

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Northern Heights Community (previously Water's Edge Community)

Street Address: 720 McLaren St, North Bay ON, P1B 3L8

Phone Number: 705-478-0840

Quality Lead: Angel Vibert, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Water's Edge Community focused on Falls prevention, the reduction of Antipsychotic Medications used without a supporting diagnosis and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on Falls Prevention from 17.24% to 16.89%. Current performance stands at 24.71%. A summary of change ideas and their results is provided in Table 1.

The target was to improve performance on Antipsychotic Medication reduction from 25.66% to 25.15%. Current performance stands at 15.97%. 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 32. In 2025, Water's Edge Community achieved an NPS of 45. 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’s QIP to identify and prioritize quality improvement initiatives. This year, Water’s Edge Community selected Resident and Family Satisfaction (see Table 2) and Falls Prevention (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, Water’s Edge Community achieved a Net Promoter Score (NPS) of 42 for resident satisfaction and 48 for family satisfaction. The results were shared with the Resident Council on February 4, 2026; with families during a town hall on March 11, 2026; and with team members through our town hall held on March 11, 2026. Feedback from residents, families, and team members was used to develop strategies aimed at improving overall resident and family satisfaction.

Additionally, Water’s Edge’s annual Operational Planning Day was held on November 13, 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.

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 4, 2026. with families during a town hall on March 11, 2026. They were also shared with team members on March 26, 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 (2024/25) | Current Performance (2025/26) | Change Ideas | Date of Implementation | Outcomes/Impact |
|------------------|--------------------------------|-------------------------------|---|------------------------|--|
| Falls Prevention | N/A | 24.71 | Water's Edge Community will re-educate team members on post-fall huddles. | Jan 1, 2025 | 100% of Water's Edge Registered staff we re-educated on post-fall huddles. |
| | | | Education on Intentional rounding (4 P's) on highest risk residents. | Jan 1, 2025 | We did not achieve 100%, however, education did occur throughout 2025 and continues into 2026. |

| Area of Focus | Previous Performance (2024/25) | Current Performance (2025/26) | Change Ideas | Date of Implementation | Outcomes/Impact |
|----------------------------------|---------------------------------------|--------------------------------------|--|--|---|
| Antipsychotic Use | 25.66 | 15.97% | Train Team Members on the Gentle Persuasive Approach (GPA). | Jan 1, 2025 | We completed 100% GPA training for Team Members by May 2025. |
| | | | Improve the interdisciplinary approach to medication reviews. Waters Edge aims to complete 1 medication review with an interdisciplinary approach per quarter throughout 2024. | Started December 2024 and continued routinely thereafter | A review of medications by the interdisciplinary team was completed for Residents. |
| Resident and Family Satisfaction | Resident NPS: 37 | Resident NPS: 42 | Water's Edge will send 1 registered staff to the Humber College Physical Assessment Course each time it is offered by December 31, 2025. | Jan 1, 2025 | Water's Edge had 2 Registered Team members attend the Humber College Physical Assessment Course by April 2025 |

| Area of Focus | Previous Performance (2024/25) | Current Performance (2025/26) | Change Ideas | Date of Implementation | Outcomes/Impact |
|---------------|--------------------------------|-------------------------------|--|------------------------|---|
| | Family NPS: 25 | Family NPS: 48 | Waters Edge aims to improve resident experience by fostering a sense of community among residents. | Jan 1, 2025 | We exceeded our goal of having one resident participate in the GEMS program, with three residents actively engaging in the program. |

Table 2: 2026/27 Resident and Family Satisfaction Action Plan

Northern Heights Community aims to improve the combined Net Promoter Score for Resident and Family Satisfaction from the current performance of 45 to 46.

| Change Ideas | Process Measure | Target for 2026/27 |
|--|---|--|
| Northern Heights aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning. | 1. Number of Menufest Events Held. 2. Number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services. | 1. Northern Heights will hold Menufest events in 2026. 2. Waters Edge/Northern Heights will attend 1 close the loop call. |
| Northern Heights aims to improve resident experience by fostering a sense of community amongst residents. | Number of residents participating in The Gems in our Community in 2026. | Northern Heights will ensure a minimum of two resident Gems are identified and participating in the program throughout 2026. |

Table 3: 2026/27 QIP Indicator Falls Prevention

Northern Heights Community aims to improve Falls Prevention from the current performance of 24.71% to 24.45%.

| Change Ideas | Process Measure | Target for 2026/27 |
|---|--|---|
| Northern Heights will utilize the monthly Resident Safety meeting to review the falls risk and fracture risk data from PointClickCare. The data will help the falls team prioritize and understand who needs falls interventions initiated in their plan of care. | Number of Resident Safety meetings where fall and fracture risk data are reviewed. | Northern Heights will review fall and fracture risk data at all Resident Safety Meetings in 2026. |