

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

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## **Community Demographics**

Community Name: Fountain View Community

Street Address: 1800 O'Connor Drive, North York, Ontario, M4A 1W7

Phone Number: 416 285 - 2000

Quality Lead: Mark Recto, Executive Director

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

In 2025–26, Fountain View Community focused on reducing avoidable ED Visits and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on reducing ED Visits from 23.26% to 22.79%. Current performance stands at 31.25. 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 32. In 2025, Fountain View Community achieved an NPS of 46. 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, Fountain View Community selected Resident and Family Satisfaction (see Table 2) and reducing ED Visits (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, Fountain View Community achieved an NPS of 46 for resident satisfaction and an NPS of 41 for family satisfaction. The results were shared with our resident council on January 23, 2026, family council on March 13, 2026, and team members through town halls on February 9<sup>th</sup>, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Fountain View Community's annual Operational Planning Day was held on April 30, 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 May 22, 2026 and Family Council on April 27, 2026. They were also shared with team members on this April 27, 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>
Avoidable ED Visits	23.26%	31.25%	Build competency of registered staff in conducting health assessment.	Started year 2022 and ongoing.	High training completion rates, strengthened collaboration within the nursing team, and a more structured, proactive approach to reducing avoidable ED transfers.
			Improve accuracy and utilization of SBAR tool.	Completed- Dec 15 <sup>th</sup> , 2024, and ongoing training throughout 2025.	Enhanced communication between registered staff and attending Physicians.
Resident and Family Satisfaction	Resident NPS: 34  Family NPS: 17	Resident NPS: 47  Family NPS: 41	Fountain View aims to improve resident experience by fostering a sense of community among residents. Four residents identified as GEMS actively participated in the program throughout 2025.	January-December 2025	Residents meaningful engagement greatly enhanced participation and overall experience.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			Fountain View aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	Menufest (March 27, 2025), Food Fair (October 7, 2025), and Close the Loop sessions (January 13 and July 4, 2025).	Reinforced the importance of giving residents a voice, especially regarding menu choices, and showed that clear communication and staff support greatly improve participation.

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

Fountain View Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 46 to 47.

Change Ideas	Process Measure	Target for 2026/27
Fountain View Community aims to focus on enhancing the resident experience by creating a stronger sense of connection and belonging within the community.	In 2026-2027, we will continue growing the number of residents taking part in The Gems in Our Community. By expanding this initiative, we hope to strengthen their sense of belonging and create meaningful opportunities for residents to contribute and give back to the community around them.	Fountain View Community will maintain four resident Gems that will participate in the program throughout 2026.
Fountain View Community is committed to enhancing food quality	Number of resident engagement opportunities in menu planning held	Fountain View Community will host one Menu Fest and one Food Fair during the

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2026/27</b>
and the overall dining experience by giving residents meaningful opportunities to take part in menu planning.	throughout the year (e.g., Menu Fest, Food Fair, Resident Food Committee meetings, tasting sessions). Number of dining feedback discussions reviewed during “Close the Loop” meetings attended by the leadership team in collaboration with Sienna Senior Living Support Services.	2026–2027 period. Fountain View Community will participate in two “Close the Loop” calls in 2026–2027.

**Table 3: 2026/27 QIP Indicator –Avoidable ED Visits**

Fountain View Community aims to improve avoidable visits from the current performance of 31.25% to 30.60%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2026/27</b>
Monthly tracking, trending, and analysis of ED transfer data from PointClickCare.	Percentage of ED transfers reviewed monthly.	Fountain View Community aims to review 100% of ED transfers each month throughout 2026.
Retrain team members on the use of the SBAR tool.	Percentage of team members who attend sessions offered on the SBAR tool.	Fountain View Community will continue to train 80% of registered team members on the SBAR tool by December 31, 2026.
Fountain View 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 PointClickCare within 6 weeks of move-in to the community.	100% of residents will have a health care wishes assessment completed in PointClickCare within 6-weeks of move into the community.