Baycrest Hospital and Apotex, Jewish Home for the Aged Long-Term Care Home
2025-2026 Quality Improvement Plan

Overview

Baycrest is a renowned academic health sciences centre dedicated to providing a comprehensive continuum of care for older adults—all within a single campus. As a global leader in geriatric residential living, healthcare, research, innovation and education, Baycrest places a special emphasis on brain health and aging. Since its founding in 1918 as the Toronto Jewish Old Folks Home, Baycrest has upheld the proud tradition of Jewish healthcare institutions by enhancing the well-being of individuals in the local community and around the world.

This past year, Baycrest proudly launched its 2024-2029 Strategic Plan, guiding the activities of the hospital and Apotex, Jewish Home for the Aged. The plan outlines the following mission: Founded and grounded in Jewish tradition and values, we are committed to providing exceptional care with kindness and compassion. Powered by our cutting-edge research, education and innovation, we serve the physical, mental and spiritual needs of older persons from all backgrounds. Our strategic goals are to:

1) *Provide Exceptional Geriatric Care & Experiences*;
2) *Advance World-Class Dementia Care and*;
3) *Extend Care Beyond Our Campus to Support Older Persons Locally & Provincially*.

The plan prioritizes high-quality, safe and person-centred care through continuous improvement and innovation. Equitable and inclusive services remain a key focus, ensuring they meet the diverse needs of residents and patients. Ongoing quality initiatives across the organization drive the commitment to delivering outstanding care and experiences and the annual quality improvement plan is a strong enabler to achieving this strategy.

Apotex

The Apotex, Jewish Home for the Aged (Apotex), is a 472-bed long-term care facility offering a wide range of residential and specialized programs tailored to meet each resident's unique needs and preferences. Founded and grounded in the principles of Judaism, Baycrest's faith-based approach emphasizes respect for every individual's values and individuality.

In the Apotex, we take particular pride in the ongoing improvements we have sustained to enhance resident quality of life. Notably, in 2024, **46%** of the resident quality of life survey items1 showed improvement compared to the previous year. We attribute this success to a commitment to actively listening to feedback from residents, caregivers, staff and volunteers.

Some of the most significant achievements include:

- Improvements in food presentation and meal variety.
- Staff responding to resident suggestions.
- Residents having the opportunity to participate in religious activities that have meaning to them.
- Residents having the opportunity to spend time with like-minded residents; exploring new skills and interests and having other people to do things together with them.

[1] *interRAI Resident Quality of Life Survey*

Hospital

Baycrest hospital specializes in the care of older adults, providing post-acute inpatient, ambulatory, day programs and outreach services. With 262 beds across nine inpatient units, we serve approximately 1,300 seniors each year. Inpatient services include rehabilitation, mental health, behavioral neurology, complex continuing care, palliative care and transitional care programs. Additionally, Baycrest ambulatory services deliver a diverse array of home-based, virtual and in-person health and social services to over 10,000 patients annually.

Some of the most significant achievements include:

- Surpassing the throughput and case count targets for active Alternate Level of Care (ALC) cases.
- Consistently exceeding Complex Continuing Care (CCC) and rehabilitation occupancy target of >95%.
- Scope of Practice refresh workshops to strengthen nurses' competencies in conducting assessments, identifying changes in the clinical status of patients, clients and residents and enhancing knowledge in wound care and pain management.
- Improvements in delirium screening practices on the rehabilitation units.
- Re-designing the care model in the Geriatric Day Hospital to double the capacity using existing staff and reducing the wait time to 28 days.
- Working with partners to increase the province's capacity for Virtual Behavioural Medicine to 500 episodes of care and resolve over 90% of responsive behaviours without admission to hospital.

Baycrest recognizes that the pursuit of excellence is a continuous journey. With this in mind, the Quality Improvement Plan priorities for 2025-26 are outlined below.

Providing educational opportunities to advance capabilities related to equity, diversity and inclusion, Apotex and Hospital

Over the coming year, initiatives will focus on delivering meaningful and accessible training to staff as well as building leadership capacity. This includes the importance of offering a diverse and impactful approach to Equity, Diversity and Inclusion (EDI) and anti-racism education.

