



St. Joseph's at Fleming

Continuous Quality Improvement Report

2026-2027





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Executive Summary

St. Joseph's at Fleming is a 200-bed, not-for-profit long-term care home committed to delivering safe, person-centred, and high-quality care. The 2026–2027 Continuous Quality Improvement (CQI) Report reflects a period of significant organizational recovery, stabilization, and rebuilding following a Cease Admission Order (May 2024–January 16, 2026) and an ongoing Management Order (since January 9, 2025).

As of June 2026, the home has safely resumed admissions to approximately 75% capacity, with no compliance orders identified in two inspections conducted in 2026. These outcomes demonstrate measurable progress in regulatory compliance, clinical stability, and quality oversight, supported through partnership with SE Health.

Mission

Building on the legacy of the Sisters of St. Joseph, St. Joseph's at Fleming will provide compassionate person-centered long-term care support to ensure that the care and comfort of each of our residents.

Vision

We will strive to ensure the well-being of each person we serve by providing purpose, dignity, and individual choice.

Values

- Selflessness
- Integrity
- Compassion

Strategic Plan

St. Joseph's at Fleming strategic plan will be revised in 2026/2027.

Designated Leads

Daniel Preston – Director, Quality and Risk

Karma Tsering - Director of Care

Quality Framework

The Quality Framework focuses on person-centered care and continuous quality improvement initiatives for all areas of resident care, safety, satisfaction and services. The home’s framework aligns with the Ontario Quality Framework for Long-Term Care Homes, prioritizing safe, effective, person-centered, timely, efficient, and equitable care. These core dimensions serve as our foundation to measure, evaluate, and continuously improve performance and service.



Continuous Quality Improvement (CQI)

CQI is a systemic and ongoing process that involves identifying areas for improvement, developing strategies to address these areas, implementing changes, and measuring the impact of those changes. CQI is an essential component of ensuring high-quality resident centred care. There are always opportunities to optimize, streamline, develop and test processes and this process needs to be an integral part of everyone’s work, regardless of role or position within the home.



In 2026, education and training will continue to focus on work completed in 2025 and prioritize training for management team and front line staff on CQI to standardise the processes, approaches and tools.

Key tools and approaches include:

- **Plan-Do-Study-Act (PDSA):** A four-step, iterative method used to test changes, measure results, and learn before implementing a full-scale rollout.
- **Root Cause Analysis (RCA):** A systematic process for identifying the fundamental causes of problems or adverse events in a process or system to prevent them from recurring.
- **Failure Mode and Effects Analysis (FMEA):** A proactive, systematic method used to anticipate potential failures in processes, assess their impact, and prioritize actions to mitigate these risks.
- **Just Culture:** A just culture supports an open, honest environment where healthcare workers and residents feel safe reporting errors. It ensures that staff are treated fairly when something goes wrong with care. Reports of errors and resident safety hazards are important sources of information about weaknesses in the system that need to be addressed by a learning culture to improve resident safety.
- **Service Recovery / Complaint Opportunities:** A structured process for acknowledging, investigating, and resolving feedback from residents and families. This timely and consistent approach transforms negative experiences into opportunities to rebuild trust, capture actionable insights, and drive continuous quality improvement across the organization.

Together, these tools support a structured and collaborative approach to continuous quality improvement in healthcare.

Identifying Priority Quality Improvement Areas

Individual committees meet monthly to gather data, review policies and procedures and processes in the home. This information assists in preparation for our quarterly CQI committee which identifies and prioritizes improvement areas through a structured, data-driven and collaborative approach. The committee reviews multiple sources of information, including clinical indicators (e.g., falls, infections, medication incidents), resident and family feedback, complaints and compliments, staff input, regulatory requirements, and risk management reports. Trends and patterns are analyzed to determine underlying issues, often using tools such as Root Cause Analysis or dashboards to highlight areas of concern. Prioritization is based on factors such as resident safety, severity and frequency of incidents, impact on quality of life, regulatory



compliance, and alignment with organizational goals. Input from interdisciplinary team members ensures a comprehensive understanding of issues, while a Just Culture approach encourages open reporting and learning. Selected priorities are then translated into measurable quality improvement initiatives using structured methodologies such as PDSA cycles, ensuring continuous monitoring, evaluation, and refinement of outcomes.

