

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Hawthorn Woods Community

Street Address: 9257 Goreway Dr, Brampton, ON L6P0N5

Phone Number: 905-799-7502

Quality Lead: Amr El Guindy, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Hawthorn Woods Community focused on QIP Indicator Rate of ED visits for modified list of ambulatory care - sensitive conditions per 100 long term care residents and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the selected for ED visits from 16.30% to 16.00%. Current performance stands at 36.50. 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 15. In 2025, Hawthorn Woods Community achieved an NPS of 39. 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, Hawthorn Woods Community selected Resident and Family Satisfaction (see Table 2), Antipsychotic reduction (see Table 3) and ED transfers (see Table 4) 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, Hawthorn Woods Community achieved an NPS of 39 for resident satisfaction and an NPS of 39 for family satisfaction. The results were shared with our resident council on June 9, 2026, family council on June 16, 2026 and team members through town halls on July 8, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Hawthorn Woods Community's annual Operational Planning Day was held on September 24, 2025 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 9th 2026, and Family Council on June 16th 2026. They were also shared with team members on this July 8th 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
Rate of ED visits	16.30%	36.10 %	Hawthorn Woods aims to improve goals of care conversations with residents and their families.	May 2025	100 % of residents had a Health Care Wishes assessment completed within 6 weeks of move in
			Hawthorn Woods aims to reduce hospital transfers related to injury from falls.	Nov 2025	More than 75% of registered staff completed Falls prevention education in 2025.
			Hawthorn Woods is working with SSO on having an NP to assist with reducing ED transfers.	April 2025	Hawthorn Woods reached out to SSO to hire an NP within our funding criteria; this was posted and attempted to fill.
Net promoter score rating	Resident NPS:14 Family NPS: 19	Resident NPS: 39 Family NPS: 39	Hawthorn Woods will improve resident and family experience by offering opportunities for connection and socialization for families.	May 2025	Families are invited for social gatherings and usually attended by all management team to engage and socialize with family members having one gathering per season. We exceeded our goal with attendance of more than four

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					social lunches with resident and families.
			Hawthorn Woods aims to improve resident experience by fostering a sense of community among residents.	Sept 2025	Hawthorn Woods Community implemented the Sienna Gems in our Community program in 2026. The Sienna Gems in our Community supports residents to pursue their interests and share their passions, strengths, and talents by engaging with others in the community.

Table 2: 2026/27 Resident and Family Satisfaction

Hawthorn Woods Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 39 to 40.

Change Ideas	Process Measure	Target for 2026/27
Hawthorn Woods Community aims to improve food quality and resident experience by implementing Sienna Standard Menus.	Score on quarterly Sienna Dining Audits to confirm adherence with Sienna Standard Menus.	Hawthorn Woods Community aims to execute 12 dining audits throughout 2026.

Change Ideas	Process Measure	Target for 2026/27
Hawthorn Woods Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	1. Number of Menu fest events one event plus one food fair 2. Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services.	1. Hawthorn Woods Community will hold 1 Menu fest events plus 1 food fair in 2026. 2. Hawthorn Woods Community will attend 1 close-the-loop calls.

Table 3: 2026/27 QIP Indicator-Antipsychotic Use

Hawthorn Woods Community aims to improve Antipsychotic Use from the current performance of 19.89% to 17.00%.

Change Ideas	Process Measure	Target for 2026/27
Use data from behavior tracking tools to inform the antipsychotic reduction committee.	Percentage of residents who are identified for potential medication reductions who have behavior tracking completed.	100% of residents identified for medication reduction will have behavior tracking completed.
Hawthorn Woods Community will form an interdisciplinary committee to review the use of antipsychotics.	The number of Antipsychotic Reduction team meetings.	Hawthorn Woods Community will conduct 12 Antipsychotic Reduction team meetings in 2026.
Hawthorn Woods Community will train team members on the Gentle Persuasive Approach.	Number of trained GPA coaches in the community.	Hawthorn Woods Community will have two trained GPA coaches by December 31, 2026.

Table 4: 2026/27 QIP Indicator - ED Transfers

Hawthorn Woods Community aims to improve Ed transfer from the current performance of 36.5% to 36.10%.

Change Ideas	Process Measure	Target for 2026/27
Retrain team members on the use of the SBAR tool.	Percentage of team members who attend sessions offered on the SBAR tool.	Hawthorn Woods Community will train 60% of registered team members on the SBAR tool by December 31, 2026.
Monthly tracking, trending, and analysis of ED transfer data from PointClickCare.	Percentage of ED transfers reviewed monthly.	Hawthorn Woods Community aims to review 100% of ED transfers each month throughout 2026.