Addressing workplace violence, Apotex and Hospital

Experiencing violence in the workplace not only impacts those directly involved in incidents but it can also negatively impact the real and/or perceived safety of other people in the setting. Providing a respectful and safe environment for everyone who works, volunteers, learns and receives care at Baycrest is an organizational priority that Baycrest remains committed to creating a workplace that encourages reporting of workplace violence incidents to inform ongoing prevention and safety initiatives. For this upcoming fiscal year, collecting baseline data on workplace violence incidents resulting in lost time is essential to help the organization understand current state, measure progress, identify risk factors and develop targeted prevention strategies.

Ensuring appropriate antipsychotic prescribing – Apotex

Antipsychotic medications, typically indicated for the treatment of psychosis, are frequently utilized in long-term care environments to address severe behavioral and psychological symptoms associated with dementia. However, many residents in these settings do not have a formal diagnosis of psychosis, the use of such medications may be deemed "potentially inappropriate." Over the course of last year, a dedicated interdisciplinary team, consisting of physicians and allied health professionals including nursing, social work, recreation and behavior support specialists, successfully reduced the potentially inappropriate use of antipsychotics by 9.3%. Over the next year, the primary objective is to maintain and build upon these advancements by ensuring that antipsychotic medications are prescribed exclusively for clinically appropriate indications, at the optimal dosage, and for the shortest duration necessary.

Reducing unplanned visits from the long-term care home to the emergency department – Apotex
Apotex's rate of potentially preventable emergency department (ED) visits is lower than the Toronto region and Ontario averages. It is recognized that ED visits can result in unintended impacts, and may pose healthcare risks, disrupt continuity of care, and stress residents and families. Baycrest is committed to reducing preventable visits through collaboration with residents, families, caregivers and staff. Over the next year, Baycrest will implement an advanced care planning tool to document and honour residents' care preferences. Partnering with Sunnybrook's Nursing-Led Outreach Team (NLOT), Baycrest will expand on-site IV antimicrobial therapy. Additionally, a falls analysis tool to identify and mitigate key risk factors, reducing fall-related ED transfers, will be introduced.

Improving opportunities for residents to express their opinions without fear of consequences – Apotex
The Ontario Fixing Long-Term Care Act emphasizes the rights of long-term care residents to freely express their opinions without fear of consequences or reprisal. The Resident Bill of Rights explicitly states that "every resident has the right to express their thoughts, opinions and beliefs including through speech, writing or other forms of communication, without fear of interference, coercion, discrimination or reprisal." The Apotex is a home that fosters an environment of respect and self-expression. It is Baycrest's goal to promote and encourage honest and transparent conversations between residents and staff to the betterment of the home and resident experience.

Improving pressure injury prevention and management – Apotex and Hospital
For long-term care residents and hospital patients with limited mobility, chronic conditions, or fragile skin, pressure injuries can occur and lead to severe complications, including infections, pain and a decreased quality of life. Preventing pressure injuries through interventions such as regular repositioning, proper skin care and optimal nutrition is essential to maintaining patient and resident health and well-being. Hospital-acquired pressure injuries can be considered a 'never event' or an incident deemed to be preventable with system-level interventions. Both the Apotex and hospital will focus on ensuring those assessed to be high risk for developing pressure injuries have tailored prevention strategies in place, and standardizing documentation.

Improving delirium prevention, identification and management – Hospital
Delirium is a preventable patient harm and medical emergency that disproportionately affects older adults, with some studies suggesting that up to 30% of patients admitted to post-acute care develop delirium. Delirium has serious consequences for patients and their families and caregivers. As a geriatric-focused hospital, Baycrest continues to aim to be a leader in the prevention and management of delirium. Identifying Baycrest-acquired delirium continues to be of importance from a clinical and continuous improvement perspective.

Ensuring patients and their families are kept well-informed throughout their stay – Hospital
Information exchange continues to be a priority to ensure patients and families can be true partners in their care. The inpatient units will expand efforts from last fiscal year with a focus on sustainability of initiatives such as patient-centred whiteboards and communication of discharge dates for units where applicable.

Access and Flow
As a large organization with diverse programs tailored to serve older adults, Baycrest helps ensure people get the care they need, when and where they need it. Below are just some of Baycrest's contributions to this system challenge. Additionally, Baycrest is a committed partner in two Ontario Health Teams – the North Toronto Ontario Health Team and North York Toronto Health Partners – both working to address ALC in their Quality Improvement Plans.

