



# LONG-TERM CARE CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

2025-2026



## Purpose

This report summarizes the quality improvement activities for The Regional Municipality of York's long-term care homes from April 2025 to March 2026. It includes an overview of ongoing commitment to quality in our municipal structure, outlines key objectives in our quality improvement framework, identifies planning and priority setting processes and reflects upon recent achievements and future commitments. This document is required by Ontario Regulation 246/22, s.168, under the *Fixing Long Term Care Act*, 2021.

## Background

### York Region operates two long-term care homes

York Region offers a range of programs and services to more than 1.25 million residents and many visitors, including operating two long-term care homes. Maple Health Centre is a 100-bed, long-term care home located in the City of Vaughan. Newmarket Health Centre is a 132-bed, long-term care home located in the Town of Newmarket. Both homes serve resident populations with complex conditions, functional limitations and diverse medical needs. The homes offer a variety of bed types including long term care, short stay (respite) and convalescent care. More than 457 staff work in the homes and provide the highest quality care based on assessed needs.

### As part of a regional municipality, the homes' Continuous Quality Improvement (CQI) Plan sits within a broader framework of strategic plans

All programs and services offered by York Region are guided by the Region's corporate vision statement, "At York Region, we envision strong, caring, safe communities through our mission of working together to serve our thriving communities – today and tomorrow by relying on our values of Integrity, Commitment, Accountability, Respect and Excellence".

The Region's [2023 to 2027 Strategic Plan: From Vision to Results](#), provides an action plan with specific, measurable, achievable and time-based objectives for the Region's priorities with the current term of Council. The priorities are captured in four strategic priority areas:

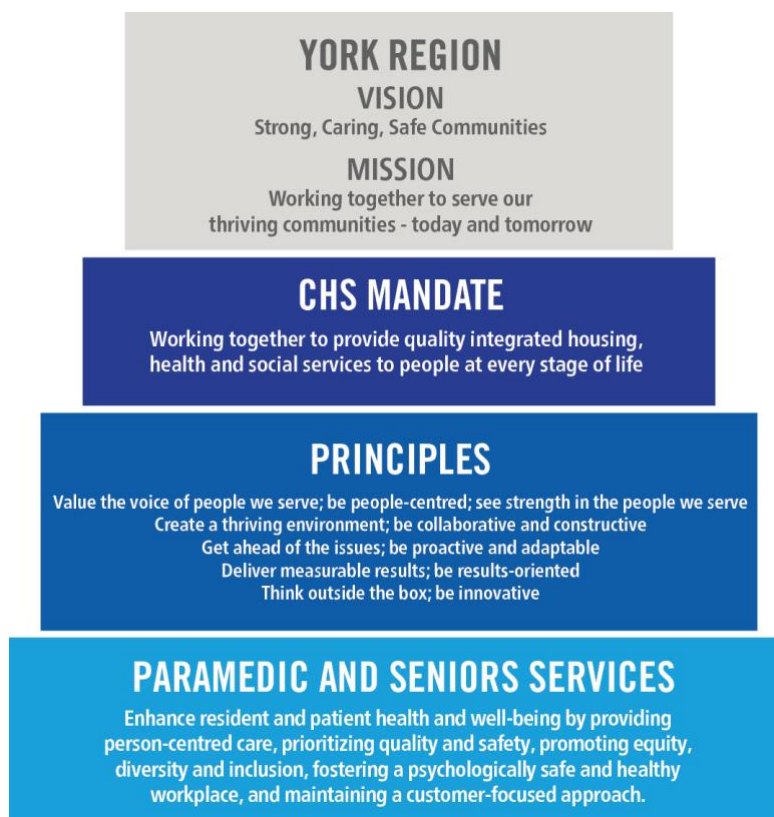


Each of the priority areas are divided into objectives, activities and performance measures, all of which are monitored and reported to Council as part of our commitment to accountability.