The CQI committee collates, reviews, and analyzes data from multiple sources to identify trends, variances, and areas of risk. Through structured discussion and use of quality improvement tools, the committee interprets these findings to inform priorities and guide targeted improvement efforts.

- **Experience Survey:** Resident/Family survey results identify priority areas for quality improvement, and the interdisciplinary teams/committees work to act on the feedback to improve services and programs
- **Annual Quality Improvement Plan:** The QIP is completed and submitted at the end of March.
- **Ministry of Health and Long-Term Care:** MOHLTC Inspection Reports, Compliance Orders, Written Notifications. Reports are reviewed by leadership team and made available for all staff, residents and families to review. These reports are discussed with appropriate programs and committees.
- **Accreditation Report:** The current Accreditation is with the Commission on Accreditation of Rehabilitation Facilities (CARF) and expires in in 2027. The Board and home is actively reviewing options to determine the best approach for continued Accreditation in 2027.
- **Performance Indicators:** Performance indicators are tracked at several levels:
 - o **Home level:** Regular Internal Audits, Safety Incident Reporting, System and Quality Assessments, Chart audits through PointClickCare
 - o **Provincial level:** Data is collected in PointClickCare and compared with several provincial indicators such as: Canadian Institute Health Information (CIHI), Health Quality Ontario (HQO) and the Ministry of Health (MOH).

The leadership team and/or program chairs review and analyze outcomes and compares against set standards and historical performance. Results are shared at the CQI committee, management team, programs, staff meetings and the Board of Governors. In 2026 Quality Boards will be posted in the main entrance and on each home area and will focus on quality indicators including but not limited to: falls, call bell response time, wounds and restraints.

- **Residents' Council and Family Council:** A representative from each council actively participates on CQI committee meetings.



- **Legislative and Regulatory Frameworks:** Fixing Long Term Care Act, 2021. (FLTCA 2021).
- **Analysis of Complaints and Critical Incidents:** The leadership team reviews and analyzes all documented complaints and critical incidents at least quarterly. In 2026, a software is being implemented to assist in real time analysis and reporting trends.
- **Program Committees:** Collaborative, inter-disciplinary committees and working groups that support data sharing, development of improvement ideas and monitoring progress. These meetings are conducted monthly.
- **Staff Meetings: Monthly** staff meetings held on each shift play a key role in sharing information and supporting the development of quality improvement suggestions by providing a structured forum for open communication among team members. During these meetings, staff can review performance data, discuss incidents, share observations from daily practice, and raise concerns or ideas for improvement. Minutes from meetings are shared with all staff via our Employee App. This collaborative environment encourages frontline staff to contribute their insights, helping to identify trends, gaps in care, and practical solutions. By fostering engagement, transparency, and a Just Culture approach, staff meetings enable the team to collectively generate, refine, and prioritize quality improvement initiatives that enhance resident care and safety.
- **Healthcare Insurance Reciprocal of Canada (HIROC):** A risk assessment checklist was completed in 2025. The data will be used to develop quality improvement initiatives in 2026.

Committees

Continuous Quality Improvement (CQI) Committee:

- CQI Committee is an interdisciplinary team including representation from Residents' Council, Family Council and front-line staff (Nursing, PSW, Environmental Services). The meetings are held quarterly to monitor and report on quality-related issues, residents' quality of life, overall quality care and services provided using relevant data.

- The meetings are a forum to monitor and measure progress, identify and adjustments and communicate outcomes for the home's key quality priorities.

