

# Implementation Plan Status Report for October - December 2025

St. Pat's has an Implementation Plan for our Strategic Priorities that is aimed at advancing them in a systematic way spread over the lifetime of our 2022 – 2026 Strategic Framework. The Implementation Plan is updated annually based on the priorities and what is achievable. A Status Report of the 2025 Implementation Plan will be reviewed by the Board of Directors quarterly and is also posted in the Home as a communication tool for residents, staff and families. This Status Report is also posted on our website.

Person-Directed Focus	Quality Improvement Initiatives	LEAD	SUPPORT/TEAM	OUTCOME TARGETED	ACTIONS	MEASURES	TARGET/GOAL	TIMELINE	ADJUSTED TIMELINE	CURRENT STATUS	STATUS REPORT Q1	STATUS REPORT Q2	STATUS REPORT Q3	STATUS REPORT Q4		
Resident Engagement and Contribution	Person Directed Meal Service	Paul	Quality Person-Directed Care Advisory Committee	SP1:ABC	1) Create a team responsible for the overall project	Resident QOL survey	Increase satisfaction of the residents for the indicator: Food and Meals on the QOL survey for 2026 by 5%, from overall average of 56% to 61%	Q2		Completed	Planning for this initiative to start. Reviewed with Resident Council and Leadership in finalizing the plan for initiation of the project and gathering team members.	Project team members chosen and meeting scheduled for July 30th .				
					2) Create the philosophy of person directed meal service					Started	To be started at the July 30th meeting. Meeting materials prepared for the meeting	The team has developed a draft philosophy that is pending review and approval by Leadership and the Residents' Council.	The team has developed a draft philosophy that is pending review and approval by Leadership and the Residents' Council.			
					3) Using the QOL survey, add team members from each home that will be involved in the project for their area.					Started	Will be starting on Carlow. Planning for Process mapping and additional members to be included.	This is still the plan, but delayed getting volunteers for Carlow, as the team conducted an additional SurveyMonkey survey focused on resident meal service, which has now been completed across all RHAs.	The SurveyMonkey survey focused on resident meal service has now been completed across all RHAs			
					4) Process mapping on one of the home areas					Not Started - Timeline Adjusted	Timeline adjust for start date in August	Due to the teams decision to do additional targeted meal service surveys on all RHAs in addition to the QOL survey the process mapping as been moved to Q4.	Process mapping of the current mealtime experience on Carlow to be completed in Q1 2026			
					5) Identifying gaps and barriers						Timeline adjust for start date in August		Timeline adjust for start in Q1 2026			
					6) Create an action plan						Timeline adjust for start date in August		Timeline adjust for start in Q1 2026			
					7) Implement plan with PDSA cycles					PDSA results	Q3	Q1 2026	Not Started - Timeline Adjusted			Timeline adjust for start in Q1 2026
					8) Evaluate each cycle, adjust plan until cycle is effective											Timeline adjust for start in Q1 2026
					9) Discuss results with Resident Council and Family/Friends Council for feedback											Timeline adjust for start in Q1 2026
					10) Implement whole process with other home areas, one at a time.						Q1 2026		Not Yet Due			
					1) Conduct process mapping with the interdisciplinary team	Residents, Staff & Family responses & comments	Increase satisfaction of the residents for the indicator: Activities on the QOL survey for 2025 by 5%, from overall average of 37% to 42%	Q1		Completed	Interdisciplinary team with residents and family met several times and process mapping and gap analysis completed.					
					2) Identify gaps and barriers					Completed	Interdisciplinary team with residents and family to develop an action plan.					
					3) Develop action plan					Q2	Q3	Completed	Philosophy is created in draft for approval at leadership in August	Input provided by Leadership and brought to Resident Council in Sept for feedback. Resident Council will provide feedback on Nov meeting.	The philosophy has been approved by Residents' Council	
					4) Finalize the philosophy of person-directed recreation and leisure											
					5) Implement the plan using PDSA cycles in the RHA with the lowest score on the QOL survey								Started	PDSA Cycle started on July 1 on Cavan, Carlow and Waterford.	Ongoing	Ongoing and progressing well; work will continue

