

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Deerwood Creek Community

Street Address: 70 Humberline Drive

Phone Number: 416-213-7300

Quality Lead: Shelly Kasprick, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Deerwood Creek Community focused on improving avoidable emergency Department Visits and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on avoidable transfer to the Emergency Department from 32.81% to 32.15%. Current performance stands at 26.52%. 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 25. In 2025, Deerwood Creek 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, Deerwood Creek Community selected Resident and Family Satisfaction (see Table 2) and decrease internally acquired pressure

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ulcers/wounds through early detection of skin impairment (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; 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, Deerwood Creek Community achieved a combined NPS of 38 for resident satisfaction and family satisfaction. The results were shared with our resident council on May 12, 2026, family council on March 24, 2026, and team members through town halls on April 30, 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.

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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, 2026, and Family Council on March 24, 2026. They were also shared with team members on April 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.

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Table 1: 2025/26 QIP Results

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
Reduce avoidable ED transfers	32.81%	26.52%	Complete goals of care discussions.	April 20, 2025	The team reviewed and identified changes in health status. These prompted discussions related to disease trajectory and health care wishes with the resident/SDM/POA and the team. Palliative Performance scale assessments were being reviewed and any score of 30 or below would trigger a discussion related to health care wishes. A complete review of residents with full code status were identified by the team and NP or MD would initiate goals of treatment discussions.
			Improve detection of pneumonia, aspiration pneumonia, and bronchitis.	April 20, 2025	70% of registered nurses were educated by March 31, 2026.
	Resident and Family NPS 25	Resident and Family NPS 38	Focus on providing a wider variety of	April 20, 2025	100% of cooks completed training by end of March 2026.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident and Family Satisfaction			authentic cultural foods.		
			Improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	April 20, 2025	Held 1 menifest event in 2025 and attended 2 close the loop calls.

Table 2: 2026/27 Resident and Family Satisfaction

Deerwood Creek 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
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.	Hold 2 Menifest events in 2026; Attend 3 close the loop calls.

Change Ideas	Process Measure	Target for 2026/27
Deerwood Creek Community 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 Deerwood Creek Community.	Deerwood Creek Community aims to hold a minimum of one training session with Sienna's Executive Chef in 2026.

Table 3: 2026/27 Skin & Wound

Deerwood Creek Community aims to decrease internally acquired pressure ulcers/wounds thru early detection of skin impairment and decrease from 3.58% to 3.51% for worsened pressure ulcer

Change Ideas	Process Measure	Target for 2026/27
Review and revise change of shift report to include highlighted high- risk skin and wound concern and change in health status including early identification of skin impairment.	Number of registered staff who attend education on the revised shift report education.	100% of active full/part time registered TMs complete education.
Provide education and reinforce expectations related to repositioning to ensure consistency across all residents. Point of Care Documentation to be reflective of the turning and reposition schedule that is required.	Review 100% of residents with skin and wound concerns on a monthly basis to ensure schedule in place.	Residents with skin integrity concerns will have a turning and repositioning schedule in place.