



# Annual Quality and Risk Report

2025-26



## Quality

### Board Dashboard

The Business Intelligence and Evaluation (BIE) team launched an updated governance monitoring dashboard for the CASA Board in April 2026 for the 2026-2027 fiscal year. Refinement of these metrics will continue in collaboration with the Senior Leadership Team (SLT) and the Board. As part of this work, the metrics have been updated to align with CASA’s current strategic goals and realigned to the new HQA quality dimensions. The table below summarizes the metrics included in the dashboard.

Table 1. Changes to dashboard metrics for 2026-2027.

Department/Area	Quality Dimensions	2025-2026 Metrics	2026-2027 Metrics
Clinical	Effective	Perceived mental health improvement among patients/caregivers	Perceived mental health improvement among patients/caregivers
	Accessible and timely	Average wait time by program	Average wait time by program
	People-centred; equitable	Top five patients/family members served: race category	Top five patients/family members served: race category
	Efficient and sustainable	Number of unique patients and family members served	Number of unique patients and family members served
People and Culture	People-centred; efficient and sustainable	Employee regrettable turnover rate	Employee regrettable turnover rate
Occupational Health and Patient Safety	Safe	Number of near misses reported YTD	<b>CHANGED:</b> Patient safety index
Communications		Number of unique visitors to CASA homepage	<b>REMOVED</b>
Finance	Efficient and sustainable	Surplus/Deficit YTD	Surplus/Deficit YTD
Philanthropy	Efficient and sustainable	Donor acquisition rate	Donor acquisition rate
			Fundraising revenue YTD

### Quality and Risk Department

The Quality Improvement (QI) team is currently staffed by a Quality and Continuous Improvement Lead and a Quality and Continuous Improvement Specialist within the BIE team. In the fall of 2025, a dedicated Quality and Risk department was approved. Establishing this department is expected to increase visibility, coordination and impact of QI and risk initiatives across the organization and support a more integrated, proactive approach to continuous improvement and risk management. To support this transition, a new Manager, Quality and Risk, has been recruited to lead the department effective May 2026.

### Quality Improvement Strategy

CASA’s Quality Improvement (QI) Strategy (2024-2031) was formally approved on Dec. 11, 2024. The first year of implementation (2025-26) has shown steady and meaningful progress, particularly in establishing the foundational structures needed to support sustainable improvements.



During this initial phase, emphasis was placed on strengthening organizational capacity, including building staff knowledge, developing standardized processes and introducing tools to support QI initiatives. In parallel, CASA worked to embed a culture of continuous improvement by encouraging teams to regularly reflect and identify gaps and opportunities within their areas of work.

The highlights below summarize key achievements and developments from the strategy's first year of implementation.

### ***Communication and Engagement***

During the first quarter of 2025-26, a comprehensive QI communications plan was developed in collaboration with the Communications team. The plan defined key messages, communication channels and engagement strategies to promote consistent awareness and understanding of QI across the organization.

### ***Capacity Building and Training***

An "Introduction to QI" training plan was developed and rolled out to all people leaders and selected staff involved in key QI projects. Clinical leadership approved the inclusion of QI training for new leaders as part of the clinical retreat scheduled for May 2026.

### ***Clinical QI Initiatives***

Clinical leadership identified three initiatives in the 2025-26 operational plan as QI priorities.

- **Core Obsessive-Compulsive Disorder (OCD) Pathway:** The Core program intended to develop a specialized treatment pathway for patients with OCD, who make up 10 per cent of the program but currently lack sufficiently specialized care under the existing framework. This initiative is currently paused pending further clinical review.
- **CASA Classroom Expansion:** CASA successfully continued expansion of 10 new CASA Classrooms provincially. This initiative proceeded as planned without requiring formal QI support.
- **Electronic Medical Record (EMR) Project Review:** Optimization of EMR was identified as a major project. A dedicated project team was convened to assess and improve EMR processes, focusing on efficiency, user experience and governance.

### ***QI Toolkit Implementation***

A CASA QI Toolkit was developed and launched to equip staff with standardized tools and templates for quality improvement work. The toolkit provides a step-by-step framework to:

- Define problems and root causes.
- Identify and implement solutions.
- Measure progress and outcomes.
- Sustain improvements over time.

This toolkit is a foundational resource for teams initiating or advancing QI projects and is available to all staff on CASA Connect.

