

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2026



Ottawa Grace Manor



OVERVIEW

Ottawa Grace Manor prides itself on our excellence in care, programs, and services. Our 200+ staff, volunteers, and numerous community partners, led by a diverse leadership team, permit us to create a welcoming and inclusive community for our residents and their family and friends. Resident and family satisfaction with care and services offered is reflected in our most recent Resident and Family surveys (Oct. 2025) with an overall rating of 85% (residents) and 89% (families).

Operated by the Salvation Army, with roots reaching back to 1904, the current Ottawa Grace Manor was built in 2002, caring for 128 residents within 5 individual home areas. The home is governed by a Board of Governance in conjunction with The Salvation Army Territorial Headquarters and has been granted Accreditation with Exemplary Standing (2022 – 2026) by Accreditation Canada and Accreditation with Distinction (2024) through the Salvation Army's Standards of Excellence review.

Several specific improvements over the last year have had significant impact on the overall quality improvement efforts and have set the foundation for work moving forward:

- 1) The Assistant Director of Care position has been refocused to strengthen and expand nursing leadership, providing increased support and training to frontline staff.
- 2) A Manager of Quality Improvement has been added to the leadership team to coordinate and solidify current efforts and expand the QI program.

3) Nursing staffing has been stabilized and expanded, bringing us more consistently to the 4 hours of direct care per day.

4) A realignment of duties and responsibilities among the registered staff has permitted our Registered Nurses to work more consistently as a resource and mentor for Registered Practical Nurses and as leaders in care and program development and implementation. This shift has also encouraged the Registered Practical Nurses to work to the full extend of their scope of practice.

ACCESS AND FLOW

Ottawa Grace Manor works in partnership with many organizations to enhance and/or expand services on site with the intention of provided comprehensive care and reducing avoidable hospital transfers. Both the NLOT Nurse practitioner and the ROH Geriatric Psychiatry and Behavioural Support Outreach team have expanded their roles this year to allow for increased collaboration on site and enhanced training for staff, most recently a skills simulation training session for registered staff (Feb. 2026).

Our relationship with the Ottawa Hospital physicians and their students has brought with it enhanced assessment and diagnostic skills, a more efficient referral process, and a greater awareness for staff, residents, and families of benefits and disadvantages of emergency transfers.

An expanded association with RNAO included the review of numerous clinical programs and adoption of best practices / clinical pathways, which have further developed on site assessment and treatment skills.

Our Skin and Wound Champion has undertaken the completion of the International Inter-professional Wound Care course to increase our skill and knowledge in this area and to work as a resource of all other registered staff.

Increased training has been provided on our bladder scanner and on Nephrostomy tube allowing for enhanced assessment and/or treatment on-site.

ED transfers will be a focus of our 2026/27 QIP and will include the creation of a ED transfer working group to do a in-depth analysis of transfers.

EQUITY AND INDIGENOUS HEALTH

Through its relationship with the Salvation Army, Ottawa Grace Manor is privileged to have extensive awareness of and training in health equity and Indigenous health. Indigenous health specifically is included in their staff training and their national congress gatherings.

A Territorial Indigenous Ministries Consultant is available to all ministry units, focusing on reconciliation, education, and strengthening relationships with Indigenous communities. Based at territorial headquarters, this role supports the organization's commitment to the Truth and Reconciliation Commission's Calls to Action and integrates Indigenous perspectives into community. This year's Lenten reflections, offered to all staff who wish to participate, explores connections between the teachings of Jesus and the rights acknowledged in the United Nations Declaration on the Rights of Indigenous Peoples.

Our Spiritual Care team works individually with each resident to ensure a caring plan that honours the individual's culture and traditions. The team works with community partners beyond the Salvation Army to ensure that resources required and/or requested are made available. One of our Chaplains also has training and experience in Indigenous health through her work in palliative care and end of life care at another facility.

All staff receive Cultural Competence and Indigenous Cultural Safety training as part of our new hire orientation process and Diversity, Equity and Inclusion awareness training annually.

