

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Midland Gardens Community

Street Address: 130 Midland Ave, Scarborough, ON M1N 4B2

Phone Number: (416) 264-2301

Quality Lead: Gethro Dorval, Senior Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Midland Gardens Community focused on antipsychotic usage reduction and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance Antipsychotic usage from 23.33% to 22.86% by conducting 12 Antipsychotic Reduction team meetings in 2025, 100% of residents identified for medication reduction will have behaviour tracking completed, to have two trained GPA coaches by December 31, 2025, and to have 100% team members complete the iGPA modules in 2025.. Current performance stands at 21.37% 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 11. In 2025, Midland Gardens Community achieved an NPS of 11. 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, Midland Gardens 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, Midland Gardens Community achieved an NPS of -3 for resident satisfaction and an NPS of +15 for family satisfaction. The results were shared with our resident council on January 2026, family council on April 23, 2026, and team members through town halls on January 12, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Midland Gardens Community's annual Operational Planning Day was held on March 30, 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.

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 They were also shared with team members on April 12, 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	23.33%	21.37%	Midland Gardens Care Community will form an interdisciplinary committee to review Antipsychotic usage.	June 2025	Antipsychotic use decreased from 23.33% to 21.37%. This reflects improved medication stewardship, increased use of non-pharmacological interventions, and strengthened interdisciplinary collaboration. The team continue to meet to identify the residents who are on antipsychotics without diagnosis and work in collaboration with residents and their family regarding the usage of the medication and current status and plan to reduce the medication usage.
			The Midland Gardens will train team members on the Gentle Persuasive Approach.	Ongoing throughout 2025	Midland Gardens has 2 dedicated GPA coaches. Midland Gardens has 22.3 % residents who are using antipsychotics with diagnosis of Psychosis. We will continue to use 100% Dementia Observation System (DOS) and antipsychotic reduction

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
					tools to monitor resident behavior. As of December 31, 2025 151 Team members completed.
			Midland Gardens team will improve process for medication reviews for newly moved-in residents.	Ongoing throughout 2025	Midland Gardens reviewed applications for residents moving into the community and highlight those on antipsychotic medications. Midland Gardens collaborated with community partners and pharmacy to understand appropriate usage and reduction potential.
Resident and Family Satisfaction	Resident NPS: 10 Family NPS: 19	Resident NPS: -3 Family NPS: 15	Midland Gardens Care Community aims to improve resident experience by increasing social interactions between residents and team members.	Ongoing throughout 2025	We rolled out communication boards successfully, the get to know me pages, introduced meaningful visit kit for resident use and have successfully increased our resident interactions and decreased the amount of resident who had five or less contacts.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			Midland Gardens aims to improve resident experience by fostering a sense of community among residents.	Ongoing throughout 2025	We had a robust programs schedule for 2025 to recognize diversity (pride months, black history month, indigenous day, etc...).

Table 2: 2026/27 Resident and Family Satisfaction

Midland Gardens Community aims to improve resident Family Satisfaction Survey from the current performance of 11 to 12.

Change Ideas	Process Measure	Target for 2026/27
Midland Gardens aims 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 Midland Gardens.	Midland Gardens aims to hold a minimum of one training sessions with Sienna's Executive Chef in 2026.
Midland Gardens 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.	Midland Gardens will ensure a minimum of two resident Gems are identified and participating in the program throughout 2026.

Table 3: 2026/27 QIP Indicator- Antipsychotic Use

Midland Gardens Community aims to improve Antipsychotic usage from the current performance of 21.37% to 20.94%.

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.
Midland Gardens will train team members on the Gentle Persuasive Approach.	% of team members who complete the iGPA modules.	Midland will have 25 team members complete the iGPA modules in 2026.