### ***Psychiatry Medical Clinic Rapid Improvement Event***

At the request of the Psychiatry Medical Clinic team, the QI team facilitated a Rapid Improvement Event to map the patient journey and identify opportunities to enhance collaboration and communication within the multidisciplinary care team. Sponsored by the Medical Director; Director, Outpatient Programs; and Director, Interprofessional Practice and Support Services, the event engaged clinicians, support staff and leaders in structured problem-solving.

- 70 per cent of planned actions were implemented by the end of Q4 in the 2025-26 fiscal year.



- 25 per cent are in progress.
- 5 per cent remain pending.

Participants completed “Introduction to QI” training as part of the event, reinforcing learning through practical application.

### ***Ongoing Program/Department Support***

The QI team provided consultation, coaching and facilitation support to programs, ensuring initiatives aligned with CASA’s strategic priorities and operational realities. Recent support included facilitating visioning sessions for Core and Triage and Transitions as well as clarifying the Physician Support Specialist role. The QI team also partnered with Business Operations to map the People and Culture onboarding and offboarding process. This work identified opportunities to streamline workflows, clarify roles and enhance staff experience.

The QI team participated in a patient safety review for an incident investigation initiated by the Occupational Health and Patient Safety (OHPS) team. A root cause analysis led to the development of a comprehensive improvement plan that will be implemented at CASA House throughout 2026-27. These recommendations focus on strengthening medication management, communication, documentation, and staff orientation and training, all of which will support CASA House/ADP expansion in Fort McMurray and Calgary. The collaboration between the QI and OHPS teams demonstrates the successful integration of quality and patient safety frameworks within the organization.

The QI team is working closely with the Nursing Professional Practice Lead (PPL) to refine medication-related audits, ensuring the results are meaningful and support ongoing improvement. “Do Not Use Medical Abbreviations” audits are conducted quarterly, with results shared directly with physicians and presented in summary at physician team meetings and to the Strategic Clinical Council. Additionally, QI and PPL teams are working to reinstate other medication audits for medication reconciliation, high alert medications and medication storage to provide consistent data that demonstrates compliance and tracks ongoing progress.

### ***Staff Engagement in QI***

The QI team is currently collaborating with CASA Classrooms and Family Therapy programs to co-design and pilot strategies aimed at enhancing frontline staff engagement. These pilot initiatives are designed to build a sense of ownership, foster innovation and strengthen a culture of continuous improvement across all service areas. By involving staff directly in the design process, the team ensures that QI efforts are grounded in practical experience and sustainable at the program level.

### ***Accreditation***

Accreditation Canada has introduced several changes in 2025 that will impact CASA’s accreditation journey and the final decision in 2027. These updates include:

- New and revised standards with updated criteria.
- A change in terminology from Required Organizational Practices (ROPs) to Required Safety Practices (RSPs).
- The number of RSPs has been reduced from 38 to 24, including new and updated RSPs. Each RSP includes more rigorous tests of compliance to determine if the criteria are met.
- New survey instruments including the Health Standards Organization (HSO) Global Workforce Survey and HSO Governing Body Assessment.
- A new attestation process, requiring completion up to six months in advance of the short-notice on-site survey in 2027.



The short notice on-site visit is confirmed to take place sometime between January and May 2027. Under this model, Accreditation Canada provides only one month’s notice prior to their on-site visit. This approach is designed to ensure that organizations consistently adhere to and embody the established standards in their daily operations, rather than preparing for a scheduled evaluation.

As a “community-based small” organization, CASA will be assessed on the following six standards:

- Governance
- Leadership
- Service Excellence
- Infection Prevention and Control for Community-based organization
- Medication Management for Community-based organization
- Mental Health and Addictions Services

Established in 2024, the Accreditation Council has reviewed these changes and continues to provide oversight of the accreditation process. To strengthen organizational decision-making, council membership has expanded to include a diverse mix of clinical and operational leadership. Throughout the year, the council has met regularly and will continue to convene monthly to monitor progress and provide strategic direction in support of accreditation readiness.

A roadmap outlining key milestones and timelines was developed to raise awareness of the accreditation journey across the organization (Appendix A). This roadmap ensures CASA remains aligned and prepared to participate in various accreditation-related activities.

As part of Accreditation Canada’s requirements, the HSO’s Global Workforce Survey and Governing Body Assessment must be completed during every accreditation cycle. Following the survey and assessment, action plans will be developed and implemented to address any identified opportunities for improvement.

In September and October 2025, CASA administered the Global Workforce Survey to measure employee perspectives on its workforce health and well-being. Notable highlights included a **response rate of 82 per cent** (two per cent over the target of 80 per cent) and an **overall workplace satisfaction rate of 80 per cent**. While these results are positive, the results identified specific opportunities to improve work environments and quality of care, and informed an action plan that has been submitted to Accreditation Canada.