Resident Engagement and Contribution	Person-Directed Recreation and Leisure	Robert	Residents/BSO/Recreation/ QPDCAC	SP1:ABC	6) Evaluate each cycle and adjust the plan until it is effective	Residents & Residents Council Response, Audit, Residents co-created input & results/responses from Residents on Activity Pro satisfaction scale				Q4	Started			Adjustments have occurred.	Staff provided activity suggestions for residents who did not have ideas for the day. These suggestions were implemented and appear to be working well, and they will continue to be evaluated and adjusted as part of each cycle to ensure ongoing effectiveness.					
					7) Discuss results with the Resident Council and Family/Friends Council for feedback									Will discuss adjustments at next residents council Nov 5th.	Timeline adjusted to Jan/26					
					8) Implement the revised process in other RHAs, one at a time									Results/responses from Residents on Activity Pro satisfaction scale, Staff & Families Questionnaire, Audit and Residents Co-created input & Results & Activity Pro Results.	Q1 2026	Not Started - Timeline Adjusted				
Staff Engagement	Kindness Teamwork	Monique	Leadership	SP1:C SP2:D	1) Create content of education for teamwork with a kindness theme and get leadership team approval	QOL Survey Results	Increase satisfaction of the residents of the indicator: staff responsiveness by 5% from 61% to 66% in 2026 resident QOL survey			Q1	Started	Education presentation was created and sessions booked.	Education sessions started and there has been positive feedback from staff. Slides and content have been revised based on feedback.							
					2) Plan education times and schedule									Q1	Completed	Education schedule and plan are completed.				
					3) Educate all staff including newly hired staff									Q4	Started	ongoing	ongoing	ongoing		
					4) Create St. Pat's team charter from the sessions and post on every home area and work spaces, after a review with frontline staff on final version									Q1 2026	Started			Information is being collated as the sessions are done.		
Quality Person-Directed Care	Quality Improvement	Korry	Quality Person-Directed Care Advisory Committee	SP1:B SP2: ABC	1) Review current policy and identify gaps for Quality Improvement Program	Inspection reports	Improve all findings from Ministry of Long Term Care inspections by 5% for 2026 from 20 to 19			Q2	Q3	Completed	Policy review initiated	Ongoing review, need survey results to complete	A Person-Directed Quality Improvement and Risk Management Framework has been developed and was presented to QIRM in September.					
					2) Create a whole home audit program using GO Audit and Sodexo software, including the standardized process, timelines and resulting QI activities from the evaluation.										Q3	Not Started - Timeline Adjusted			Survey created to determine audit needs.	Timeline adjusted to Q2 2026
					3) Educate and Implement the program with Leadership Team										Q4	Q1 2026	Not Started - Timeline Adjusted			Timeline adjusted to Q1 2026
					4) Roll out the audit program to the staff										Q1 2026	Not Yet Due				

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

**Not Started - Timeline Adjusted** Outcome A: Our care is guided by residents' preferences and needs for physical, emotional, social, spiritual and psychological wellbeing.

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

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

**Not Yet Due**

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.

