

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Case Manor Community

Street Address: 28 Boyd Street, Bobcaygeon, ON K0M 1A0

Phone Number: (705) 738-2374

Quality Lead: Pamela Kulas, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Case Manor Community focused on falls and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the falls indicator from 21.73% to 21.30%. Current performance stands at 15.51%. 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 36. In 2025, Case Manor Community achieved an NPS of 38. 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, Case Manor Community selected Resident and Family Satisfaction (see Table 2) and falls (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, Case Manor Community achieved a NPS of 29 for resident satisfaction and a NPS of 57 for family satisfaction. The results were shared with our resident council on January 7, 2026, family council on April 14, 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.

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 is shared with the Resident Council on July 8, 2026 and Family Council on July 14, 2026. They were also shared with team members on this July 14, 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
Falls	21.73%	15.51%	Re-educate registered staff on post fall huddles.	March 2025	100% of registered staff were re-educated in 2025.
			Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions.	April 2025	Falls and fractures data was reviewed at all resident safety meetings.
Resident and Family Satisfaction	Resident NPS:18 Family NPS:61	Resident NPS: 29 Family NPS: 57	Case Manor aims to improve food quality and resident dining experience by creating a quality improvement committee.	Close the loop call was held June 2025 and January 2026. Menu fest was held in March 2026.	Food committee meetings held bi-monthly to share feedback and input during menu development. Residents participated in 2 menu fests and 4 close the loop menu calls.
			Case Manor aims to improve food quality and resident dining experience by offering opportunities to residents to be involved in a quality improvement committee.	Sienna's Executive Chef attended the home in February 2025	The home has scheduled Sienna's Executive Chef in May 2026.
			Case Manor aims to improve the dining	February 2025	The "Gems" program was

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			experience and resident experience by elevating collaboration in the dining room.		implemented. 2 residents were named as Gems.

Table 2: 2026/27 Resident and Family Satisfaction

Case Manor Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 38 to 39.

Change Ideas	Process Measure	Target for 2026/27
Case Manor aims to improve food quality and resident dining experience by creating a quality improvement committee.	Score on quarterly dining audits to confirm adherence with Sienna policies and standards.	Case Manor aims to score 85% on quarterly audits throughout 2026.
Case Manor aims to improve food quality and resident dining experience by offering opportunities to residents to be involved in a quality improvement committee.	Number of quality improvement meetings held.	Case Manor will hold four quality improvement meetings in 2026.

Case Manor aims to improve the dining experience and resident experience by elevating collaboration in the dining room.	Completion of job aide tool, implementation with team and usage.	One Job aide rolled out to all servery areas of case manor and utilized.
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Table 3: 2026/27 QIP Indicator - Falls

Case Manor Community aims to improve falls from the current performance of 15.51% to 15.20%.

Change Ideas	Process Measure	Target for 2026/27
Implement Falling Leaf symbol on all residents nametags who are high risk for falls based on assessment indicators.	Residents identified as high falls risk will have a falling leaf symbol in place.	80% of residents identified as a high falls risk will have falling leaf in place.
Aim to have post fall analysis form completed following a fall.	Audit the completion of post fall assessment forms.	75% of resident who fell have a post fall analysis form completed.