Continuous Quality Improvement Initiative Report February 2026

Reporting period: April 1, 2025 to March 31, 2026.

This report is prepared in accordance with O. Reg. 246/22 s.168(1), within three months of fiscal year end, and will be published on the Home's public website.

Designated Lead

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Strategic Framework 2022 – 2026

After more than 150 years of community service, we at St. Patrick's Home understand quality of life means something different for everyone. That's why we build unique, individual relationships with each of the residents of our Home: to appreciate what they value so we can meet their needs and respect their choices.

We know from experience that providing quality care and support is a collective effort. When staff, volunteers, residents, families and friends work together, our mission-driven non-profit organization is empowered to make a real difference in people's lives and throughout our community.

OUR MISSION
Collectively, our foundation, purpose and vision capture our mission of care for the people we serve.

OUR FOUNDATION
A Catholic organization inspired by Christ's ministry and the legacy of the Grey Sisters of the Immaculate Conception.

OUR PURPOSE
Quality, person-directed long-term care and support for people in our community.

OUR VISION
A welcoming and inclusive home where each person feels cared for, supported and engaged.

OUR VALUES
Together as residents, families, friends, staff, volunteers and Board members, we embrace and live the values of St. Patrick's Home in all we do:

Respect – See every person for who they are, honouring their preferences and their individuality.
Compassion – Be kind, ease suffering, share joy.
Spirituality – Nurture each person's own spiritual beliefs and practices.
Integrity – Be honest, transparent and accountable, even when it is difficult.
Excellence – Strive always to do and be our best, knowing there's no finish line in the pursuit of excellence.
Collaboration – Communicate openly and actively so we can work as a team toward common goals.

OUR STRATEGIC PRIORITIES

Strategic Priority 1	*Outcomes*
The best possible quality of life for every resident	Our care is guided by residents' preferences and needs for physical, emotional, social, spiritual, and psychological wellbeing. Our flexible processes and ways of working accommodate different and changing needs. Everyone in our St. Patrick's Home family has greater opportunities to engage with each other and with the wider community.

Strategic Priority 2	*Outcomes*
Consistent, person-directed, quality care and support	We match our level of care to residents' individual needs and strive to always provide the best-quality care possible. Staff feel equipped and empowered to provide quality person-directed care. Our systems, processes and equipment support consistent, person-directed quality care and the safety of residents and staff. Everyone works together in each resident's best interest — families, friends, staff, volunteers, residents themselves and/or their substitute decision-makers.

Strategic Priority 3	*Outcomes*
A purposeful partner in the health system	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. 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	*Outcomes*
Supportive affordable housing and services to meet community needs	Plans to expand housing and services that defer or provide an alternative to long-term care have broad support throughout the St. Patrick's Home community. We develop our expanded campus thoughtfully, minimizing disruptions and creating new benefits for our Home and the broader community. We secure the funding needed to fulfill our housing plans and provide associated supports.

Quality Improvement Plan (QIP) Planning Cycle and Priority Setting Process

In addition to performing and evaluating our Resident Satisfaction Survey and following Ontario Health's recommended areas of quality, we also look at the following factors when developing our Quality Improvement Plans (QIP):

- Our goals and objectives from the previous years as well as our overall Home's strategic priorities;
- Ongoing analysis of our performance indicators that are available from the Canadian Institute for Health Information (CIHI). These indicators allow us to analyze our trends over time but also compare to the provincial average;
- Family and Friends feedback survey;
- Ongoing analysis of our internal complaints and feedback from families, designated caregivers, staff, and residents;
- Ongoing analysis of critical incidents;
- Areas of risk as identified through the HIROC Insurance Risk Management Program.

In alignment with Ontario Health's 2026/27 Quality Improvement Plan (QIP) priorities—Access and Flow, Equity, Experience, and Safety—St. Patrick's Home of Ottawa is implementing key initiatives to enhance residents' quality of life:

- Reduce the incidence of new Stage 2-4 pressure ulcers, aiming to lower the current RAI-MDS indicator from 5.92% to the provincial average of 3.3%.
- Expand EDIA-R (Equity, Diversity, Inclusion, Anti-Racism) and ICS (Indigenous Cultural Safety) training, ensuring 20% of staff who have not yet received this education are educated.
- Increasing Resident's comfort with their ability to express their opinion without fear of consequences. Our goal is to move from a Resident satisfaction score of 60% to 76%.