Apotex

The Apotex is dedicated to optimizing access and care delivery to ensure residents receive timely, person-centred support that aligns with their unique needs and goals. Through targeted initiatives, the Apotex is also enhancing system capacity, improving resident outcomes and delivering high-quality care where and when it's needed most. Specific initiatives to address access and flow include:

Collaborative Partnerships

The Apotex collaborates closely with Ontario Health at Home to facilitate seamless transitions into the long-term care home. This partnership helps free up hospital capacity (reduce pressures for patients designated as alternative level of care) and strengthens the broader healthcare system by promoting efficiency and continuity of care. Baycrest is continuously evaluating internal processes to ensure it meets occupancy targets and to ensure eligible residents are admitted to the Apotex expeditiously.

Baycrest also values its ongoing collaboration with the Sunnybrook Nurse Led Outreach Team (NLOT), a team of specialized registered nurses that provide emergency mobile nursing services to residents living in the Apotex. Through capacity building and prevention, the NLOT team works collaboratively with point of care staff in the Apotex to identify acute change of status, provide consultation to avoid unnecessary emergency transfers, support end of life care planning and provide any follow-up to enhance the continuity of care should an emergency or hospital visit be necessary.

Advanced Practice Lead for Responsive Behaviours

Over the last year, the Apotex introduced a specialized role to support residents with complex responsive behaviours. Working alongside the Long-Term Care Home Behavioural Supports Ontario (BSO) team and Behavioural Support Outreach Team (BSOT), this lead develops tailored, person-centred interventions. These efforts reduce unnecessary FORM 1 emergency department (ED) visits and transfers to specialized behavioural beds, preserving these critical resources for those with greater needs.

Human Resources Investment

To ensure timely and evidence-based care, Baycrest expanded after-hours clinical staffing. This investment strengthens capacity for assessments, interventions and staff development, ensuring residents receive high-quality care at all times within the home.

Hospital

Recognizing the alternate level of care (ALC) challenge across the province, Ontario Health has identified related targets. In the hospital, a concentrated focus was made on ensuring the key performance indicators (KPIs) established by Ontario Health were met over the course of the past year, including:

- Complex Continuing Care and Rehab occupancy over 95%;
- ALC throughput (ratio of discharged ALC cases to newly added ALC cases) greater than or equal to one and;
- Decreasing ALC case counts by 10% year over year.

While occupancy was consistently maintained throughout 2024, in September, Baycrest was able to meet throughput and case count targets for active ALC cases. While the majority of Baycrest patients are designated as requiring an alternate level of care are awaiting admission to long-term care home, there has been a renewed effort to ensure we are supporting a thorough review of 'home' destinations – in alignment with the Home First – Operational Direction (Ontario Health, August 2024). After completing this review, the team has identified change ideas that will be implemented over the coming year.

A priority for the hospital has been reviewing and refining processes to ensure there is timely identification and provision of estimated discharge dates (EDD) for patients admitted to the High Tolerance Rehab (HTR) portfolio. The intended aim of this initiative is to optimize patient access to HTR beds and reduce upstream

wait times for patients who require access to rehab. Further aligned with ALC and Senior Friendly Care efforts, the hospital is emphasizing initiatives related to delirium, which is recognized as preventable harm.

ALC stays are also 127 days longer for patients with dementia and responsive behaviours (neuropsychiatric symptoms of dementia)[2]. Baycrest hospital's inpatient Behavioural Neurology Unit, which only sees patients with the most severe responsive behaviours and has the highest risk for long-stay ALC, has developed a concentrated approach to ensure that patients admitted from Long-Term Care (LTC) are able to return to the homes within 60 days. This approach provides opportunity to mitigate challenges with patient flow and unit capacity. Although systemic challenges continue to exist, Virtual Behavioural Medicine (VBM) has played a key role in supporting with efficiency improvements. In general, VBM helps hospitals, LTC homes, and communities across the province resolve responsive behaviours without transfer to hospital care and wherever the patient is 92% of the time. VBM has helped 238 patients with severe responsive behaviour avoid hospital care altogether and an additional 29 patients transition from hospital to LTC or community.

