



# LONG-TERM CARE CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

2026-2027



## Purpose

This report summarizes the quality improvement activities for The Regional Municipality of York’s long-term care homes from April 2026 to March 2027. 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 1.3 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 495 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”.

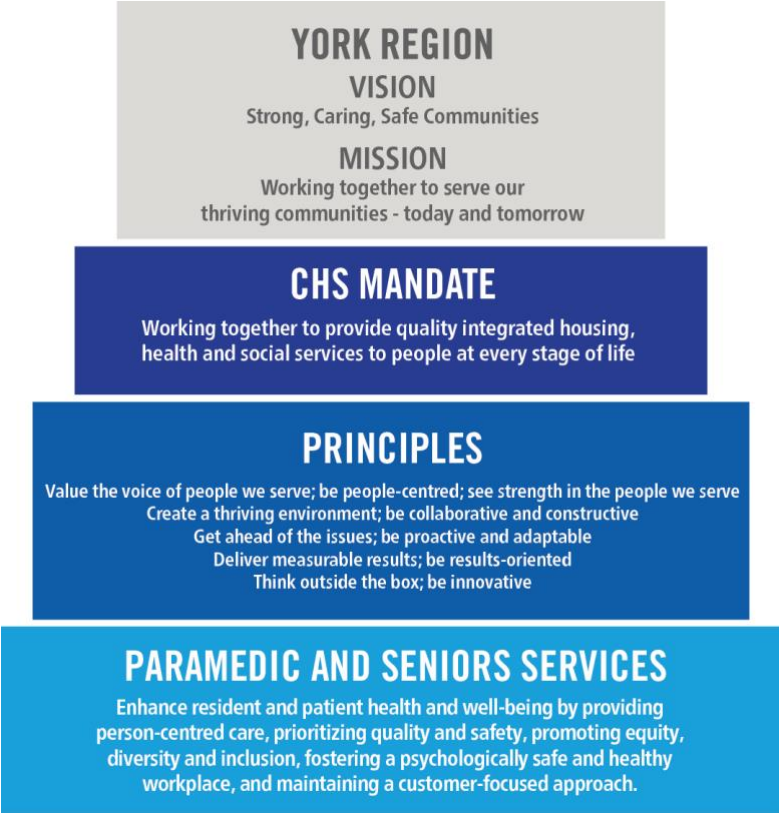
The Region’s [2023 to 2027 Strategic Plan: From Vision to Results](#), provides an action plan with specific, measurable, achievable and time-based objectives for the Region’s priorities with the current term of Council. The priorities are captured in four strategic priority areas:



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 2023 to 2026 Departmental Plan has specific priorities, actions, milestones and performance measures that align with the corporate strategic plan’s four strategic priority areas.

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 Departmental Plans, the Branch developed a strategic Roadmap based on comprehensive staff engagement. We are in the process of developing a new four-year branch plan that will retain a strong commitment to continuous quality improvement. 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. In 2025, we actively engaged in revising of our mission statement. Our mission statement guides how we work everyday: *We honour and empower residents and their loved ones through compassionate, resident-directed care that is person-centred. Grounded in empathy, safety and collaborative decision making, we commit to delivering high quality care in a home where residents feel valued, respected and at home.*



