

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Hawthorn Woods Community

Street Address: 9257 Goreway Drive, Brampton, Ontario

Phone Number: (905) 799-7502

Quality Lead: Amr El Guindy, Executive Director

2024–25 Quality Improvement Initiatives

In 2024/25, Hawthorn Woods Community chose to focus on reducing the rate of ED visits and Resident and Family Satisfaction for its CQI initiatives.

The target was to improve performance on the selected ED visits from 32.00% to 31.36%. Current performance stands at 16.30%. 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 score of 6.00 in 2023. In 2024, Hawthorn Woods achieved an NPS of 15.00. 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, Hawthorn Woods selected Resident and Family Satisfaction (see Table 2) and Avoidable ED Visits (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, Hawthorn Woods achieved an NPS of 14.00 for resident satisfaction and an NPS of 19.00 for family satisfaction. The results were shared with our resident council April 9, 2025, family council on May 20, 2025, and team members through town halls on February 14, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Hawthorn Woods annual Operational Planning Day was held on March 3, 2025. 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 April 9, 2025, and the Family Council on May 20, 2025.

Posted: June 30, 2025.

This was shared with team members on March 13, 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 Visits	32.00%	16.30%	Hawthorn Woods aims to improve the approach to palliative care in the community. 100% of the palliative care committee members will complete the Pallium LEAP education modules by December 31, 2024.	Feb 16, 2024	LEAP education improved the committee’s knowledge and skills for palliative care.
			Improve the use of the "Situation, Background, Assessment, Recommendation (SBAR)" Communication tool. 100% of full-time and part-time registered staff will complete education on the SBAR tool by December 31, 2024.	Sept/Oct 2024	Improved communication with the interprofessional team, including physicians and nurse practitioners, when communicating information related to a resident's health condition.
	Resident NPS: 6.00	Resident NPS: 14.00	Hawthorn Woods aims to improve communication with residents and families. By	March 2024	All complaints or comments are answered immediately. Ed sits on

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident and Family Satisfaction	Family NPS: 7.00	Family NPS: 19.00	December 31, 2024, 100% of clinical staff and leaders will have completed the CLRI Families in Distress education modules.	August Sept 2024	both councils and resolves any issues. Modules of CLRI were all completed by August Sept 2024 through directed training and town halls.
			Hawthorn Woods aims to improve dining service to improve resident and family satisfaction. Hawthorn Woods aims to have 100% adherence to the Daily Dining Huddle schedule throughout 2024 to improve the dining experience of our residents.	August 2024	Better understanding of the daily menus. Discuss any issues with any residents that happened the day before and prepare an action plan. Review any comments about the food and correct any deficiencies

Table 2: 2025/26 Resident and Family Satisfaction

Hawthorn Woods aims to improve the combined Net Promoter Score for resident and family satisfaction from 15.00 to 16.00.

Change Ideas	Process Measure	Target for 2025/26
Hawthorn Woods will improve resident and family experience by offering opportunities for connection and socialization for families.	Number of lunches or dinners offered for families.	Hawthorn Woods will host four lunches or dinners for families in 2025 to foster connection and improve the resident and family experience.

Change Ideas	Process Measure	Target for 2025/26
Hawthorn Woods 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.	Hawthorn Woods will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.

Table 3: 2025/26 QIP Indicator – Avoidable ED Visits

Hawthorn Woods aims to reduce the rate of avoidable ED visits from the current performance of 16.30% to 16.00%.

Change Ideas	Process Measure	Target for 2025/26
Hawthorn Woods aims to improve goals of care conversations with residents and their families.	Number of Health Care Wishes Assessment completed.	100% of Residents will have a completed Health Care Wishes assessment within 6-weeks of their move into Hawthorn Woods.
Hawthorn Woods aims to reduce hospital transfers related to injuries from falls.	Percentage of registered staff who participate in falls prevention education.	75% of registered staff will participate in falls prevention education in 2025.