Equity and Indigenous Health

Baycrest is committed to building and maintaining an inclusive, diverse, equitable and accessible environment where everyone can thrive, where service excellence ensures culturally safe, sensitive and 'people first' experiences and outcomes to reduce health inequities. The 2025-2026 aim is to build on the Health Equity education program to help identify gaps, barriers and inequity faced by marginalized groups and populations and to ensure that Baycrest clients/ patients and their families have equitable access to quality care and services. The 2025-2026 aim also includes a collaboration with two other academic health science centres in Toronto, to develop and disseminate an antisemitism training module. As a Jewish faith-based organization, there is a recognized and urgent need to address the rise of antisemitism in the healthcare system. Baycrest's goal is to create a comprehensive education and training program that equips its workforce with the knowledge and tools to foster inclusivity and combat discrimination.

Equity, diversity and inclusion are key priorities for both Baycrest and Ontario Health Toronto, with identity-based, sociodemographic data collection, analysis and use being a foundational element of Ontario Health's Anti-Racism, Equity, Inclusion and Diversity Framework.

To support this ambition, Baycrest is committed to:

- Providing continuous education through the newly developed Health Equity education landing page on the new intranet, offering centralized resources to enhance EDI competency.
- Developing an Inclusive Diverse, Equitable, Accessible, Anti-racism Anti-oppressive Systems (IDEA³s) Integration Plan, aligned with Accreditation Canada's standards and aims to establish a Leadership Community of Practice.
- Establishing an Identity-Based Data Governance policy to ensure ethical data collection aligns with privacy laws and equity standards.
- Embedding anti-racism, Indigenous engagement and cultural competency into leadership development and policies.
- Creating an Indigenous Engagement Plan to build meaningful partnerships with Indigenous Elders and Knowledge Keepers, supporting Truth and Reconciliation commitments.

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[2] Ontario Health Toronto data, analyzed at Baycrest, showed the average length of stay for all ALC cases was 130 days whereas average length of stay for ALC cases with responsive behaviours was 257 days

Patient/Client/Resident Experience

Apotex

The Apotex integrates experience-based feedback into its improvement initiatives through diverse councils, surveys and feedback mechanisms. Active forums such as the Resident Advisory Council, Family Advisory Council, and Resident Food Committee foster collaboration and encourage innovative ideas to enhance the resident and family experience.

Leadership gathers formal feedback through the internationally validated interRAI Resident and Family Quality of Life surveys, with over 200 responses collected last year. Survey results are shared with residents, families, staff and councils, driving meaningful changes. These results are also publicly accessible via the Apotex website and displayed throughout the home for transparency. Additionally, themes from the resident complaints process are analyzed quarterly by the Apotex Quality Committee to identify improvement opportunities.

Baycrest participates in the Seniors Quality Leap Initiative (SQLI), an international consortium committed to quality improvement. Through SQLI, Baycrest reviews its results from the resident and family quality of life surveys against international benchmarks. Comparing results with global leaders and standards provides a broader perspective on performance, highlighting strengths and areas for improvement and helping to tailor programs and services to better meet the diverse needs and expectations of residents and families.

Feedback received over the past year has resulted in several notable enhancements, including:

- Expanded Activity Offerings: Introduced events celebrating Jewish heritage, such as the first-ever Challah Bake for residents and staff, Israeli Market shopping and new outings to locations like the Holocaust Museum Toronto and the Bata Shoe Museum.
- Facility and Menu Updates: Resident Advisory Council input guided furniture replacements, equipment upgrades and menu improvements. The Food Committee advocated for new menu items and recipe adaptations, resulting in an 8% increase in residents reporting satisfaction with meal variety. Efforts like the Breakfast Club, a resident favourite, are being scaled across the home.
- Strategic and Safety Contributions: Residents contributed to the 2024–2029 strategic plan, diversity programs, privacy policy updates, café payment changes and safety enhancements such as improved traffic signage.

Spiritual and cultural programming has also evolved through resident and family input. Since 2022, positive responses regarding participation in meaningful religious activities have increased by over 15%, reaching 67% in 2024. Key improvements include hiring a Director of Heritage and Spiritual Care and a Jewish Cultural and Spiritual Care Coordinator. Enhanced programming features include:

- Increased frequency of shofar blowing during the Jewish High Holidays.
- Opportunities for residents to participate in prayers, such as being called to the Torah (Aliyah).
- Moving community Shabbat services closer to sundown on Fridays.
- Decorating the home during Chanukah and offering daily programs, including nightly communal candle lighting.

These initiatives reflect the Apotex's commitment to continuously improving the quality of life for its residents and fostering a supportive, inclusive community.

