

# 2026/27 Continuous Quality Improvement (CQI) Initiative Report

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## Community Demographics

Community Name: Muskoka Shores Care Community

Street Address: 200 Kelly Dr, Gravenhurst, ON, P1P 1P3

Phone Number: 705-687-3444

Quality Lead: Leslie Watson, Senior Executive Director

## 2025–26 Quality Improvement Initiatives

In 2025–26, Muskoka Shores focused on Falls in the last 30 days in long-term care, Antipsychotic medication and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the Falls in the last 30 days in long-term care from 23.36% to 22.89%. Current performance stands at 24.03%. A summary of change ideas and their results is provided in Table 1.

The target was to improve percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days from 22.68% to 22.22%. Current performance stands at 25.05%. 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 14. In 2025, Muskoka Shores achieved an NPS of 51. The action plan and its outcomes are also summarized in Table 1.

Posted: June 30, 2026.

## **2026–27 Priority Areas for Quality Improvement**

Sienna Senior Living communities use Ontario Health QIPs to identify and prioritize quality improvement initiatives. This year, Muskoka Shores selected Resident and Family Satisfaction (see Table 2), Performance on the Falls (see Table 3) and Antipsychotic medication (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, Muskoka Shores achieved an NPS of 49 for resident satisfaction and an NPS of 50 for family satisfaction. The results were shared with our resident council on Wednesday, January 21st, 2026, family council on Wednesday, February 18<sup>th</sup> 2026 and team members through town halls on Friday February 6<sup>th</sup> 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Muskoka Shore's annual Operational Planning Day was held on Wednesday, April 29<sup>th</sup> 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 Wednesday, May 20<sup>th</sup>, 2026, and Family Council on Wednesday, May 13<sup>th</sup>, 2026. They were also shared with team members on Wednesday, May 13<sup>th</sup>, 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 in the last 30 days in long-term care	23.36%	24.03%	Muskoka Shores will facilitate lift and transfer champion training.	January 1 <sup>st</sup> , 2025	Muskoka Shores has successfully implemented Lifts and Transfers Champion training program. 18 frontline nursing team members have been trained as Lifts and Transfer Champions. These champions now provide regular coaching and hands-on training to both new and existing team members at the home level, supporting safe resident handling practices and promoting a strong culture of safety.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			Reduction in falls assessment scores for residents with high falls risk assessment scores.	January 1 <sup>st</sup> 2025	Throughout 2025, clinical leadership provided continuous training to the nursing team, reinforcing the principles of the falls prevention and management program. Additional focused education was delivered in the latter part of 2025 to ensure consistent understanding and application of prevention strategies. The team also improved documentation practices following falls, ensuring timely and comprehensive reporting. All required post-fall assessments were completed consistently. 100% of residents who were identified as at high risk for falls were reviewed by the interdisciplinary team throughout 2025.
			Weekly review of all falls kits and fall prevention strategies in place.	January 1 <sup>st</sup> , 2025,	Falls kits were rolled out across the units, and the ward clerk-maintained responsibility for keeping them stocked and organized. Nursing staff used the supplies as needed, supporting timely interventions following a fall. Weekly audits were completed by Clinical leadership team to verify that each kit remained fully stocked and compliant with expectations.
Antipsychotic Medication	22.68%	25.05%	Muskoka Shores will train team members on GPA.	January 1 <sup>st</sup> 2025	Muskoka Shores successfully supported two TM's in completing GPA Coach training. These in-house GPA Coaches went on to train 13 team

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					members in 2025, strengthening the home's capacity for resident centered and gentle persuasive approaches.
Resident and Family Satisfaction	Resident NPS: 1  Family NPS: 43	Resident NPS: 49  Family NPS: 50	Muskoka Shores aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	January 1 <sup>st</sup> , 2025	Food Committee meetings were held monthly to review Menu and collect feedback from residents. Menu fest was held to sample foods and gather input from residents. Residents attended Close the loop calls with Chef and Culinary partners to share their feedback and provide input on Menu.
			Muskoka Shores aims to improve resident experience by fostering a sense of community among residents.	January 1 <sup>st</sup> 2025	We have identified 4 Gems in our Community. Gems in the community program has created meaningful engagement and supports residents. Gems are part of resident council leadership and advocate for other residents. They take part in welcome committee, provide companionship and offer support.

## Table 2: 2026/27 Resident and Family Satisfaction

Muskoka Shores aims to improve the combined Net Promoter Score for resident and family satisfaction from 51 to 52

Change Ideas	Process Measure	Target for 2026/27
Muskoka Shores 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.	Muskoka Shores aims to decrease the number of residents who have had 5 or less resident contacts each month by 5% by the end of 2026.
Muskoka Shores 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.	Muskoka Shores aims to score 100% on quarterly audits throughout 2026.

## Table 3: 2026/27 QIP Indicator: Falls

Muskoka Shores aims to improve the percentage of resident falls from the current performance of 24.03% to 23.55%.

Change Ideas	Process Measure	Target for 2026/27
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.
Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions.	Number of Resident Safety meetings where fall and fracture risk data are reviewed.	Muskoka Shores will review fall and fracture risk data at all Resident Safety Meetings in 2026.

**Table 4: 2026/27 QIP Indicator: Antipsychotic Use**

Muskoka Shores aims to improve the percentage of residents who are given Antipsychotic medication without Psychosis from the current performance of 25.05% to 24.55%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2026/27</b>
Muskoka Shores will form an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic Reduction team meetings.	Muskoka Shores will conduct 10 antipsychotic meetings in 2026.
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.