

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Tullamore Community

Street Address: 133 Kennedy Road South Brampton, Ontario L6W 3G3

Phone Number: (905) 459-2324

Quality Lead: Katie Hutchins, Executive Director

2024–25 Quality Improvement Initiatives

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

The target was to improve performance on the selected ED Transfers from 48.80% to 47.82%. Current performance stands at 43.04%. 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 one point from the 2023 score of 6. In 2024, Tullamore Community achieved an NPS of 20. 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, Tullamore Community selected Resident and Family Satisfaction (see Table 2) and 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 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, Tullamore Community achieved an NPS of 6 for resident satisfaction and an NPS of 6 for family satisfaction. The results were shared with our resident council on March 25, 2024, family council on March 25, 2024, and team members through town halls on March 20, 2024. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Tullamore Community's annual Operational Planning Day was held on March 25, 2024 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.

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 March 4, 2025 and Family Council on March 4, 2025.

Posted: June 30, 2025.

This was shared with team members in June and July 2025 through town halls and it is posted in the community. 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
ED Transfers	48.8%	43.04%	Enhance the clinical capacity at Tullamore Community	April 1, 2024	Tullamore partnered closely with the in-house NP and NLOT team to build capacity and assessment skills
			Implement the SBAR as a communication tool between members of the nursing team	April 1, 2024	Improved communication between nursing and medical team members has contributed to the overall reduction in ED transfers.
			Improve access to medical equipment to avoid common reasons for ED transfers.	April 1, 2024	Tullamore purchased a bladder scanner and doppler in 2024 which assisted to further assess resident's and inform treatment, if possible.
Resident and Family Satisfaction	Resident NPS: 6	Resident NPS: 20	Tullamore aims to meet the cultural needs of residents by improving the menu.	April 1, 2024	Cultural choices are available on the regular menu as well as the also available menu daily

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
	Family NPS: 6	Family NPS: 20	Tullamore aims to improve availability of cultural foods.	April 1, 2024	Tullamore has facilitated 1-2 cooking clubs monthly. These programs are listed on the program calendars monthly.
			Tullamore aims to improve the physical plant to improve resident and family satisfaction.	April 1, 2024	All nursing stations were renovated.

Table 2: 2025/26 Resident and Family Satisfaction

Tullamore Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 6 to 7.

Change Ideas	Process Measure	Target for 2025/26
Tullamore 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.	Tullamore Community will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.
Tullamore Community will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.	Number of Residents who had 5 or less resident contacts per month	Tullamore Community aims to decrease the number of residents who have had 5 or less resident contacts each month is reduced by 5% by the end of 2025
Tullamore Community aims to improve food quality and resident experience	1. Number of Menufest Events Held. 2. Number of Close the Loop Calls attended by Tullamore residents.	1. Tullamore Community will hold 1 Menufest events in 2025.

Change Ideas	Process Measure	Target for 2025/26
by offering opportunities for residents to be involved in menu planning.		2. Tullamore Community will encourage resident participation in the 2 close the loop calls.

Table 3: 2025/26 QIP Indicator ED Transfers

Tullamore Community aims to improve ED Transfers from the current performance of 43.04% to 38.04%.

Change Ideas	Process Measure	Target for 2025/26
Monthly tracking, trending, and analysis of ED transfer data from PointClickCare.	Percentage of ED transfers reviewed monthly.	Tullamore Community aims to review 100% of ED transfers each month throughout 2025.
Tullamore Community aims to reduce ED 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.
Improve registered staff capacity and confidence by enhancing physical assessment skills.	Number of staff who attend the Humber College physical assessment course.	Tullamore Community will send 2 registered staff to the Humber College physical assessment course by December 31, 2025.