

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Muskoka Shores Care Community

Street Address: 200 Kelly Dr, Gravenhurst, ON, P1P 1P3

Phone Number: 705-687-3444

Quality Lead: Leslie Watson, Senior Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25 Muskoka Shores focused on Falls in the last 30 days in long-term care and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the Falls in the last 30 days in long-term care from 21.29% to 20.86% Current performance stands at 23.36%. 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 Resident NPS 2.00 and Family NPS 39.00. In 2024, Muskoka Shores Community achieved an NPS of 17.00. The action plan and its outcomes are also summarized in Table 1.

2025-2026 Priority Areas for Quality Improvement

Sienna Senior Living communities use Ontario Health's QIP to identify and prioritize quality improvement initiatives. This year, Muskoka Shores selected Resident and Family Satisfaction (see Table 2), falls (see table 3) and antipsychotic medication (see 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, Muskoka Shores achieved an NPS of 1.00 for resident satisfaction and an NPS of 43.00 for family satisfaction. The results were shared with our Resident Council on January 9th, 2025, Family council on May 14, 2025, and team members through town halls on June 13, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Muskoka Shores's annual Operational Planning Day was held on Wednesday, April 16, 2025, with 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 18, 2025, and Family Council on June 19, 2025.

This was shared with team members on this June 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
Falls	21.30%	23.36%	Monitoring the alignment to the standard operation procedure for post-fall huddles. 100% of post fall huddles that are completed and closed on time through 2024.	Post fall huddles were implemented throughout the year (2024).	Post fall huddles were completed in a timely manner for 90% of the falls.
			Improve the details included in the post-fall assessment notes. Muskoka Shores will educate at least 50% of its registered staff on details in post-fall assessment notes by September 30 th , 2024.	Ongoing throughout 2024. Education was provided to all registered staff on post fall huddles.	Muskoka Shores is continuing to work on improving documentation in post fall assessments.
Resident and Family Satisfaction	Resident NPS: 2.00	Resident NPS: 1.00	Muskoka Shores aims to improve communication with residents and families. As part of this, leaders will	Ongoing through 2024. Muskoka Shores	100% leadership team completed the CLRI families in distress modules. This

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
	Family NPS: 39.00	Family NPS: 43.00	complete CLRI families in distress education to develop skills to interact more effectively with residents and their family members	achieved this goal in 2024.	education helped team to interact effectively.
			Muskoka Shores will improve service excellence to improve resident and family satisfaction through Leadership check in process and welcome gifts.	Ongoing throughout 2024. Muskoka Shores implemented move in program and leadership check in calls in 2024.	These strategies helped to build relationships between residents and the Muskoka shores team.

Table 2: 2025/26 Resident and Family Satisfaction

Muskoka Shores aims to improve the combined Net Promoter Score for resident and family satisfaction from 14 to 15.

Change Ideas	Process Measure	Target for 2025/26
Muskoka Shores aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	This will be measured by the number of Menu fest events held in community and number of close the loop calls attended by the leadership team with Sienna senior living support services	Muskoka Shores will hold 1 Menu fest event in 2025 and will attend 2 close the loop calls.
Muskoka Shores 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.	Muskoka Shores will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.

Table 3: 2025/26 QIP Indicator - Falls

Muskoka Shores aims to improve the percentage of resident falls from the current performance of 23.36 % to 22.89%.

Change Ideas	Process Measure	Target for 2025/26
Muskoka Shores will facilitate lift and transfer champion training	Number of lifts champions trained in 2025	Muskoka Shores aims to train 12 new lift and transfer champions in 2025. Muskoka Shores aims to have one lift and transfer champion on each unit on each shift.
Reduction in falls assessment scores for residents with high falls risk assessment scores.	Percentage of who are at high risk for falls are reviewed by interdisciplinary team in collaboration with ISMP Home Innovator program.	100% of residents who are identified as at high risk for falls will be reviewed throughout 2025.
Weekly review of all falls kits and fall prevention strategies in place.	Documentation showing that weekly review of fall kits is in place in all home areas and falls prevention strategies as per resident care plans to be completed.	Muskoka Shores team will review fall kits and fall strategies each week throughout 2025.

Table 4: 2025/26 QIP Indicator - Antipsychotic Use

Muskoka Shores aims to improve the percentage of residents who are given Antipsychotic medication without Psychosis by 2%.

Change Ideas	Process Measure	Target for 2025/26
Muskoka Shores will train team members on GPA	Number of team members who complete their iGPA modules.	Muskoka Shores will have 30 team members complete iGPA modules in 2025.