

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

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## **Community Demographics**

Community Name: Streetsville Community

Street Address: 1742 Bristol Road West., Mississauga, ON, L5M 1X9

Phone Number: 905-826-3045

Quality Lead: Jennifer Lee, Executive Director

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

In 2024–25, Streetsville Community focused on reducing antipsychotic use and improving Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on our Antipsychotic reductions from 24.68% to 23.93%. Current performance stands at 21.10%. 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 54.00. In 2024, Streetsville Community achieved an NPS of 34.00. 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, Streetsville Community selected Resident and Family Satisfaction (see Table 2) and antipsychotic use (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, Streetsville Community achieved an NPS of 18.00 for resident satisfaction and an NPS of 63.00 for family satisfaction. The results were shared with our resident council on January 29, 2025 family council on January 2, 2025 and team members through town halls on January 29, 2025. Streetsville conducts Family Town Hall meetings at minimum three times per year. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Streetsville Community's annual Operational Planning Day was held on May 1, 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.

Our survey results showed that both our families and residents felt our staff were our greatest strengths and top priority. Feedback indicated a strong interest in more personalized and mentally stimulating resident programs and activities.

- More understanding of individual care needs of resident and family needs
- Increased programming and activities that are individualized to residents.
- more programs that provide mental stimulation

Posted: June 30, 2025.

## **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 26, 2025, and Family Council on June 26, 2025. This was also shared with team members on June 18, 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
Antipsychotics	24.68%	21.10%	Utilize the antipsychotic medication tracking tool to identify residents who may be appropriate for de-prescribing	January 1, 2024	The antipsychotic tracking tool has helped with medication reviews.
			Update and implement individualized behavioural care plans	January 1, 2024	All residents on antipsychotics have behavioural care plans reviewed and updated
			Improve medication review process	January 1, 2024	The structural process of reviewing 100% of residents on antipsychotics, improved our process for identifying residents for antipsychotic reduction / de-prescribing.

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident and Family Satisfaction	Resident NPS:46.00  Family NPS: 68.00	Resident NPS: 18.00  Family NPS: 63.00	Streetsville aims to improve communication with residents and families	Feb 14, 2024	Team members were offered the opportunity to complete the CLRI families in distress training modules.
			Streetsville aims to improve the physical plant to improve resident and family satisfaction	January 30, 2024	25 resident bedrooms renovated
			Streetsville aims to improve resident communication	April 30, 2024	All resident bedrooms fitted with new call bell system

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

Streetsville Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 34 to 35.

Change Ideas	Process Measure	Target for 2025/26
Streetsville Community will work towards increasing the number of Resident Contacts (the number of interactions between a resident and team members) is increased throughout 2025.	Number of Residents who had 5 or less resident contacts per month	Streetsville Community aims to decrease the number of residents who have had 5 or less resident contacts each month and is reduced by 5% by the end of 2025.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2025/26</b>
Streetsville Community will fully implement the Sienna Gems in our Community program in 2025. The Sienna Gems in our Community supports residents to pursue their interests and share their passions, strengths, and talents by engaging with others in the community.	Number of residents participating in The Gems in our Community in 2025.	Streetsville Community will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.

**Table 3: 2025/26 QIP Indicator – Antipsychotic Use**

Streetsville Community aims to improve antipsychotic use from the current performance of 21.1% to 20.68%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2025/26</b>
The reduction team will meet monthly to discuss and review PCC Insights Quality Indicator Report in Antipsychotic without psychosis diagnosis.	The number of Antipsychotic Reduction team meetings.	Streetsville Community will conduct 12 Antipsychotic Reduction team meetings in 2025.
Track antipsychotic utilization to monitor the use of antipsychotic tools.	Percentage of residents identified for potential medication reductions who have completed and reviewed behavior tracking.	100% of residents identified for medication reduction will have behavior tracking completed.
Streetsville Community will continue to build awareness within the community about antipsychotic medication through educational sessions for team members about BPSD and iGPA.	The number of team members who completed the iGPA modules and attended the BPSD education.	Streetsville Community will have trained 40 team members by December 31, 2025.