Similarly, Regional departments have their own plans outlining priorities to support York Region objectives. The Community and Health Services' Department is guided by the 2023 to 2027 Integrated Human Services Plan (IHSP) with specific objectives, actions, milestones and target results:



Branches within Community and Health Services have aligned objectives, activities and performance measures to promote common goals. Paramedic and Seniors Services Branch is responsible for the operation of York Region's two long-term care homes. In alignment with the Corporate Strategic Plan and IHSP, the Branch developed a strategic Roadmap based on comprehensive staff engagement. York Region's long-term care homes' operational work plans are aligned with the Roadmap, corporate and departmental plans, and results are reported through progress reports, milestone scorecards, dashboards and employee performance results. Regional Council is the committee of management for both homes and receives annual updates on the homes' performance.

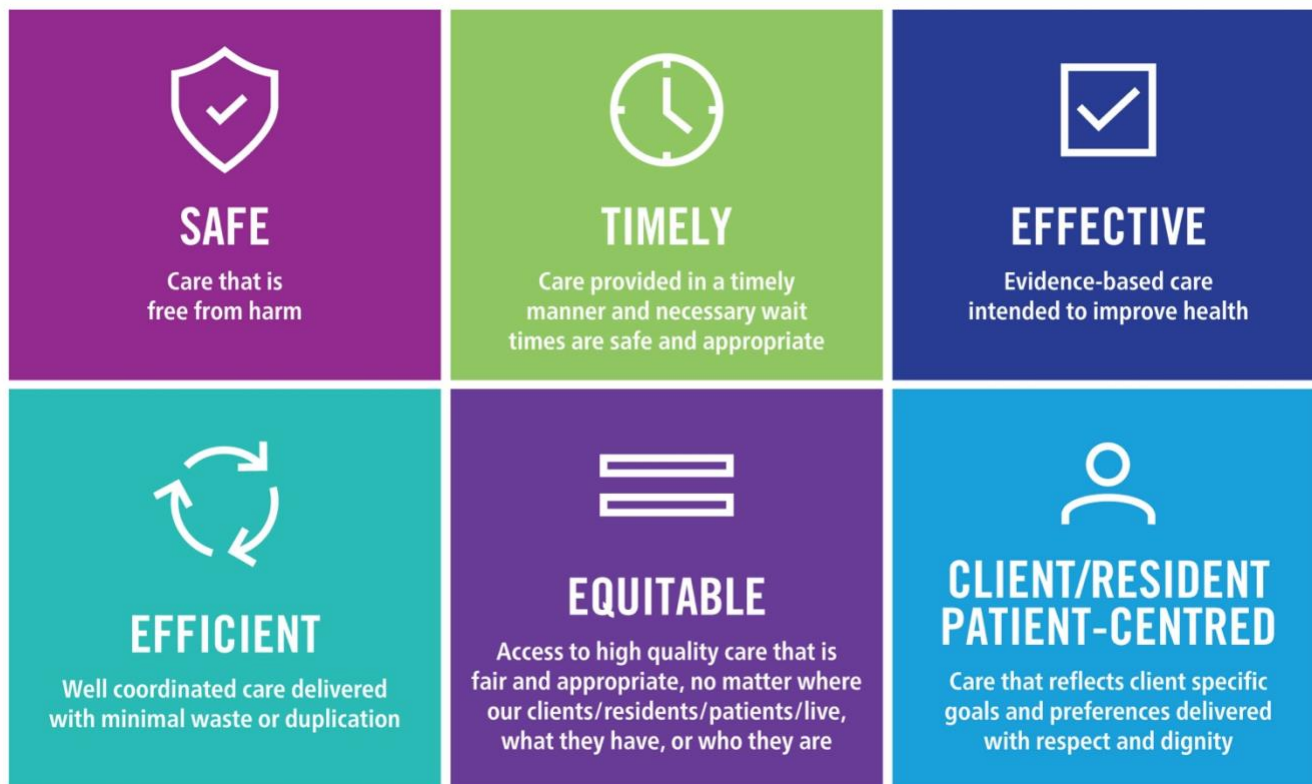


# Guiding Principles for our Continuous Quality Improvement Plans

**We aim to deliver the highest quality of care for our residents every day**

We recognize that everyone plays a role in quality care. We are committed to delivering the best outcomes across all six dimensions of quality care.

