

## Governance & Audit Committee AGENDA

Thursday, February 5, 2026 @ 5:30pm

Item	Description	MRP
1.0	Call to Order and Introductions	Lyne St-Pierre-Ellis
2.0	Approval of the Agenda	Lyne St-Pierre-Ellis
3.0	Declaration of Conflict of Interest	Lyne St-Pierre-Ellis
4.0	Approval of Previous Minutes: October 28, 2025*	Lyne St-Pierre-Ellis
5.0	Business Arising from the Minutes	
5.1	Policy Review Executive Limitations* <ul style="list-style-type: none"> <li>○ Gov-Exec-E-420 Emergency Planning</li> </ul>	Geri Geldart
6.0	New Business	
6.1	Policy Review Executive Limitations* <ul style="list-style-type: none"> <li>○ Gov-Exec-I-455 Internal Controls and Integrity of Reporting</li> <li>○ Gov-Exec-R-470 Relationship with Stakeholders</li> <li>○ Gov-Exec-T-475 Treatment of Staff</li> </ul>	Geri Geldart
6.2	Accreditation*	Geri Geldart
6.3	Board Members Terms of Office*	Geri Geldart
6.4	Board Executive & Committee Chairs for 2026 – 2027	Lyne St-Pierre-Ellis
6.5	New Board Member Appointments	Lyne St-Pierre-Ellis
6.6	Strategic Plan Launch – progress report	Geri Geldart
6.7	Communication Plan – 2026 – 2028 – for approval*	Geri Geldart
7.0	Next Meeting: Tuesday, April 28, 2026 @ 5:30pm	

*\*Denotes attachment*

## Proposed Motions

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1. That the minutes of October 28, 2025, be approved.
2. That the Governance & Audit Committee recommend to the Board of Directors that the policies:
  - Gov-Exec-E-420 Emergency Planning
  - Gov-Exec-I-455 internal Controls & Integrity of Reporting
  - Gov-Exec-R-470 Relationship with Stakeholders
  - Gov-exec-T-475 Treatment of Staffbe approved as amended.
3. That the Governance & Audit Committee recommend to the Board of Directors that York Care Centre sign an agreement to pursue accreditation status with Accreditation Canada.
4. That the Governance & Audit Committee recommend to the Board of Directors that Marjorie Belzile, Tracy Burkhardt, Andrea Seymour and Deborah Wybou be reappointed to the Board of Directors for a three-year term effective June 16, 2025.
5. That the Governance & Audit Committee recommend to the Board of Directors that the Communication Plan 2026 – 2028 be approved for implementation.

**Minutes of meeting of the Governance & Audit Committee**  
**Tuesday, October 28, 2025 at 5:30pm**

**Present:** Lyne St-Pierre-Ellis, Marjorie Belzile, Donna Curtis Maillet, Andrea Seymour, Bryanna White-Aubé, Jane Matthews-Clark, Tracey Burkhardt, Geri Geldart (ex-officio)

**Regrets:** Lee Mitchell

**1. Call to order and Introductions**

Ms. St-Pierre-Ellis (Chair) called the meeting to order at 5:30pm.

**2. Declarations of Conflict of Interest**

Ms. St-Pierre-Ellis asked members to review the agenda and self-identify if there was the potential for a conflict of interest. No conflicts were identified.

**3. Approval of Agenda**

The agenda was approved with the addition of 6.6 Board Education.

*It was moved by Tracy Burkhardt and seconded by Andrea Seymour that the agenda be approved as amended. All in favour. - Motion carried*

**4. Approval of Previous Minutes: September 11, 2025.**

*It was moved by Bryanna White-Aubé and seconded by Jane Matthews-Clark that the minutes of the September 11, 2025 meeting be approved as presented. All in favour. - Motion carried*

**5. Business Arising from the Minutes**

None to report

**6. New Business**

**6.1. Policy Review Executive Limitations**

Ms. Geldart presented the following policies for review:

- Gov-Exec-E-430 Employment Compensation & Benefits
- Gov-Exec-F-435 Financial Condition & Activities
- Gov-Exec-F-440 Financial Planning & Budgeting
- Gov-Exec-G-445 Global Executive Constraint

**Motion:**

*It was moved by Andrea Seymour and seconded by Marjorie Belzile that the Governance & Audit committee recommend to the Board of Directors that Executive Limitations policy Gov-Exec-E-430 Employment Compensation & Benefits, Gov Exec-F-435 Financial Condition & Activities, Gov-Exec-F-440 Financial Planning & Budgeting and Gov-Exec-G-445 Global Executive Constraint be approved as amended. All in favour. - Motion Carried*

## **6.2. Accreditation**

Ms. Geldart provided options for accreditation, which were included in the meeting package. The Governance & Audit committee made the following recommendation.

*It was moved by Tracy Burkhardt and seconded by Bryanna White-Aubé that the Governance and Audit Committee recommend to the Board of Directors that given the board's focus on developing YCC's role as a Centre of Excellence, the Board of Directors pursue accreditation status with Accreditation Canada and direct the CEO to obtain a proposal from Accreditation Canada for the board's consideration. All in favour. - Motion carried*

## **6.3. Board Evaluation**

Ms. Geldart initiated a discussion on the current board evaluation methodology and the committee decided that the accreditation process encompasses a board evaluation, no other board survey will be required at this time.

## **6.4. Service Level Agreement with YCF**

York Care Foundation's focus on Tower 2 fundraising has resulted in delayed discussions on the service level agreement between YCC and YCF.

## **6.5. Request for Proposal (RFP) for Auditors**

A discussion on releasing an RFP for auditors ensued. Further discussion is required once policies have been reviewed.

## **6.6. Board Education**

Ms. Geldart provided options for a speaker at the first board education session of this year. The committee would like to invite Charbel Daniel, President and CEO of Northwood.

## **7. Next meeting: Tuesday, February 3, 2026 @ 5:30pm**

## **8. Adjournment.**

The meeting was adjourned at 6:27pm on a motion by Ms. Seymour.

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Lyne St-Pierre-Ellis, Chair

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Jennifer Vos, Recorder

## BRIEFING NOTE

**To:** Members – Governance and Audit Committee

**From:** Geri Geldart, President and CEO

**Date:** January 26, 2026

**RE: Board Policy Review**

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### Purpose

To provide background for the review of four of the Executive Limitation policies.

### Background

York Care Centre currently has eleven policies that address executive limitation, all of which will be reviewed over the course of three meetings of the Governance and Audit Committee.

During the Quarter 3 meeting we will review the following policies:

- Gov-Exec-I-455 Internal Controls and Integrity of Reporting
- Gov-Exec-R-470 Relationship with Stakeholders
- Gov-Exec-T-475 Treatment of Staff

The Committee will also review modifications to the policy Gov-Exec-E-420 Emergency Planning to address concerns raised at the last board meeting.

### Changes

- For all policies, the wording has been modified to reflect the limitations which are imposed by the policy.
- For Gov-Exec-I-455, the policy has been updated to reflect the use of Accounting Standards for Not-for-Profit Organizations (ASNPO).
- For Gov-Exec-R-470, elements were added to provide clearer direction regarding the organization's relationship with stakeholders (definition of stakeholders, addressing concerns and complaints, information regarding rights, protection from abuse).
- For Gov-Exec-T-475, statement added requiring compliance with legislation, regulations, and collective agreements.
- For Gov-Exec-E-420, added requirement to have an emergency plan for a missing resident incident, and provided clarity regarding the scenarios which require annual testing.