# 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.

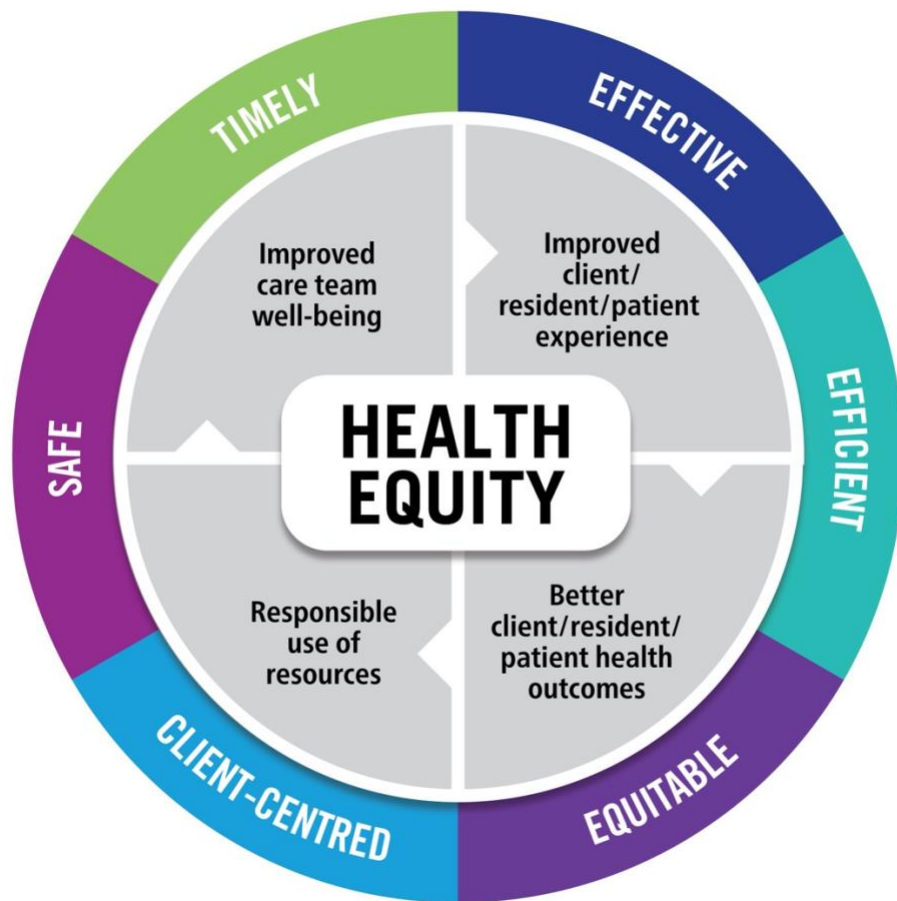
The six dimensions of quality care shown in Figure 1 reflect the four priority areas shown in Figure 2 below:

- 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 five priority areas for CQI. The most impactful, engaging and motivating improvement activities fit with all five 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)

