2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Granite Ridge Community

Street Address: 5501 Abbott St E, Stittsville, ON K2S 2C5

Phone Number: (613) 836-0331

Quality Lead: Jennifer Glavac, Senior Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Granite Ridge focused on reducing Falls reduction, Antipsychotic usage and improving Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance of falls from 21.58% to 21.15% Current performance stands at 20.43%. A summary of change ideas and their results is provided in Table 1.

The target was to improve performance of antipsychotic usage from 31.10% to 29.55%. Current performance stands at 33.54%. 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 20. In 2025, Granite Ridge Community achieved an NPS of 25. The action plan and its outcomes are also summarized in Table 1.

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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, Granite Ridge Community selected Resident and Family Satisfaction (see Table 2), falls (see Table 3) and antipsychotic use (see Table 4) 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, Granite Ridge Community achieved an NPS of 5 for resident satisfaction and an NPS of 39 for family satisfaction. The results were shared with our Resident Council on February 23rd 2026, Family Council on February 9th, 2026, and team members through town halls on April 13th, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Granite Ridge Community's annual Operational Planning Day was held on April 23rd, 2026 and included residents, team members, family 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.

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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.

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.

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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 22nd, 2026, and Family Council on June 10th, 2026. They were also shared with team members on June 23rd, 2026, through town halls and meetings with team members and it is posted in the homes. The committee will continually review progress and share updates and outcomes with residents, families, and staff via existing council and team meetings.

Table 1: 2025/26 QIP Results

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
Falls	21.58%	20.43%	Granite Ridge will re-educate team members on post-fall huddles and completion of falls documentation.	July 6, 2026	Granite Ridge re-educated team members on post-fall huddles and completion of falls documentation. Education was targeted to individuals identified as having gaps in their documentation. Approximately 85% of registered staff received this education, and training remains

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Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
					ongoing to ensure consistent post-fall processes.
Antipsychotic Use	31.10%	33.54%	Granite Ridge will train team members on the Gentle Persuasive Approach.	March 25, 2025	A total number of 56 team members were trained on GPA in 2025 with group sessions running March 25 (8 participants), 26, (6 participants) April 22 (9 participants), July 24 (9 participants), November 12 (12 participants) and 26 (12 participants).
			Granite Ridge will form an interdisciplinary committee to review antipsychotic usage.	Not implemented	Implementation of this change idea was deferred due to leadership changes within the community. The initiative remains a priority and has been carried forward into the 2026 work plan for implementation.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			Use data from behaviour tracking tools to inform antipsychotic reduction committee.	January 2025	Granite Ridge used data from behaviour tracking tools to inform the antipsychotic reduction committee. While the data guided discussions, greater involvement from physicians (MDs) is needed to enhance decision-making and support reduction efforts.
Resident and Family Satisfaction	Resident NPS: 2 Family NPS: 35	Resident NPS: 5 Family NPS: 39	Granite Ridge aims to improve resident experience by fostering a sense of community among residents.	June 2, 2025	In 2025, two residents were identified as Resident Gems, highlighting their positive impact and encouraging peer leadership within the home.
			Granite Ridge aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	April 10, 2025	Granite Ridge held 1 Menufest event in 2025 and attended 2 close the loop calls; additionally hosted a food fair to engage residents in food choices.

Table 2: 2026/27 Resident and Family Satisfaction

Granite Ridge Community aims to improve the combined Net Promoter Score for resident and family satisfactions from the current performance of 25 to 26.

Change Ideas	Process Measure	Target for 2026/27
Granite Ridge aims to improve the dining experience and resident experience by elevating collaboration in the dining room.	Percentage of meals where a dining huddle with all team members is held post-meal each day.	Granite Ridge aims to hold Dining Huddles at 50% of dinners throughout 2026 to improve the dining experience of our residents.
Granite Ridge 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.	Granite Ridge aims to decrease the number of residents who have had 5 or less resident contacts each month by 5% by the end of 2026.

Table 3: 2026/27 QIP Indicator - Falls

Granite Ridge Community aims to improve falls from the current performance of 20.43% to 20.02%.

Change Ideas	Process Measure	Target for 2026/27
Granite Ridge will engage the interdisciplinary team inclusive of recreation & therapies in care planning for residents with frequent falls.	Percentage of residents who have 3 or more falls per month who have had the recreation team involved in care planning.	80% of residents who fall more than 3 times per month will have the recreation/therapies team involved in care planning.
Education on Intentional rounding (4 P's) on highest risk residents.	Percentage of full time PSW team members who complete education on intentional rounding.	100% of full-time PSW team members will complete education on intentional rounding.

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Table 4: 2026/27 QIP Indicator - Antipsychotic Use

Granite Ridge Community aims to improve antipsychotic use from the current performance of 33.54% to 32.87%.

Change Ideas	Process Measure	Target for 2026/27
Use data from behaviour tracking tools 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.
Granite Ridge 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.

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