The home holds (weekly or monthly) meetings through structured organizational meetings:

- Weekly Management meeting
- Weekly Professional Practice Meeting
- Monthly Interdisciplinary Infection, Prevention and Control (IPAC) Committee
- Monthly Interdisciplinary Prevention and Management of Falls Committee



- Monthly Interdisciplinary End of Life Care Committee
- Monthly Interdisciplinary Pain and Symptom Management Committee
- Monthly Interdisciplinary Skin and Wound Care Management Committee
- Monthly Behavioural Supports Committee
- Monthly Interdisciplinary Professional Advisory Committee (PAC)
- Monthly Joint Health and Safety Committee
- Monthly Interdisciplinary Continence Care Committee
- Monthly The Food Focus Group (Resident representation from each home area)

These committees support the quality of care, and the services provided to residents. The progress of the committee’s quality initiatives is shared at the CQI committee meeting.

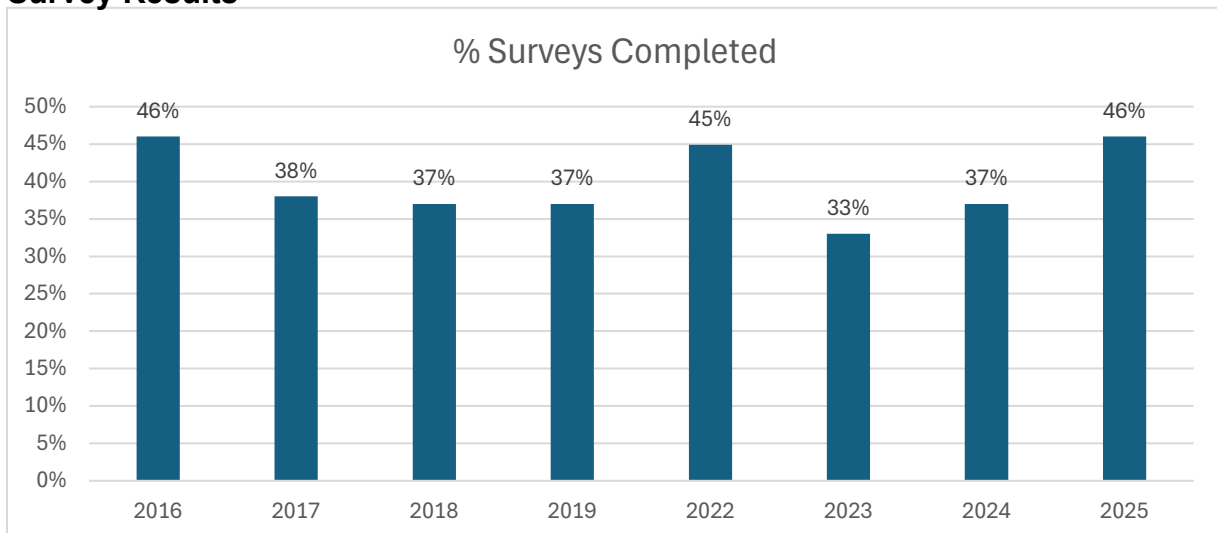
Home/Department Specific Priority Areas

The data and forums discussed above guide the interdisciplinary committees/teams, residents, families, community partners in deciding on the quality improvement priorities. These priorities collaborate with and reference QIP indicators.

Resident / Family Experience Survey

The Resident/Family Experience Survey is an important data source used to understand the resident/family, experience. The survey was distributed using an electronic platform in 2025. Residents were provided with an iPad and, if required, staff support to complete the survey. The response rate for 2025 was 46%, an improvement from 2023 (33%) and 2024 (37%). The collection period for 2025 was from January 2026 to Mid-February 2026. The results were shared with the management team, the frontline staff, the CQI Committee on March 6, 2026, and the Resident Council on May 7th, 2026.