**Figure 1: Six Dimensions of Quality Care.**



Adapted from Committee on Quality of Health Care in America. *Crossing the Quality Chasm, A New Health System for the 21<sup>st</sup> Century*. Washington, DC: National Academy press. 2001 and commonly referenced by Ontario Health and the Institute of Healthcare Improvement.

The six dimensions of quality care shown in Figure 1 reflect the four priority areas shown in Figure 2 below:

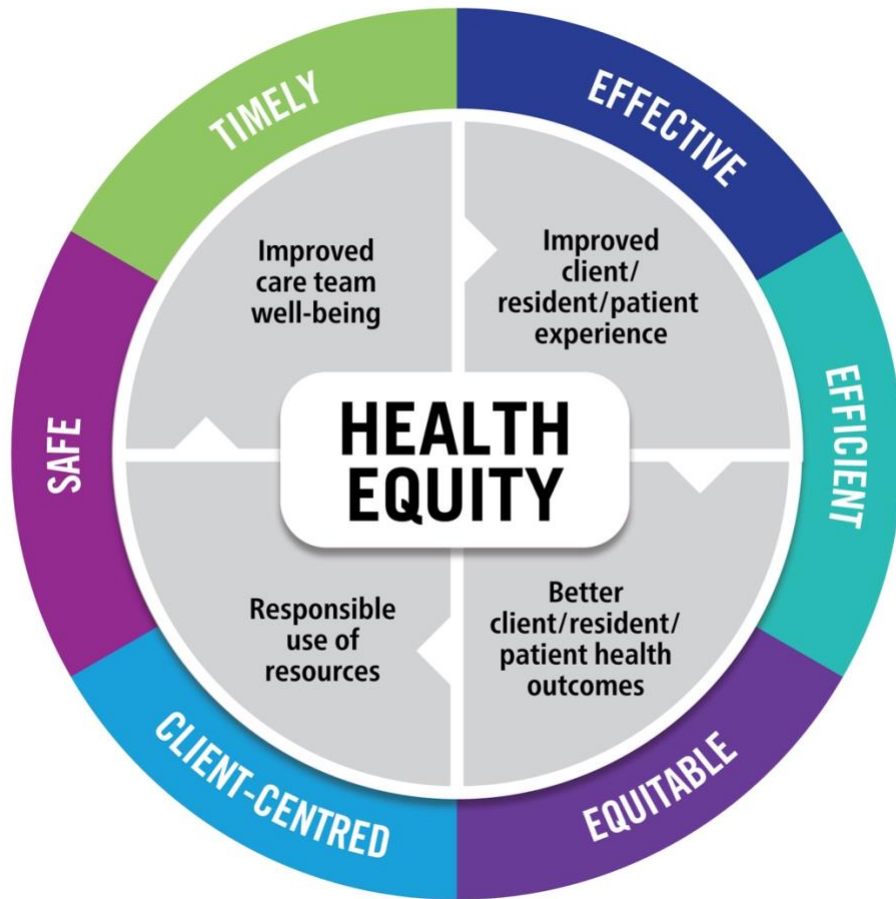
- Improved resident experience
- Better resident outcomes
- Responsible use of resources
- Improved care team well-being

These priority areas guide our work, with clear links to Regional, departmental, branch, and program ambitions, goals, and priorities.



**Figure 2: Priority Areas for CQI aligned with Quality Dimensions**

The six dimensions of quality are interwoven with the four priority areas for CQI and both place health equity as a central feature. The most impactful, engaging and motivating improvement activities fit with all four priority areas and multiple dimensions, supporting selection of improvement activities.



Adapted from Sikka R, Morath JM, Leape L. The Quadruple Aim: care, health, cost and meaning in work. *BMJ Quality & Safety* 2015;24:608-610 and commonly referenced by Ontario Health and Institute of Healthcare Improvement.