The Governing Body Assessment will be administered to the Board in June 2026. The 45-item survey allows organizational governing bodies to evaluate their own performance and identify areas for improvement. Based on results of the survey, the Board will develop an action plan that will be submitted to Accreditation Canada.

In 2026, CASA will participate in the newly introduced attestation process. This process allows the organization to assess whether it has the required policies, processes and plans in place to support the delivery of safe, high-quality care. The attestation occurs in year three of the accreditation cycle through the OnboardQi digital platform. Following the completion of attestation, results are imported to the on-site assessment.

- Approximately 20 per cent of met and n/a criteria will be audited.
- All unmet criteria will be reassessed.
- Surveyors may adjust ratings if inconsistencies are identified during the on-site assessment.

The attestation process involves designated “attesters” who will evaluate and attest the compliance status of specific criteria. Attesters have been selected from the Accreditation Council and program/department leaders based on their direct familiarity with the attestable criteria. Additionally, the “Most Responsible Person (MRP)”



will review and confirm the final compliance determination. The CEO and Acting Director, Business Operations, will serve as the MRPs responsible for reviewing and submitting the finalized attestation assessment to Accreditation Canada. The attestation process will be carried out in small groups with identified individuals.

In preparation for the attestation process and on-site survey, council members and their respective working groups have identified existing evidence and gaps in compliance with accreditation requirements. This evidence is currently being reviewed to ensure it remains current and meets the required criteria. Members who will participate in the attestation process have also been identified.

To prepare for on-site surveys, mock tracers will be conducted in fall 2026. Mock tracers are practice exercises involving select CASA staff acting as surveyors to simulate the actual accreditation visit, providing an opportunity for real-time feedback and questions. These activities are a part of the accreditation process and help programs and departments build familiarity with the assessment format and ensure readiness for the official site visit from Accreditation Canada.

### Summary and Next Steps

Year one of the QI Strategy established a foundation for sustainable QI at CASA. With key deliverables such as the QI communication plan, QI toolkit and QI training framework now in place, the focus for 2026-27 will shift toward organizational integration. Priority initiatives for the upcoming year will include:

- Expanding QI training to reach frontline staff across the organization.
- Engaging the entire organization in preparation for Accreditation 2027.
- Developing and implementing a QI plan that reflects CASA's current landscape and strategic priorities, while aligning with the standards set by Accreditation Canada.

## Risk Management

### Integrated Risk Management Framework

CASA continues to use the integrated risk management framework developed in 2018 as its foundation of risk practice.

CASA uses an enterprise risk matrix (heat map) to visualize and analyze based on both severity and likelihood/probability. In the matrix below, the vertical axis reflects the potential severity of the risk and the horizontal axis shows the estimated likelihood/probability of the risk occurring. Each risk is assigned an overall rating that combines these two dimensions and is displayed using an alphanumeric score and a corresponding colour (red, pink, yellow or green). The colours represent pre-defined risk levels and indicate the organization's tolerance for risk and the expected intensity of response and mitigation.

While the matrix helps prioritize issues and support decision-making, it remains an informed estimate; it simplifies complex and evolving circumstances into discrete categories. As such, the heat map should be interpreted as a practical tool within integrated risk management to be used alongside qualitative context, trends and management judgement rather than as a definitive statement of risk.



<b>Severity</b>	<b>A</b>	1A	2A	3A	4A	5A
	<b>B</b>	1B	2B	3B	4B	5B
	<b>C</b>	1C	2C	3C	4C	5C
	<b>D</b>	1D	2D	3D	4D	5D
	<b>E</b>	1E	2E	3E	4E	5E
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Likelihood/Probability</b>						

Rating	Likelihood	Rating	Severity	
5	Almost Certain	A	Extreme	Unacceptable under the existing circumstances
4	Likely	B	Major	Unacceptable under the existing circumstances
3	Possible	C	Moderate	Acceptable based on risk mitigation
2	Unlikely	D	Minor	Acceptable
1	Rare	E	Insignificant	

## Integrating Risk, Operational and Strategic Planning

### **Catchball**

As part of the catchball process, organizational leaders participated in a SWOT analysis exercise to identify and assess the organization’s strengths, weaknesses, opportunities and threats. The resulting analysis provides a structured view of internal and external factors, and informs strategic direction and priority setting.