Survey Results





Key Findings

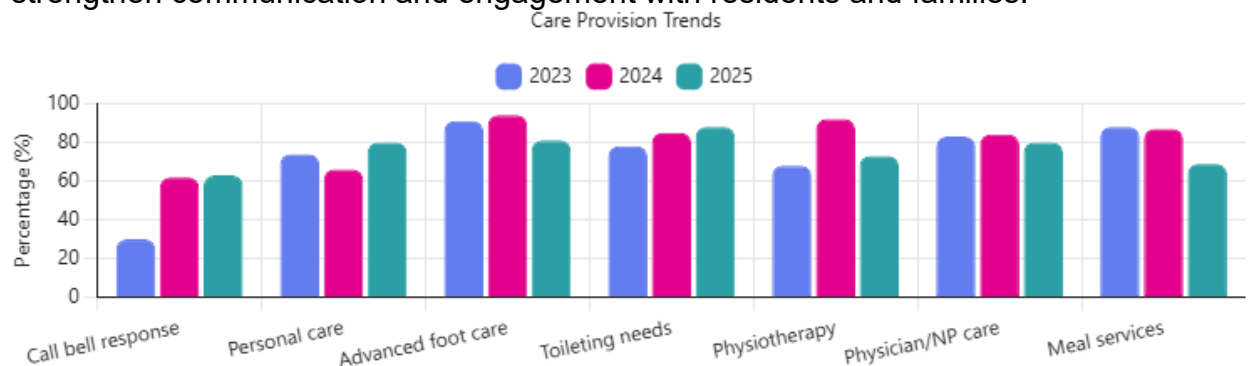
Below are the summarized results from the Resident Experience Survey. For the direct questions asked, please reference the resident experience survey results on the St. Joseph's at Fleming website.



The percentage of residents who indicated that they would recommend the home declined from 88% to 80% over the year, indicating an important area for improvement. The percentage of residents who reported they can express their concerns without fear was lower this year, decreasing from 88% to 71%. The percentage of residents who rated staff highly for listening increased from 92% to 95%.

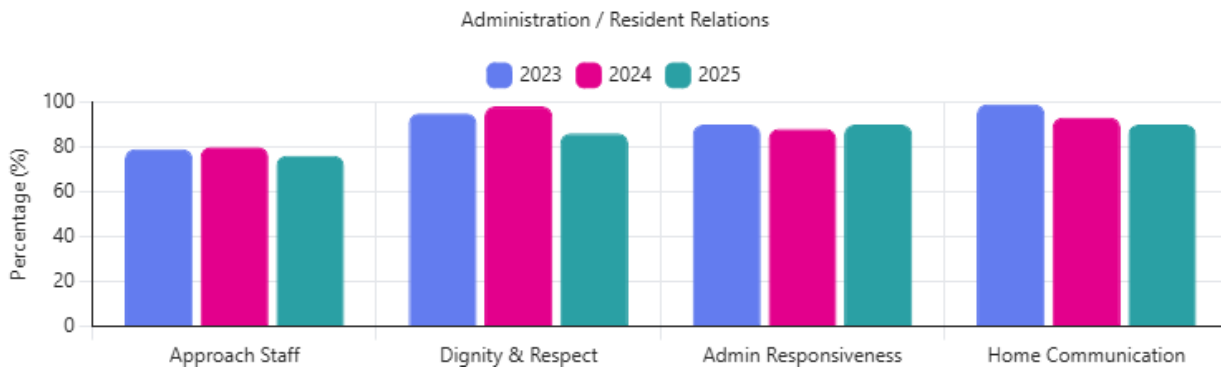


Survey results in the Communication and Staff Interaction category show a decline in satisfaction in 2025 across several indicators. These results represent a notable decrease compared to 2023 and 2024 and highlight opportunities and the need to strengthen communication and engagement with residents and families.

