

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Bloomington Cove

Street Address: 3621 Ninth Line, Stouffville, ON L4A 3C8

Phone Number: 905-640-1310

Quality Lead: Gautham Mekala

2025–26 Quality Improvement Initiatives

In 2025–26, Bloomington Cove Community focused on Percentage of LTC home residents who fell in the 30 days leading up to their assessment and Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the selected Percentage of LTC home residents who fell in the 30 days leading up to their assessment from 18.68% to 18.31%. Current performance stands at 20.10%. 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 2024 score of 43. In 2025, Bloomington Cove achieved an NPS of 44. The action plan and its outcomes are also summarized in Table 1.

Posted: June 30, 2026.

2026–27 Priority Areas for Quality Improvement

Sienna Senior Living communities use Ontario Health QIPs to identify and prioritize quality improvement initiatives. This year, Bloomington Cove Community selected Resident and Family Satisfaction (see Table 2) and Falls and Antipsychotic usage (see Table 3 and 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, Bloomington Cove Community achieved an NPS of 11 for resident satisfaction and an NPS of 55 for family satisfaction. The results were shared with our Resident Council on April 14, 2026, Family Council on April 15, 2026, and team members through town halls on April 28, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Bloomington Cove's annual Operational Planning Day was held on April 28, 2026 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 April 14, 2026, and Family Council on April 15, 2026. They were also shared with team members on April 28, 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
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Bloomington Cove Community)	18.68%	20.10%	100% of residents at risk for falls will have a falls visual tool in place.	07/18/2025	Bloomington Cove successfully implemented a standardized visual falls risk tool, achieving full coverage for residents identified as high risk. The team embedded the tool into admission and quarterly assessment workflows, ensuring timely identification and consistent application. Leads completed audits to confirm compliance, and reminders were incorporated into shift huddles to sustain awareness. As a result, 100%

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
					of residents at risk for falls now have a visual tool in place, supporting proactive staff response and improved resident safety
			Bloomington Cove will review fall and fracture risk data at all Resident Safety Meetings in 2025	01/23/2025	The home strengthened its data-driven approach by leveraging PointClickCare analytics to monitor fall and fracture risks. Fall-related metrics are now reviewed at every Resident Safety Meeting, ensuring consistent oversight throughout 2025. Action steps included standardizing report extraction, assigning accountability for data presentation, and linking identified trends to targeted care plan interventions. This structured review process has enhanced interdisciplinary collaboration and ensured timely implementation of preventive strategies across all units.
Percentage of LTC residents without psychosis who were	18.37%	18.95%	100% of residents identified for medication reduction will have behaviour tracking completed	01/23/2025	Bloomington Cove enhanced its antipsychotic reduction strategy by systematically integrating behaviour tracking data into committee reviews and care planning. All residents identified for potential medication

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
given antipsychotic medication in the 7 days preceding their resident assessment.					reduction had behaviour tracking completed, ensuring informed, evidence-based decision-making. Clear accountability was established for documentation, and regular audits were conducted to maintain 100% compliance, strengthening the home's commitment to safe and appropriate medication use.
			Bloomington Cove will have one trained GPA coach by December 31, 2025.	May 9, 2025	Bloomington Cove successfully has one GPA coach on site.
Resident and Family Satisfaction.	Resident NPS: 16 Family NPS: 50	Resident NPS: 11 Family NPS: 55	Bloomington Cove will host a minimum of two-family town hall meetings in 2025 and ensure that surveys are sent to 100% of newly moved-in residents.	Townhall held on April 15, 2025, and October 7, 2025. Move in Surveys initiated and 100% completed.	To improve resident and family experience, Bloomington Cove implemented structured surveys for all newly moved-in residents and committed to hosting at least two family town halls in 2025, ensuring surveys were sent to 100% of new admissions. A standardized and tracked process supported full compliance, and feedback from town halls was documented and shared to promote

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
					transparency. Survey distribution reached all new residents, and town halls achieved meaningful participation, helping identify actionable improvements.
			Bloomington Cove will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.	January 2025	To foster a stronger sense of community, Bloomington Cove implemented the “Gems in our Community” initiative, aiming to identify and maintain at least one active resident Gem throughout 2025. Staff identified residents with unique talents or stories and promoted them through meetings and newsletters. One resident Gem was successfully engaged, enhancing pride, participation, and social connection within the community. Overall the initiative strengthened community connection and resident experience.

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

Bloomington Cove Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 43 to 44.

Change Ideas	Process Measure	Target for 2026/27
Bloomington Cove aims to improve food quality and resident experience by improving the skills of the culinary team.	Number of training sessions offered by Sienna’s Executive Chef.	Bloomington Cove aims to hold a minimum of one training sessions with Sienna’s Executive Chef in 2026.
Bloomington Cove aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	Number of Menifest Events Held. 2. Number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services.	1.Bloomington Cove will hold 1 Menifest events in 2026. 2. Bloomington Cove will attend 1close the loop call.

Table 3: 2026/27 QIP Indicator -Falls

Bloomington Cove Community aims to improve Falls from the current performance of 20.10% to 19.90%.

Change Ideas	Process Measure	Target for 2026/27
Bloomington Cove will re-educate team members on post-fall huddles.	Percentage of registered staff who completed education on post-fall huddles.	50% of registered staff will be educated by the end of 2026.
Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions.	Number of Resident Safety meetings where fall and fracture risk data are reviewed.	Bloomington Cove will review fall and fracture risk data at all Resident Safety Meetings in 2026.

Table 4: 2026/27 QIP Indicator -Antipsychotic Use

Bloomington Cove Community aims to improve Antipsychotic Use from the current performance of 18.95% to 18.85%.

Change Ideas	Process Measure	Target for 2026/27
Bloomington Cove will train team members on the Gentle Persuasive Approach.	Number of team members who complete the GPA modules.	Bloomington Cove will have 20 team members complete the GPA modules in 2026.
Bloomington Cove will improve process for medication reviews for newly moved-in residents.	Percentage of LTC applications reviewed for antipsychotic medications.	100% of LTC applications will be reviewed for antipsychotic medication use.