

Status Report of the 2026 Implementation Plan

Updated: September 28, 2026

The 2026 Implementation Plan is reviewed quarterly by the Leadership Team, with MRPs updating activities as needed. This report reflects the current status based on the latest available information. Initiatives not noted below are scheduled to begin later in 2026.

STRATEGIC PRIORITY 1: The best possible quality of life for every resident

Outcome A: Our care is guided by residents' preferences and needs for physical, emotional, social, spiritual and psychological wellbeing.

Outcome B: Our flexible processes and ways of working accommodate different and changing needs.

Outcome C: Everyone in our St. Patrick's Home family has greater opportunities to engage with each other and with the larger community.

STRATEGIC PRIORITY 2: Consistent, person-directed, quality care and support

Outcome A: We match our level of care to residents' individual needs and strive to always provide the best quality care possible.

Outcome B: Staff feel equipped and empowered to provide quality person-directed care.

Outcome C: Our systems, processes and equipment support consistent, person-directed quality care and the safety of residents and staff.

Outcome D: Everyone works together in each residents' best interests - families, friends, staff, volunteers, residents themselves and/or their SDMs.

STRATEGIC PRIORITY 3: A purposeful partner in the health system

Outcome A: All of us involved in St. Patrick's Home - residents, families, friends, volunteers and staff - share an understanding of critical health system gaps, identify opportunities and present a strong, collective voice for positive change.

Outcome B: We strive to foster greater coordination and connection among health and social service partners, engaging effectively and drawing on our day-to-day understanding of long-term care realities.

STRATEGIC PRIORITY 4: Supportive affordable housing and services to meet community needs

Outcome A: Plans to expand housing and services that defer or provide an alternative to long-term care have broad support throughout the St. Patrick's community.

Outcome B: We develop our expanded campus thoughtfully, minimizing disruptions and creating new benefits for our home and the broader community.

Outcome C: We secure the funding needed to fulfill our housing plans and provide associated supports.

Initiative	Strategic Alignment	Key Deliverables (Q3)	Timeline Adjusted	Metric / Target	Q3 Status	Risk	Recovery	Accomplishment
Person- Directed Meal Service	SP1:ABC	Standardize effective mealtime practices and workflows	Q2→Q1 2027	Food & Meals QOL: 56% → 61% (+5%)	Off Track	At risk	Deferred to 2027 for re-evaluation. Process mapping of the Carlow lunch meal service was completed; however, the initiative was determined to be broader than originally anticipated. Following CARF Accreditation and competing organizational priorities, implementation has been placed on hold pending further planning and resource allocation.	Process mapping of the Carlow lunch meal service was completed.
Person-Directed Recreation and Leisure	SP1:ABC	Complete implementation of the revised person-directed recreation and leisure process in all RHAs		Activities QOL: 34% → 41% (+6%)	On Track	No risk	N/A	Implementation of the revised person-directed recreation and leisure process was completed in all RHAs.

Quality Improvement	SP1: B SP 2: ABC	Finalize Layered Process Audit (LPA) framework and reporting processes and implement and roll out across all Resident Home Areas	Q2→Q4	Inspection Findings (MOLTC): - 50% (2026) → 0 (2028)	In Progress	Rollout across RHAs deferred to Q4	Complete implementation and rollout of LPAs in Q4	LPA framework, policy, procedure, audit form, and reporting processes completed. Education finalized with leadership, supervisors, and registered staff. Rollout across RHAs deferred to Q4.
Improve Skin Integrity of Residents	SP2: AC	Continue wound prevention education, mentorship, and clinical support for PSWs and registered staff.		New Internally Acquired Stage 2–4 Wounds: 4.16% → 1.80%	In Progress	No risk	Continue education, audits, and mentorship	Mandatory Skin & Wound Training is 78% complete, and SWAN Skin & Wound Training is 47% complete. Ongoing education, mentorship, and follow-up continue to strengthen wound prevention and management

								practices across the home.
Improve Oral care of Residents	SP2: AC	Determine and assign oral care champions for each RHA		Oral Care Refusals: - 50%	In Progress	Competing operational priorities have delayed the identification and assignment of Oral Care Champions.	Continue identifying and assigning Oral Care Champions on each RHA and provide support to champions to promote oral care best practices.	Over 50% of day and evening PSWs have completed oral care training, and Oral Care Champion identification is underway across the RHAs to support ongoing education and best practices.
Improve Linen Access to Residents	SP2: C	Implement Action Plan related to the Home's linen		Reduce unavailability of linen by 50% by Dec 31/2026, utilizing pre and post measures	In Progress	Implementation may require product changes and additional funding.	Continue analysis of collected data to evaluate feasible solutions, alternative products, operational impacts, and budget requirements.	Data collection and process mapping have provided a better understanding of current linen distribution challenges and will inform the development of potential solutions.
Increase knowledge and support of the residents with the	SP1: A SP2: ACD	Review resident feedback and emerging		QOL "Express Opinion	In Progress	Limited resident participati	The Social Work student and Social Worker will continue	Resident education resumed on the

abuse and whistleblowing legislation		themes; share outcomes and key messages with Resident Council.		Safely”: 70% → 76%		on may extend the timeline required to complete education sessions and gather meaningful feedback.	one-to-one education sessions and explore opportunities to provide group education sessions in collaboration with Recreation to increase resident engagement and reach.	5th floor, feedback collection is ongoing, and plans are underway to share outcomes with Resident Council and expand education opportunities.
CARF Accreditation	SP3: AB	Engage leadership and key partners in accreditation readiness activities; monitor progress and address identified gaps; prepare for and support the CARF accreditation survey.		CARF Accreditation Achieved	Completed	None		CARF preparation activities were completed, and the survey was successfully conducted on September 21 and 22, 2026. Final results are expected within 6 to 8 weeks.
Ontario Association of Resident Council Representation	SP3: A	Maintain resident participation; continue communication of OARC opportunities		OARC Participation: ≥1 resident	On Track	None	Continue engagement	Residents continue to receive OARC updates, the Residents'

								Council President remains active in the REAL group, and the Resident Engagement Toolkit will be reviewed for implementation opportunities in Q4.
Membership on External Committees	SP3: AB	Maintain leadership participation in external committees		Committees : ≥4	On Track	None	On Track	Leadership engagement maintained across multiple external committees and communities of practice.

In Progress
On Track
Off Track
Completed