

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Barnswallow Place Community

Street Address: 120 Barnswallow Dr, Elmira, ON N3B 2Y9

Phone Number: 519-669-5777

Quality Lead: Richelle Barker, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Barnswallow Place Community focused on falls, antipsychotic use and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on falls from 18.37% to 18.00%. Current performance stands at 16.86. For antipsychotic use the goal was to improve performance from 18.58% to 18.21%. Current performance stands at 12.63%. 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 2024 score of 4. In 2025, Barnswallow Place achieved an NPS of 5. The action plan and its outcomes are also summarized in Table 1.

2026–27 Priority Areas for Quality Improvement

Sienna Senior Living communities use Ontario Health QIPs to identify and prioritize quality improvement initiatives. This year, Barnswallow Place selected Resident and Family Satisfaction (see Table 2), falls (see Table 3), antipsychotic use (see Table 4) as focus areas. These priorities are also reflected in the community's internal operational plan.

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, 2025 – December 31, 2025; per our practice, we offer each resident and family member the opportunity to participate in a satisfaction survey twice each year.

In 2026, Long-Term Care operations are focused on a set of initiatives aimed at enhancing resident-centered care and strengthening overall performance. Key initiatives include the Circle Spa, modernization of the Volunteer Program, targeted Dementia Program enhancements, and successful completion of our Accreditation survey and subsequent action planning. Progress is measured through a defined set of outcome indicators, including improvements in resident and family experience as well as quality of life. In addition, the organization is prioritizing employee engagement through values-driven education to support an aligned, empowered workforce.

In 2025, Barnswallow Place achieved an NPS of 6 for resident satisfaction and an NPS of 35 for family satisfaction. The results were shared with our Resident Council on May 14, 2026, Family Council on May 21, 2026, and team members through town halls on May 7, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Barnswallow Place's annual Operational Planning Day was held on April 27th 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 underwent 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 earned 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 2026/27 QIP was shared with the Resident Council on June 18th, 2026 and Family Council on June 18th, 2026. They were also shared with team members on this May 20th, 2026 through town halls and meetings with team members and it is posted in the home. The committee will continually review progress and share updates and outcomes with residents, families, and staff via existing council and team meetings.

Table 1: 2025/26 QIP Results

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
Falls	16.96%	18.37%	Barnswallow place will re-educate team members on post –fall huddles	March 2025	Team members educated and improvement seen on completion of assessments.
			Implement a proactive fall prevention program that includes enhanced staff training.	March 2025	Training provided at orientations, online and on the spot if anything is identified incorrectly in documentation. Also discussed action items at registered staff meetings as needed.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident and Family Satisfaction	Resident NPS: 2	Resident NPS: 6	Enhancing communication between team members and family members.	March 2025	Increased email communication, adding more information to newsletters for families, CLRI Families in Distress education modules; communication through Evoke platform and huddles on the home area.
	Family NPS: 7	Family NPS: 35	Barnswallow will enhance service excellence to increase resident and family satisfaction.	March 2025	Listening to residents and families through survey results implementing actions based on feedback. Challenges with getting families to complete surveys but managed through both email and phone call reminders.
			Utilize Sienna Essentials to assist in improving service excellence by team members to residents and families.		Met with staff weekly to complete Sienna Essentials. Plan in place for rotation of leadership to present and ensure staff participation.
Antipsychotic medication use.	18.585	12.63%	Use data from behaviour tracking tools to inform antipsychotic reduction committee.	March 2025	Data from tracking tools reviewed at antipsychotic reduction meetings.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			Barnswallow place will train team members on the Gentle Persuasive approaches.	March 2025	We have 2 trained GPA coaches between 80- 85% of team members did complete the GPA training.

Table 2: 2026/27 Resident and Family Satisfaction Action Plan

Barnswallow Place aims to improve the combined Net Promoter Score for resident and family satisfaction from 5 to 6.

Change Ideas	Process Measure	Target for 2026/27
Enhancing communication between team members, family members and residents.	Percentage of team members who complete the sienna essentials modules.	85% of all staff will complete the 6 sienna essentials modules by December 31, 2026.
Action planning feedback mentioned in the survey comments by communicating and providing education to staff to improve service excellence and overall satisfaction from residents and families.	Number of comments needing actions and number of team members who are educated in relation to the comments.	100% of staff will be educated when a comment requiring action is needed for their department.

Table 3: 2026/27 QIP Indicator - Falls

Barnswallow Place aims to improve falls from the current performance of 16.86% to 16.69%.

Change Ideas	Process Measure	Target for 2026/27
Time analysis will be reviewed monthly for falls on PCC	Review of residents who fell and analysis of time/place completed.	100% of staff supporting residents who fell review time and location of fall to implement measures to decrease falls.
Falling star program. High risk fallers have a falling a star on their room door as well as on there mobility device so other around are aware.	Number of residents who are identified as high risk for falls have the falling star program in place.	75% of residents identified as a falling star are added to the program

Table 4: 2026/27 QIP Indicator - Antipsychotic Use

Barnswallow Place aims to improve antipsychotic medication use from the current performance of 12.63% to 12.50%.

Change Ideas	Process Measure	Target for 2026/27
Barnswallow place will use data from behavior tracking tools to inform antipsychotic reduction committee	Percentage of resident who are identified for potential medication reduction who have behavior tracking completed.	100% of residents identified for medication reduction will have behavior tracking completed.
Barnswallow Place will train team members on Gentle persuasive approaches (GPA)	Percentage of team members who have completed GPA	30 team members will receive GPA training by December 31, 2026