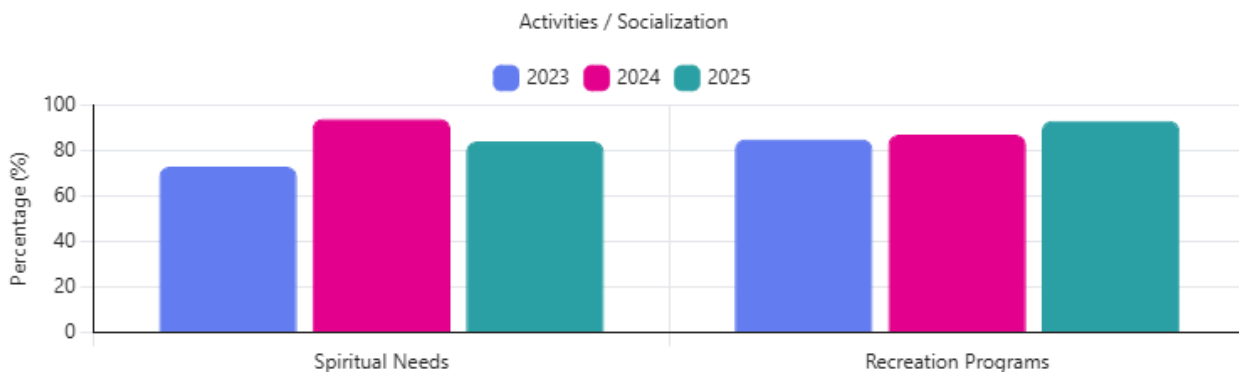




Overall, residents and families reported positive satisfaction with several aspects of care. Personal Support Workers maintaining residents' personal appearance and grooming received strong results in 2025 (80%), showing improvement from 2024 (66%). Satisfaction with staff assisting with toileting needs also remained consistently high. Some areas showed variability and will be monitored for improvement. Satisfaction with response time to nurse call bell increased to 63%, indicating the need for continued attention to staff response times. Physiotherapy services, where satisfaction had a significant decrease to 73%. The home will continue to monitor these areas through ongoing quality improvement initiatives, staff education, and resident/family feedback to ensure residents' care needs and expectations are met.



The 2025 resident survey results for Administration and Resident Relations remain generally positive. Results remain strong overall, though lower than in previous years, suggesting opportunities to further improve communication and awareness.



Recreational programs' survey results reflect the continued improvement over the years. Responses related to spiritual support varied across the years, with decline in 2025.



Overall, the Home Environment shows strong performance across all measures, with steady, notable improvements in cleanliness, odour control, and laundry in 2025.

Resident Experience Survey Action Plan

Area of Concern	Key Actions	Target Date for Completion
<ul style="list-style-type: none"> - Home Communication - Dignity and Respect 	Ensure 100% completion of mandatory abuse and neglect training.	December 2026
<ul style="list-style-type: none"> - Home Communication 	Home continues to host monthly Family Information Session where families can participate virtually. Residents' Council has an open invite for CEO to attend monthly to provide updates. Weekly updates are emailed to all families weekly and urgent updates are emailed immediately, if required. The SJF website is also being updated to increase user interaction.	June 2026
<ul style="list-style-type: none"> - Staff Approach 	Apply for funding for increased dementia care training. GPA training will be provided for all staff working on Creekside.	May 2026
<ul style="list-style-type: none"> - Meal Services 	Monthly spot dietary resident satisfaction surveys. Managers are sampling food during meals.	June 2026
<ul style="list-style-type: none"> - Physiotherapy services 	We will be implementing a restorative care program to increase resident satisfaction in physiotherapy services. Will also be implementing	September 2026



	a physio room with enhanced equipment.	
- Physician Services	Implement home area-based physician assignments to improve physician workflow and resident access to physician's	October 2026

Quality Improvement Workplan 2026/2027

The Quality Improvement Plan (QIP) is an integral part of the annual process that establishes the home's plan for quality for the coming year. The resident centered priority indicator was met for the last fiscal year. Therefore, a new question was determined for the resident centered priority indicator to ensure continuous improvement. The other indicators were chosen based on provincial long term care safety guidelines and a zero tolerance for abuse culture.

Priority Area	Priority Indicator(s)
Resident Centered	Percentage of positive responses to "I would recommend this home to others."
Safe	Percentage of LTC home residents who fell in the 30 days leading up to their assessment.
	Percentage of LTC residents without psychosis who were given antipsychotic medications in the 7 days preceding their resident assessment.
	Percentage of staff completing mandatory abuse prevention training annually.