Hospital

The hospital currently utilizes internally developed surveys on the inpatient units to understand the perspectives of clients and caregivers. These surveys are anonymous, confidential and voluntary. Caregivers

include any family, friend, support person or Substitute Decision Maker (SDM). Survey questions focus on several domains, including access, care, services, virtual care (ambulatory), environment and food (inpatient). Survey responses are analyzed to identify improvement opportunities and relevant areas of focus are included on the annual Quality Improvement Plan. Areas of focus include enabling patient and families to be partners in care through information sharing upon admission, as well as during the patient's stay in the hospital. To allow for future client experience benchmarking opportunities, the hospital is also exploring benefits and considerations to transition to standardized surveying implemented by multiple Ontario hospitals.

In the ambulatory clinics, client experience is measured by asking if the client would recommend the clinic to someone else in a similar situation. Survey answers are analyzed using the Net Promoter Score (NPS) for cross-industry comparison. An NPS above 80% is considered world class. The NPS for ambulatory is 88.3%.

In addition, Client Family Partners (CFPs) continue to provide the perspectives of clients and families, working in collaboration with interprofessional working groups and committees responsible for quality improvement efforts in the hospital. CFPs informed the development of the Hospital's 2024-2029 strategic plan and continue to inform the selection of quality priorities and associated change ideas. Their expertise and lived experience provide crucial guidance as initiatives are executed and evaluated. In addition to this, the hospital has continuously engaged with patients currently receiving care when identifying opportunities for improvement and piloting change ideas. This is accomplished through experience surveying as well as through one-to-one discussions with admitted patients and families to gather input on targeted initiatives.

Provider Experience

Aligned with the 2024-2029 strategic driver geared to ensure "A strong culture where our people thrive", Baycrest prioritizes the retention and well-being of staff and is committed to enhancing the staff experience while cultivating a positive work culture. To achieve this, Baycrest is implementing innovative work practices such as staff appreciation days, wellness sessions, service awards and regular staff surveys. Ongoing efforts to improve recruitment and retention includes the introduction of stay and exit interviews.

Baycrest's commitment to creating an exceptional, inclusive workplace culture while ensuring high-quality care and service is commendable. The focus on workplace safety, prevention, and anti-discrimination aligns with best practices in supporting the well-being of all staff, physicians, students, and volunteers.

Baycrest will take the following actions to meet its safety goal:

1. Review of Workplace Violence Reporting Tools and Systems:
    - Baycrest will assess the current tools and systems in place to report workplace violence, aiming to improve accessibility, clarity, and effectiveness in reporting incidents.
2. Creating a Learning Environment for Workplace Violence Prevention:
    - The organization will foster an environment where staff, physicians, volunteers and students are continuously educated about the importance of preventing workplace violence. This includes learning materials, workshops and seminars.
    - Baycrest plans to provide safety training focused on preventing violence, harassment, discrimination, and misconduct. This training will address workplace culture, safety, risk, injury, and related topics to ensure a safe and supportive environment for everyone.

These initiatives are designed to improve not only the safety of individuals in the workplace but also the overall work experience, supporting dedication to inclusivity and respect for all.

Safety

In alignment with the 2024-2029 strategic plan and the upcoming Accreditation Canada cycle, safety remains a cornerstone of Baycrest's priorities. This commitment is embedded in the strategic goal to *Provide Exceptional Geriatric Care & Experience*, which focuses on delivering high-quality, safe care through continuous improvement and innovation.

To operationalize this goal, Baycrest has developed a comprehensive Client Safety Plan 2024–2029. The plan identifies five key focus areas:

1. Leadership Commitment: Prioritizing safety at the organizational level.
2. Consistent Safety Terminology: Promoting a shared understanding across teams.
3. Standardized Processes: Implementing clear accountability frameworks to learn from incidents effectively.
4. Incorporation of Safety II Concepts: Shifting focus to understanding how things go right to anticipate and mitigate potential issues.
5. Collaborative Responsibility: Engaging all staff, physicians, clients and families in contributing to safety.

These focus areas integrate foundational and aspirational safety principles, including:

- Strengthening leadership support to foster a safe work environment.
- Utilizing the Canadian Incident Analysis Framework (2012) to standardize and improve communication about safety practices and outcomes.
- Applying Safety II concepts to emphasize proactive adjustments and resilience, ensuring systems work reliably.
- Building partnerships with clients and families, recognizing their lived expertise and unique insights into their care experiences.