<b>YORK CARE CENTRE</b> <b>Corporate Governance Policy</b>	
<b>Type:</b> Executive Limitation	<b>Date Issued:</b> November 30, 2009
<b>Title:</b> EMERGENCY PLANNING	<b>Page:</b> 1 of 1
<b>Approved by:</b> Board of Directors	Gov-Exec-E-420
<b>Date Reviewed/Revised:</b> 01/14; 10/20	

**Policy:**

*The President & CEO shall ensure that an emergency plan is in place for York Care Centre by providing a predetermined appropriate response to all potential situations that could endanger residents, employees, the public, or the environment.*

**Procedure:**

The President & CEO shall:

1. Ensure that emergency planning documents are up to date and in place with key personnel and outside agencies who would direct such emergency plans.
2. Ensure that emergency plans are tested through mock emergency exercises on a timely basis.

<b>YORK CARE CENTRE</b> <b>Corporate Governance Policy</b>	
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<b>Title:</b> EMERGENCY PLANNING	<b>Page:</b> 1 of 1
<b>Approved by:</b> <i>Board of Directors</i>	Gov-Exec-E-420
<b>Date Reviewed/Revised:</b> 01/14; 10/20; 09/25	

**Policy:**

The President & CEO shall not allow York Care Centre to operate without a comprehensive emergency preparedness plan that protects residents, employees, visitors and organizational assets. Accordingly, the President & CEO shall not:

1. Operate without current emergency plans which address:
  - Natural disasters and severe weather events
  - Fire, power outages and infrastructure failures,
  - Infectious disease outbreaks,
  - Security threats and workplace violence
  - Cyber security incidents and data breaches
  - Supply chain disruptions affecting resident care
2. Fail to ensure emergency plans include:
  - Clear command structure and communication protocols
  - Resident evacuation and shelter-in-place procedures
  - Staff deployment and back-up coverage plans
  - Coordination protocols with emergency services
  - Business continuity measures for essential operations
3. Allow more than 12 months to pass without conducting emergency drills testing each type of emergency scenario.
4. Fail to maintain current emergency supplies and equipment sufficient for a minimum 72-hours period of operations.
5. Neglect to train key personnel in emergency procedures.
6. Fail to coordinate emergency plans with local emergency services and other relevant organizations.
7. Allow emergency contact lists and communication systems to become outdated or non-functional.

<b>YORK CARE CENTRE</b> <b>Corporate Governance Policy</b>	
<b>Type:</b> Executive Limitation	<b>Date Issued:</b> November 30, 2009
<b>Title:</b> EMERGENCY PLANNING	<b>Page:</b> 1 of 1
<b>Approved by:</b> <i>Board of Directors</i>	Gov-Exec-E-420
<b>Date Reviewed/Revised:</b> 01/14; 10/20; <u>01/26/25</u>	

**Policy:**

The President & CEO shall not allow York Care Centre to operate without a comprehensive emergency preparedness plan that protects residents, employees, visitors and organizational assets.

**Procedure:**

Accordingly, the President & CEO shall not:

1. Operate without current emergency plans which address:

- Missing resident
  - Natural disasters and severe weather events
  - Fire, power outages and infrastructure failures,
  - Infectious disease outbreaks,
  - Security threats and workplace violence
  - Cyber security incidents and data breaches
  - Supply chain disruptions affecting resident care

2. Fail to ensure emergency plans include:

- Clear command structure and communication protocols
- Resident evacuation and shelter-in-place procedures
- Staff deployment and back-up coverage plans
- Coordination protocols with emergency services
- Business continuity measures for essential operations

▲—Allow more than 12 months to pass without conducting emergency drills testing the following emergency scenarios each type of emergency scenario.

3.

- Code Red – Fire
- Code Green – Evacuation
- Code Black – Workplace Threat
- Code Yellow – Missing Resident
- Code White – Personal Violence Threat

~~3.~~ Fail to maintain current emergency supplies and equipment sufficient for a minimum 72-hours period of operations.

~~4.~~

~~4.~~ Neglect to train key personnel in emergency procedures.

~~5.~~

~~5.~~ Fail to coordinate emergency plans with local emergency services and other relevant organizations.

~~6.~~

~~6.7.~~ Allow emergency contact lists and communication systems to become outdated or non-functional.

<b>YORK CARE CENTRE</b> <b>Corporate Governance Policy</b>	
<b>Type:</b> Executive Limitation	<b>Date Issued:</b> November 30, 2009
<b>Title:</b> EMERGENCY PLANNING	<b>Page:</b> 1 of 1
<b>Approved by:</b> <i>Board of Directors</i>	Gov-Exec-E-420
<b>Date Reviewed/Revised:</b> 01/14; 10/20; 01/26	

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Accordingly, the President & CEO shall not:

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  - Missing resident
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  - Fire, power outages and infrastructure failures,
  - Infectious disease outbreaks,
  - Security threats and workplace violence
  - Cyber security incidents and data breaches
  - Supply chain disruptions affecting resident care
2. Fail to ensure emergency plans include:
  - Clear command structure and communication protocols
  - Resident evacuation and shelter-in-place procedures
  - Staff deployment and back-up coverage plans
  - Coordination protocols with emergency services
  - Business continuity measures for essential operations
3. Allow more than 12 months to pass without conducting emergency drills testing the following emergency scenarios
  - Code Red – Fire
  - Code Green – Evacuation
  - Code Black – Workplace Threat
  - Code Yellow – Missing Resident
  - Code White – Personal Violence Threat
4. Fail to maintain current emergency supplies and equipment sufficient for a minimum 72-hours period of operations.
5. Neglect to train key personnel in emergency procedures.
6. Fail to coordinate emergency plans with local emergency services and other relevant organizations.

7. Allow emergency contact lists and communication systems to become outdated or non-functional.

REVISED

<b>YORK CARE CENTRE Corporate Governance Policy</b>	
<b>Type: Executive Limitation</b>	<b>Date Issued: November 30, 2009</b>
<b>Title: INTERNAL CONTROLS AND INTEGRITY OF REPORTING</b>	<b>Page: 1 of 1</b>
<b>Approved by: Board of Directors</b>	Gov-Exec-I-455
<b>Date Reviewed/Revised: 01/14; 01/21</b>	

**Policy:**

*The President & CEO shall ensure that financial reporting is timely, soundly based and reasonably prudent in application of accounting flexibility allowable within Generally Acceptable Accounting Principles.*

**Procedure:**

The President & CEO shall:

1. Operate within internal controls appropriate to ensure integrity in financial reporting and related disclosures.
2. Get approval of the Board before implementing changes in accounting policy or application of accounting policies.
3. Present the Board with audited Financial Statements for the corporations or part of the corporation with our audit opinion(s).
4. Cooperate with the work of the internal or external auditors to support their ability to achieve their responsibility on behalf of the Board.

<b>YORK CARE CENTRE Corporate Governance Policy</b>	
<b>Type:</b> Executive Limitation	<b>Date Issued:</b> November 30, 2009
<b>Title:</b> INTERNAL CONTROLS AND INTEGRITY OF REPORTING	<b>Page:</b> 1 of 1
<b>Approved by:</b> Board of Directors	Gov-Exec-I-455
<b>Date Reviewed/Revised:</b> 01/14; 01/21; 01/26	

**Policy:**

The President & CEO shall ~~not cause or allow~~ ensure that financial reporting ~~or internal controls that lack integrity, timeliness or compliance with~~ is timely, soundly based and reasonably prudent in application of accounting flexibility allowable within Generally Acceptable Accounting Principles-Canadian Accounting Standards for Not-for-Profit organizations (ASNPO).

**Procedure:**

The President & CEO shall not:

1. Operate with ~~out~~ in internal controls appropriate to ensure integrity in financial reporting and related disclosures.
- ~~1.2. Allow financial reporting that does not conform with ASNPO.~~
- ~~2.3. Get approval of the Board before i~~ mplementing changes in accounting policy or application of accounting policies ~~without prior approval of the Board.~~
- ~~3.4. Fail to p~~ Present the Board with audited Financial Statements for the corporations or part of the corporation with ~~our~~ audit opinion(s).
- ~~4.5. Cooperate with~~ Impede the work of the internal or external auditors ~~to support thereby~~ compromising their ability to achieve their responsibility on behalf of the Board.

