2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Glen Rouge Community

Street Address: 92 Island Road, Scarborough ON

Phone Number: (416) 284-4781

Quality Lead: Zahra Mawji, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Glen Rouge Community focused on Antipsychotic use and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on Antipsychotic use from 22.57% to 22.12%. Current performance stands at 21.48%. 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, Glen Rouge Community achieved an NPS of 44. 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, Glen Rouge Community selected Resident and Family Satisfaction (see Table 2) and Anti-psychotic 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, Glen Rouge Community achieved an NPS of 47 for resident satisfaction and an NPS of 38 for family satisfaction. The results were shared with our resident council on January 20, 2026 families via Family town hall on March 26, 2026 and team members through town halls on January 15, 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.

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 23, 2026, and Families at our Family town hall June 5,2026. They were also shared with team members on June 18, 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 Use	22.57%	21.48%	Glen Rouge will form an interdisciplinary committee to review antipsychotic usage.	April 1, 2025	Glen Rouge established an antipsychotic reduction committee and conducted 10 Antipsychotic Reduction team meetings in 2025.
			Use data from behaviour tracking tools to inform antipsychotic reduction committee.	April 1, 2025	100% of residents identified for medication reduction have had behaviour tracking completed.
			Glen Rouge Community will train team members on the Gentle Persuasive Approach.	April 1, 2025	GPA sessions were held, however only 50% of goal was achieved.
Resident and Family Satisfaction	Resident NPS: 34	Resident NPS: 47	Glen Rouge Community aims to improve food quality and resident experience by improving the skills of the culinary team.	April 1, 2025	In 2025, culinary training was delivered with Sienna's Executive Chef to improve food quality and resident experience.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
	Family NPS: 43	Family NPS: 38	Glen Rouge Community aims to improve resident experience by increasing social interactions between residents and team members.	April 1, 2025	Glen Rouge Community successfully decreased the number of residents who have had 5 or less resident contacts each month by 5% enhancing resident engagement and interactions within our community.

Table 2: 2026/27 Resident and Family Satisfaction

Glen Rouge Community aims to improve Resident and Family Satisfaction from the current performance of 44 to 45.

Change Ideas	Process Measure	Target for 2026/27
Glen Rouge Community aims to continue 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 Glen Rouge Community.	Glen Rouge Community aims to hold a minimum of one training sessions with Sienna's Executive Chef in 2026.
Glen Rouge aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	Number of Menufest Events Held.	Glen Rouge will hold 1 Menufest event in 2026.

Posted: June 30, 2026.

Table 3: 2026/27 QIP Indicator – Antipsychotic use

Glen Rouge Community aims to improve Antipsychotic usage from the current performance of 21.48% to 21.05%.

Change Ideas	Process Measure	Target for 2026/27
Glen Rouge will continue to meet monthly with an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic Reduction team meetings.	Glen Rouge will conduct at minimum 8 Antipsychotic Reduction team meetings in 2026.
Use data from behaviour tracking tools and historical notes to inform antipsychotic reduction committee.	Percentage of residents who are identified for potential medication reductions who have behaviour tracking completed.	100% of residents identified for medication reduction will have behaviour tracking completed.
Glen Rouge Community will train team members on the Gentle Persuasive Approach.	Number of team members who complete the GPA course.	Glen Rouge Community will have 10 team members complete the GPA Course in 2026.

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