

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Harmony Hills Community

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

Phone Number: (416) 285-1411

Quality Lead: Vilma Bugarin, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Harmony Hills Community focused on Percentage of LTC residents without psychosis who were given antipsychotic medication and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance of Percentage of LTC residents without psychosis who were given antipsychotic medication from 18.63% to 17.00%. Current performance stands at 23.11%. 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 61. In 2025, Harmony Hills Community achieved an NPS of 56. 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, Harmony Hills Community selected Resident and Family Satisfaction (see Table 2) and Percentage of LTC residents without

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psychosis who were given antipsychotic medication (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, Harmony Hills Community achieved an NPS of 50 for resident satisfaction and an NPS of 63 for family satisfaction. The results were shared with our Resident Council on January 29, 2026, Family Council on January 22, 2026, and team members through town halls on January 30, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Harmony Hills Community's annual Operational Planning Day was held on March 24, 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.

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 April 29, 2026, and Family Council on April 22, 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.

Table 1: 2025/26 QIP Results

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	18.63%	23.11%	Harmony Hills will train team members on the Gentle Persuasive Approach.	March 2025	There were a total of 27 team members trained with Gentle Persuasive approach in our community this year. Additional education was provided to our team members in December "Residents Approach".
			Review Antipsychotics medication usage within 6 weeks of move-in.	March 2025	This change idea was fully implemented and meetings held. The antipsychotic reduction program was led by Director of Care. The interdisciplinary team in collaboration with Pharmacy consultant, Medical Director, front line nursing team, BSO met monthly and discussed residents' on antipsychotic medication.
			Harmony Hills will form an	March 2025	This change idea was fully implemented and meetings held. The

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			interdisciplinary committee to review antipsychotic usage.		antipsychotic reduction program was led by Director of Care. The interdisciplinary team in collaboration with Pharmacy consultant, Medical Director, front line nursing team, BSO met monthly and discussed residents' on antipsychotic medication.
Resident and Family Satisfaction	Resident NPS: 53 Family NPS: 71	Resident NPS: 50 Family NPS: 63	Harmony Hills aims to improve food quality and resident experience by implementing Sienna Standard Menus.	May 2025	This change initiative has been successfully implemented, with a strong emphasis on consistently adhering to Sienna Standard Menu recipes to enhance both food quality and the overall resident dining experience. New menus were introduced in May and November, ensuring seasonal variety while maintaining alignment with established standards. Menus were also presented during the move-in conference to engage residents and gather valuable feedback. Quarterly dining audits were completed throughout the year, demonstrating steady improvement and strong adherence to standards. The program achieved an average score of 97%, with the final two audits exceeding

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
					99%. These results highlight a high level of compliance and a clear commitment to achieving and sustaining excellence, coming very close to the goal of 100% on quarterly audits.
			Harmony Hills aims to improve resident experience by increasing social interactions between residents and team members.	April 2025	This change idea was implemented in our community such as Community walk, Lavender crafts, sewing workshops, birthday parties, Annual Festival of Lights, Senior's Prom and Cultural events.

Table 2: 2026/27 Resident and Family Satisfaction

Harmony Hills Community aims to maintain the combined Net Promoter Score for resident and family satisfaction to 56.

Change Ideas	Process Measure	Target for 2026/27
Harmony Hills Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	Number of Menufest Events Held.	Harmony Hills Community will hold 1 Menufest event in 2026.

Change Ideas	Process Measure	Target for 2026/27
Harmony Hills aims to improve resident experience by fostering a sense of community among residents.	Number of residents participating in The Gems in our Community in 2026.	Harmony Hills will ensure a minimum of three resident Gems are identified and participating in the program throughout 2026.

Table 3: 2026/27 QIP Indicator: Percentage of LTC residents without psychosis who were given antipsychotic medication

Harmony Hills Community aims to improve Percentage of LTC residents without psychosis who were given antipsychotic medication from the current performance of 23.11% to 22.64%.

Change Ideas	Process Measure	Target for 2026/27
Harmony Hills Community 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.	Harmony Hills Community will educate 10 nurses who complete LTCF coding by December 31, 2026.
Harmony Hills Community 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.