Baycrest is revamping its safety incident reporting and reviewing Process and Disclosure Policies. Input from various committees is helping refine these policies to:

- Clarify step-by-step procedures for reporting different types of safety incidents.
- Transform disclosure into an ongoing, transparent dialogue with affected clients and families, rather than a single event.

By integrating these initiatives into its strategic framework, Baycrest reaffirms its commitment to a culture of safety, empowering staff, physicians and clients to work together toward better outcomes and experiences.

Baycrest is also dedicated to fostering an exceptional, inclusive workplace while delivering high-quality care and service excellence. In alignment with Accreditation Canada's anti-discrimination and human rights benchmarks along with Baycrest's values and People Plan, key initiatives include:

- Review and enhance workplace violence and injury reporting systems to improve data integration, transparency and accuracy.
- Conduct a policy and procedure review to unify safety, injury, violence, harassment, discrimination and misconduct reporting.
- Implement a reporting tool for safety incidents involving staff, physicians, clients/residents, volunteers and community members, covering violence, injury, harassment, discrimination and misconduct. It will support health equity, diversity, and inclusion efforts, aiding in talent acquisition, workplace safety, risk prevention and data-driven improvements in reporting and response.

Palliative Care

Apotex

The Apotex is dedicated to providing high-quality palliative care to residents and offering support to their families. Upon admission, a care conference is conducted with the resident and/or their substitute decision maker (SDM) alongside members of the interdisciplinary care team, including the physician. This conference facilitates discussions about goals of care and life-sustaining treatment, utilizing the plan for Life-Sustaining Treatment (PLST) clinical tool. Key topics, such as code status, prognosis and advanced care directives, are thoroughly explained. Residents and SDMs are also given resources to guide advanced care planning and articulate their health care wishes, both at admission and as needed.

As part of the admission process, and at least quarterly, a RAI-MDS assessment is completed, generating a Changes in Health, End-Stage Disease and Signs and Symptoms (CHESS) score, with a maximum value of 5. A score of 3 or higher activates an evidence-based clinical support tool, guiding resident-centred palliative care by identifying health decline and aligning care plans with the resident's values. This also enhances the quality of documentation, improving communication among residents, families and the interdisciplinary team.

Although the above process is well established and follows evidence-based practice, following a review of Ontario Health's Quality Standard for palliative care, opportunities have been identified to further enhance the program by improving the identification and assessment of residents at end of life. In addition, over the next year, the team will introduce focused "Goals of Care" conferences to address residents' emotional, spiritual, psychosocial, mental and physical health needs comprehensively.

Hospital

Baycrest hospital is committed to providing high quality palliative care, in alignment with the strategic goal to *Provide Exceptional Geriatric Care & Experiences.* All inpatient units in the hospital provide integrated care from an interprofessional team. The hospital has a dedicated Palliative Care Unit (PCU). Outside of this unit, there are many patients who would benefit from a palliative approach to care, especially on the Complex Continuing Care (CCC) units. For these patients, a palliative consult is available. Staff on these other units are also able to contact the PCU nursing team for questions relating to palliative care. In addition to nursing, units have access to Social Workers five days per week to provide psychosocial support to all patients and consults can also be made to the Spiritual Care team.

Previous QIPs included change ideas to improve the palliative approach to care on CCC units, with the following initiatives implemented:

- Established a structure to engage point-of-care staff via the interprofessional working group (which included physicians and client family partners).
- Revised and translated patient/family education materials for advance care planning (ACP).
- Identified improvement opportunities for capturing goals of care discussions in the Health Information System (HIS).
- Launched the Social Worker Goals of Care Values Assessment.

More recently, a gap analysis was conducted with the working group to review current practices against Ontario Health's Quality Standards and Accreditation standards. Based on the gap analysis, proposed areas of focus for 2025-2026 were drafted. Current recommendations include:

- Building capacity of ACP across all units and disciplines (beyond CCC).
- Continuing to revisit current documentation screens within the HIS to capture goals of care.
- Re-launching the family support group.
- Establishing a measure to capture overall client goals.

In the ambulatory clinics, palliative care for people with neurodegenerative illness (such as Parkinson's Disease) is now available through a first-of-its-kind neuro-palliative outpatient clinic. Patients and caregivers now have access to supportive care, links to community supports where needed, and increases in their capacity for future decision-making based on illness understanding and goals of care.