PATIENT/CLIENT/RESIDENT EXPERIENCE

The Salvation Army's mission, at its core, is person-centered and forms the foundation of all work undertaken by individual ministry units. Ottawa Grace Manor lives this mission through its care and service to our residents and their families / friends and is guided by stakeholder feedback and our ever deeply awareness of the dynamic and challenging environment of long-term care and health care in general.

The home continues to gain insight from stakeholders through resident and family surveys (annual, most recent Oct. 2025), Resident and Family Council (monthly), coupled with the feedback gained from care conferences and one to one conversations. For this year's Resident satisfaction survey, 40 residents (of the 74 residents identified as being able) completed the survey. Significant satisfaction (80% or higher) was identified in the areas of home safety and security, room cleanliness, activities, social connection, care received, and care decision making.

While satisfaction with dining room environment during mealtimes met the threshold, residents continue to want more opportunity to provide thoughts and input into menus. This issue is being addressed through increased opportunities for involvement in food committee and with the Food Services Manager meeting more directly with residents.

All areas included in the satisfaction surveys are also reflected in the home's strategic plan (2024 – 2027), which included an environmental scan and stakeholder survey (2024). Four strategic priorities were identified which provide the framework for all quality improvement projects and efforts outlined in this narrative:

Strategic Priority 1 ~ Delivery of Care

- Improving support during transition into care
- More efficient delivery of services

Strategic Priority 2 ~ Resident Care and Quality of Life

- Aligning resident interest with activities
- Enhancing the dining experience

Strategic Priority 3 ~ Workforce Capacity and Appreciation

- Increasing human resource capacity
- Relaunching of volunteer program

Strategic Priority 4 ~ Organizational Engagement and Supports.

- Increasing stakeholder engagement
- Upgrading infrastructure and equipment

PROVIDER EXPERIENCE

Ottawa Grace Manor strives to be an employer of choice, gaining feedback not only from our strategic plan environmental scan, but also our annual Staff Satisfaction surveys (annual; most recent Oct. 2025), Staff Training Needs assessment (Nov. 2025) and Accreditation Canada's Global Workforce survey (Nov. / Dec. 2025). Areas of improvement being addressed are:

- 1) Expansion and increased awareness of Employee and Family Assistance Program.
- 2) Improvements in staff recognition program.
- 3) Empowerment of RPNs to work to their full scope of practice with RNs performing their role as coach and mentor and clinical resource.
- 4) Increased focus on staff recruitment and retention, creating a more stable and consistent staff complement and casual pool; including the retention of high quality PSW students.
- 5) Planned improvement to new hire orientation process and content to better prepare new hires and allow preceptors to focus their efforts specifically on direct resident care.
- 6) Enhanced training in dementia care and IPAC as identified in staff training needs assessment.

SAFETY

Safety always has the dual focus of staff health and wellbeing and resident quality of care. This last year, five specific areas were highlighted:

- 1) The strengthening of our IPAC program with the hiring of an IPAC Lead with 20+ years of experience in IPAC and with Public Health who has completed a full and detailed review of program.
- 2) Enhanced relationship with RNAO for the review of clinical programs and implementation of best practices / clinical pathways.
- 3) Expanded BSO and PIECES training, along with continued GPA refreshment, to enhance staff knowledge and skill in caring for residents with responsive behaviours.
- 4) A full review of new staff orientation and annual staff training to ensure a comprehensive and “refreshed” staff training and development program, with a specific focus on staff health and safety.
- 5) Expanded training to be included in the areas of IPAC, Dementia, and Emergency Measure as requested by staff through 2025 Staff Needs Assessment.

PALLIATIVE CARE

End of Life and Palliative Care are seen as core elements in the care and services we provide our residents and family members. Each year we strive to deepen understanding and enhance care.