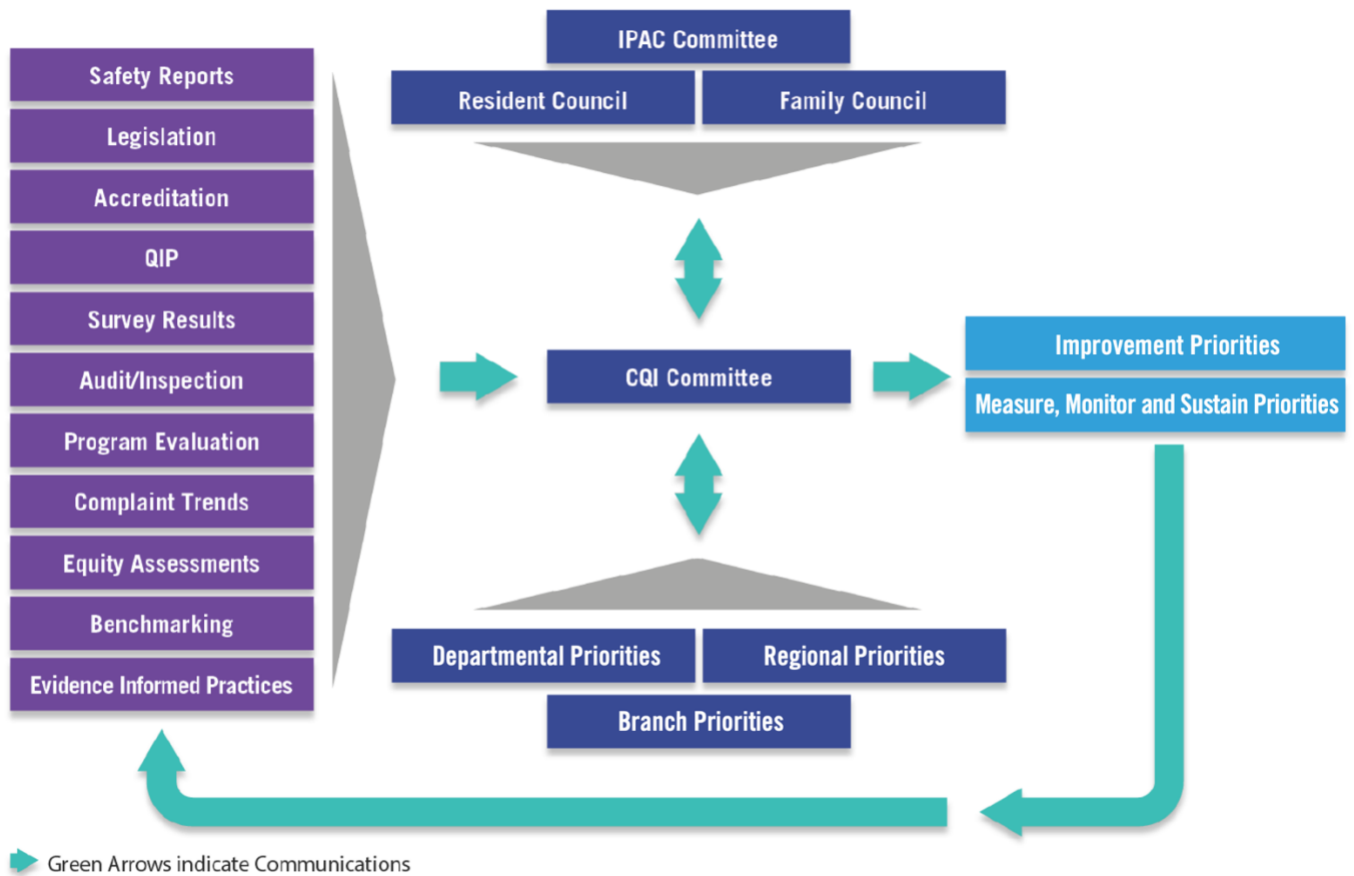
- Partnering with peer organizations to identify, understand, design, deliver on quality improvement initiatives designed for local transformation of care (for instance, Behavioural Supports Ontario, Public Health and Infection Prevention and Control Hubs)
- Benchmarking and sharing evidence-based and prevailing practices with peer municipalities
- Regular functional meetings to communicate and exchange ideas as well as gather feedback on initiatives
- Individual performance plan management program participation for leaders to inform aligned objectives and actions with competencies in annual cycles
- Participating in the OH Central Connecting Long-Term Care Table and the Ontario Health Long-Term Care Advisory Table, an application-based committee aiming to provide regional leadership in the planning, problem-solving, and implementation of strategies that support long-term care homes, as well as to develop a cohesive system approach that guides and influences the future transformation of LTC in Ontario Health Central.

### **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, CQI 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 are 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 CQI 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 identify areas that need more focused attention and help measure impact when changes are introduced.

## Resident Experience Survey influencing our Improvement Foci

### Our 2024 Resident Experience Survey results shaped our improvement commitments for 2025

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 2024 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 2025 Survey Green = effective Orange= ineffective
Maple Health Centre	Reduce the percent of negative responses for 'the staff listen carefully to my concerns' from 14% to 10%	Active listening skill building among leadership team	September 2025	Improved from 14% to 3% negative responses  Exceeded improvement target
		Active listening skill building among staff – validate, closed loop, take your time, reporting		
		Role planning scenarios for crystalizing active listening skills		
		Evaluating use of digital translators with residents	July 2025	
	Reduce the percent of negative responses for 'activities are at an appropriate time' from 16% to 13%	Evening programs transitioned to more physically engaging activities from more passive, previous selections	October 2024	Improved from 16% to 9% negative responses  Exceeded improvement target
		Birthday parties celebrated on weekends to engage broader range of guests	September 2024	
		Enhancing baking program offerings in the afternoons	October 2024	
		Comprehensive review of programs, attendance and participation	October 2025	

