

# 2026/27 Continuous Quality Improvement (CQI) Initiative Report

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## **Community Demographics**

Community Name: Cawthra Gardens

Street Address: 590 Lolita Gardens, Mississauga, ON L5A 4N8

Phone Number: (905) 306-9984

Quality Lead: Umang Khare, Senior Executive Director

## **2025–26 Quality Improvement Initiatives**

In 2025–26, Cawthra Gardens focused on rate of ED visits and Resident satisfaction as its CQI initiatives.

The target was to improve performance on Rate of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents. ED Visit Rate: from 10.24 to 14.00 per 100 residents and Current Performance Stands at 14.35 and the result is provided in Table 1.

Additionally, the community conducted a resident satisfaction survey including their responses of relationships formed with other residents scoring 75% and satisfaction with the food scoring 65%. 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, Cawthra Gardens selected Resident and Family Satisfaction (see Table 2) and antipsychotic Medication Reduction (percentage

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of LTC residents without psychosis who were given antipsychotic medication (see Table 3) 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; as 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, Cawthra Gardens transitioned to the Sienna Senior Living resident and family satisfaction surveys following its acquisition on October 1, 2025, and has a combined NPS of 25 for resident and family satisfaction. The results were shared with our Resident Council on May 12<sup>th</sup> 2026, Family Council on April 27<sup>th</sup> 2026 and team members through a town hall on June 4<sup>th</sup>, 2026. Feedback from the residents, family, and team member stakeholders is 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.

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 May 12<sup>th</sup>, 2026, and Family Council on April 27<sup>th</sup>, 2026. They were also shared with team members on June 4, 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**

| <b>Area of Focus</b>   | <b>Previous Performance (2024/25)</b> | <b>Current Performance (2025/26)</b> | <b>Change Ideas</b>                            | <b>Date of Implementation</b>  | <b>Outcomes/Impact</b>  |
|--|---------------------------------------|--------------------------------------|--|--|---|
| Rate of ED visits for modified list of ambulatory care– sensitive conditions per 100 long-term care residents. | 14.35%                                | 16.18%                               | Enhance Tracking and Analysis of ED Transfers. | We are unable to determine the date quality improvements were initiated prior to Sienna Senior Living assuming operations in October 2025. | The result did not meet the target of 14.00 entered. Process measures included monthly ED transfer reviews, targeted staff education sessions, and completion of annual care conferences including goals of care discussions. As we assumed operations October 1, 2025, we cannot confirm the consistency of monthly reviews, quarterly education sessions, or annual care conference completion prior to then. A structured review and monitoring process has since been reinforced to ensure all ED transfers are analyzed and learning is translated into practice improvements. |

| Area of Focus   | Previous Performance (2024/25) | Current Performance (2025/26) | Change Ideas  | Date of Implementation   | Outcomes/Impact  |
|---|--------------------------------|-------------------------------|---|--|--|
|   |                                |                               | Strengthen Proactive Medical and Interdisciplinary Interventions. | We are unable to determine the date quality improvements were initiated prior to Sienna Senior Living assuming operations in October 2025. | As operations were assumed on October 1, 2025, we cannot confirm the completion rate of annual care conferences, including goals of care discussions, prior to that time. Processes are now being reinforced to support consistent monitoring and documentation to ensure annual care conferences and goals of care discussions are completed as required.                                       |
| Dining Services- Percentage of residents who responded Strongly Agree to the statement: "I like the food here". | 65%                            | 77%                           | Improve satisfaction with food served in the home.                | We are unable to determine the date quality improvements were initiated prior to Sienna Senior Living assuming operations in October 2025. | The result of 77% surpassed the target of 67%. Process measures included quarterly tasting events, monthly menu variety targets (soups and desserts), and monitoring of resident satisfaction responses. Sienna assumed operations October 1, 2025, therefore we cannot confirm all that was completed on site. We implemented our own menu October 1, 2025, and have initiated our own resident |

| Area of Focus   | Previous Performance (2024/25) | Current Performance (2025/26) | Change Ideas   | Date of Implementation   | Outcomes/Impact   |
|---|--------------------------------|-------------------------------|--|--|---|
|   |                                |                               |  |  | satisfaction survey process for 2026 to ensure consistent measurement, accountability, and continuous improvement under our operational leadership.   |
|   |                                |                               | Connect more frequently with residents to gauge their satisfaction in this area. | We are unable to determine the date quality improvements were initiated prior to Sienna Senior Living assuming operations in October 2025. | . We assumed operations October 1, 2025, and have in place connections with residents regarding food quality, menu planning and established touchpoints to gather feedback crucial for quality improvements.  |
| Percentage of residents who responded positively to the survey question "I am encouraged to build | 75%                            | 85%                           | Encourage friendships among residents.   | We are unable to determine the date quality improvements were initiated prior to Sienna Senior Living assuming operations in October 2025. | The overall result of 85% exceeded the target of 77%. Supporting initiatives included cultural programming, home-wide special events, joint team member/resident programs, and monitoring of resident responses regarding social engagement. We have initiated our own resident and |

| Area of Focus                      | Previous Performance (2024/25) | Current Performance (2025/26) | Change Ideas   | Date of Implementation   | Outcomes/Impact  |
|------------------------------------|--------------------------------|-------------------------------|--|--|--|
| friendships with other residents." |                                |                               |  |  | satisfaction survey process for 2026 to ensure consistent measurement, accountability, and continuous improvement under our operational leadership.  |
|                                    |                                |                               | Connect more frequently with residents to gauge their satisfaction in this area. | We are unable to determine the date quality improvements were initiated prior to Sienna Senior Living assuming operations in October 2025. | We implemented our own activity programs October 1, 2025 and did have cultural programs monthly and a robust activity program calendar for our residents; we have initiated our own resident and satisfaction survey process for 2026 to ensure consistent measurement, accountability, and continuous improvement under our operational leadership. |

**Table 2: 2026/27 Resident and Family Satisfaction**

Cawthra Gardens Community aims to maintain the combined Net Promoter Score for resident and family satisfaction at 25.

| <b>Change Ideas</b>   | <b>Process Measure</b>   | <b>Target for 2026/27</b>   |
|---|--|---|
| Cawthra Gardens Community aims to improve food quality and resident experience by implementing Sienna Standard Menus. | Cawthra Gardens Community will use quarterly audits to ensure full adherence to the Sienna Standard Menus. | Cawthra Gardens Community aims to score 90% completion of quarterly audits throughout 2026.   |
| Cawthra Gardens 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 2026.                                    | Cawthra Gardens Community will ensure a minimum of three resident Gems are identified and participating in the program throughout 2026. |

**Table 3: 2026/27 QIP Indicator - Antipsychotic Use**

Cawthra Gardens Community aims to improve Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment from the current performance of 6.09% to 6.00%.

| <b>Change Ideas</b>   | <b>Process Measure</b>                               | <b>Target for 2026/27</b>  |
|---|--|--|
| Cawthra Gardens Community will train team members on the Gentle Persuasive Approach.              | Number of trained GPA coaches in the community.      | Cawthra Gardens Community will have two trained GPA coaches by December 31, 2026.  |
| Cawthra Gardens Community will form an interdisciplinary committee to review antipsychotic usage. | The number of Antipsychotic Reduction team meetings. | Community will conduct at minimum 8 Antipsychotic Reduction team meetings in 2026. |