- 1) This past year saw the launch of RNAO clinical pathways for Palliative Care and End of Life Care and increased training for staff in these key areas.
- 2) Annual care conferences provide an increased opportunity for open discussion, education on processes, and to obtain knowledge of expectations from the residents and their family which allows for more individualized plan of care. In addition, we hold palliative care conferences in which we provide support to the resident’s caregivers and discuss the ways we will increase the care given to the resident during their end-of-life journey.
- 3) A “Code Angel” honour guard continues to offer respect and dignity to our residents and their families, a final expression of our care for the resident and our support and compassion for the family.

POPULATION HEALTH MANAGEMENT

The wealth of collaborations currently available to facilities is a blessing. There are tools, training, resources, and advisors from diverse partner organizations, a testament to the many resources put in place to support health care in Ontario. Ottawa Grace Manor takes advantage of numerous opportunities to share, collaborate, and learn. This past year has brought with it specific enhancements in our partnership with NLOT Nurse Practitioners, ROH Behavioural Support Team, The Ottawa Hospital, and RNAO. Salvation Army, Accreditation Canada, Advantage ON, ORCA, Champlain Ethics Council, Volunteer Ottawa, and CLRI all continue to play an essential role in the care and programs we offer now and the improvements we are striving for in the future. Finally, the support and comradery of fellow long-term homes cannot be overestimated.

The opportunity (and challenge) for Homes is not only accessing the resources, but also in bringing the information and tools together into a cohesive care model unique to the Home and the dynamic environment and population that is long-term care.

CONTACT INFORMATION/DESIGNATED LEAD

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Prepared by team: January / February 2026
Reviewed with CQI Committee: March 25, 2026
Reviewed with Resident Council: March 16, 2026
Reviewed by Board of Governors: March 27, 2026

OTHER

Continuous Quality Improvement Program:

The creation of a new Manager of Quality Improvement position has had the benefit of a comprehensive review of the home's QI program, processes, and initiatives. This renewed focus is supported by a revitalized CQI committee, leadership team training, and increased feedback and communication strategies for stakeholders. A significant improvement for the committee and Board of Governors has been the development of a tracker (dashboard) which will provide a clear and concise summary of where we are on each CQI project each quarter.

Stakeholder Feedback:

We will continue to identify quality improvement opportunities and areas for improvement through our resident and family councils, stakeholder satisfaction surveys, CQI committee, data collection and analyzes, in-person stakeholder and health partner feedback, current strategic directives, Ministry of Long-Term Care input, and improvement / expansion of QI policies, procedures and processes. This current year will also bring feedback from Accreditation Canada, the Salvation Army's Standards of Excellence review and the Initial scans required for the development of our next strategic plan.

Moving Forward:

As we move into this current year, along with individual departmental QI goals and objectives, these are the primary QI initiatives proposed for the next year:

- 1) CQI training, initially for the leadership team and the CQI committee membership
- 2) Incorporation of a more standardized format for QI initiative development and execution based on a comprehensive and consistent utilization of data, feedback and action plan template.
- 3) 2026 – 2027 HQO QIP focus on avoidable emergency department visits, resident falls, and resident experience

4) Expanded feedback methods including a QI bulletin board, QI tracking document for Board and management review, and the expansion of our resident / family newsletter to include specific information on QI.

5) Initial review of ORCA's Everything About Residents Involves Residents toolkit to identify strategies to be adopted.

CQI Model

To ensure the most effective and efficient use of our resources, every project and new initiative will be developed using a consistent action plan format with comprehensive change ideas, SMART goals, and metrics utilizing the PDSA cycle to test and implement all changes.

AIM: What are we trying to accomplish?

MEASURE: How will we know if the change is an improvement?

CHANGE: What changes can we make that will result in real improvement?

PLAN: Identify the goal or purpose

DO: Implement the plan on a small scale

STUDY: Analyze the results

ACT: Determine if the change will be adopted, modified or abandoned

REPEAT as needed until the improvement has been obtained.

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **March 31, 2026**

jameslindhe@gmail.com, Board Chair / Licensee or delegate

Cameron.Mccallum@salvationarmy.ca, Administrator /Executive Director

shelley.kuiack@salvationarmy.ca, Quality Committee Chair or delegate

brenda.paul@salvationarmy.ca, Other leadership as appropriate
