



# LONG-TERM CARE CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

2024-2025



## Purpose

This report provides a foundational summary of the quality improvement activities for The Regional Municipality of York's Long-Term Care Homes in 2024 to 2025. 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 1.2 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 443 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 are provided 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:

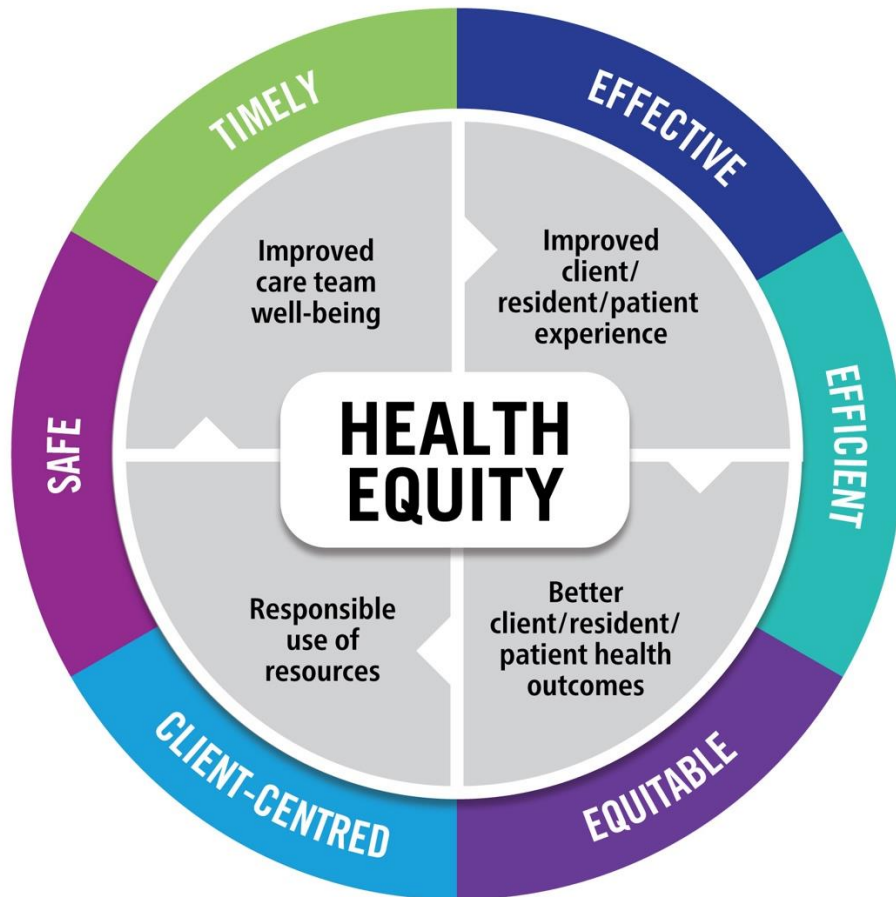
- Improved resident experience
- Better resident outcomes
- Responsible use of resources
- Improved care team well-being

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 future plans with targeted improvements
- 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)
- Uniting 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
- Participating in regular functional meetings to communicate and exchange ideas as well as gather feedback on initiatives