## Our Continuous Quality Improvement Journey

**York Region's Maple Health Centre and Newmarket Health Centre boast a long-standing history of continuous quality improvement**

We are proud of our teams' dedication to improvement using the four priority areas and six dimensions in selecting meaningful objectives for quality improvement. We consistently participate in:

- Annual Quality Improvement Planning with setting incremental performance improvement targets associated with change plans, process, and outcome measures
- Annual Program Evaluations that contain annual improvement targets and activities
- Annual resident and family/caregiver experience surveys that inform targeted improvement plans
- Quarterly reviews of Canadian Institute of Health Information data trends for key long-term care home indicators and benchmarking against peers to inform improvement action plans

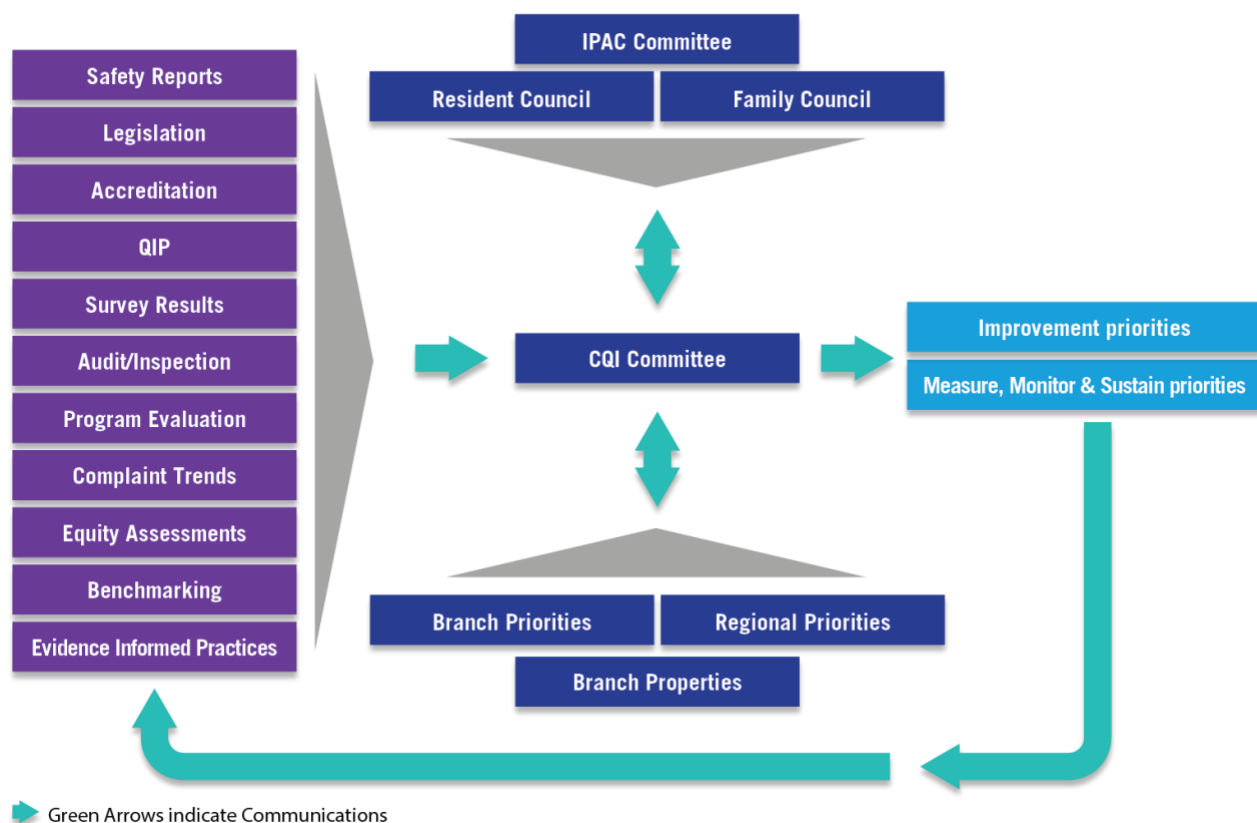
- Collaborative, inter-disciplinary committees and working group structures to support data sharing, development of innovative ideas for improvements, monitoring progress and celebrating successes
- Accreditation cycles requiring evidence of the commitment to continually improve services and encourage feedback through CARF International (formerly the Commission on Accreditation of Rehabilitation Facilities)
- Partnering with peer organizations to identify, understand, design, deliver on quality improvement initiatives designed for local transformation of care (for instance, Behavioural Supports Ontario, Public Health and Infection Prevention and Control Hubs)
- Connecting with local Ontario Health Teams (OHT) in reimagining a new way of organizing and delivering care that is more connecting to individuals in local communities including the Northern York South Simcoe OHT, Eastern York Region and North Durham OHT and Western York Region OHT
- Benchmarking and sharing evidence-based and prevailing practices with peer municipalities
- Regular functional meetings to communicate and exchange ideas as well as gather feedback on initiatives