<b>YORK CARE CENTRE Corporate Governance Policy</b>	
<b>Type: Executive Limitation</b>	<b>Date Issued: November 30, 2009</b>
<b>Title: INTERNAL CONTROLS AND INTEGRITY OF REPORTING</b>	<b>Page: 1 of 1</b>
<b>Approved by: Board of Directors</b>	Gov-Exec-I-455
<b>Date Reviewed/Revised: 01/14; 01/21; 01/26</b>	

**Policy:**

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**Procedure:**

The President & CEO shall not:

1. Operate without internal controls appropriate to ensure integrity in financial reporting and related disclosures.
2. Allow financial reporting that does not conform with ASNPO.
3. Implement changes in accounting policy or application of accounting policies without prior approval of the Board
4. Fail to present the Board with audited Financial Statements for the corporations or part of the corporation with audit opinion(s).
5. Impede the work of the internal or external auditors thereby compromising their ability to achieve their responsibility on behalf of the Board.

**YORK CARE CENTRE**  
**Corporate Governance Policy**

<b>Type: Executive Limitation</b>	<b>Date Issued: November 30, 2009</b>
<b>Title: RELATIONSHIP WITH STAKEHOLDERS</b>	<b>Page: 1 of 1</b>
<b>Approved by: Board of Directors</b>	<b>Gov-Exec-R-470</b>
<b>Date Reviewed/Revised: 01/14</b>	

*With respect to interactions with stakeholders, the President & CEO shall not cause or allow conditions, procedures or decisions that are unlawful, unsafe, undignified, unnecessarily intrusive, or that fail to provide appropriate confidentiality or privacy.*

ORIGINAL

**YORK CARE CENTRE**  
**Corporate Governance Policy**

<b>Type: Executive Limitation</b>	<b>Date Issued: November 30, 2009</b>
<b>Title: RELATIONSHIP WITH STAKEHOLDERS</b>	<b>Page: 1 of 1</b>
<b>Approved by: Board of Directors</b>	<b>Gov-Exec-R-470</b>
<b>Date Reviewed/Revised: 01/14; <u>01/26</u></b>	

**Policy:**

*With respect to interactions with stakeholders residents, families, employees, volunteers, donors, community members and other stakeholders, the President & CEO shall not cause or allow conditions, procedures or decisions that are unlawful, unsafe, undignified, unnecessarily intrusive, or that fail to provide appropriate confidentiality or privacy.*

**Procedure:**

Accordingly, the President and CEO shall not:

1. Operate without clear policies and procedures that define respectful treatment of all stakeholders and mechanisms for addressing concerns and complaints.
2. Fail to inform stakeholders of their rights, available services, complaint procedures and how to access assistance or advocacy.
3. Deny stakeholders the right to be heard, to receive timely responses to concerns, or to have complaints addressed through fair and transparent processes.
4. Fail to protect vulnerable persons from abuse, neglect, or unsafe conditions.

**YORK CARE CENTRE  
Corporate Governance Policy**

<b>Type: Executive Limitation</b>	<b>Date Issued: November 30, 2009</b>
<b>Title: RELATIONSHIP WITH STAKEHOLDERS</b>	<b>Page: 1 of 1</b>
<b>Approved by: Board of Directors</b>	<b>Gov-Exec-R-470</b>
<b>Date Reviewed/Revised: 01/14; 01/26</b>	

**Policy:**

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**Procedure:**

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2. Fail to inform stakeholders of their rights, available services, complaint procedures and how to access assistance or advocacy.
3. Deny stakeholders the right to be heard, to receive timely responses to concerns, or to have complaints addressed through fair and transparent processes.
4. Fail to protect vulnerable persons from abuse, neglect, or unsafe conditions.

<b>YORK CARE CENTRE Corporate Governance Policy</b>	
<b>Type: Executive Limitation</b>	<b>Date Issued: November 30, 2009</b>
<b>Title: TREATMENT OF STAFF</b>	<b>Page: 1 of 1</b>
<b>Approved by: Board of Directors</b>	Gov-Exec-T-475
<b>Date Reviewed/Revised: 01/14; 01/21</b>	

**Policy:**

*With respect to treatment of employees, the President & CEO shall ensure conditions, procedures and decisions that are lawful, safe, fair, dignified and provide confidentiality and privacy.*

**Procedure:**

Accordingly, the President & CEO shall:

1. Ensure the organization is operating with written personnel policies that clarify rules for staff, provide for effective handling of grievances, and protect against wrongful conditions such as nepotism, harassment, and preferential treatment for personal reasons.
2. Not discriminate against any staff member for expressing dissent.
3. Ensure to employees are aware of their rights under this policy.
4. Not terminate staff without due process and just cause for performance related reasons or without due process and/or appropriate severance for position elimination.
5. Ensure adequate orientation and training is provided for new employees.
6. Encourage a culture of accountability, innovation, productivity, ethical conduct and high morale.

<b>YORK CARE CENTRE Corporate Governance Policy</b>	
<b>Type: Executive Limitation</b>	<b>Date Issued: November 30, 2009</b>
<b>Title: TREATMENT OF STAFF</b>	<b>Page: 1 of 1</b>
<b>Approved by: Board of Directors</b>	<b>Gov-Exec-T-475</b>
<b>Date Reviewed/Revised: 01/14; 01/21; <u>01/26</u></b>	

**Policy:**

With respect to treatment of employees, the President & CEO shall not cause or all ensure conditions, procedures and decisions that are unlawful, unsafe, unfair, undignified and or fail to provide confidentiality and privacy.

**Procedure:**

Accordingly, the President & CEO shall not:

1. Fail to comply with employment standards legislation, workplace health and safety regulations, human rights laws, privacy legislation and all applicable collective bargaining agreements.
- 1.2. Ensure the organization is operating Operate without written personnel policies that clarify rules for staff, provide for effective handling of grievances, and protect against wrongful conditions such as nepotism, harassment, and preferential treatment for personal reasons.
- 2.3. Not dDiscriminate against any staff member for expressing dissent.
- 3.4. Fail to Eensure that to employees are aware of their rights under this policy.
- 4.5. Not tTerminate staff without due process and just cause for performance related reasons or without due process and/or appropriate severance for position elimination.
5. Fail to Eensure adequate orientation and training is provided for new employees.
- 6.
-

6. ~~Fail to Encourage~~ encourage a culture of accountability, innovation, productivity, and ethical conduct, ~~and~~  
~~high morale.~~

7.

<b>YORK CARE CENTRE Corporate Governance Policy</b>	
<b>Type: Executive Limitation</b>	<b>Date Issued: November 30, 2009</b>
<b>Title: TREATMENT OF STAFF</b>	<b>Page: 1 of 1</b>
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2. Operate without written personnel policies that clarify rules for staff, provide for effective handling of grievances, and protect against wrongful conditions such as nepotism, harassment, and preferential treatment for personal reasons.
3. Discriminate against any staff member for expressing dissent.
4. Fail to ensure that employees are aware of their rights under this policy.
5. Terminate staff without due process and just cause for performance related reasons or without due process and/or appropriate severance for position elimination.
6. Fail to ensure adequate orientation and training is provided for new employees.
7. Fail to encourage a culture of accountability, innovation, productivity, and ethical conduct.

## BRIEFING NOTE

**To:** Members – Governance and Audit Committee

**From:** Geri Geldart, President and CEO

**Date:** January 23, 2026

**RE: Accreditation**

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### A. PURPOSE

The Strategic Plan 2025 – 2030 has identified the organization’s intention to develop its role as a Centre of Excellence. As part of this strategic pursuit, York Care Centre should consider achieving formal accreditation status.