Measurement, Evaluation and Monitoring

A key component of quality improvement is setting clear goals. Goals are Specific, Measurable, Attainable, Relevant and Timeframe (SMART), then key performance indicators are developed. The key indicators are measured and regularly monitored to ensure the outcomes are trending in the positive direction. This allows the interdisciplinary committees/teams to consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in process, compliance, etc. The homes leadership team and the CQI committee set the direction for quality improvement work but also monitor data to determine if the changes are effective and sustainable.

Communicating the progress and outcomes of the improvement initiatives effectively involves a structured approach utilizing appropriate channels. Currently



departmental/home area staff meetings, all staff meetings, committee/council meetings, emails, memos, notices on landing page of Point Click Care, huddles, website and a newly implemented social media style, home specific app (NIUZ) are currently being utilized.

Priorities for April 2026-March 2027

Initiative	Actions	Lead(s)
Strengthen and standardize all programs and committees	<ul style="list-style-type: none"> - Continue monthly meetings with interdisciplinary team - Recruit staff to encourage frontline input - Review Terms of Reference 	Co-chairs of each program, Director, Quality and Risk
Expanding Continuous Quality Improvement toolkit	<ul style="list-style-type: none"> - Define and design improvement initiatives - Continue to implement the key tools discussed above with quality initiative implementation 	Co-chairs, Director, Quality and Risk, Director of Care
Developing PointClickCare System (e-documentation system)	<ul style="list-style-type: none"> - Implement 52 standardized assessments to help guide nursing documentation - Work collaboratively with staff to implement these assessments and develop education accordingly - Implement improved incident management program 	Director, Quality and Risk, Director of Care,
Improved documentation of nursing care	<ul style="list-style-type: none"> - Regularly monitor documentation of 	Director, Quality of Risk, Director of Care

	<p>UDA's and completion of care plans</p> <ul style="list-style-type: none"> - Implement weekly audit of PointClickCare (PCC) with appropriate corrective action - Implementation of several new PCC modules including Document Manager, Insight and InterRAI 	
<p>Improve nursing staff familiarity with processes and policies</p>	<ul style="list-style-type: none"> - Revamp orientation for Personal Support Workers (PSW) and for nursing staff - Continue with weekly Professional Practice meetings - Implementation of new IT AI platform to improve accuracy of policies - Implemented walkie talkies to improve PSW communication to improve resident care - Adding additional Tablets for PSW's to improve access to tools and documentation 	<p>Director, Quality and Risk, Director of Care</p>
<p>Ongoing renovations to all home areas</p>	<p>Renovations include:</p> <ul style="list-style-type: none"> - Painting walls - Fixing, replacing damaged flooring and removing 	<p>Director of Corporate Services, CEO</p>

	<p>carpet from clinical areas</p> <ul style="list-style-type: none"> - Revamping kitchen serving stations at each home area - Improving lighting throughout the home - New tubs in Spa's - New cabinets and countertop and Shower and Spa's - Ceiling lifts in Spa's - Wall and door frame protection throughout the home - Reorganized home to remove lifts from hallways - Addition of window film and blinds in Greenroom - Addition of adjustable hair wash sink in Salon 	
<p>Creating a home like environment</p>	<ul style="list-style-type: none"> - Foundation has funded projectors and murals in each home area - Addition of fish tank and budgies in the main hallway - Opening of Compass daycare and implementation of intergenerational programs - Updated pet policy allowing staff under certain conditions to bring dogs into the home 	

	<ul style="list-style-type: none"> - Replacement of signage throughout home to streamline communication - Establishing an Art Committee with resident and family representation 	
Dietary Programs	<ul style="list-style-type: none"> - Improving policies related to monitoring weight loss - Implementing "MealSuite" program to improve meal delivery for residents - Monthly resident dietary satisfaction surveys 	Director of Quality and Risk, Registered Dietitian, Supervisor of Nutrition Services



Closing Statement

St. Joseph's at Fleming is committed to advancing the quality of care we provide, prioritizing a strong focus on customer service for residents, families, visitors, staff, volunteers and external partners. We are dedicated to a culture of excellence and continual quality improvement.