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Quality Person-Directed Clinical Care	Improve Skin Integrity of Residents	Jeena	Skin and Wound and Nutrition Team	SP2: A,C	1) Provide all PSWs with wound prevention education delivered by Best Practice experts.	Inter-RAI inhouse data	To improve wound preventions by educating staff aimed at reducing the percentage of new internally acquired Stage 2-4 wounds among residents from 4.28% to 3.20% by the end of 2025.	Q2	Q1 2026	Started	Sessions held with our contracted NSWOC, with Nursing staff in March on wound preventions. Comprehensive education focus on prevention of wounds embedded into mandatory education presentation. Mandatory sessions have started.	NSWOC plans to come in September to do Wound Care Education with Evening PSWs. Day shift was already completed in March 2025.	Plan has changed to our in-house SWAN nurses completing the Wound Care Education with our Evening PSWs. These evening sessions will occur in Q4. Day shift already completed in March 2025.	Timeline changed to be completed in Q1 2026
					Q1			Completed	Education materials completed and being used at sessions.					
					Q4			Completed	ongoing education	ongoing education	ongoing education	Completed		
					Q4			Started	ongoing education being done	ongoing education being done	ongoing education being done	ongoing education being done.		
Quality Person-Directed Clinical Care	Reduction in Medication Errors	Annik	Medication Safety Team	SP2: C	1) Identify the gaps in the medication errors that are reported	CHHI data on Med reporting site	Reduce Medication Errors by 5% from 120 incidents to 114 incidents by Dec. 31/2025	Q2	Completed	Completed	Monique will update Jeena and Annik on the work done previously. Eight (8) FMEA's were completed in the previous medication project that will need reviewing to revitalize the project.	FMEAs were reviewed the Medication Management Committee in September 2025 and medication error gaps were identified and agreed upon.		
					Q3			Started	Monique plans to review identified area for action with Nursing Leads	Briefly discussed with Medication Management Committee in September 2025. Sub-committee meeting booked in Q4 to create detailed action plan.	Continued to work on this in December 2025 - in progress.			
					Q1 2026			Not Started - Timeline Adjusted						
					Q2 2026			Not Started - Timeline Adjusted						
Resident Safety	Increase knowledge and support of the residents with the abuse and whistleblowing legislation	Monique	Leadership Team	SP1: A SP2: A,C,D	1) Create the materials to inform residents of the Human Resources process when a resident has a concern and how the Whistleblowing legislation is enforced.	Resident QOL survey results for 2025	Increase satisfaction of the residents of the indicator: "I can express my opinion without fear of consequences" by 10% from 48.5% to 58.5% in 2025 and 12% to 70 % in 2026 resident QOL survey	Q2	Completed	Completed	HR and SW collaborated to decide on material for education sessions.			
					Q2			Completed	Completed	SW student Rayna Bonner created a Residents' Rights fact sheet, which she shares with Residents who participate in rights education. Rayna completed education with Residents who live on Cavan and Carlow.				
					Q3			Not Started - Timeline Adjusted			SW will begin to meet with Residents who live on Dublin, Kerry and Waterford.	Timeline adjusted to Q1 2026		
					Q4			Not Started - Timeline Adjusted		Waiting for feedback from session on 2nd floor	Feedback to be reviewed at August Leadership Meeting	Timeline adjusted to Q2 2026		
					Q4			Completed	Completed		Resident Quality of Life Surveys completed			
					1) Create Action plan from the evaluation of best practices that was completed in 2024.	CLRI EDI-AR assessment	15% of staff who have not previously received EDIA-R education will complete an EDIA-R education session by March 31, 2026.	Q1	Completed	Completed	The 2 impact areas that the Home was strong in were Service and Resident & Family engagement. The 2 impact areas that the Home requires improvement are Education & Training and Planning & Policy. Action planning is based on these areas.			



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Resident Community Involvement	Ontario Association of Resident Council Representation	David	Resident Council	SP3: A	1) Support residents on Residents' Council and communicate the events and opportunities that are available through OARC monthly.	Residents will receive the OARC newsletter	Residents Council will have at least one resident participate in OARC programs.	Q4		Started	Our Resident Council President is actively involved in OARC. Monique has been involved in the committee with OARC and submitted St. Pat's resident volunteers that sit with palliative residents for the toolkit.	Our President of Resident Council passed away and a new President of Resident Council was elected. The current President is not yet part of OARC. OARC published a lovely tribute to the Past President and donated money to the Residents in his memory.	Our current President is actively reviewing information about OARC membership and is in the process of deciding whether to participate in OARC activities.	Monthly OARC updates continue to be shared with Resident Council.
					2) The home will pay for the OARC membership annually			Q1		Completed	Invoice paid.			
					3) Monique to participate in the Resident Engagement toolkit that will be a guideline to residents having real input into the home in which they live and implement some strategies in the toolkit once available.	St. Patrick's Home engagement ideas are integrated into the OARC toolkit.	Resident Council will have the opportunity to initiate a program from the toolkit or a similar opportunity of their wishes facilitated by the President and CEO	Q4	Started	Completed toolkit is not yet available for release yet to the sector.	Toolkit is still ongoing and has not yet been released.	Toolkit is still ongoing and has not yet been released.	The Resident Engagement Toolkit has been finalized and published in Q4. St. Patrick's Home is highlighted in two areas of the toolkit, demonstrating our leadership in resident-driven engagement.	
Advocacy for LTC Residents' Voice	Membership on External Committees	Monique	Leadership	SP3: A,B	Leadership team members will continue to look for opportunities to join an external committee that advocates for seniors and vulnerable people in congregate living settings.	The number of committees that a St. Patrick's team member is associated.	The Leadership team will be associated with a minimum of 4 external committees	Q4	Completed	Korry and Monique sit on Person Centered Care Community of Practice and on Eastern Ontario LTC Senior Leadership & Community Partner Quarterly Meeting. Monique is also on the OHE Digital Health Advisory Committee, the Ontario Health East LTC Advisory Committee and the COP for Administrators with CHAC. Tracey works with another CHSO organization to provide HR support, sits on the CHAC COP for HHR and the Advantage EDI knowledge exchange committee.	In addition to Q1 status update, Stephen has been on COP for Mission and Spiritual Care and Tracey is on a COP for EDIAR.	Monique is on the NFP Advisory Group with Advantage Ontario as well as Person Centred Care Advisory Committee.	Reviewing potential for leadership involvement in OHTs as affiliate members.	
Advocacy for Vulnerable Seniors	Explore opportunities in joining a Ontario Health Team	Monique	Leadership	SP3: B	Monique to explore the opportunities and risks associated with joining an Ontario Health Team and bring the information to the Leadership Team for feedback. A recommendation will then be brought to the Board with the analysis of the information gathered.	Research on this topic	The Board will decide on whether the home should join an OHT and ensure resident council is in agreement	Q3	Started	Research on OHTs has been started.	Monique has reached out to a local OHT for information and is waiting to hear back from them.	Monique spoke with the Lead and there is no cost to the home to join the OHT. OHT lead is providing information and coming for a tour. Provided a memo to the Board in September and more information is required.	Exploring opportunities for members of the leadership team to join OHTs as affiliates.	

