

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Bloomington Cove

Street Address: 13621 9th Line, Stouffville, ON L4A 3C8

Phone Number: 905-640-0995 Ext. 750

Quality Lead: Gautham Mekala

2024–25 Quality Improvement Initiatives

In 2024–25, Bloomington Cove focused on reducing falls and improving Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on falls from 20.47% to 20.06%. Current performance stands at 18.68%. A summary of change ideas and their results is provided in Table 1.

Additionally, the community aimed to raise the combined Net Promoter Score (NPS) for Resident and Family Satisfaction by 1 point from the 2023 score of 18.00. In 2024, Bloomington Cove achieved an NPS of 43.00. The action plan and its outcomes are also summarized in Table 1.

2025–26 Priority Areas for Quality Improvement

Sienna Senior Living communities use Ontario Health's QIP to identify and prioritize quality improvement initiatives. This year, Bloomington Cove selected Resident and Family Satisfaction (see Table 2), antipsychotic reduction (see Table 3), and falls (table 4) as focus areas. These priorities are also reflected in the community's internal operational plan.

Posted: June 30, 2025.

Sienna Senior Living strives to continuously monitor and improve resident and family satisfaction and staff engagement year over year. In response to feedback, specific action plans are developed and shared with residents, families, and staff. Resident & Family Satisfaction Surveys were conducted for each resident and family over the course of the year between January 1, 2024 – December 31, 2024; per our practice, we offer each resident and family member the opportunity to participate in a satisfaction survey twice each year.

In 2024, Bloomington Cove achieved an NPS of 23.00 for resident satisfaction and an NPS of 50.00 for family satisfaction. The results were shared with our resident council on June 12, 2025, family council on February 20, 2025, and team members through town halls on February 25, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Bloomington Cove's annual Operational Planning Day was held on April 29, 2025, and included residents, team members, and the management team. During Operational Planning, resident and family satisfaction results and other clinical indicators were shared and feedback from stakeholders was sought in the development of improvement strategies.

Resident and Family Satisfaction Survey

Sienna Senior Living's innovative resident and family satisfaction survey improves our ability to incorporate feedback into our day-to-day culture. We've worked with experts to create surveys that are more accessible for people living in long-term care. Resident and Family councils from each Sienna Senior Living Community were consulted and involved in the creation of the new survey. They are shorter, intended to occur more frequently, and designed to capture a true picture of your experience and what you define as important. The survey results include an overall Net Promoter Score (NPS) that identifies residents' and families' perceptions of our community and how people feel their needs are being met as well as a text analysis that highlights what people have focused on and how we can meet their needs.

Policies, Procedures, and Protocols Guiding Continuous Quality Improvement

Quality Improvement Policy, Planning, Monitoring & Reporting

Sienna Senior Living has a robust Quality & Risk Management Manual that guides our communities through continuous quality improvement activities with a focus on enhancing resident care and achieving positive resident outcomes. The Quality Committee identifies improvement opportunities and sets improvement objectives for the year by considering input from annual program evaluations, operating plan development, review of performance and outcomes using provincial and local data sources, and review of priority indicators released from Ontario Health, and the results of the resident and family satisfaction surveys.

Continuous Quality Improvement Committee

The Quality Committee manages all continuous quality improvement initiatives and identifies change ideas to be tested and implemented with the interdisciplinary team. CQI initiatives utilize Plan-Do-Study-Act (PDSA) cycles, following the Model for Improvement. The Continuous Quality Improvement Committee meets regularly to monitor key indicators and gathers feedback from stakeholders, including residents and families. Change ideas are based on best practices across Sienna, informed by research and literature. Regular meetings and data reviews help the organization determine if changes result in improvement and adjust, as necessary.

Accreditation

In 2025, Sienna Senior Living will undergo an external quality review for accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), reaffirming our commitment to delivering high-quality care and services. We were last accredited in Fall 2022, earning CARF's highest-level award: three-year accreditation. The process includes internal self-assessments, engagement with residents, families, and other stakeholders, and an on-site evaluation conducted by peer surveyors.

