

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: St. George Community

Street Address: 225 St. George St. Toronto, ON M5R 2M2

Phone Number: (416) 967-3985

Quality Lead: Mathew Manathara, Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, St. George focused on reducing avoidable ED Visits and improving Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the rate of avoidable ED visits from to 28.78%. Current performance stands at 32.39%. 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 9.00. In 2024, St. George achieved an NPS of 3.00. 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, St. George selected Resident and Family Satisfaction (see Table 2) and antipsychotic 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, St. George achieved an NPS of 2.00 for resident satisfaction and an NPS of 6.00 for family satisfaction. The results were shared with our resident council on June 19, 2025, family council on June 25, 2025, and team members through town halls on May 29, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

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, which was shared with the Resident Council on June 19, 2025, and Family Council on June 25, 2025.

Posted: June 30, 2025.

This was shared with team members on June 19, 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	28.78%	32.39%	Utilize the Nurse Lead Outreach Team (NLOT) to support education on ED Transfers. St. George aims to partner with the NLOT for in-services for registered staff in 2024.	<ul style="list-style-type: none"> • March 25th, 2025 - G-tube Maintenance & Care • June 24th, 2024 - Hypodermoclysis & Infusion Therapy • August 19th, 2024 - SBAR Communication/ Documentation • October 7th, 2024 - Wound Care Fundamentals 	Education on these topics has enabled nurses to implement early interventions, prevent complications such as aspiration pneumonia, peritonitis, dehydration, and sepsis, improve communication with physicians for prompt treatment, and ultimately reduce ED transfers.
			Improve palliative care skills for clinical staff.	6 team members completed Pallium LEAP Education by December 2024.	This program has helped team members with better communication with residents, families, and caregivers, recognize early symptoms and manage them, facilitate discussions

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
					<p>around goals of care, advanced directives and ensure care align with resident wishes. Provide emotional support. Reduced unnecessary interventions and appropriate use of health care resources – all helping reduce ED visit.</p>
			<p>Improved tracking and trending of ED transfers data. The Resident Safety Committee will review and analyze ED transfer data at 100% of meetings by December 31, 2024.</p>	<p>May 23, 2024, and subsequently every monthly.</p>	<p>Improved tracking has helped to Identify common reasons for visits (e.g., falls, infections, unmanaged chronic conditions) and help detect time based trends. This has helped to monitoring high risk residents and evaluate effectiveness of interventions and highlight area where team members would need more treatment.</p>
			<p>St. George aims to improve the physical plant</p>	<p>December 31, 2024</p>	<p>We have renovated our basement common</p>

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident and Family Satisfaction	Resident NPS: 5.00	Resident NPS: 2.00	to improve resident and family satisfaction. St. George will reopen the common space in the basement for use by residents and families.		space/kitchen and opened it up for families to use.
	Family NPS: 23.00	Family NPS: 6.00	St. George aims to improve communication with residents and families by having team members complete the CLRI Families in Distress training modules.	110 team members completed by December 31, 2024.	CLRI education has helped team members to Actively listen to residents and families.
			St. George aims to improve communication with residents and families by installing a TV communication screen in the lobby.	September 30, 2024	The TV screen displays, events, monthly calendar, Resident activities, or achievements Inspirational quotes or calming visuals creating a more welcoming, human-centered environment.

Table 2: 2025/26 Resident and Family Satisfaction

St. George aims to improve the combined Net Promoter Score for resident and family satisfaction from 3.00 to 4.00.

Change Ideas	Process Measure	Target for 2025/26
St. George Community aims to improve resident experience by increasing social interactions between residents and team members	Number of residents who had 7 or less resident contacts per month.	St. George Community aims to decrease the number of residents who have had 7 or less resident contacts each month by 2% by the end of 2025.
St. George Community aims to improve the dining experience and resident experience by elevating collaboration in the dining room.	Percentage of meals where a dining huddle with all team members is held post-meal once each scheduled huddle day.	St. George Community aims to hold dining huddles 2 times a week throughout 2025 to improve dining experience of our residents.
St. George Community aims to improve resident experience by offering different specialized rooms on each home area (i.e. Game Room, Horticulture Room, Library, Art Room, Sensory Room).	Residents have opportunity to rate/comment on their experience after using specialized room by using the sign-in/sign-out sheet and/or through the monthly resident surveys.	At least 5 residents visit a specialized room per month throughout the year of 2025.

Table 3: 2025/26 QIP Indicator Antipsychotic Use

St. George aims to improve antipsychotic use from the current performance of 24.18% to 23.70%.

Change Ideas	Process Measure	Target for 2025/26
St. George Community will have an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic reduction team meetings.	St. George Community will conduct 12 Antipsychotic Reduction team meetings in 2025.

Change Ideas	Process Measure	Target for 2025/26
St. George Community will train team members on the Gentle Persuasive Approach.	Number of team members who complete the iGPA modules.	St. George Community will have 20 team members complete the iGPA modules in 2025.
Improve the use of behavioural assessment tools to understand root causes of behaviours	Percentage of residents demonstrating behaviours who have appropriate assessment tools in place (e.g. DOS).	60% of residents demonstrating behaviours will have the appropriate assessment tools in place (e.g. DOS) by September 30, 2025.