To populate the annual risk register, leaders and staff across the organization engage in a risk identification and prevention exercise as part of the annual operational planning cycle. Leaders evaluate existing risks through their unique perspective and identify potential risks that could affect delivery of the operational plan, departmental objectives and program deliverables.

This year a new emerging-risk initiative was introduced to strengthen inputs to the upcoming strategic roadmap and to advance risk management maturity. Program, department and service leaders identified three-to-five emerging risks within their areas, which were then discussed to determine potential enterprise-wide impacts and to clarify accountability consistent with the “risk owner” concept.

Inputs were consolidated and reviewed by SLT to update the annual risk register, refine reporting templates and inform CASA’s 2026-27 Annual Operational Plan.

### **Quarterly review**

SLT reviewed the risk register on a quarterly basis throughout 2025-26. Moving from a monthly to a quarterly cadence allowed sufficient time for mitigation strategies and other changes in the operating environment to be reflected in risk ratings, consistent with best practice. Each quarterly review validated current ratings, added newly identified risks as required and assessed the effectiveness of mitigation strategies. Highly probable and/or severe risks are shared with the Board through the CEO report.

## Risk Highlights for 2025-26

### **Strengthened Organizational Capacity and Talent Pipeline**

Throughout the year, CASA has made significant progress in mitigating key operational and human capital risks. The implementation of Dayforce human resources information system strengthened performance management



and succession planning, supporting the development of a sustainable leadership pipeline. In parallel, targeted operational improvements, including enhancements to the clinical framework, staffing models and discharge processes, supported the organization's ability to maintain program capacity. These efforts were further reinforced by achieving and sustaining occupancy at CASA House and by improving readiness for future program growth, positioning the organization to respond to rising service demand.

### ***Advanced Maturity in Quality, Risk and Infrastructure Systems***

The organization has made meaningful advances to its quality and risk management maturity through the establishment of a dedicated Quality and Risk department and the introduction of more sophisticated risk measurement and governance practices. These advancements serve as critical preparation for an upcoming evaluation and subsequent evolution of CASA's risk management program into a comprehensive enterprise risk management approach, directly aligned with the development of the next five-year roadmap. At the same time, significant progress in modernizing IT infrastructure, characterized by improved system performance, strengthened data governance and reduced reliance on legacy platforms, has further bolstered organizational resilience. Together, these strategic initiatives enhance organizational resilience, support accreditation readiness and position the organization to scale effectively while maintaining high standards of quality and accountability.

### ***Proactive Navigation of External System and Funding Risks***

Throughout 2025-26, CASA has maintained a proactive and strategic approach in navigating an increasingly complex external environment, effectively managing key risks related to funding sustainability, government relations and health system instability through strong partnerships, targeted advocacy and disciplined planning. Performance was marked by exceeding annual fundraising targets and advancing negotiations with funding partners while safeguarding organizational autonomy and community reputation. While CASA has effectively mitigated immediate pressures, ongoing uncertainty within the provincial health system and the broader economic environment remain under close monitoring. Consequently, CASA continues to prioritize the diversification of strategic partnerships and the expansion of its influence to ensure long-term operational stability and resilience.

### ***Capital Expansion of Adolescent Day Program and CASA House***

Stage one of CASA's capital expansion continues to progress toward September 2027 service delivery in Fort McMurray and Calgary. Construction began in March 2026. Lessons learned from stage one land acquisitions and permitting, particularly related to zoning bylaw amendments and development permit sequencing, informed the earlier start of stage two land acquisition activities for Medicine Hat and Edmonton in April 2026. This approach is intended to better protect timelines and reduce risk around permits. Internal alignment work is also underway to ensure the capital campaign, operational planning and related operational program activities are coordinated with stage two launch readiness needs. Key risks continue to include tariff-related market volatility, permitting requirements and municipal construction requirements. The project team also advanced a B1 Alberta Building Code classification approach to support critical clinical safety and patient care requirements while balancing operational and budget considerations.

### ***Continuous Improvement and Next Steps***

In addition to establishing a dedicated Quality and Risk department, CASA has strengthened its internal expertise through the professional certification of a senior leader, who has obtained both a Risk Management Certification and formal Canadian Risk Management (CRM) designation. This investment in human capital serves as a catalyst for the next phase of maturity: a gap analysis designed to evolve the organization's risk management program in alignment with CASA's expanding operational scale and shifting external landscape. This forward-looking initiative will refine the organization's framework, governance structure and reporting mechanisms, and provide targeted training to ensure continued effectiveness and strategic relevance.

## Appendix A