Sharing and Reporting

A copy of this Continuous Quality Improvement Initiative Report and the QIP, including the progress report from the 2024/25 QIP, and the workplan for 2025/26, was shared with the Resident Council on June 12, 2025, and Family Council on June 20, 2025.

Posted: June 30, 2025.

This was shared with team members on June 24, 2025, through town halls with team members. As part of our quarterly reporting schedule, the committee will continually review progress and share updates and outcomes with residents, families, and staff via existing council and team meetings.

Table 1: 2024–25 Results — QIP and Satisfaction Initiatives

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
Falls	20.47%	18.68%	Improve the post fall huddle process	December 31, 2024.	Bloomington Cove achieved 100% completion of falls huddles and trained 75% of nurses in post-fall assessments, enhancing fall prevention and resident safety.
			ADOCs to audit falls documentation daily.	December 31, 2024.	Bloomington Cove achieved 100% completion of post-fall assessments and care plans, ensuring thorough evaluations and personalized interventions for all incidents.
Resident and Family Satisfaction	Resident NPS: -14.00 Family NPS: 36.00	Resident NPS: 23.00 Family NPS: 50.00	Bloomington Cove aims to improve communication with residents and families.	December 31, 2024.	Over 60% of staff completed the Families in Distress training, improving empathy and communication with families. Ongoing refreshers and feedback will support continued progress.

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
			Bloomington Cove aims to improve the opportunities for social interaction to improve resident and family satisfaction.	December 31, 2024.	Bloomington Cove enhanced social interaction by improving outdoor spaces and increasing group programs, boosting resident and family satisfaction. Structured planning and staff support were key, though weather and space limitations remained challenges.
			Bloomington Cove aims to improve the quality of clinical care to improve resident and family satisfaction	December 31, 2024.	Two team members completed advanced assessment training, improving care quality and staff confidence. Ongoing education remains a priority at Bloomington Cove.

Table 2: 2025/26 Resident and Family Satisfaction

Bloomington Cove aims to improve the combined Net Promoter Score for resident and family satisfaction from 43.00 to 44.00.

Change Ideas	Process Measure	Target for 2025/26
Bloomington Cove aims to improve resident and family experience by implementing structured surveys and meetings	1. Number of family town halls 2. Percentage of newly moved-in residents who are sent a survey.	Bloomington Cove will host a minimum of two family town hall meetings in 2025 and ensure that surveys are sent to 100% of newly moved-in residents.

Change Ideas	Process Measure	Target for 2025/26
Bloomington Cove aims to improve resident experience by fostering a sense of community among residents.	Number of residents participating in the Gems in our Community in 2025.	Bloomington Cove will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.

Table 3: 2025/26 QIP Indicator – Antipsychotic Use

Bloomington Cove aims to improve antipsychotic use from the current performance of 18.37% to 18.00%.

Change Ideas	Process Measure	Target for 2025/26
Use data from behaviour tracking tools to inform antipsychotic reduction committee	Percentage of residents who are identified for potential medication reductions who have behaviour tracking completed.	100% of residents identified for medication reduction will have behaviour tracking completed
Bloomington Cove will train team members on the Gentle Persuasive Approach.	Number of trained GPA coaches in the community	Bloomington Cove will have one trained GPA coach by December 31, 2025

Table 4: 2025/26 QIP Indicator – Falls

Bloomington Cove aims to improve the rate of falls from the current performance of 18.68% to 18.37%.

Change Ideas	Process Measure	Target for 2025/26
Use of a visual tool to help identify residents who are at risk for falls.	Percentage of residents at risk for falls who have a falls visual tool in place.	100% of residents at risk for falls will have a falls visual tool in place.

Change Ideas	Process Measure	Target for 2025/26
Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions.	Number of Resident Safety meetings where fall and fracture risk data are reviewed.	Bloomington Cove will review fall and fracture risk data at all Resident Safety Meetings in 2025.