The purpose of this briefing note is to inform the Committee of the elements of the proposal received from Accreditation Canada and to consider a recommendation to the Board regarding proceeding with the accreditation process.

### B. THE ACCREDITATION CYCLE AND COSTS

In October 2025, the Board requested the CEO obtain a proposal from Accreditation Canada (attached). The proposal outlines a four-year process, with a total cost of approximately \$24,000 plus HST. The end-result of the process is an accreditation decision: either Accredited (good for four years), or Not Accredited.

Once an organization pays the initial administrative fee, they are linked with a Client Engagement Lead and the process of self-assessment begins. An accreditation team is established who are responsible for completing the self-assessment / attestation elements. There are two mandatory surveys – the first being a Governing Body Assessment which board members complete, and the second being a Global Workforce Survey. The organization is required to submit action plans based on the results of these surveys.

Near the end of the process, an external survey team is deployed to conduct an on-site assessment. The survey methodology tests compliance with the standards and audits/verifies the results of the attestation process. Shortly after the survey visit, the award decision is made. If accredited, the cycle begins again.

There are now two approaches for scheduling the elements of the cycle. The first approach takes a full four years to complete, and can result in a four-year “Accredited” award. For organizations who wish, there is now an option to conduct the assessment/survey elements in 18-24 months. If accredited, the award is good for four years.

### C. CONSIDERATIONS

- **Cost** – the total cost of the process is \$24,037 plus HST over a four year period. I don't see these amounts to be prohibitive, but would need to be included in the annual budget. There is no funding from Social Development for this expense.
  - Year 1 - \$11,653
  - Years 2 & 3 - \$ 1,133
  - Year 4 - \$10,118
- **Board Engagement** – board members are expected to participate in the process by completing the Governing Body Assessment survey, developing an improvement action plan and implementing such plan. The topic of Accreditation readiness would need to become a standing agenda item.
- **Staff Engagement** – this process will demand effort and commitment from the senior leadership team and their direct reports, as much of the self assessment tools will be completed by these individuals. As well, once the self assessment is complete, improvement action plans will need to be developed and implemented.
- **Timing** – Determining if the organization wish to pursue accreditation over a four year period, or over the accelerated two year period is an issue which can be addressed in the early days of the cycle.

### D. RECOMMENDATION

It is recommended that the Governance and Audit Committee recommend to the board that York Care Centre sign an agreement to pursue accreditation status with Accreditation Canada.



**ACCREDITATION**  
CANADA

# Accreditation Services for Long Term Care

Proposal Prepared for:

York Care Centre

November 20, 2025

Proprietary & Confidential

TRANSMITTED VIA MAIL

17 November 2025

York Care Centre

**Subject: Proposal for Accreditation Services**

Accreditation Canada (“AC”) is pleased to present to York Care Centre (“Client”) a Proposal for Accreditation Services.

This proposal includes the following sections (collectively, “**Proposal**”):

1. About Accreditation Canada
2. Accreditation Services Options
3. Investing in Quality

AC invites the Client to review the Proposal and indicate its acceptance by signing in the space provided below and returning it to Andrew Pauh (apauhl@acdiagnostics.ca).

We look forward to your kind consideration.

Andrew Pauh  
Business Development Lead  
Canadian Accreditation

# 1 PROPOSAL ACCEPTANCE

After reviewing and considering the content of this Proposal, York Care Centre will be signing a service agreement with regards to accreditation within 15 days of signature of this proposal as submitted by Accreditation Canada.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2025 (“Proposal Effective Date”).

I represent and warrant that I have the authority to bind York Care Centre

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

<b>Internal Use Only</b>	
Accreditation Canada	
Signature: _____	Name: _____
Title: _____	Date: _____

## 2 Introduction

### 2.1 Background of Accreditation Canada

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Since 1958, Accreditation Canada has been a pioneer in fostering quality improvement in healthcare. As a trusted partner, we understand the unique needs of the diverse communities we serve. Our collaboration with client organizations focuses on enhancing care and safety while reducing costs and risk. We offer a comprehensive portfolio of accreditation, education, and supplementary services, supported by our talented and experienced staff who provide continuous support and guidance.

#### **Health Standards Organization (HSO)**

Health Standards Organization (HSO), an affiliate of Accreditation Canada, is dedicated to unleashing the power and potential of people worldwide who share our passion for achieving quality health services for all. Our goal is to start a global movement that transforms healthcare standards and accreditation services. United under single leadership, HSO and Accreditation Canada are committed to saving and improving lives on a global scale.

#### **Our Services and Approach**

HSO specializes in developing best-in-class standards, innovative assessment methodologies, and tools. Accreditation Canada provides accreditation services, training, and consulting to clients both in Canada and internationally, ensuring that local contexts and needs are addressed. We work with governments, regional health authorities, hospitals, and community-based programs, supporting both private and public sectors. Our extensive experience across all 13 provincial and territorial health jurisdictions in Canada gives us unparalleled insight into diverse population needs.

#### **Cultural Safety and Humility**

We are deeply committed to cultural safety, humility, and addressing systemic racism. We acknowledge that our work takes place on the traditional territories of many Indigenous Peoples. Our dedication extends to fostering respectful and meaningful partnerships with Indigenous communities, ensuring our services are culturally relevant and supportive of Indigenous health practices. Our approach prioritizes the voices of patients, providers, and policymakers, embedding them at the heart of our work. This commitment drives a person-centered design in our products, standards, and assessments, ensuring that we address and mitigate systemic racism while promoting inclusivity and respect for all cultural backgrounds.

#### **Empowering Senior Care Facilities**

The primary purpose of HSO is to develop and provide standards, assessment programs, and tools that empower senior care facilities worldwide to deliver high-quality, safe, and effective care. As a not-for-profit organization rooted in nearly 65 years of experience by Accreditation Canada, HSO is dedicated to enhancing the capabilities of care providers by promoting continuous learning, accountability, and the adoption of evidence-informed practices, ultimately aiming to save and improve lives through rigorous accreditation processes.

## **Our Commitment to Quality**

We believe that by incorporating patients into accreditation surveyor teams, including patients on the technical committees that review our standards, and offering unique solutions for person-centered care, we can make a real difference in improving quality and health outcomes. Our person-centered approach ensures that we put people first, helping organizations focus on what matters most: delivering exceptional care.

Our mission is to guide and support you in providing the best possible care for your residents, ensuring that your senior care facility excels in meeting and exceeding accreditation standards. Together, we can create a safer, more effective healthcare environment that truly makes a difference in people's lives.

## **2.2 HSO Standards: The Foundation for Excellence**

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HSO standards form the very foundation on which leading-edge accreditation programs and exceptional public policies are built. We are committed to maintaining the highest levels of rigour and diligence in our standards development process, ensuring that our standards meet both national and international requirements set by esteemed organizations such as the Standards Council of Canada (SCC).

Our standards development is guided by Standards Technical Committees through a participatory, co-creative process. This process ensures that the voices of patients, community members, families, health service providers, clinicians, and policymakers are integral to our work. By drawing upon the best global evidence and tailoring it to the specific conditions and contexts of each country or region, our standards remain both relevant and impactful.

By integrating these principles into our standards and processes, we ensure that your senior care facility is equipped with the most advanced, inclusive, and effective tools to provide high-quality, safe care. Together, we can build a healthcare environment that not only meets standards but sets new benchmarks for excellence.

