

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Bradford Valley Community:

Street Address: 2656 Line Six Bradford Ontario L3Z 2A1

Phone Number:905-952-2260

Quality Lead: Cathy Van Beek, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Bradford Valley Community focused on Falls Reduction and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the selected Falls Reduction from 15.36% to 15.05%. Current performance stands at 12.92%. 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 40. In 2025, Bradford Valley Community achieved an NPS of 57. 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, Bradford Valley Community selected Resident and Family Satisfaction (see Table 2) and % of Residents whose Stage 2 to 4 Pressure Ulcer Worsened (see Table 3) as focus areas. These priorities are also reflected in the community's internal operational plan.

Posted: June 30, 2026.

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, Bradford Valley Community achieved an NPS of 53 for resident satisfaction and an NPS of 56 for family satisfaction. The results were shared with our resident council on April 16, 2026, family council on May 7, 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, Bradford Valley Community's annual Operational Planning Day was held on June 18, 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.

Posted: June 30, 2026.

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 16, 2026, and Family Council on May 7, 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.

Posted: June 30, 2026.

Table 1: 2025/26 QIP Results

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
% of LTC home residents who fell in the 30 days leading up to their assessment	15.36%	12.92%	#1) Bradford Valley will re-educate team members on post-fall huddles.	June 2025	Increased understanding of post falls huddle, improved compliance with post fall huddles. Staff have an increased awareness of residents at risk of falls and strategies to reduce risk.
			#2) Bradford Valley will use Point Click Care data to analyze residents at risk for falls and implement appropriate interventions.	June 2025	Residents were supported with the appropriate falls interventions to reduce falls and risk of injury from falls. We surpassed our goal of reducing falls with a 15.89% improvement.
Resident and Family Satisfaction	Resident NPS: 23 Family NPS: 51	Resident NPS: 53 Family NPS: 56	#1) Bradford Valley aims to improve nursing knowledge, leadership and capacity to deliver clinical care to improve resident and family satisfaction.	September 2025	Improved clinical assessments, more concise communication with residents and families resulting in increased resident and family satisfaction.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			#2) Bradford Valley aims to improve food quality and resident experience by improving the skills of the culinary team.	September 2025	Overall improved quality of meals resulting from education and auditing of meal service and quality. Reduction in complaints regarding food quality and overall improved satisfaction based on survey input.

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

Bradford Valley Community aims to maintain the combined Net Promoter Score for resident and family satisfaction at 57

Change Ideas	Process Measure	Target for 2026/27
Bradford Valley 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 at Bradford Valley.	Bradford Valley aims to hold a minimum of one training session with Sienna’s Executive Chef in 2026.
Bradford Valley aims to improve the dining experience and resident experience by elevating collaboration in the dining room.	% of meals where a dining huddle with all team members is held post-meal each day. % of audits completed/score.	Bradford Valley aims to hold dining huddles with team and audits daily throughout 2026 to improve the dining experience of our residents.

Table 3: 2026/27 QIP Indicator % of worsened stage 2-4 pressure ulcer

Bradford Valley Community aims to improve worsening stage 2-4 pressure injuries from the current performance of 3.44% to 3.20%.

Change Ideas	Process Measure	Target for 2026/27
Bradford Valley aims to implement structured quarterly education sessions focused on correct selection and application of skin care products.	Number of PSWs attending sessions. Audit compliance with correct product usage via audits.	Bradford Valley aims to educate 25 PSW's each quarter and conduct 25 audits each quarter on proper product use.
Bradford Valley aims to implement a standard process for proper assessment and assignment of pressure relief equipment, including correct setup and inflation of Roho cushions and low air loss surface.	Audits of equipment in use including proper inflation and equipment as per care plan.	% of equipment placed as per care plan on assessment. % of equipment inflated properly.