

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Fieldstone Commons Community

Street Address: 1000 Ellesmere Road, Scarborough ON, M1P 5G2

Phone Number: 416-291-0222

Quality Lead: Nargish Malam, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Fieldstone Commons Community focused on Antipsychotic Reduction and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the selected Antipsychotic Reduction from 19.40% to 19.01%. Current performance stands at 19.03%. 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 score of 37 in 2024. In 2025, Fieldstone Commons Community achieved an NPS of 53. 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's QIP to identify and prioritize quality improvement initiatives. This year Fieldstone Commons Community selected Resident and Family Satisfaction (see Table 2) and Antipsychotic Reduction (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, Fieldstone Commons Community achieved an NPS of 62 for resident satisfaction and an NPS of 43 for family satisfaction. The results were shared with our resident council on February 4th, 2026, family council on January 15th, 2026, and team members through town halls on February 3rd, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Fieldstone's annual Operational Planning Day was held on March 30th, 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 June 4th, 2026 and Family Council on May 7th, 2026. They were also shared with team members on May 27th, 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 Reduction	19.40%	19.01%	Fieldstone Commons will form an interdisciplinary committee to review antipsychotic usage.	Interdisciplinary Committee was formed in March of 2025.	The Interdisciplinary Committee supported collaboration, communication, and continuous quality improvement through monthly meetings held throughout the year.
			Use data from behavior tracking tools to inform antipsychotic reduction committee.	Implemented behavioral tools such as DOS in March of 2025	Behavioral tools such as DOS, antipsychotic tracking forms were utilized to inform the antipsychotic reduction committee members.
			Fieldstone Commons will train team members on the Gentle Persuasive Approach.	Training completed by November of 2025	A total of 2 GPA coaches and 114 team members were trained in GPA, supporting enhanced dementia care practices and resident-centered approaches within the home.
Resident and Family Satisfaction	Resident NPS: 25	Resident NPS: 62	Fieldstone Commons aims to improve food quality and resident experience by offering opportunities for	Menu Fest was successfully held in March 2025.	Fieldstone Commons strengthened resident engagement in dining services through various initiatives that actively encouraged resident

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
	Family NPS: 49	Family NPS: 43	residents to be involved in menu planning.	Attended two Close the Loop calls in 2025.	participation in menu feedback and contributed to an enhanced overall dining experience.
			Fieldstone Commons aims to improve resident experience by fostering a sense of community among residents.	One resident became the Community Gem in 2025 and actively participated in the Gem Program throughout the 2025 year.	Implementing the Sienna Gems in Our Community program supported resident engagement and meaningful connections while fostering a stronger sense of belonging and community within the home.

Table 2: 2026/27 Resident and Family Satisfaction

Fieldstone Commons Community aims to improve Resident & Family Satisfaction from the current performance of 53 NPS to 54 NPS.

Change Ideas	Process Measure	Target for 2026/27
#1)Fieldstone Commons continues to enhance food quality and the overall dining experience by engaging residents in the menu planning process.	1.Number of Menu-fest Events Held. 2.Number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services.	1. Fieldstone Commons will hold 1 Menu-fest event in 2026. 2. Fieldstone Commons will attend 2 close the loop calls.

Change Ideas	Process Measure	Target for 2026/27
#2) Fieldstone Commons aims to improve resident experience by increasing interactions between residents and team members.	Number of Residents who had 5 or less resident contacts per month.	Fieldstone Commons aims to decrease the number of residents who have had 5 or less resident contacts by 5% by the end of 2026.

Table 3: 2026/27 Antipsychotic Use

Fieldstone Commons Community aims to improve Antipsychotic Reduction from the current performance of 19.03% to 18.84%.

Change Ideas	Process Measure	Target for 2026/27
#1) Fieldstone Commons will reform an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic Reduction team meetings.	Fieldstone Commons will conduct 12 Antipsychotic Reduction team meetings in 2026.
#2) Fieldstone Commons will train nurses who complete the LTCF assessments to ensure medications are coded accurately.	Number of nurses who complete LTCF coding who are provided education.	Fieldstone Commons will educate all full time & part time nurses who complete LTCF coding by December 31, 2026.
#3) Fieldstone Commons will improve process for medication reviews for newly moved-in residents.	Percentage of LTC applications reviewed for antipsychotic medications.	100% of LTC applications will be reviewed for antipsychotic medication use.