**Started** STRATEGIC PRIORITY 3: A purposeful partner in the health system

**Not Started - Timeline Adjusted**

**Completed**

**On Hold**

**Not Yet Due**

**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.

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Community engagement and Advocacy for Vulnerable Seniors	Affordable Housing Project	Monique	Cheryl H and Board	Affordable Housing for Seniors with 133 units	1) Put out Contractor tender package to pre-approved proponents	The building is viable to build and operate	To have Board Approval to start building once Financing is approved.	Q1	Q2	Completed	Waiting for CCLC to come to an agreed lease with St. Pat's for 2857 Riverside Dr. Waiting for CHMC to provide our funding agreement and once this is completed the HAF agreement will be completed. Due to the Federal Election CMHC is in a blackout and cannot hold meetings.	The finalization of the lease with CCLC is still pending. CMHC has conditionally approved the financing. The preferred proponent is holding until September.	The preferred GC and BTY are in coordination to confirm an extension of the contract award to March 2026 and what the associated costs will be.	The preferred GC and BTY are in coordination to confirm an extension of the contract award to March 2026 and what the associated costs will be.	The preferred GC and BTY are in coordination to confirm an extension of the contract award to March 2026 and what the associated costs will be.
					2) Obtain a lease from CCLC for 50+ years			Q1	Q2	Completed	Ongoing	Ongoing	Lease completed on July 24th, 2025	The lease will be registered once a land appraisal is completed to determine the amount of land transfer tax required to be paid.	
					3) Ensure building permits and plan is in order prior to building			Q3		Started	Building permit cheque has been issued and the Housing Coordinator will bring to the City.	The finalizing of the Building Permit is still in process.	The Building Permit has been received.		
					4) Secure Financing from CMHC and approvals from Infrastructure Ontario and approval from Board.			Q2	Q3	Started	Financing has been approved from CMHC and waiting for the final terms and conditions to be sent to us.	Financing has been approved from CMHC and waiting for the final terms and conditions to be sent to us.	Financing has been approved from CMHC and waiting for the final terms and conditions to be sent to us.		
					5) To plan a ceremonial ground breaking public event tied in with the LTC Homes Annual Public engagement event			Q3		Started	Plans are in the planning phase without at date until lease and building permit completed.	Plans are in the planning phase without at date until building permit, financing agreement and GC contract are finalized.	Plans are in the planning phase without at date until building permit, financing agreement and GC contract are finalized.		
					6) Leadership team with Housing development Coordinator to work on an operational plan for the building.			Risk assessment and workplan	To complete a work plan for operationalizing the building by the end of 2025	Q4		On Hold	On hold until financing is secured as well as a lease.	Still on hold until financing is secured as well as a lease.	Still on hold until financing is secured.

**Started**  
**Not Started - Timeline Adjusted**  
**Completed**  
**On Hold**  
**Not Yet Due**

**STRATEGIC PRIORITY 4: Supportive affordable housing and services to met 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.