

# 2025/26 Continuous Quality Improvement (CQI) Initiative Report

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## **Community Demographics**

Community Name: Norfinch Community

Street Address: 22 Norfinch Dr. North York, ON M3N1X1

Phone Number: 416-623-1120

Quality Lead: Gajany Sivalingam

## **2024–25 Quality Improvement Initiatives**

In 2024–25, Norfinch Community focused on Rate of ED Transfers and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the selected Rate of ED Transfers from 25.41% to 23.00% Current performance stands at 25.41%. 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. In 2024, Norfinch Community achieved an NPS of 22. 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, Norfinch Community selected Resident and Family Satisfaction (see Table 2) and Rate of ED Transfers (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 May 1<sup>st</sup>, 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 or every 6 months.

In 2024, Norfinch Community achieved an NPS of 6 for resident satisfaction and an NPS of 42 for family satisfaction. The results were shared with our resident council on Wednesday, December 4<sup>th</sup> 2024, family council on November 27<sup>th</sup>, 2024, and team members through town halls on April 29<sup>th</sup>, 2024. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Norfinch Community's annual Operational Planning Day was held on April 15<sup>th</sup>, 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 Thursday, July 3<sup>rd</sup>, 2025, and Family Council on Wednesday, June 25<sup>th</sup>, 2025.

Posted: June 30, 2025.

This was shared with team members on Tuesday, June 24<sup>th</sup>, 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**

<b>Area of Focus</b>	<b>Previous Performance (2023/24)</b>	<b>Current Performance (2024/25)</b>	<b>Change Ideas</b>	<b>Date of Implementation</b>	<b>Outcomes/Impact</b>
Rate of ED Transfers	28.35%	25.41%	Review clinical data after each Emergency Department visit.	January 2025 and ongoing. This process continued quarterly throughout 2024	Each month all residents transferred to the hospital were reviewed and was followed up by the NP and nurses on the unit.
			Increase utilization of the Nurse Led Outreach Team (NLOT).	September 2024	Rate of ED transfers stable and reduced. NP or MD were notified if there are residents that can be transferred potentially in the ED department.
			Continued implementation of POET (Prevention of Error-Based Transfers) Project to improve how our community identifies early palliative care needs and reduces consent-related transfers to the emergency department.	Ongoing process implemented in 2023.	100% of registered staff and leadership reviewed their advance care directives during admission and significant change and annual care review,

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
			Implement the Situation, Background, Assessment, Recommendation (SBAR) tool to enhance critical thinking and communication between Registered Team Members and Physicians.	Education completed in May 2024.	More ED transfers were prevented based on the assessments done by the registered team members.
			Improve the palliative care program in the home through education.	January 2025. We recently have a program in place with Palliative Care	Ongoing and program lead on board.
Resident and Family Satisfaction	Resident NPS: 9  Family NPS: 41	Resident NPS: 11  Family NPS: 45	Improve resident satisfaction with laundry services and care of personal belongings.	Process established on 04/01/2025.	Timely communication between leadership team members to address departmental items that impact resident services, especially in laundry and care of personal belonging.
			Improve move in experience for new resident and families within the first 8 weeks move in.	Implemented Settle-In Check Ins process on 05/01/2023.  Provided education to	Check ins resulted in improved resident and family member communication and connection with team members in the community.

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
				individuals conducting the surveys on 04/28/2025.	Improved feedback accuracy which led to a positive increase in resident NPS in comparison to previous year.
			Norfinch aims to improve communication with residents and families.	Ongoing process throughout 2024.	Communication liaison established in the community for family member awareness of changes to services, outbreak communication and new projects

**Table 2: 2025/26 Resident and Family Satisfaction**

Norfinch Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 21.00 to 22.00.

Change Ideas	Process Measure	Target for 2025/26
1. Norfinch Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	1. Number of Menufest Events Held. 2. Number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services.	1. Norfinch Community will hold 1 Menufest Event in 2025, 1 Food Fair 2. Norfinch will attend 2 quarterly Close Loop Calls
2. Norfinch Community 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.	Norfinch Community will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.

**Table 3: 2025/26 QIP Indicator ED Transfers**

Norfinch Community aims to improve Rate of ED Transfers from the current performance of 25.41% to 23.00%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2025/26</b>
1. Monthly tracking, trending and analysis of ED transfers data form PointClickCare.	Percentage of ED transfers reviewed monthly and to determine potential avoidable transfers.	Norfinch Community aims to review 100% of ED transfers each month throughout 2025.
2. Refrain team members on the use of the SBAR tool.	Percentage of team members who attend sessions offered on the SBAR tool.	Norfinch Community will train 80% of registered team members on the SBAR tool by December 31, 2025.
3. Norfinch Community aims to reduce transfers by improving the approach to palliative care.	Percentage of residents who have a health care wishes assessment completed in PointClickCare within 6 weeks of move-in to the community.	100% of residents will have a health care wishes assessment completed in PointClickCare within 6 weeks of move-in to the community and significant change.