Provide **evidence** that the changes described in C(i) took place by the end of the reporting year. This may be done through surveys, post-session testing, focus groups, interviews, or any other method you feel is appropriate.	Click here to enter text.
C (iii) [For WSBC use only]	

D. Planned Activities (**HSA Planning and Reporting Information Package** pages 6 and 11)

D (i) Therefore, we will undertake the following activities:			
		Number / frequency / timeline	
Activity	**Description**	Planned	D(ii) Actual
Re-evaluate current peer coach support model and redevelop to enhance effectiveness	Review the current support model (Convo Club) to assess the effectiveness of the program.	1 Evaluation model developed by Jan. 2018; evaluation complete by Feb. 2018	Click here to enter text.
	Re develop components of the program based on its evaluation and engage with pilot organizations	Engage 5-7 organizations in the pilot phase by March 2018;	
	Revise program based on evaluation findings from pilot group	Revise program by June 2018	
	Final revisions of program made based on pilot data	Final revisions of program done by Sept. 2018	
Redevelop existing safe handling materials for peer coaches.	Review the current safe handling peer coach handbook to identify opportunities to condense and/or deploy using online technology / on-demand learning applications.	Review complete by Feb. 2018.	

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	Re-develop components of the handbook, initial peer coach training based on review findings and engage with pilot organizations	Redevelopment completed by May 2018; 5 – 7 organizations engaged in pilot by June 2018	
	Revise handbook, peer coach training delivery based on evaluation findings from pilot group	Pilot completed by Sept. 2018; final revisions completed by Winter 2018	
Increase accessibility of Dementia Care, Creating Connections Workshop	Review current content and workshop delivery to identify new opportunities for delivery methods (e.g. online and in-person)	Review completed by Spring 2018	
	Revise content and delivery method.	Revised version ready for pilot by Sept. 2018	
	Pilot content.	Revised content, delivery method piloted by Oct. 2018	
	Revise program based on evaluation findings from pilot group. Final revisions of program made based on pilot data.	Pilot results analyzed, final revisions complete by Winter 2018	

Add additional rows as required)

D (iii) [For WSBC use only]
Click here to enter text.

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To support us in providing the activities outlined in these initiatives, we will undertake the following activities designed to increase our organizational capacity:

(E) Activity	Description	Number / frequency
Hire a Quality Assurance & Facilitator Support Manager (FTE)	Hire for the newly-created position of Quality Assurance and Facilitator Support Manager to oversee components of the Peer Coach Initiative	1
Develop HR infrastructure to support growing staff	Establish formal policies around staff development and retention	1 policy developed around staff professional development and advancement; 1 policy developed around staff retention strategy
	Formalize succession planning and unanticipated absence strategies for all manager-level (or higher) positions	Formal policies and procedures in place for the 2 manager-level positions, CEO, and 2 Director-level positions
Develop IT infrastructure to support remote delivery of education and training to members	IT infrastructure in place to support the delivery of webinars and videoconferencing	1 videoconferencing / webinar-capable system implemented
Build evaluation capacity	Hire a Program Evaluations Manager (FTE) Invest in survey tool software	1 position hired 1 survey tool software identified, purchased
Upgrade the Safety Innovations Database	Build on existing website infrastructure to create a searchable database of workplace safety innovations developed within the continuing care sector	1 database created
Develop new and existing relationships with external bodies to support evaluation and resource-development initiatives	Establish relationships with research programs within local post-secondary institutions	Engage 1 local post-secondary institution to assist in program evaluationff
	Further develop partnerships with the provincial Health Authorities, HEABC, and CSSEA to assist in resource development for the home support and long-term care sectors	Meet quarterly with senior leaders within Health Authorities, HEABC, and CSSEA Establish a Memorandum of Understand for resource-sharing with 1 Health Authority
	Establish a relationship with the Canadian Mental Health Commission (CMHC) to develop resources targeted towards addressing workplace psychological health and safety	Meet twice annually with CMHC officials. Develop 1 resource with CMHC assistance.
	As a founding member of the National Alliance for Safety and Health in Healthcare (NASHH), identify and initiate a national-level initiative to address workplace health and safety concerns in continuing care.	Meet with quarterly with NASHH members. Identify, lead 1 national-level workplace health and safety initiative within the NASHH collaboration.