The Quality Person Directed Care Advisory Committee meets quarterly to review indicators, surveys, complaints, critical incidents, and program evaluations. Priority areas for the next fiscal year are based on the recommendations of the CQI Committee, as required under O. Reg. 246/22.

St. Patrick's Home of Ottawa's Approach to Continuous Quality Improvement

In addition to our QIP, 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 Strategic Framework. The Implementation Plan is updated annually based on the priorities and what is achievable. A Status Report of the 2026 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 will also be posted on our website.

The Quality Committee oversees all quality improvement activity in the Home. The committee receives updates from the Home's committees, reviews program evaluations and provides feedback where required.

One of the key tools used in quality improvement at St. Patrick's Home is the Plan-Do-Study-Act (PDSA) cycle. The PDSA cycle is an iterative, four-step model that supports continuous improvement by testing small changes, measuring their impact, and refining approaches before full implementation.

The PDSA cycle consists of the following steps:

Plan – Identify the issue, set objectives, and develop a strategy for improvement.

Do – Implement the plan on a small scale and document any challenges or unexpected findings.

Study – Analyze the results, compare them to initial expectations, and determine effectiveness.

Act – Make necessary adjustments, expand successful strategies, and prepare for the next cycle.

This cycle allows the organization to trial solutions in a structured way, measure their effectiveness, and refine them based on real-world data. Many successful improvements go through multiple PDSA cycles before full implementation, ensuring that changes are well-tested and sustainable. By incorporating the PDSA cycle into quality improvement initiatives, St. Patrick's Home fosters a culture of continuous learning, adaptability, and evidence-based decision-making, ensuring the best possible care and services for residents.

The Home's CQI policies, procedures, and protocols are reviewed at least annually and updated as required to align with legislation, best practice, and person directed care principles.

The Home maintains records of improvements made, the names of individuals involved in evaluations, dates of implementation, and communications provided to Residents' Council, Family and Friends Council, and staff. These records are available for inspection.

Resident and Family Quality of Life Survey

St. Patrick's Home of Ottawa started using the International Resident Assessment Instrument (interRAI) Long Term Care (LTC) Quality of Life (QOL) Instrument in 2019 to survey residents on their quality of life. The survey is a standardized tool used to better understand how the people who live at the home experience life. Using this survey enables St. Pat's to compare the quality-of-life ratings from our residents to benchmark from other LTC homes across North American and Europe. In addition, the QIP uses questions from the survey as a measurement of quality improvement work outcomes.

The Resident Quality of Life Survey achieved a 92% completion rate, while the Family Quality of Life Survey had a 22% response rate. The survey was open from September 10, 2025, to October 31, 2025. Feedback from both surveys helped identify key areas for improvement that will inform our 2026–27 Quality Improvement Plan (QIP) and Implementation Plan.

The Family Quality of Life Survey's 22% response rate presents a challenge in drawing strong, representative conclusions. With low participation, the results may not reflect the broader experiences and perspectives of families, limiting the extent to which the data can reliably drive meaningful quality improvement.

Although we were unable to gather sufficient data through the survey alone, we remain committed to strengthening family engagement and incorporating family voices in our quality improvement work. Moving forward, we will explore alternative methods of gathering feedback.

Our goal is to ensure that all families have accessible and meaningful opportunities to share their perspectives, helping us continue to improve the resident and family experience.

The summary report for the Resident QOL Survey will be reviewed by the Board of Directors in March 2026 and then shared with Residents' and Family and Friends Councils in April 2026. Once finalized they will be posted on our website and in the Home for staff, residents and families.

Partnering and Relations

We are committed to ensuring that staff, residents and caregivers have a voice and input into everything we do in the Home. We are doing this by ensuring there is a Residents' and Family and Friends Council representative on all committees and quality improvement project working groups. They are pivotal in not only providing feedback, but driving new initiatives and building new ideas from the ground up.

We are actively working on four organization wide projects, all with Resident and Family Council involvement. These include:

The **Person-Directed Meal Service** initiative continues to evolve as we strengthen our focus on resident choice, preferences, and meaningful engagement during mealtimes. Using insights from the Resident Quality of Life (QOL) Survey, process mapping, and direct resident feedback, we are identifying gaps and barriers that affect the dining experience. This work is being advanced through a series of Plan-Do-Study-Act (PDSA) cycles, which allow us to test and refine improvements in collaboration with front-line teams and residents.

The updated person-directed approach will be implemented one Resident Home Area (RHA) at a time, ensuring each area receives focused engagement, coaching, and evaluation. This phased rollout supports consistent, resident-centered mealtime practices across the home and aligns with our overall commitment to person-directed care.

