

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Norfinch Community

Street Address: 22 Norfinch Drive, North York, ON M3N 1X1

Phone Number: (416)-623-1120

Quality Lead: Gajany Sivalingam, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Norfinch Community focused on Rate of ED Transfers and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the rate of ED transfers from 25.41% to 23.00%. Current performance stands at 23.30%. 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 21. In 2025, Norfinch Community achieved an NPS of 53. 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, Norfinch Community selected Resident and Family Satisfaction (see Table 2) and ED Transfers (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, Norfinch Community achieved an NPS of 46 for resident satisfaction and an NPS of 62 for family satisfaction. The results were shared monthly with the Resident Council throughout 2025, quarterly with the Family Council throughout 2025, with the Resident Council again on May 6, 2026, and with the Family Council on April 29, 2026. Results were also shared with team members through monthly town halls during 2025 and again on April 29, 2026. Feedback from residents, families, and team members was used to develop strategies aimed at improving overall resident and family satisfaction.

Additionally, Norfinch Community's annual Operational Planning Day was held on April 13th, 2026 and included residents, team members, and the leadership 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 May 6th, 2026 and Family Council on April 29th, 2026. This was shared with team members on April 29th, 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 (2025/26)	Current Performance (2026/27)	Change Ideas	Date of Implementation	Outcomes/Impact
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	25.41%	23.30%	Monthly tracking, trending and analysis of ED transfers data from PointClickcare.	January 1 st 2025	Norfinch reviewed all ED transfers to HRH (transfers to other locations were not reviewed). This change idea will continue to improve the interprofessional approach to reviewing ED transfers.
			Refrain team members on the use of the SBAR tool.	January 1 st 2025	SBAR tool was implemented and trained 80% of team members. Norfinch will continue to retrain team members to use the SBAR

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					tool for communication to the physicians.
			Norfinch Community aims to reduce transfers by improving the approach to palliative care.	January 1 st 2025	Identifying the residents on palliative approach during move in by conducting our Health Care Wishes assessment within the first 6 weeks and when significant changes in health status. We discuss the goals for palliative approach to care regularly at our scheduled meetings and support in-house to reduce ED transfers.
Resident and Family Satisfaction	Resident NPS: 9 Family NPS: 41	Resident NPS: 46 Family NPS: 62	Norfinch Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	April 2025	Norfinch 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 close the loop calls held. All events were attended by residents.
			Norfinch Community aims to improve resident experience by fostering a sense	April 2025	Norfinch Community implemented the Sienna Gems in our Community program in 2025 and identified one gem. The Sienna Gems in our

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			of community among residents.		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

Norfinch aims to improve the combined Net Promoter Score for resident and family satisfaction from 53 to 54 in 2026/2027.

Change Ideas	Process Measure	Target for 2026/27
Norfinch Community aims to improve resident experience by increasing interactions between residents and team members.	Number of residents who had less than 5 contacts (interactions between residents and team members) per month.	Norfinch Community aims to decrease the number of residents who have had 5 or less contacts each month by 5% by the end of 2026.

Table 3: 2026/27 QIP Indicator – ED Transfers

Norfinch aims to improve ED Transfers the current performance of 23.30% to 22.83%.

Change Ideas	Process Measure	Target for 2026/27
Monthly tracking, trending, and analysis of ED transfer data from PointClickCare.	Percentage of ED transfers reviewed monthly.	Norfinch aims to review 100% of ED transfers each month throughout 2026
Continue to train team members on the use of the SBAR tool.	Percentage of team members who attend sessions offered on the SBAR tool.	Norfinch will maintain 80% of registered team members on the SBAR tool by December 31, 2026.
Norfinch aims to reduce ED transfers by improving the approach to palliative care.	Percentage of residents who have a health care wishes assessment completed in PointClickCare within 6-weeks of move-in to the community.	100% of residents will have a health care wishes assessment completed in PointClickCare within 6-weeks of move in to the community.