Maintain existing roster of consultants and subject matter experts and recruit new trainers as needed	Retain existing consultants and subject matter experts.	10 existing consultants, subject matter experts retained.
	Recruit IT specialist consultant support to facilitate IT infrastructure expansion, app development	1 IT consultant recruited, retained.
Maintain collaboration with Alzheimer Society of B.C.	Review and renew the Memorandum of Understanding (MOU)	MOU renewed.
	Meet regularly with Alzheimer Society of B.C. officials	Meet twice annually.
Develop additional funding streams to support new initiatives	Work with external partners to identify funding opportunities and obtain additional funding to support new projects	2 other funding stream sources identified, obtained

(Add additional rows as required)

F. Marketing / Outreach Activities (HSA Planning and Reporting Information Package page 7)

To reach a broader audience within our industry, we will undertake the following marketing / outreach activities:

(F) Activity	Description	Number / frequency
Develop frontline worker communications strategy	Develop a frontline worker-specific communications strategy, including identifying and establishing key partnerships to leverage cascade communications strategies.	1 communications strategy developed and implemented. Key partnerships established.
Segment existing SafeCare BC contact lists to allow for better market targeting to key demographic groups.	Segment contact lists to allow for sector-specific targeting and targeting by role (e.g. manager, frontline worker, etc.)	Segmented communications lists established for: • Home care • Long-term care • Managers /senior leaders • Frontline workers • Geographic regions
Continue to develop new and existing external relationships	Continue to engage with Denominational Health Association (DHA), BC Care Providers Association (BCCPA) Boards to grow Association profile Engage with relevant levels of government to raise the profile of workplace health and safety issues facing the continuing care sector	Meet twice annually with the BCCPA and DHA Boards / senior leadership Maintain Ministry of Health engagement regarding Health Human Resources strategy and participate in 2 meetings annually on Ministry-led initiatives related to workplace health and safety (e.g. violence prevention).
Conduct targeted outreach with SafeCare BC members	Conduct face-to-face meetings with SafeCare BC members organizations, with a special focus on non-Lower Mainland provides and home support organizations	Meet with 40 members, 20 of which will be located outside of the Lower Mainland, and 20 of which will be home support organizations.

Have a presence at industry events	Have SafeCare BC staff present at industry-specific conferences, events, and local meetings.	Have staff presence at: • 1 industry-specific conference • 2 industry events • 4 regional events
Take an active role in the planning process of the Hearts in Hands Conference	Provide in-kind support to WorkSafeBC to assist in organizing and promoting the Hearts and Hands Conference	Identify one staff member to provide support to the Hearts in Hands Conference; have a presence at the conference in Fall 2018
Publish 2016 Annual Report	Publish a recap of 2016 key accomplishments for the SafeCare BC membership	1 report published.
Host Annual General Meeting	Host AGM in conjunction with an industry event	1 AGM held; quorum met
Publish success stories	Publish feature stories on workplace health and safety successes in the sector.	Publish 10 stories via website and eblast lists, five of which will feature individual workers and five of which will feature employers.
Maintain and strengthen established SafeCare BC awareness campaigns.	Develop and implement the following awareness campaigns: • #StopViolence • Safe Handling • Be Care Aware	Campaign strategy established for each awareness campaign (3 in total). One campaign run each (3 in total).
Develop and deliver new awareness campaign	Develop and deliver a new awareness campaign focused on workplace psychological health and safety	1 campaign strategy established. 1 campaign run.
Alert members to legislative, policy changes that impact workplace health and safety	Inform members of pending legislative or policy changes that relate to workplace health and safety in continuing care	Write and disseminate via eblast 2 legislative and/or policy alerts annually.
Maintain contact with and continue to demonstrate value to, membership	Maintain contact and demonstrate value by continuing to host regional workshop opportunities. Focus on increasing regional presence outside of the Lower Mainland.	• Host the following number of workshops, a minimum 1/4 of which will happen outside of the Lower Mainland: • 20 violence prevention workshops (direct) • 6 safe handling workshops (long-term care) • 4 safe handling workshops (home care) • 4 dementia workshops (Creating Connections)

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		• 10 dementia workshops (Gentle Persuasive Approach Basics) • 3 Safety Systems Audit Tool auditor training • 2 Supervisor Responsibilities for LPNs workshops • 5 Joint Occupational Health and Safety Committee workshops • 2 Peer Resource Network cohorts
Engage membership via membership survey	Conduct a survey of the SafeCare BC membership to assess reach, relevance, and impact of current programming and initiatives	1 survey completed
Expand membership list to incorporate post-secondary training programs	Expand membership base to include options for continuing care-specific post-secondary education programs, based on the options identified as part of 2017 engagement activities with post-secondary programs.	2 post-secondary programs signed on as members.
Conduct outreach with continuing care-related post-secondary programs	Establish relationships with BC post-secondary programs with HCA, LPN, RN, and health care administrator-level programming. Conduct outreach work with students enrolled in those programs.	Contact 30 HCA programs recognized by the Care Aide Registry. Contact 6 post-secondary programs with recognized nursing programs. Contact 1 post-secondary program with health administrator-targeted certificate programs Conduct student outreach activities at 5 post-secondary programs across BC.

(Add additional rows as required)

G. Overall Assessment

Board Chair Approval

_____ _____ _____
Name   Signature   Date

File Version 2016 v1