Long-Term Care Home	Focus of Improvement	Action Item	Implementation Status (date) Green= on target Yellow = delayed	Outcome in 2025 Survey Green = effective Orange= ineffective
Newmarket Health Centre	Reduce the percent of negative responses to 'the staff address my concerns in a timely manner' from 7% to 3%	Active listening skill building among leadership team	July 2025	Increased to 8% negative responses  Worsened performance
		Active listening skill building among staff – validate, closed loop, take your time, reporting	September 2025	
		Role playing scenarios for crystalizing active listening skills		
	Reduce negative responses for 'I can express my opinion without fear of consequences' from 7% to 0%	Informal get together with new residents/SDMs semi-annually to review process for communications and bringing forward concerns	September 2025	Improved to 6% negative responses

		Highlight a right from the Resident Bill of Rights at each Resident Council meeting	July 2025	Improved, but did not attain target
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Our 2025 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 2026 in visual, digital, print and face to face communications.

## Strengthening our CQI Program

**The homes have achieved several CQI successes between April 1, 2025, and March 31, 2026**

In the 2025-2026 fiscal year, we continued to build upon our culture of continuous improvement at Maple Health Centre and Newmarket Health Centre. The achievements listed below reflect progress made in the four priority areas:

- Expanded our CQI 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
- Crafted and revised numerous policies, procedures and protocols to advance continuous quality improvement and support improvements in the areas of focus in 2025 including, but not limited to infection prevention and control, emergency planning, nursing and personal support services, medication management and plans of care
- Refreshed our recognition processes for staff service milestones
- Consolidated our quality planning activities with four intensive days focused on program evaluations, survey result action planning and quality improvement planning
- Quality improvement plan 2025 commitments for Maple Health Centre included a focus on safety through reducing the rate of ED visits for ambulatory-care sensitive conditions and reducing the rate of resident infections with a focus on urinary tract infections. Established targets for improvement were surpassed for the rate of resident infections through antibiotic stewardship, protocol adherence, and introduction of a reprocessing policy.
- Quality improvement plan 2025 commitments for Newmarket Health Centre focused on safety through reducing the rate of emergency department visits for ambulatory-care sensitive conditions and reducing the percentage of residents who fell. Established targets for improvement were surpassed for the percentage of residents who fell through interdisciplinary fall conferences.

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. A vision was established for the Committee: An allyship to empower, grow, and change together as champions for equity, diversity, accessibility, and inclusion.

We have developed collaborative relationships with the Senior Services Wellbeing Unit consisting of 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 through strategic planning in partnership with the Recognition Committee and Director's Staff Advisory Committee.

## Looking Ahead: Priorities for April 2026 to March 2027

York Region is committed to a variety of CQI 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 (<a href="http://hqontario.ca">hqontario.ca</a>))</b>	<ul style="list-style-type: none"> <li>• Reduce the rate of Avoidable Emergency Department transfers from 25.88% to 24.00%</li> <li>• 85% of staff will complete equity, diversity, inclusion and anti-racism education</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce the rate of Avoidable Emergency Department transfers from 16.74% to 16.00%</li> <li>• 85% of staff will complete equity, diversity, inclusion and anti-racism education</li> </ul>
<b>Better Resident Experience</b>	<ul style="list-style-type: none"> <li>• Increase the percent of positive responses to 'I am asked for input and suggestions into activities' from 41% to 46%</li> <li>• Increase the percent of positive responses to 'staff knock on my door before entering' from 76% to 79%</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the percent of positive responses to 'I am asked for input and suggestions into activities' from 55% to 57%</li> <li>• Reduce the percent of negative responses to 'staff address my concerns in a timely manner' from 8% to 6%</li> </ul>
<b>Improved Care Team Wellbeing</b>	<ul style="list-style-type: none"> <li>• Transition Program Workbook meetings to Interdisciplinary Program meetings</li> <li>• Refresh our Orientation program for new staff, students and contractors</li> <li>• Continue to review our staff schedules to explore opportunities to support efficient operations and a stable care environment</li> </ul>	
<b>Responsible Use of Resources</b>		

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 2026. 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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