

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Glen Rouge Community

Address: 92 Island Road, Scarborough, ON

Phone Number: (416) 284-4781

Quality Lead: Zahra Mawji, ED

2024–25 Quality Improvement Initiatives

In 2024–25, Glen Rouge Community focused on reducing avoidable ED transfers and improving Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on avoidable ED transfers from 36.88% to 36.14%. Current performance stands at 28.10%. 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 21.00. In 2024, Glen Rouge achieved an NPS of 37.00. 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, Glen Rouge selected Resident and Family Satisfaction (see Table 2) and Anti-psychotic Reduction (see Table 3) 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, Glen Rouge Community achieved an NPS of 34.00 for resident satisfaction and an NPS of 43.00 for family satisfaction. The results were shared with our resident council on April 8, 2025, family council on February 28, 2025 and team members through town halls on March 17, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Glen Rouge Community's annual Operational Planning Day was held on March 17, 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 have 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 13, 2025 and Family Council on June 13, 2025.

Posted: June 30, 2025.

This was shared with team members on July 10, 2025 through town halls and meetings with team members and it is posted in the homes. 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
Avoidable ED Transfers	36.88%	28.10%	Improve clinical assessment skills	April 1, 2024	85% of team members were provided education on completing clinical assessments and collaborated with Nurse Practitioner and Medical Doctor. This impacted in reducing ED transfer, and empowering staff to communicate with residents and family members
			Improve the approach to palliative care.	April 1, 2024	45 Team members completed Palliative Leap Education in 2024 – The positive impact of providing palliative care at the home elevated the dignity and respect towards end of life care for the residents and their families
			Offer education to families and residents	April 2024	There were 2 Council meetings, 1 family townhall and 1 quality improvement committee meeting

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			on reducing ED transfers		where education on ED transfers was offered. Education is also provided to families when ED transfers occur. It allowed families more comfort and trust in a resident being treated at the community.
Resident and Family Satisfaction	Resident NPS: 26.00 Family NPS: 18.00	Resident NPS: 34.00 Family NPS: 43.00	Glen Rouge aims to improve communication with residents and families.	April 1, 2024	Increased communication via email, phone calls and town halls has impacted overall improvement. Education to staff also provided on how to engage families in distress.
			Glen Rouge aims to improve food service to improve resident and family satisfaction.	April 1, 2024	Dietary team members provided education to elevate dining experience and food quality. Improvement in resident satisfaction.

Table 2: 2025/26 Resident and Family Satisfaction

Glen Rouge Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 25 to 26.

Change Ideas	Process Measure	Target for 2025/26
Glen Rouge Community aims to improve food quality and resident experience by improving the skills of the culinary team.	Number of training sessions offered by Sienna's Executive Chef at Community Name.	Glen Rouge Community aims to hold a minimum of one training sessions with Sienna's Executive Chef in 2025.
Glen Rouge Community aims to improve resident experience by increasing social interactions between residents and team members.	Number of Residents who had 5 or less resident contacts per month	Glen Rouge Community aims to decrease the number of residents who have had 5 or less resident contacts each month, which is reduced by 5% by the end of 2025.

Table 3: 2025/26 QIP Indicator Antipsychotic Use

Glen Rouge Community aims to improve Antipsychotic Use from the current performance of 22.57% to 22.12%.

Change Ideas	Process Measure	Target for 2025/26
Glen Rouge will form an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic Reduction team meetings.	Glen Rouge will conduct 12 Antipsychotic Reduction team meetings in 2025.
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.
Glen Rouge Community will train team members on the Gentle Persuasive Approach.	Number of team members who complete the iGPA modules	Glen Rouge Community will have 40 team members complete the iGPA modules in 2025.