

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Creedan Valley Community

Street Address: 143 Mary Street, Creemore, ON L0M 1G0

Phone Number: (705) 466-3437

Quality Lead: Punnapa Hartley, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Creedan Valley Community focused on reducing antipsychotic usage without a diagnosis of psychosis and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on reducing antipsychotic usage without a diagnosis of psychosis from 18.04% to 17.68%. Current performance stands at 9.57%. 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 61. In 2025, Creedan Valley Community achieved an NPS of 59. 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, Creedan Valley Community selected Resident and Family Satisfaction (see Table 2) and reducing of ED transfer (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, Creedan Valley Community achieved an NPS of 62 for resident satisfaction and an NPS of 52 for family satisfaction. The results were shared with our resident council on March 3, 2026, family town hall on April 7, 2026, and team members through town halls on March 30, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Creedan Valley Community's annual Operational Planning Day was held on May 6, 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 March 3, 2026 and Family Town Hall on April 7, 2026. They were also shared with team members on this March 30, 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
Antipsychotic Usage	18.04%	9.57%	Creedan Valley Community conducts monthly reviews of the antipsychotic medication cohort.	December 31, 2025	100% of residents using antipsychotic medications without the supporting diagnosis were reviewed monthly throughout 2025.
			Creedan Valley Community will improve the use of the Gentle Persuasive Approach (GPA) in the community.	December 31, 2025	22 Team members completed GPA education in 2025.
Resident and Family Satisfaction	Resident NPS: 78	Resident NPS: 62	Creedan Valley Community aims to improve food quality and resident experience by implementing Sienna Standard Menus.	December 31, 2025	Creedan Valley Community scored 100% on quarterly audits in 2025.
	Family NPS:33	Family NPS: 52	Creedan Valley Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	December 31, 2025	Creedan Valley Community held Food Fair or Menu Fest events in 2025. Creedan Valley Community

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					attended 4 close the loop calls.
			Creedan Valley Community aims to improve resident experience by fostering a sense of community among residents.	December 31, 2025	Creedan Valley Community celebrated 2 Gems Residents in 2025.

Table 2: 2026/27 Resident and Family Satisfaction

Creedan Valley Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 59 to 60.

Change Ideas	Process Measure	Target for 2026/27
Creedan Valley Community aims to improve resident experience by fostering a sense of community among residents.	Number of residents participating in "The Gems in our Community" program in 2026.	One of residents participating in and becoming The Gems in our Community in 2026.
Creedan Valley Community aims to improve additional resident experience by fostering a sense of community among residents.	Number of residents participating in the "Dare to Dream" project in 2026.	One of the residents participating in and fulfilling their dream in 2026.

Table 3: 2026/27 QIP Indicator - ED Transfers

Creedan Valley Community aims to improve reduction of ED transfer from the current performance of 59.72% to 58.50%.

Change Ideas	Process Measure	Target for 2026/27
Improve registered staff capacity and confidence by enhancing physical assessment skills.	Number of staff who attend the Humber College physical assessment course.	Creedan Valley Community will send 4 registered staff to the Humber College physical assessment course by December 31, 2026.
Monthly tracking, trending, and analysis of ED transfer data from Point Click Care.	Percentage of ED transfers reviewed monthly.	Creedan Valley Community aims to review 100% of ED transfers each month throughout 2026.
Creedan Valley Community aims to reduce ED transfers by improving the approach to palliative care.	Percentage of residents who have a health care wishes assessment completed in Point Click Care within 6-weeks of move-in to the community.	100% of residents will have a health care wishes assessment completed in Point Click Care within 6-weeks of move-in to the community.