## **2.3 Key Features of the Qmentum Global for Long-Term Care Cycle**

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### **Client Support Model**

The client support model offered by Accreditation Canada ensures your senior care facility receives the expert advice and resources needed to succeed in the accreditation process. Through group learning sessions or one-on-one interactions with a dedicated advisor from the Client Engagement Team, your facility will gain valuable insights and guidance. This model supports your journey towards adopting accreditation practices seamlessly into your everyday operations, helping you understand and apply evidence-based, people-centered HSO standards.

### **Self-Assessment**

Embark on a journey of continuous learning and improvement with our self-assessment feature. Tailored to your senior care facility, this self-assessment helps you evaluate conformity against our assessment criteria. By beginning this process early in the accreditation cycle, your team can reflect, collaborate, and engage to identify strengths and areas for growth. Benefits include understanding your current status, identifying gaps, focusing on specific quality or safety areas, and generating actionable plans for improvement.

The digital platform, OnboardQi, simplifies this process, allowing secure sharing and comprehensive analysis. For more details, refer to the Preparation Guide for Self-Assessment available in the client portal.

## Survey Instruments

Our program includes two critical survey instruments:

1. **HSO Governing Body Assessment** - Completed by your governing body, this tool evaluates the effectiveness of governance and identifies areas for improvement.
2. **HSO Global Workforce Survey** - This comprehensive survey, completed by your workforce, links working conditions with safety culture, providing actionable data for improvement. It helps identify risks and highlight outstanding performance at various levels.

These instruments provide invaluable insights into quality and safety topics, helping your senior care facility make informed decisions. Detailed descriptions are available in the client portal.

## Attestation

Attestation allows your senior care facility to conduct self-directed assessments, attesting to conformity with our criteria. This method engages leaders, governing bodies, and the workforce in the accreditation process, promoting transparency and accountability. While no evidence submission is required, documentation should be readily available. Third-party surveyors will reassess key practices and audit a sample of criteria during the on-site assessment, influencing the final accreditation decision.

## On-site Assessment

Accreditation Canada's trained third-party surveyors conduct on-site assessments, following our tracer methodology to evaluate your senior care facility's conformity with assessment criteria. These in-person evaluations provide immediate feedback and highlight strengths and areas for improvement, documented in a final report that includes your accreditation decision.

This assessment promotes continuous excellence, with limited advance notice to encourage daily adherence to high standards of care. This approach reduces the burden of one-time assessments and supports ongoing improvement.

## Quality Improvement Action Plan

Develop a strategic, digitally enabled Quality Improvement Action Plan using the OnboardQi platform. This tool helps your senior care facility plan, perform, and measure actions required for continuous improvement based on assessment results. It ensures systematic, people-centered enhancements to your care processes.

## 2.4 The Transformative Power of Accreditation with Accreditation Canada

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Accreditation Canada is dedicated to enhancing the quality of senior care facilities through our rigorous accreditation process. This program not only supports your existing quality improvement efforts but also opens the door to innovative advancements in care and safety. Join us in our mission to save lives and improve health outcomes through our high standards and comprehensive support.

- **Foster Continuous Improvement:** Embrace a culture of ongoing quality enhancement, driving efficiencies at every level of your organization, from boardrooms to the front lines.
- **Boost Operational Effectiveness:** Implement advanced systems and processes that improve operational efficiency and lead to superior healthcare outcomes.
- **Standardize Excellence:** Develop and maintain standardized practices and processes that ensure the optimal use of healthcare resources, enhancing both efficiency and effectiveness.
- **Advance Quality and Safety:** Establish robust structures that support ongoing quality, safety, and risk management, ensuring your facility consistently delivers top-tier care.
- **Strengthen Team Dynamics:** Enhance the effectiveness of interdisciplinary teams and boost staff engagement, fostering a collaborative and motivated work environment.
- **Engage in Reflective Practice:** Take a step back from daily operations to assess and elevate your organization's performance, ensuring continuous improvement.
- **Enhance Communication and Collaboration:** Improve internal and external communication and collaboration, contributing to a safer, more cohesive care environment.
- **Engage the Entire Organization:** Mobilize your entire organization towards a unified goal of excellence in quality improvement, rather than isolating efforts within individual programs.
- **Demonstrate Commitment to Quality:** Showcase your dedication to quality and accountability, reinforcing trust and credibility with all stakeholders.
- **Promote Cultural Safety and Address Systemic Racism:** Embed cultural safety, humility, and systemic racism mitigation into your accreditation process, ensuring an inclusive and respectful environment for all.
- **Attract and Retain Skilled Professionals:** Create a supportive, high-performing work environment that attracts and retains talented healthcare professionals. By adhering to HSO guidelines, your facility can offer a structured atmosphere, ongoing professional development, and a commitment to quality that is highly appealing to potential employees.

**Embrace a Healthier Future**

This is your opportunity to transform your senior care facility. Accreditation is not just a mark of quality; it's a powerful tool for accountability and a roadmap to excellence. Take this chance to elevate your organization and demonstrate your unwavering commitment to the highest standards of care.

### Who Benefits from Accreditation?

- **Board of Directors:** Strengthen your board's focus on quality improvement and enhance engagement across the organization.
- **Leadership:** Gain credibility for your quality improvement initiatives, support policy and procedure changes, and ensure consistency across multiple locations.
- **Staff:** Improve safety and quality for staff, streamline onboarding, and give staff a meaningful voice, promoting work-life balance and satisfaction.
- **Residents & Families:** Ensure quality and safety through a client- and family-centered care approach, partnering with those you serve to provide the best possible care.
- **Stakeholders:** Offer assurance to government, funders, suppliers, and partners that your organization is dedicated to investing in quality and safety.

Join us at Accreditation Canada and Health Standards Organization (HSO) in our mission to save lives through accreditation. Together, we can create a safer, more effective, and culturally respectful healthcare environment. Your journey to excellence starts now—let's make a difference together.

## 3 Accreditation Services

### 3.1 Qmentum® Long-Term Care Program: A pathway to excellence for senior care facilities

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#### Year 1 and Year 2: Survey Instruments, Self-Assessment, and Quality Improvement Action Plan

The first two years of the accreditation cycle guide your senior care facility through a strategic sequence of activities that build on each other to enhance learning and drive improvements. You will begin with self-assessment and survey instruments, using the results to inform your quality improvement action plan. Our flexible accreditation cycle allows you to choose when and in what order to complete the self-assessment and survey instruments. This adaptability ensures that your facility can meet the needs of residents, staff, and the community while optimizing resources and integrating accreditation activities into existing strategies and plans.

#### Key Actions in Year 1 and Year 2

##### Self-Assessment:

- Begin your quality improvement journey with a self-assessment against criteria from the assessment manual. This foundational step supports progressive learning throughout the accreditation cycle.

- Perform a self-assessment on required organizational practices. Results are confidential and allow for open sharing in preparation for attestation.

**Survey Instruments:**

- Administer the HSO Global Workforce Survey and the HSO Governing Body Assessment. These surveys should be completed in year 1 or 2, preferably before attestation and on-site assessments, with a target response rate to meet accreditation and commendation standards.
- Submit at least two action items based on survey results into an action plan, which third-party surveyors will review before the on-site assessment in year 4.

**Quality Improvement Action Plan:**

- Develop or update your quality improvement action plan using the “action plans feature” in OnboardQi, based on self-assessment and survey results.
- Include actions from the current cycle and any unmet practices from previous cycles, ensuring continuous improvement and preparation for the attestation assessment in year 3.

**Year 3: Attestation**

In year 3, your facility will implement and build on actions from years 1 and 2 and assess its performance against attestable criteria. The attestation results will further refine your quality improvement action plan.

**Key Actions in Year 3:**

- Continue implementing actions from your quality improvement action plan.
- Access and complete the attestation assessment through OnboardQi.
- Review and update your quality improvement action plan based on attestation assessment results, preparing for the on-site assessment.