Population Health Management

As a founding partner of both the North Toronto Ontario Health Team (NT OHT) and the North York Toronto Health Partners (NYTHP), Baycrest remains deeply committed to advancing population health and equity-based approaches to care for communities served. Baycrest's intention is to support interoperability between neighbouring OHTs and uses the same eight-step approach to Population Health Management and Equity (PHME) to adapt services to proactively meet health and social needs of the community. This approach leverages data from a wide range of partners, including hospitals, primary care physicians and community support and social services, to ensure understanding of health and social determinants impacting individuals in our region. Baycrest collaborates with patients, families, caregivers and community members to co-design new and/or improve care models that are meaningful and tailored to their needs. This approach has identified Mount Pleasant West and the Bathurst Street corridor including Baycrest's neighbourhood, Englemount Lawrence as neighbourhoods with unmet health and social care needs. The PHME approach drives the NT OHT and NYTHP's strategic priorities while enabling Baycrest's strategic goal to *Extend Care Beyond Our Campus to Support Older Persons Locally & Provincially* (to age in place) by developing scalable models in collaboration with partners. Baycrest's "North Star" (the main indicator of performance) for expanding care beyond the campus is: one million cumulative nursing home bed days avoided by March 31, 2029.

Primary care is the foundation of a strong health care system and plays a critical role in improving population health and coordinating care across the continuum. In the past year, Baycrest has supported primary care strategies together with partners to ensure all North Toronto and North York residents access team-based care by: (1) creating Integrated Health Hubs (Hub), (2) expanding team-based care for local primary care physicians and (3) developing Neighbourhood Care Teams in Toronto Seniors Housing Corporation buildings.

Neighbourhood Care Team

The Neighbourhood Care Team (NCT) is integrated care model within Toronto Seniors Housing Corporation buildings. NCT re-organizes existing providers into 'one team' to provide primary care, community support, and access to specialists to address tenants' health and social needs so that they can age well at home. The aim of the NCT is to reach 1,500 or more Toronto Senior Housing Corporation tenants, by March 2025. Through the leadership of a Baycrest Clinical Manager we coordinated over 20 care delivery partners to expand the NCT to serve 1,219 tenants in December 2024 (up from 800 reported last year). In consultation with Care Coordinators, who determine eligibility or nursing homes, we assume ~10% of tenants are eligible for a nursing home but are aging at home with supports. The expansion added ~40 people per day to current performance towards 1 million bed days.

The NCT's collaborative goals for next year are: to improve the quality of our baseline data for nursing home bed days avoided by using the MaPLE score[3]; to reach an additional 500 tenants; to implement patient reported outcome measures (PROM) to evaluated the difference made to health outcomes; and to strengthen clinical pathways (especially for dementia) and connections to the team.

Baycrest continues to serve as an active hospital partner to both the NT OHT and NYTHP and remains committed to using its PHME approach to address identified healthcare gaps and improve health outcomes across the community it serves.

Executive Compensation

Baycrest has a long history of utilizing a performance management framework and performance-based compensation strategy for the Senior Executive Team. Each year, the Board and Senior Executive Team reflect on the performance of the organization and consider what incentives will best support accountability and continuous improvement. This strategy involves the creation of team (40%) and individual (60%) based goals, which include both process, and outcome measures to ensure a balanced approach to performance that adequately reflects the organization's values, strategic priorities and annual objectives. In accordance with the requirements of the Excellent Care for All Act, 2010, Senior Executive Team compensation is linked to performance on selected QIP indicators.

Executives who have 40% of their performance/at risk compensation linked to achieving team goals, including the identified QIP indicators, are as follows:

- President and Chief Executive Officer
- Vice President, Inpatient Services, Clinical Support and Chief Nursing Executive
- Vice President, Long-Term Care, Ambulatory and Chief Heritage Officer
- Vice President, Medical Services and Chief of Staff
- Vice President, eHealth, Chief Information Officer and Chief Privacy Officer
- Vice President, Finance and Chief Financial Officer

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[3] The MaPLE Score is a validated functional assessment tool that rates individuals on a scale of 1 to 5, predicting their likelihood of admission to long-term care (LTC). A score of 3 or higher indicates eligibility for LTC placement. To measure the impact of NCT (Neighbourhood Care Team) buildings, we are tracking the number of tenants with a Maple Score of 3+