### **Collaboration is key to monitoring performance indicators and trends and identifying quality improvement priorities**

York Region's long-term care homes Continuous Quality Improvement (CQI) Committee is a collaborative, multidisciplinary committee that monitors and measures progress on quality issues, residents' quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate data. The committee involves participants from the homes' leadership team, Medical Director, Continuous Quality Improvement team members, pharmacy partners, physiotherapy partners, Family Council and Resident Council members, People, Equity and Culture team members, nurses, personal support workers and a range of other key contributors. Recruitment strategies for some representative participants is ongoing. The CQI Committee considers, identifies, and makes recommendations to the licensee regarding priority areas for quality improvement in the homes and coordinates and supports the implementation of the continuous quality improvement initiatives among other functions.

This committee has a vital role in identifying quality improvement priorities for the homes. Figure 3 represents our process to develop CQI priorities in an ongoing cycle with multiple inputs and influencing factors, Councils and Committees. It is an iterative process with multiple touchpoints of engagement with various parties of interest designed to ensure we are nimble in responding to emerging trends.

**Figure 3: Process to Determine CQI Priorities for each Long-Term Care Home**



The homes measure quality through monitoring performance indicators and analyzing trends identified in dashboards and scorecards. These tools help to identify areas that need more focussed attention and help measure impact when changes are introduced.

## Resident Experience Survey influencing our Improvement Focuses

### Our 2023 Resident Experience Survey results shaped our improvement commitments for 2024

In alignment with *Fixing Long Term Care Act*, 2021 section 43, York Region conducts annual Resident Experience Surveys to elicit feedback from our residents, caregivers, and family members to enable continuous quality improvement activities.

Our 2023 Resident Experience Survey results analysis revealed overall satisfaction with the accommodation, care, services, programs and goods provided to our residents. It also identified key areas in each home where improvement efforts should be focused to enhance our resident experience.

Long-Term Care Home	Focus of Improvement	Action Item	Implementation Status (date) Green= on target Yellow = delayed	Outcome in 2024 Survey Green = effective Orange= ineffective
Maple Health Centre	Improve positive responses for 'my laundry is completed and returned to me in good condition from 76% to 81%	Education for Environmental and Nursing team members (including communications with substitute decision makers and residents)	April 2024	Improved 1%, did not reach target Improvement activities continuing in early 2025
		Implement new laundry delivery cart organizational system	February 2024	
		Adhere to preventative maintenance and timely repairs for laundry equipment	March 2024	
		Pilot drop box in lobby for personal items with process for labelling	April 2024	
	Reduce the percent of negative response to 'the staff help me wash or freshen up after a meal if I need it' from 5% to 3%	Educate relevant staff members about rights and use of warm water and cloths after meals	May 2024	Ineffective with 2% increase  Audits continue with excellent performance observed.
		Enhance meal service audits with revised schedules and in the moment feedback	May 2024	
		Explore potential to introduce moist towelettes/face clothes following meals including presentation for experience	July 2024	
	Reduce negative responses for 'staff knock on my door before entering' from 5% to 3%	Education for all staff regarding respect, dignity and Bill of Rights (including daily huddles)	June 2024	Ineffective - with 2% increase  Observational audits and communications continue.
		Introduce observational audits with feedback for staff in the moment	March 2024	
		Leverage Resident Council, Family Council and newsletters for sharing communications	April 2024	