The **Person-Directed Recreation and Leisure Program** has progressed from assessment into action planning, embedding a fully resident-directed approach into day-to-day recreation. Throughout 2025, the team finalized the new Recreation and Leisure Philosophy, refined calendars to balance structured and unstructured programming, and enhanced documentation and engagement tracking through Activity Pro and PointClickCare.

Implementation is now moving forward RHA-by-RHA. The next phase focuses on evaluating resident satisfaction, using QOL survey data and engagement metrics to refine strategies, strengthen interdisciplinary collaboration, and ensure recreation programming remains flexible, inclusive, and aligned with each resident's interests, abilities, and preferences.

The **Kindness & Teamwork Initiative** has progressed from education and team engagement in 2025 into the implementation and embedding phase for 2026. Data collected from the 2025 Kindness & Teamwork sessions has informed the development of a draft Team Charter reflecting the values, expectations, and behaviours identified by front-line staff. The Charter is now undergoing final review with staff to ensure it accurately represents their shared commitments.

Throughout 2026, the focus will be on rolling out the finalized Charter across all Resident Home Areas (RHAs), posting it visibly, and facilitating structured discussions led by members of the leadership team. These discussions will use Resident Quality of Life (QOL) survey questions related to respect, responsiveness, and teamwork to guide meaningful dialogue with staff and reinforce daily practice expectations.

Ongoing monthly follow-up conversations within RHAs will help teams reflect on how they are living the Charter, celebrate successes, and identify barriers requiring leadership support. Additional work includes researching Teamwork Program models and exploring funding opportunities for a 2027 Train-the-Trainer Teamwork Program, with early planning underway in collaboration with HR and Finance. This phased approach supports the development of a consistent, supportive, and team-driven work environment that strengthens staff engagement and contributes to improved resident experience.

The **Mentorship and Staff and Resident Experience initiative** is now moving into its implementation stage for 2026. The mentorship program will begin in Q1, with mentors completing formal education through the Ontario Centres for Learning, Research and Innovation in Long Term Care (CLRI). Mentors will also participate in in house training on Teamwork Charter expectations and complete buddy shifts with experienced Super Mentors to support a consistent and team-oriented approach to resident care.

Work is also underway to develop the Staff and Resident Experience education sessions. These sessions will be delivered during Mandatory Education and will use Resident Quality of Life survey questions to guide group conversations about teamwork, communication, respect, and the resident experience. A second version of the session will be delivered during New Hire Orientation. This version will introduce the RHA Teamwork Charters and highlight how daily staff actions connect directly to Quality of Life outcomes for residents so that new staff understand expectations from their first day.

Together, the mentorship and education components aim to strengthen teamwork, support new staff, and improve the resident experience. As the program continues through 2026, progress will be monitored using Resident Quality of Life indicators such as Respect by Staff. Adjustments will be made based on staff feedback, resident feedback, and quality data.

The **Quality Improvement initiative** is progressing through the development and strengthening of core quality, audit, and risk management practices across the home. Work is underway to review existing policies and identify gaps that need to be addressed in order to support the Person Directed Quality Improvement and Risk Management Framework.

The whole home audit program continues to expand using GO Audit software. Standardized processes and timelines are being developed to support consistent auditing and timely follow up after results are reviewed. These audits will contribute to ongoing monitoring and improvement work throughout 2026.

The Layered Process Audit framework is being developed, including standardized audit tools, reporting processes, and methods for monitoring outcomes. Education for supervisors, registered staff, and leadership is being prepared so that all team members have a consistent understanding of Quality Improvement concepts, audit practices, and the purpose of Layered Process Audits. Once education is complete, the audits will be implemented across all Resident Home Areas to reinforce quality practices and support early identification of risks.

The intent of this initiative is to strengthen a person directed Quality Improvement and Risk Management system that leads to measurable improvements in audit performance, resident and family Quality of Life results, and Ministry of Long-Term Care inspection outcomes.

St. Patrick's Home remains committed to fostering a culture of continuous learning, quality, and collaboration. The initiatives outlined in this report reflect our ongoing efforts to strengthen resident experience, support staff, enhance safety and consistency, and engage families and caregivers as partners in care. As we move into the next phase of our Strategic Framework, we will continue to build on this work, using data, feedback, and best practices to guide improvement across the Home.

The report will be available on our website at **www.stpats.ca**.
Paper copies are available upon request.