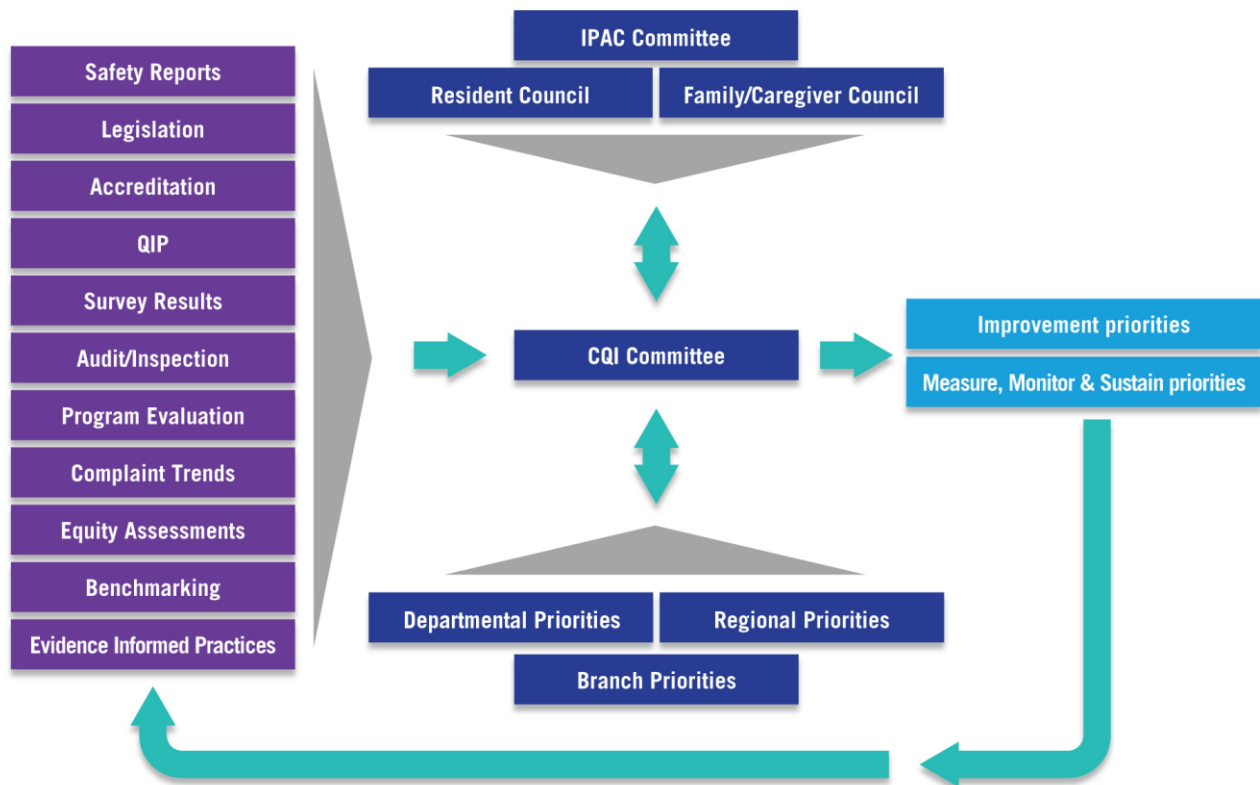
### **Collaboration is key to monitoring performance indicators and trends and identifying quality improvement priorities**

In April 2022 and 2023, the Ministry of Long-Term Care implemented legislative and regulatory changes intended to transform the organization and delivery of care in long-term care homes across Ontario. York Region's Maple Health Centre and Newmarket Health Centre formed *Fixing Long Term Care Act* program area working groups to respond to and integrate changes in a coordinated manner.

In July 2022, York Region's Long-Term Care Homes launched their Continuous Quality Improvement (CQI) Committee. The 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. It 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 is vital in our processes to identify quality improvement priorities (see Figure 3). Figure 3 represents our process to develop CQI priorities in an ongoing cycle with multiple inputs and influencing and shaping factors and forums. It is an iterative process with multiple touchpoints of engagement with various stakeholders 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 have processes in place to 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 to 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 to enable continuous quality improvement activities.

Our 2022 Resident Experience Survey results analyses 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 2023 Survey Green = effective Orange= ineffective
<b>Maple Health Centre</b>	Improve overall response rate for Resident and Family Experience Survey to 40%	Leadership members included objective in their 2023 performance objectives	May 2023	Surpassed with 46.3% response rate
		Reimagine a process to engage potential respondents in survey and amend deployment plan	September 2023	
		Promote survey at monthly Resident Council meetings, move in and care conferences	September 2023	
	Improve percentage of positive responses when asked about a good variety of intellectual programs by 10%	Increase attendance of program planning meeting to 8 residents per home area for enhanced input in monthly calendar	July 2023	Surpassed with 14% increase
		Consult with family council and volunteers to seek opportunity expand current intellectual programs for the home		
		Create 3-5 new programs that provide intellectual engagement for our residents		
	Improve percentage of positive responses when asked about the choice to participate in spiritual activities by 3%	Expand current partnership with spiritual partners to support resident needs	October 2023	Surpassed with 33% increase
		Consult with current volunteers for spiritual support for the home		
		Create 2-3 more spiritual connections to support the home		
		Continue to integrate spiritual holidays and observances through monthly programming		
	Improve percentage of positive responses when residents are asked about enough variety in the menu by 4%	Implement mandatory 'Pleasurable Dining' education for all staff completion annually	June 2023	Ineffective – worsened 3%
		Add dining options to improve experience (condiment flavour caddie, bread baskets etc.)	July 2023	
		Provide communications updates to various	June 2023	