Long-Term Care Home	Focus of Improvement	Action Item	Implementation Status (date) Green= on target Yellow = delayed	Outcome in 2024 Survey Green = effective Orange= ineffective
Newmarket Health Centre	Increase the percent of positive responses to 'I am given the choice to participate in religious/spiritual activities' from 68% to 72%	Promote opportunities for participating in religious activities in newsletters for families etc.	November 2024	Exceeded target (77%)
		Provide education to family council, family members at care conferences and during leisure assessments upon admission of new residents	November 2024	
		Engage family members with a recreational showcase including educational materials	August 2024	
	Reduce negative responses for 'there is enough variety in the menu' from 20% to 10%	Explore additional opportunities to include diverse food options to meet resident population expectations	September 2024	Exceeded target
		Liberalize diets for individual residents	October 2024	
		Engage with all opportunities to share menu planning process with substitute decision makers and residents (Councils, newsletters, roadshow, showcase), bon appetite with family reintroduced	November 2024	
	Increase positive responses to 'staff knock on my door before entering' from 72% to 75%	Education for all staff regarding respect, dignity and Bill of Rights (including daily huddles)	June 2024	Met target
		Introduce observational audits with feedback for staff in the moment	March 2024	
		Leverage Resident Council, Family Council and newsletters for sharing communications	April 2024	

Our 2024 Resident Experience Survey was deployed in mid-October in paper and electronic formats for residents and telephone call and electronic format for substitute decision makers, caregivers and family members. To optimize participation, surveys were available in language of preference, translation services were offered to enhance participant experience and the responses were welcomed for several weeks.

The results were analysed and communicated to the homes' leadership, residents and their families, Residents Council, Family Council and staff members of the homes beginning in January 2025 in visual, digital, print and face to face communications.

## Strengthening our CQI Program

**The homes have achieved several CQI successes between April 1, 2024, and March 31, 2025**

In the 2024-2025 fiscal year, we continued to build upon our culture of continuous improvement at Maple Health Centre and Newmarket Health Centre. The achievements listed below position the homes reflect progress made in the four priority areas

- Extended our Continuous Quality Improvement toolkit with resources to define and design improvement initiatives, test small changes, implement improvement projects, monitor data and sustain improvements
- Evolved our balanced scorecard to align with our priority areas supporting comparison of performance with desired targets and prioritized opportunities for improvement
- Enhanced audit tools aligned with Inspection Guides and the former inspection Protocols to proactively prepare for inspection processes
- Numerous policies, procedures and protocols were crafted and refined to advance continuous quality improvement and support improvements in the areas of focus in 2024 including, but not limited to infection prevention and control, falls prevention, nutrition and hydration policies and procedures
- Quality improvement plan 2024 commitments for Maple Health Centre included a focus safety through reducing falls, use of antipsychotic medications with residents without a related diagnosis and infections among residents. Established targets for improvement were surpassed.
- Quality improvement plan 2024 commitments for Newmarket Health Centre focused on safety through reducing falls, avoidable visits to the emergency department and pressure ulcers. Established targets for improvement were surpassed.

The CQI Committee works closely with Communications staff to celebrate successes, share opportunities for improvement and highlight improvement initiatives internally and externally.

