

Experience | Patient-centred | Custom Indicator

Indicator #2	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of resident’s family members responding positively to: "Overall, my family member receives excellent care and services at Yee Hong." in annual family survey. (Yee Hong Ho Lai Oi Wan Centre - Markham)	89.00	91	93.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

Enhance Staff understanding of the Substitute Decision Maker (SDM) and Power of Attorney (POA) roles.

Process measure

- a. Number of focus groups held. b. Develop guidelines on how direct care staff interact with family members. c. Number of education sessions provided to direct care team staff. d. Percentage of staff attended education sessions.

Target for process measure

- a. Hold one (1) focus groups by June 30, 2025. b. Finalize and disseminate the reference guide by September 30, 2025. c. Provide five (5) education sessions to direct care team staff by December 31, 2025. d. Achieve 70% attendance of full-time staff in the education sessions by December 31, 2025.

Lessons Learned

Focus Group

Although the focus group was conducted later than the original target date, one (1) focus group was successfully held on August 19, 2025.

Participation included:

- Residents' Substitute Decision-Makers (SDMs)
- Powers of Attorney (POAs)

The feedback collected provided valuable insights and directly informed subsequent improvement initiatives.

Reference Guide Development & Dissemination

Feedback obtained from the focus group informed the development of a Reference Guide designed to support staff in communicating effectively with family members.

The guide was finalized, printed, posted, and disseminated before the Sept 30th target.

Education Sessions

A total of eight (8) education sessions with over 70% of FT direct care staff attended which took place in October 2025

This exceeded the original target of five (5) sessions.

These efforts not only met but exceeded the target, contributing to a 93% satisfaction rate on the most recent family satisfaction survey, surpassing the 91% goal. A key success of this initiative was the Social Worker's leadership, which fostered a balanced and trusted approach between staff and residents' family members. Challenges included communication misinterpretations related to the diversity of staff and families with different cultural background, highlighting the need for ongoing cultural sensitivity training and education.

Change Idea #2 **Implemented** **Not Implemented** **In Progress**

Increase Family Engagement through hosting family events and enhancing multiple communication strategies.

Process measure

- a. Number of family events hosted to enhance engagement. b. Complete family newsletter template. c. Number of family communication newsletters distributed.

Target for process measure

- a. Host three (3) family events by December 31, 2025. b. Finalize newsletter template by May 31, 2025. c. Distribute at least six (6) family communication newsletters by December 31, 2025.

Lessons Learned

Family Engagement Events

Three (3) family engagement events were successfully hosted using a combination of in-person and virtual formats:

- BBQ Event – July 3
- Walkathon – October 5
(Organized by the YH Foundation)
- Virtual Meet-and-Greet – November 7

This achievement fulfilled the target of hosting three (3) family events by December 31, 2025.

Newsletter Template

A family newsletter template was developed in May 2025, meeting the target deadline.

Due to the time required for content identification, development, and preparation, the first issue was only released in October 2025, followed by subsequent issues in November and December (only 3 issues by December 31)

Between June and September, YH MKH continued informal email communications with families to ensure that updates were shared in a timely manner. Yee Hong – Markham also released newsletter editions in January and February and will continue distribution throughout 2026.

These initiatives supported achievement of the family satisfaction target of 91% and exceeded it, resulting in a 93% satisfaction rate on the most recent family satisfaction survey. Key successes included strong participation and support from the Family Council, which increased engagement and interest in activities, as well as the effective use of electronic methods to distribute newsletters and communications efficiently.

Safety | Safe | Optional Indicator

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Yee Hong Ho Lai Oi Wan Centre - Markham)	16.17	16	11.33	29.93%	NA

Change Idea #1 Implemented Not Implemented In Progress

Enhance our current Antipsychotic review meeting by creating a more collaborative and structured approach to reviewing the usage of antipsychotic medication and its alternatives.

Process measure

- a. Formation of an interprofessional medication review team. b. Create a process/tool in disseminating information about the antipsychotic medication review to the frontline staff. c. Number of antipsychotic medication review meetings held.

Target for process measure

- a. Creation of the antipsychotic medication review team that comprises interdisciplinary team members by April 30, 2025. b. Establish a communication process/ tool for frontline staff by June 30, 2025. c. Deliver at least six (6) review meetings by December 31, 2025.

Lessons Learned

Antipsychotic Medication Review Team

Antipsychotic Medication Review Team

In April 2025, an interdisciplinary Antipsychotic Medication Review Team was established, meeting the target of forming the team by April 30, 2025.

The team consisted of:

- Executive Director
- Director of Resident Care
- Assistant Directors of Resident Care
- Pharmacist
- Nurse Practitioner
- Activation Manager
- Social Worker
- BSO Nurse
- RAI Coordinator

Communication Process / Tool

In May 2025, the team developed a process map to guide the antipsychotic medication review workflow and to support frontline staff.

This initiative satisfied the June 30, 2025 target for establishing a communication process/tool.

Review Meetings

The Antipsychotic Medication Review Team met nine (9) times throughout 2025, exceeding the target of six (6) review meetings by December 31, 2025.

This work resulted in a 32.3% reduction in antipsychotic medication use among residents without a diagnosis of psychosis, exceeding the target by reducing the rate from 16.7% to 11.3%. The success of this initiative was driven by strong interdisciplinary collaboration, which brought diverse perspectives to the development of effective interventions, as well as the active support of the physician and nurse practitioner. Challenges included the need for more focused education on accurately assessing and documenting behaviors to better reflect the effectiveness of interventions, and the importance of securing frontline staff engagement through ongoing education efforts.

Change Idea #2 Implemented Not Implemented In Progress

Improve staff and resident family members' understanding of behavioural management and the various approaches to effectively address different behaviours.

Process measure

- a. Complete standardized education presentation. b. Percentage of full-time and part-time nursing staff (Registered Nurse, Registered Practical Nurse, Personal Support Worker) who attended the education session delivered in-person and/or virtual. c. Number of education session delivered to eligible family members.

Target for process measure

- a. Finalize education presentation by June 30, 2025. b. Achieve 70% attendance of full-time and part-time staff in the education sessions by December 31, 2025. c. Hold two (2) education sessions to eligible family members by December 31, 2025.

Lessons Learned**Education Presentation**

In May 2025, a comprehensive Antipsychotic Medication Education Presentation was developed, led by the Nurse Practitioner (NP) with the help of our interdisciplinary team.

This initiative met the target of finalizing the education presentation by June 30, 2025.

Staff Education Attendance

Education sessions were delivered to full-time (FT) staff across multiple sessions.

- Approximately 93% of FT staff attended the sessions

This result exceeded the target of achieving 70% attendance by December 31, 2025.

Family Education Sessions

In April 2025, a targeted family education session was delivered by guest speaker Jennifer Blaik, Psychogeriatric Resource Consultant, titled: "Understanding Psychosis, Delusions, and Hallucinations in Older Adults." In addition, multiple family-specific education sessions were conducted by the NP regarding the use of antipsychotic medications during the course of this project.

These efforts met and surpassed the target of holding two (2) education sessions for eligible family members by December 31, 2025.

As a result of these efforts, the target to reduce antipsychotic medication use among residents without a diagnosis of psychosis was achieved, with rates decreasing from 16.7% to 11.3%. The success of this initiative was driven by a strong interdisciplinary approach, including the involvement of an external psychogeriatric lead to support family education. Ongoing challenges include family hesitancy related to fears of behavioral recurrence, highlighting the continued need for education and reassurance.