**Year 4: On-site Assessment**

In year 4, your facility will prepare for and participate in an on-site assessment conducted by third-party surveyors.

**Key Actions in Year 4:**

- Continue implementing your quality improvement action plan.
- Prepare for the on-site assessment by updating profile information, completing logistics checklists, reviewing assessment criteria, and submitting pre-assessment documents.
- Participate in the on-site assessment and review the accreditation status based on surveyor feedback and program guidelines.
- Update your quality improvement action plan to address assessment results and surveyor feedback, focusing on continuous quality improvement.

**Embrace Continuous Quality Improvement**

The completion of year 4 marks the end of one accreditation cycle and the beginning of preparation for the next. By continually updating and implementing your quality improvement action plan, your facility will stay committed to delivering high-quality care. Share your progress with your community and partners to demonstrate your dedication to improving resident care, workforce safety, and overall health outcomes.

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Figure 1: Qmentum Long-Term Care™ Continuous Accreditation Cycle



## 3.2 Accreditation Program Resources: Your Path to Excellence

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### 3.2.1 Client Services Team

Upon enrolling in our accreditation program, you will be partnered with a dedicated Client Engagement Team, providing you with ongoing support and coaching throughout the entire accreditation cycle.

Your Client Engagement Team will build a collaborative relationship, developing a tailored accreditation strategy that aligns with your needs. They will be available throughout your accreditation journey with expertise in survey preparation, implementation, and follow-up. This may include training, on-site survey preparation, and scheduling. They will provide support and guidance, facilitating on-site surveys as necessary, assisting with self-assessment setup and standards interpretation, and guidance through post-survey evidence submission and follow-up.

### 3.2.2 Surveyors

The virtual assessment in Phase 2 and the on-site assessment in Phase 4 are conducted by highly trained surveyors from Accreditation Canada. These surveyors are peers from other organizations and subject matter experts who possess the skills, attitudes, and behaviors essential for assessing a senior care facility's continuous quality improvement journey. They offer meaningful coaching and support, guiding your facility through the learning and improvement process.

#### Core Competencies of Qmentum Long-Term Care™ Surveyors Include:

- Lived experience in people-centered care as care providers, caregivers, or residents.
- Extensive knowledge and experience in senior care programming and practices.
- Proven experience in quality improvement activities and change project implementation.
- Strong understanding of organizational learning principles (learning practitioners).

### 3.2.3 Patient Surveyors

Since 2018, Accreditation Canada has been incorporating more patients into surveyor roles. While having a patient on your accreditation survey team is optional, it brings unique perspectives and valuable insights. If you are interested in this innovative initiative for your upcoming survey, please contact your accreditation team to discuss the potential benefits and logistics of including a trained patient surveyor in your on-site survey.

### 3.2.4 Empowering Your Facility

Our surveyors, acting as peer reviewers and champions of the accreditation process, bring invaluable experience, knowledge, and insights directly to your doors. By working closely with our experienced

team, your senior care facility will be well-equipped to meet and exceed accreditation standards, fostering an environment of continuous improvement and excellence.

### 3.2.5 Comprehensive Guidance Throughout Your Accreditation Journey

At Accreditation Canada, we assign a dedicated Accreditation team to support your senior care facility through the entire accreditation cycle. Our mission is to save lives by ensuring the highest standards of care, and we are here to guide you every step of the way. Our team's duties and responsibilities are detailed below, designed to ensure you achieve and maintain full accreditation.

#### Client Engagement Lead: Your Guide and Advocate

Your Client Engagement Lead is your primary guide, providing expert knowledge and support throughout the accreditation cycle. They will:

- **Develop Your Accreditation Plan:** Tailor, negotiate, and finalize an accreditation development plan that captures your facility's specific needs.
- **Provide Ongoing Support:** Assess your needs in relation to Accreditation Canada's standards and requirements, offering continuous guidance.
- **Manage Surveyors:** Consult with surveyors and facilitate on-site surveys as needed, ensuring a smooth and effective process.
- **Report and Coach:** Review survey reports and conduct post-survey activities to coach you through the follow-up process.
- **Leverage In-House Support:** Utilize expertise from our finance, HR, legal, communications, and IT teams to focus solely on your accreditation process.

For day-to-day administrative tasks, your Client Engagement Lead is supported by Accreditation Associates.

### 3.2.6 Education Support

#### Customized Training Sessions for Optimal Outcomes

In addition to your accreditation program, we offer specialized education support delivered by our dedicated Education Team. These customized training sessions, available as a fee-for-service offering, are tailored to meet your facility's unique needs. Our expert advisors provide in-depth guidance to ensure your team is well-prepared to meet and exceed accreditation standards. By leveraging these sessions, you can accelerate your quality improvement process and fully harness the transformative potential of accreditation as a powerful change mechanism.

### 3.2.7 Accreditation Decision Guidelines

## **Achieving and Maintaining Accreditation**

The Qmentum Long-Term Care™ program applies specific decision guidelines throughout the four phases of the accreditation cycle. Your facility's progress is monitored to ensure compliance with all requirements. The Accreditation Decision Committee (ADC) reviews your assessment and survey results and may assign follow-up actions if necessary. After the Phase 4 on-site assessment, the ADC will render an accreditation decision of either Accredited or Not Accredited based on these guidelines.

### **3.2.8 Results and Final Report**

#### **Detailed Feedback for Continuous Improvement**

Throughout Phases 1 to 4, your facility will receive results from completed assessments and survey instruments through our digital platform. Upon completing the Phase 4 on-site assessment, a detailed final report will be provided. This report includes your accreditation status, strengths, areas for improvement, and actionable feedback from surveyors. This valuable information supports your continuous quality improvement journey.

## 4 Investing in Quality

### 4.1 Application Fee

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The one-time application fee covers the cost for enrollment in the Assessment Program and is due upon signature of the Quote and Service agreement. The Application fee will cover the cost associated with setting up the Client in Accreditation Canada information management systems, financial system and technical teach setting up of the portal, as well as assigning the Client to the Accreditation Canada Client services team, and scheduling the initial kick-off meeting with the Client. This fee is non-refundable.

### 4.2 Annual Program Fee

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The costs of participating in the Qmentum Accreditation Program are as follows:

The 2025 annual program fee is a fixed fee of \$1133 or Variable fee calculated as 0.013% of Client Total revenue, whichever is higher. For the initial year of the program, the fee will be prorated to the number of months remaining in the year in which the Client joins the Accreditation Program, will be invoiced promptly following signature of and agreement. For successive years, the Annual Program Fee will be invoiced annually in January of each calendar year and will be payable by April 30th of that calendar year A Cost-of-Living-Adjustment (COLA) is applied on this rate in each calendar year. (The annual fee provides the Client with access to a secure online portal) The client portal is a web-based infrastructure that houses resources to support clients participating in the Accreditation program. These resources include standards, self assessments tools, instruments, tools and communications. The portal is also used to share information about the Accreditation process, and serves as a location where clients can submit data and monitor their quality improvement.

### 4.3 Survey Fee

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The survey fee is based on the length of the on-site survey (number of days) times the number of surveyors visiting the client facilities, then the number of surveyor-days is multiplied by the rate in effect when the survey is performed (The 2026 SD Rate is \$2,820) A Cost-of-Living-Adjustment (COLA) is applied on this rate in each calendar year. The Survey Fee will cover the cost of conducting the on-site survey (i.e. surveyor's professional fees, travel, hotel, and meals) as well as other survey related costs such as a pre-survey teleconference, continuous support from the Accreditation Lead, Accreditation Coordinator and/or Associate, technical support, surveyor's training, surveyor resource management, analysis of data and information submitted by the Client and provision at the end of the on-site survey of a summary of the findings, strengths and areas for improvement.