### **Staff wellbeing is an important aspect of CQI**

A healthy and resilient workforce is essential for maintaining a robust CQI culture. In alignment with our priority area for improved care team wellbeing, we have cascaded the successes from York Region's Corporate Diversity and Inclusion Staff Committee (DISC) and the [Inclusion Charter for York Region](#), with the Paramedic and Seniors Services Branch's EDAI (Equity, Diversity, Accessibility and Inclusion) Committee including membership from our homes. The homes are committed to creating a welcoming and inclusive environment that recognizes and celebrates all dimensions of diversity among those we serve and our teams. Learning about each other is foundational to our commitment to inclusion. In the spirit of continued learning and celebrating diversity, the EDAI committee held a series of workshops to define their role and responsibility, raise awareness and develop a path forward. This work has been successful in creating awareness of EDAI and developing allies to strengthen the EDAI culture within our homes.

We will begin to develop collaborative relationships with the newly established Senior Services Wellbeing Unit including management and a wellbeing coordinator. This team aims to promote and protect the health and wellbeing of Seniors Services staff, ensuring a supportive and healthy work environment.

## Looking Ahead: Priorities for April 2025 to March 2026

York Region is committed to a variety of continuous quality improvement initiatives to continue supporting and building a culture of quality and safety in the Homes, including, but not limited to:

- Setting specific objectives for each of the four priority areas against which progress can be measured
- Further evolving performance measures dashboards and scorecards to integrate our quality monitoring activities and data-based decision-making
- Exploring integrated action plans with a digital transformation mindset
- Developing and revising policies, procedures and protocols to support our continuous quality improvement priorities

The CQI Committee has recommended the following foci for improvement:

Quality Dimension	Maple Health Centre	Newmarket Health Centre
<b>Better Resident Health Outcome - QIP Navigator (hqontario.ca)</b>	<ul style="list-style-type: none"> <li>• Reduce the rate<sup>^</sup> of residents with infections from 12.18 to 11.00</li> <li>• Reduce the rate* of avoidable Emergency Department visits from 25.63 to 22.5</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of resident falls in the 30 days leading up to their assessment from 10.51 to 10.41</li> <li>• Reduce the rate* of avoidable Emergency Department visits from 14.22 to 14.00</li> </ul>
<b>Better Resident Experience</b>	<ul style="list-style-type: none"> <li>• Reduce negative responses for 'the staff listen carefully to my concerns' from 14% to 10%</li> <li>• Reduce negative responses for 'activities are at an appropriate time' from 16% to 13%</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce negative responses for 'I can express my opinion without fear of consequences' from 7% to 0%</li> <li>• Reduce the percent of negative responses to 'the staff address my concerns in a timely manner' from 7% to 3%</li> </ul>
<b>Improved Care Team Wellbeing</b>	<ul style="list-style-type: none"> <li>• Implement new scheduling practices and monitor effects (overtime, rate of unfilled shifts, sick time, agency utilization etc.)</li> </ul>	
<b>Responsible use of Resources</b>		

<sup>^</sup>Rate per 100 residents/long term care home residents

\*Rate of ED visits for modified list of ambulatory care-sensitive conditions per 100 long term care residents

The actions listed above will help to strengthen the Homes' culture of quality and safety, in alignment with York Region's vision for strong, caring and safe communities, and corporate and departmental priorities for healthy communities.

## CONCLUSION

York Region's long-term care homes maintain their commitment to continuous quality improvement with enthusiasm in 2025. This report provides an opportunity to share our quality improvement objectives, reflect on our achievements and highlight our commitments for this fiscal year.

Sincerely,



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Sandy Critchley, Program Manager, Continuous Quality Improvement and Compliance, Paramedic and Seniors Services (CQI Program Lead)



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Dorie Dulay, (A) Director of Care, Maple Health Centre



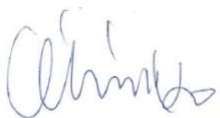
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Jenniffer Villena, (A) Director of Care, Newmarket Health Centre




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Helen Lampi, Associate Administrator, Maple Health Centre



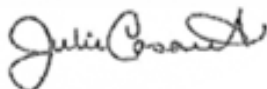
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Winnie Ho, Associate Administrator, Newmarket Health Centre



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Soo Wong, Administrator, Maple Health Centre



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Julie Casaert, Director, Seniors Services