		stakeholders about the rotational menus		
	Decrease the percentage of negative responses when residents are asked about their door and curtains being closed when care is rendered by 3%	Education with all nursing staff about closing curtains and doors when providing care promoting the right to privacy in treatment and in caring for personal needs	June 2023	Achieved 0% negative responses
		Compliance audits weekly including spot checks on each home area during all shifts		
	Maintain 0% percentage of negative responses when asked about the opportunity to make decisions about future care needs	Initiate palliative care discussions at the time of move in	June 2023	Ineffective – worsened by 3%
		Review palliative care status annually at care conferences and with change in health status		
	Reduce residents' reported negative experiences with contracted services	Meet with all service contract providers to share the results and develop action plans	June 2023	Ineffective – all areas worsened except dental

Long-Term Care Home	Focus of Improvement	Action Item	Implementation Status (date) Green= on target Yellow = delayed	Outcome in 2022 Survey Green = effective Orange= ineffective
Newmarket Health Centre	Improve overall response rate for Resident and Family Experience Survey to 35%	Leadership members included objective in their 2023 performance objectives	May 2023	Surpassed with 43.1% response rate
		Reimagine a process to engage potential respondents in survey and amend deployment plan	September 2023	
		Promote survey at monthly Resident Council meetings, move in and care conferences	September 2023	
	Improve percentage of positive responses when asked about a good variety of intellectual programs by 2%	Attend family council quarterly to educate on practices, developing calendars and encourage participation	September 2023	Ineffective – worsened 7%
		Inviting family members to attend monthly recreation planning meetings with residents	June 2023	
		Create 3-5 new programs that provide intellectual	August 2023	

		engagement for our residents		
		Monthly 'ask a recreationist' table in the lobby to promote communication and receive input and suggestions	June 2023	
Improve percentage of positive responses when residents are asked about enough variety in the menu by 9%		Implement mandatory 'Pleasurable Dining' education for all staff completion annually	April 2023	Surpassed with 16% increase
		Add dining options to improve experience (condiment flavour caddie, bread baskets etc.)	June 2023	
		Provide communications updates to various stakeholders about the rotational menus	Aug 2023	
Increase the positive responses when asked about the home being flexible about preferences for when to take a bath by 11%		Education for staff on the residents' bill of rights and tie this to this indicator	August 2023	Surpassed with 14% increase
		Person-centred care approach education for care team members		
		Nursing care team re-education for reviewing Kardex and care plan for personal needs		
		Review preferences for bathing routines with residents and family at care conferences and move in	July 2023	
Increase the percentage of positive responses when asked about staff respecting their belongings by 4%		Conduct education for all staff on respecting resident belongings and processes for reporting lost items	October 2023	Surpassed with 24% increase
		Consistently track missing items in standardized process and monitor for trends	July 2023	
		Monitor returned items from laundry provider for trends to inform specific education or strategies	July 2023	
		Explore digital forms for missing resident items	December 2023	

	Increase percentage of positive responses when asked about the opportunity to make decisions about future care needs by 3%	Consistently engage in palliative care discussions at move in	May 2023	Surpassed with 6% increase
		Consistently review palliative status annually and with changes in health status	May 2023	
		Offer quarterly educational evenings for residents and family members with guest speakers on a variety of topics including palliative care	August 2023	

Our 2023 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. 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 2024 in visual, digital, print and face to face communications.

## Strengthening our CQI Program with Additional Resources and Supports

**The Homes have achieved several CQI successes between April 1, 2023, and March 31, 2024**

In the 2023-2024 fiscal year, we have continued to build upon our culture of continuous improvement at Maple Health Centre and Newmarket Health Centre. The achievements listed below position the Homes to make progress in the four priority areas

- Expanded our team of professionals to support and guide high priority initiatives to improve quality, safety and systems in Paramedic and Seniors Services with an Implementation Lead
- 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
- Fortified our Infection Prevention and Control (IPAC) programs in the homes by supporting the Infection Prevention and Control Practitioners' professional development and partnering with local (IPAC) Hub Teams and Communities of Practice
- Advanced our IPAC Committee dashboards and scorecards
- Evolved our balanced scorecard to align with our priority areas supporting comparison of performance with desired targets and prioritized opportunities for improvement
- Achieved re-accreditation in May 2023 with the culmination of quality improvement activity against international standards designed to ensure satisfaction for stakeholders, organizational efficiency and optimal outcomes for residents

