

Status Report of the 2026 Implementation Plan

Updated: May 6, 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 (Q1)	Timeline Adjusted	Metric / Target	Q1 Status	Risk	Recovery	Accomplishment
Person-Directed Meal Service	SP1:ABC	Process map, PDSA cycles, start improvements, evaluate PDSA cycles	Q1→Q2	Food & Meals QOL: 56% → 61% (+5%)	Delayed	PDSA cycles not started	Q2- PDSA cycles to begin	Process mapping complete
Person-Directed Recreation and Leisure	SP1:ABC	Finalize action plan, Resident Council finalize philosophy, audit	Q1→Q2	Activities QOL: 34% → 41% (+6%)	Delayed	Audit not started	Q2- audits to be completed	Action plan and philosophy finalized and approved
Kindness Teamwork	SP1:C SP2:D	Create team charter, post charter	Q1→Q2	QOL Staff Responsiveness: 60% → 66% → 72%	Delayed	Charter not finalized	Q2 rollout	Analysis of data completed and draft in process
Mentorship and Staff and Resident experience	SP2: BCD	Mentorship program start, develop mandatory education	Q1→Q2	QOL Staff Respect: 68% → 76% → 84%	Delayed	Training incomplete	Q2- initiate mentorship program and roll out training and sessions	Training guides complete
Quality Improvement	SP1: B SP 2: ABC	Layered Process Audit (LPA) training and process	Q1→Q2	Inspection Findings (MOLTC): -50% (2026) → 0 (2028)	Delayed	LPA process incomplete	Q3- standardize LPA process	Staff education complete
Improve Skin Integrity of Residents	SP2: AC	Provide wound prevention education to evening and night PSWs	Q1→Q2	Stage 2–4 Wounds: 4.16% → 1.80%	Delayed	Education delay	Q2- mandatory education to begin	Subcommittee set

Improve Oral care of Residents	SP2: AC	Identify oral care education resources and schedule training		Oral Care Refusals: -50%	On Track		On track	Resources complete, oral care added to mandatory education
Improve Linen Access to Residents	SP2: C	Linen distribution gap analysis		Reduce unavailability of linen by 50% by Dec. 31/2026, utilizing pre and post measures	On Track		On track	Analysis complete
Increase knowledge and support of the residents with the abuse and whistleblowing legislation	SP1: A SP2: ACD	Update resident materials (HR/whistleblowing), complete resident education sessions	Q1→Q2	QOL “Express Opinion Safely”: 70% → 76%	Delayed	Education sessions not delivered	Q2– SW student in place to support	Materials updated
EDIA-R ICS	SP1: A SP2:CD	Complete EDI-AR/ICS evaluation to identify 2026 practices		Achieved 100% staff completion of EDI-AR education	On Track		On track	Evaluation completed
CARF Accreditation	SP3: AB	CARF scope & survey timeline confirmed		CARF Accreditation Achieved	On Track		On track	
Ontario Association of Resident Council Representation	SP3: A	OARC engagement + active membership		OARC Participation: ≥1 resident	On Track		On track	

Membership on External Committees	SP3: AB	Ongoing external committee participation		Committees: ≥4	On track		On Track	
Affordable Housing Project	SP4: ABC	Secure financing, finalize permits, finalize construction agreement, plan ground-breaking event	Q1→Q2	Board approval to proceed with construction upon confirmation of financing	Delayed	Quadripartite agreement is outstanding	Working to finalize agreement	Financing secured, permits finalized