

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Langstaff Square Community

Street Address: 170 Red Maple Rd, Richmond Hill, ON L4B 4T8

Phone Number: (905) 731-2273

Quality Lead: Deniese Johnson, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Langstaff Square Community focused on reducing Antipsychotic use and improving Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on Antipsychotic use from 23.09% to 22.63% Current performance stands at 18.92% 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, Langstaff Square Community achieved an NPS of 62. 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, Langstaff Square Community selected Resident and Family Satisfaction (see Table 2) and antipsychotic 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, Langstaff Square Community achieved an NPS of 69 for resident satisfaction and an NPS of 48 for family satisfaction. The results were shared with our Resident Council on March 30, 2026, Family Council on May 19, 2026, and team members through town halls on February 25, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Langstaff Square Community's annual Operational Planning Day will be held on June 16, 2026 and will include 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 March 30, 2026, and Family Council on May 19, 2026. They were also shared with team members on June 17, 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
Resident and Family Satisfaction	Resident NPS: 20 Family NPS: 32	Resident NPS: 69 Family NPS: 48	Langstaff Square aims to improve food quality to improve resident and family satisfaction.	Surveys conducted monthly, analysis was ongoing throughout 2025.	Langstaff had the executive Chef attend the community in April 2025. Menu fest and menu planning held with positive feedback from families and residents. Food fair and attendance at 2 close the loop calls. Concerns regarding food have decreased, as evidenced by the reduction in food-related concerns expressed in the resident survey.
			Langstaff Square Community aims to improve food quality and resident experience by implementing Sienna Standard Menus.	June 2 nd , 2025 and November 10 th , 2025	Sienna standard menus have been implemented with input from our chef. Quarterly Sienna Dining audits were completed; monthly meal audits completed.
Antipsychotic use	23.09%	18.92%	Langstaff Square Community will form an	January 15, 2026 February 06, 2025 March 15, 2025	Committee was formed, more than 12 meeting held

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			interdisciplinary committee to review antipsychotic usage.	April 08, 2025 May 08, 2025 June 12, 2025 July 03, 2025 Aug 07, 2025 September 09, 2025 October 03, 2025 November 04, 2025 December 08, 2025	over the course of 2025 with favorable results.
			Langstaff Square Community will train team members on the Gentle Persuasive Approach.	Feb 12, 25, 27, 2025	Over 30 Team Members were successfully educated on GPA.
			Partnering with External stakeholders - Antipsychotic reduction programs.	HEC Date: January 15th, 2025; initial meeting with first submission Mar 21, 2025 ISMP Date: August 09, 2024, initial meeting; to August 2025	Langstaff participated in the Health Care Excellence Canada and ISMP Antipsychotic reduction programs.

Table 2: 2026/27 Resident and Family Satisfaction

Langstaff Square Community aims to improve the combined Net Promoter Score for Residents and Families satisfaction from the current performance of 62 to 63.

Change Ideas	Process Measure	Target for 2026/27
Langstaff Square aims to improve resident experience by increasing interactions between residents and team members.	Number of Residents who had five (5) or less resident contacts per month.	Langstaff Square aims to decrease the number of residents who have had five (5) or less resident contact each month by five (5%) percent by the end of 2026.
Langstaff Square 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.	Langstaff Square will ensure a minimum of three resident Gems are identified and participating in the program throughout 2026.

Table 3: 2026/27 QIP Indicator – Antipsychotic Use

Langstaff Square Community aims to improve antipsychotic use from the current performance of 18.92% to 18.54%.

Change Ideas	Process Measure	Target for 2026/27
Langstaff Square will form an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic Reduction team meetings.	Langstaff Square Community will conduct 12 Antipsychotic Reduction team meetings in 2026.
Langstaff Square 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.	Langstaff Square Community will educate 7 nurses who complete LTCF coding by December 31, 2026.