- Implemented audit tools aligned with Inspection Guides and the former inspection Protocols to proactively prepare for inspection processes
- Newmarket Health Centre and Maple Health Centre focused on reducing infections among residents. Despite the change plans being implemented to improve processes and care, the desired results were not achieved. Continue to focus on improvements in these areas in 2024.
- Maple Health Centre also implemented improvement plans to reduce resident falls and although all changes were introduced, the desired results were not realized. Continued focus on improving performance with resident falls will continue in 2024.
- Newmarket Health Centre introduced processes to reduce the use of antipsychotic medications with residents without a relevant diagnosis. The changes led to improvements that exceeded our expectations and stretch target set.

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 Equity, Diversity, and Inclusion (EDI) Committee and the [Inclusion Charter for York Region](#), with the Paramedic and Seniors Services Branch's EDI 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 EDI 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 EDI and developing allies to strengthen the EDI culture within our Homes.

It is important to acknowledge the teams in our Homes and their response to the COVID-19 pandemic. The safety and wellbeing of our residents, staff, families, and essential caregivers is paramount. The sequential waves of infection locally presented a unique circumstance with most residents vaccinated and staff protected with vaccines and personal protective equipment. We adjusted protective measures to maintain a safe environment for our residents and staff while supporting physical, emotional, cognitive and spiritual engagement. Community transmission was significant at times, and this was particularly impactful for staff members. We are thankful for the entire team's cooperation and dedication to providing stable and predictable care in a challenging time. We have a draft After-Action Review identifying strengths to be maintained and areas for improvement across the department.

We continue our involvement in a multi-phased Seniors Services Transformation designed to strengthen the structure and staffing in our Homes, develop leadership, enhance our culture and wellbeing and encourage continuous learning.

## **Looking Ahead: Priorities for April 2024 to March 2025**

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

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>• Reduction of falls</li> <li>• Reduction of infection</li> <li>• Reduction of use of antipsychotics without a relevant diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction of falls</li> <li>• Reduction of avoidable Emergency Department visits</li> <li>• Reduction of pressure injuries (stage 2-4)</li> </ul>
<b>Better Resident Experience</b>	<ul style="list-style-type: none"> <li>• Improve positive responses for 'my laundry is completed and returned to me in good condition' from 76% to 81%</li> <li>• 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%'</li> <li>• Reduce negative responses for 'staff knock on my door before entering' from 5% to 3%</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce negative responses for 'there is enough variety in the menu' from 20% to 10%</li> <li>• Increase positive responses for 'staff knock on my door before entering' from 72% to 75%</li> <li>• Increase the percent of positive response to 'I am given the choice to participate in religious/spiritual activities from 68% to 72%</li> </ul>
<b>Improved Care Team Wellbeing</b>	<ul style="list-style-type: none"> <li>• Implement 'Ways we Work' scheduling changes in partnership with staff members and unions in alignment with budget commitments</li> <li>• Spread Palliative Care wellness check ins for staff members to all home areas</li> </ul>	
<b>Responsible use of Resources</b>	<ul style="list-style-type: none"> <li>• Evolve program workbooks to progress data-based decision making</li> </ul>	

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 2024. This report provides an opportunity to share our quality improvement objectives, reflect on our achievements and highlight our commitments for this fiscal year.

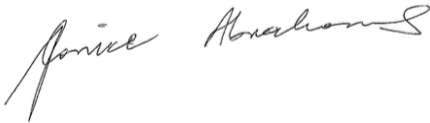


Sincerely,



---

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



---

Janice Abrahams, Director of Care, Maple Health Centre



---

Sandeep Brar, Director of Care, Newmarket Health Centre



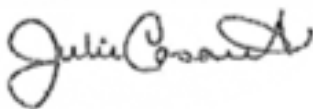
---

Soo Wong, Administrator, Maple Health Centre



---

Erin Hallinan, Acting Administrator, Newmarket Health Centre



---

Julie Casaert, Director, Seniors Services