## 4.4 Pricing Estimate

Deliverable - Qmentum LTC program	Date of invoice	Total Amount (CAD)
<b>Application Fee</b> (one-time fee)	Payable upon signature	\$1,535.00
<b>Annual Fee</b> (Annual Fee (invoiced annually in January; Variable fee calculated as 0.013% of Client Total revenue, whichever is higher.)	Invoiced annually in January.	\$1,133.00
<b>Qmentum Survey Fees 2028</b> (payable in installments) 2 surveyors X 3 days X \$ 2,995.00 (Total Surveyor days x Surveyor Daily Rate = Survey Fees)	50% invoiced in year 2025, remaining invoiced in 2028	\$17,970.00
<b>TOTAL Due upon signature (CAD)</b>		<b>\$1,535.00</b>



**ACCREDITATION**  
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## BRIEFING NOTE

**To:** Members – Governance and Audit Committee

**From:** Geri Geldart, President and CEO

**Date:** January 26, 2026

**RE: Board Members – Terms of Office**

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### Purpose

To retroactively approve the appointment of four board members for terms beginning in June 2025, and to establish a plan for considering the reappointment of four board members in June 2026

### Background

1. The terms of four board members (Marjorie Belzile, Tracy Burkhardt, Andrea Seymour and Deborah Wybou) expired in June 2025. In preparation for the annual meeting, each of the four confirmed they were prepared to serve an additional term. A motion to approve their next terms was not presented at the June 2025 Annual Meeting of Members. This omission should be corrected by approving their terms at the upcoming board meeting in February.
2. Four board members (Donna Curtis Maillet, Bryanna White-Aubé, Wayne Albert and Dana Bursey) will be completing their first three-year term in June 2026. Plans should be made to determine if these directors should be re-appointed.

### Recommendation

1. That the Governance & Audit Committee recommend to the Board of Directors that Marjorie Belzile, Tracy Burkhardt, Andrea Seymour and Deborah Wybou be reappointed to the Board of Directors for a three-year term effective June 16, 2025.
2. That the Chair of the Governance and Audit Committee undertake to determine if the four Directors whose terms are expiring in June 2026 should be re-appointed.

Board Members Appointment and Reappointment Dates																				
Board Members		Fiscal Years																		
		2014/15	2015/16	2016/17	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34
1	Lyne St-Pierre-Ellis				Appointed June 6, 2018			Reappointed 2nd term June 14, 2021				Reappointed 3rd term May 13, 2024		Term ends at end of year June 2027						
2	Marjorie Belzile					Appointed Sept 30, 2019			Reappointed 2nd term June 14, 2021				Eligible for reappointment June 16, 2025		Term ends at end of year June 2028					
3	Pierre LeBlanc							Appointed Oct 14, 2021				Reappointed 2nd term May 13, 2024			Eligible for reappointment June 2027		Term ends at end of year June 2030			
4	Tracy Burkhardt								Appointed Aug 31, 2022				Eligible for reappointment June 16, 2025			Eligible for reappointment June 2028		Term ends at end of year June 2031		
5	Andrea Seymour								Appointed July 21, 2022				Eligible for reappointment June 16, 2025			Eligible for reappointment June 2028		Term ends at end of year June 2031		
6	Deborah Wybou								Appointed June 19, 2023				Eligible for reappointment June 16, 2025			Eligible for reappointment June 2028		Term ends at end of year June 2031		
7	Donna Curtis Maillet									Appointed Oct 23, 2023				Eligible for reappointment June 15, 2026			Eligible for reappointment June 2029		Term ends at end of year June 2032	
8	Bryanna White-Aubé									Appointed Oct 23, 2023				Eligible for reappointment June 15, 2026			Eligible for reappointment June 2029		Term ends at end of year June 2032	
9	Wayne Albert									Appointed May 13, 2024				Eligible for reappointment June 15, 2026			Eligible for reappointment June 2029		Term ends at end of year June 2032	
10	Dana Bursey									Appointed May 13, 2024				Eligible for reappointment June 15, 2026			Eligible for reappointment June 2029		Term ends at end of year June 2032	
11	Tm Boone										Appointed Jun 16, 2025				Eligible for reappointment June 2027			Eligible for reappointment June 2030		Term ends at end of year June 2033
12	Jane Matthews-Clark										Appointed Jun 16, 2025				Eligible for reappointment June 2027			Eligible for reappointment June 2030		Term ends at end of year June 2033
13	Lee Mitchell											Appointed August 7, 2025			Eligible for reappointment June 2028			Eligible for reappointment June 2031		Term ends at end of year June 2034
14	Rob Doyle											Appointed August 7, 2025			Eligible for reappointment June 2028			Eligible for reappointment June 2031		Term ends at end of year June 2034
CEO	Geri Geldart																			
EA	Jennifer Vos																			

2026 -  
2028



# Communication Strategy 2026 – 2028

January 2026

# COMMUNICATION STRATEGY

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A consistent and purposeful communication strategy for the York Care Centre group of companies is essential to achieve the goals defined in the Strategic Plan 2025-2030, by sharing messages regarding the work we carry out and by being recognized as leaders in the long-term care sector.

The following objectives collectively aim to elevate our organizational presence, build trust, attract talent, and build our brand in the community.

1. To increase recognition and awareness of our organization, we will execute targeted campaigns showcasing the scope of our services.
2. To foster trust in our services, we will communicate success stories and testimonials.
3. To share our vision and strategies, we will utilize a variety of channels to regularly communicate our strategic plan.
4. To attract and retain top talent, we will highlight our culture and career opportunities.
5. To establish a strong, recognizable brand, we will create a cohesive narrative across channels reflecting our values.

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*The overall objectives have not changed as compared to the 2023-2025 plan.*

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# TARGET AUDIENCES AND PRIMARY MESSAGES

Over the next two years, our strategy will focus on the following audiences:

<b>Audience</b>	<b>Primary Messages</b>
<b>Residents and Families</b>	<ul style="list-style-type: none"> <li>• Welcome to York Care Centre</li> <li>• Scope of services, key people and policies</li> <li>• Activities and events providing opportunities for family engagement.</li> <li>• Operational changes (visiting, infection control)</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>• General news</li> <li>• Strategic plan and operating plan</li> <li>• New policies/programs</li> <li>• Opportunities – jobs, education, activities, fun events</li> <li>• Recognition</li> <li>• Quality of care and service</li> <li>• The importance of a positive workplace culture</li> <li>• Accomplishments</li> <li>• Research activity</li> </ul>
<b>Community</b>	<ul style="list-style-type: none"> <li>• Highlight our mission, service, events and achievements with a focus on building awareness and trust.</li> <li>• Employee recruitment messages highlighting culture and opportunity.</li> <li>• Volunteer recruitment messages highlighting opportunity to contribute.</li> <li>• Fundraising support highlighting accomplishment, events and opportunities to contribute.</li> <li>• Marketing of new programs, such as Nursing Home Without Walls</li> <li>• Sharing of research outcomes.</li> </ul>
<b>Government (provincial, municipal, schools)</b>	<ul style="list-style-type: none"> <li>• Communication which highlights accomplishments and challenges.</li> <li>• <del>Highlight opportunities for collaboration with schools.</del></li> </ul>

## CHANNELS

Over the next two years, our priority will be to develop and utilize the following channels to share our primary messages.

Channel	Target Audience	Objectives / Primary Messages
Website	<ul style="list-style-type: none"> <li>Families</li> <li>Community</li> </ul>	<ul style="list-style-type: none"> <li>Scope of service</li> <li>Updates</li> <li>Activities and events</li> </ul>
Email	<ul style="list-style-type: none"> <li>Staff</li> <li>Families</li> <li>Potential Donors</li> </ul>	<ul style="list-style-type: none"> <li>Updates</li> </ul>
Social Media	<ul style="list-style-type: none"> <li>Community</li> <li>Residents and Families</li> <li>Supporters / Donors</li> </ul>	<ul style="list-style-type: none"> <li>Strategic directions</li> <li>Activities and events</li> <li>Volunteer and employment recruitment</li> <li>Building awareness and trust</li> </ul>
Electronic Display Boards	<ul style="list-style-type: none"> <li>Staff</li> <li>Residents / Families</li> </ul>	<ul style="list-style-type: none"> <li>Activities and Events</li> <li>Accomplishments</li> <li>Quality Improvement work</li> </ul>
Family Advocacy Meetings	<ul style="list-style-type: none"> <li>Families</li> </ul>	<ul style="list-style-type: none"> <li>Scope of services, key people and policies</li> <li>Activities and events providing opportunities for family engagement.</li> <li>Operational changes (visiting, infection control)</li> </ul>
Resident Handbook	<ul style="list-style-type: none"> <li>Residents and Families</li> </ul>	<ul style="list-style-type: none"> <li>Welcome to York Care Centre</li> <li>Scope of services, key people and policies</li> </ul>
Newsletters	<ul style="list-style-type: none"> <li>Staff</li> <li>Residents &amp; Families</li> </ul>	<ul style="list-style-type: none"> <li>New policies/programs</li> <li>Opportunities – jobs, education, activities, fun events</li> <li>Positive Workplace Culture messages</li> <li>Recognition</li> <li>General news</li> </ul>
Formal Documents	<ul style="list-style-type: none"> <li>Community</li> <li>Donors</li> </ul>	<ul style="list-style-type: none"> <li>Annual reports for YCC and YCF</li> <li>Program specific pamphlets and brochures.</li> <li>Strategic Plan (long and short version)</li> </ul>

## **2023 – 2025 PRIORITIES - PROGRESS**

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1. Continue to use and develop standard branded communication tools (email advisories, poster formats, newsletter format, PowerPoint standard, etc) - **Complete and ongoing**
2. Continue to use social media to promote awareness and foster trust.- **Complete and ongoing**
3. Complete the development and distribution of the Resident Handbook in 2023. **Complete**
4. Introduce Virtual Family Advocacy Meetings in 2023, in addition to the regular in-person meetings.- **Complete**
5. Develop a twelve-month rolling content calendar to support strategic communication.- **Complete and ongoing**
6. Develop marketing strategies for major fundraising events (golf tournament and Fall Dinner). **Complete for golf tournament and Tower 2 project**
7. Introduce a communication strategy to support staff recruitment.- **Not fully operationalized. Limited to sharing postings on social media.**
8. Introduce a communication strategy to support volunteer recruitment. – **Complete and ongoing**
9. Complete a website refresh in 2024.- **Complete**
10. Introduce Staff E-boards in 2024.- **Complete**
11. Consider the development of a crisis communication plan in 2024.- **Not yet developed.**

## **2026 – 2028 PRIORITIES**

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1. **Internal Communication Enhancement** – Strengthen 2-way communication to support employee engagement and the Employer of Choice pillar
  - a. Monthly staff newsletter
  - b. Feedback mechanisms (surveys, all staff meetings)
  - c. Enhance use of staff e-boards
  - d. Communication protocols for change management projects
2. **Strategic Plan Communication Campaign** – Develop stakeholder understanding and engagement with the 2025-2030 strategic plan and its three pillars
  - a. Social media posts which explain each strategic pillar
  - b. Integrate strategic priorities into all communications
  - c. Share success stories demonstrating progress toward strategic goals
  - d. Annual plan updates for staff, board and community.
3. **Employee Recruitment and Retention Communication** – position York Care Centre as an employer of choice through internal and external communication
  - a. Highlight employee recognition through newsletters, e-boards and celebrations.
  - b. Develop brand messaging which highlights culture and opportunity
  - c. Consider social media campaign targeting hard to recruit positions
4. **Research and Innovation** – position York Care Centre as a Centre of Excellence through strategic communication of research activities and quality improvements.
  - a. Develop research priorities communication plan aligned with the Research and Ethics Committee direction.
  - b. Highlight innovative programs, such as Nursing Home Without Walls
  - c. If appropriate, communicate accreditation pursuit and quality achievements.
5. **Crisis Communication Protocol** – develop protocols to ensure timely, transparent and effective communication during emergencies / sensitive situations
  - a. Communication plan with decision tree, message templates, designated spokespersons, etc.
6. **Digital Presence Enhancement** – strengthen our digital communication to broaden our audience reach.
  - a. Conduct website content audit and implement ongoing refresh cycle
  - b. Develop video content strategy (facility tours, educational content)
  - c. Social media plan with consistent posting schedule, targeting each platform (Facebook, Instagram and LinkedIn)

## **KEY MESSAGES**

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1. **Leadership in Long-Term Care Excellence** - York Care Centre sets the standard for excellence in long-term care. Our commitment goes beyond caregiving to actively driving positive change and advocating for the overall well-being of seniors, making a lasting impact in our sector.
2. **Comprehensive Continuum of Care** – From long-term care and assisted living to independent living and innovative community programs, we offer a complete spectrum of services/
3. **Person-Centred, Individualized Approach** – We provide high-quality care that honors each person’s unique preferences, needs and dignity. Our approach aims to ensure that residents feel safe, respected and genuinely care for in an environment that feels like home. We create engaging environments and meaningful activities that contribute to a more fulfilling life for our residents.
4. **Deep Community Roots** – Firmly rooted in Fredericton, we cherish our rich history and ongoing community connections. These relationships inspire us to design services that meet the unique needs of our residents, families and the broader community.
5. **Skilled Compassionate Team** - We have a team of caring experts who bring skill, compassion, and a genuine commitment to providing high quality care to our residents and families. We invest in our people through ongoing education, recognition and a supportive workplace culture.
6. **Innovation and Research Commitment** – As a Centre of Excellence, we actively pursue innovation, conduct meaningful research and implement evidence-based practices. Our pursuit of accreditation and our commitment to continuous improvement demonstrate our dedication to the highest standards of care.
7. **Exceptional Place to Work and Volunteer** – York Care Centre is more than a workplace – it’s a community where staff and volunteers feel supported, have opportunities for personal and professional growth and meaningful contributions.
8. **Strategic Community Partnerships** – Through meaningful collaborations with our Foundation, educational institutions, government partners and community organizations, we extend our impact and enhance the care experience for residents and their families.

## **QUICK PITCH – YORK CARE CENTRE**

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York Care Centre is a comprehensive long-term care organization serving over 300 residents across a full continuum of services – from long-term care and assisted living to independent living and innovative community programs. We are dedicated to transforming care for older adults through person-centred approaches, research and innovation, and deep community engagement.

As we advance our 2025 – 2030 Strategic Plan, we are focused on three pillars: being a Residence of Choice where quality of life thrives, an Employer of Choice that attracts exceptional talent, and a Centre of Excellence that leads the sector in innovation and best practices.

With a committed team of 300 staff and volunteers, strong partnerships, and a reputation for compassionate, high-quality care, York Care Centre is shaping a future where senior care is not just a service but a positive experience for residents, families, staff and our community.

## **RESOURCE REQUIREMENTS**

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Most resources which will be required to support this plan are currently available or in the current year budget, including:

1. Staff – Marketing and Communications Coordinator
2. Software – graphic design
3. Social media accounts
4. Website
5. Equipment – photography, display monitors
6. Advertising budget

## **CONCLUSION**

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This strategy provides a comprehensive framework to advance our mission and support our 2025 – 2030 Strategic Plan and strengthen connections with all stakeholders. By aligning communication efforts with our three strategic pillars, we will amplify our impact and reinforce our leadership position in the long-term care sector.