

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Oakwood Commons Community (Formerly Fox Ridge Community)

Street Address: 166 Lynden Road, Brantford Ontario N3R 0C4 (Formerly 389 West St, Brantford, ON N3R 3V9)

Phone Number: (548) 338-0893

Quality Lead: Kelly Kontkanen, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Oakwood Commons Community focused on the percentage of LTC home residents who fell in the last 30 days and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the selected Falls indicator from 15.14% to 14.84%. Current performance stands at 11.38%. 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 29. In 2025, Oakwood Commons Community achieved an NPS of 47. 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, Oakwood Commons Community selected Resident and Family Satisfaction (see Table 2), as well as Falls and Antipsychotic quality Indicators (see Tables 3 and 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, Oakwood Commons Community achieved an NPS of 47 for resident satisfaction and an NPS of 35 for family satisfaction. The results were shared with our Resident Council on March 27th, 2026, Family Council on April 28th, 2026, and team members through town halls on April 16th, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Oakwood Commons Community's annual Operational Planning Day was held on April 28th, 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.

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 April 24th, 2026 and Family Council on April 28th, 2026 They were also shared with team members on April 28th, 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 |
|---|--------------------------------|-------------------------------|--|---|---|
| Resident and Family Satisfaction-Net Promoter Score | 29 | 47 | Our community aims to improve food quality and resident experience by improving the skills of the culinary team. | Monthly throughout 2025 | Each month a policy was reviewed and educated for the dietary team. In services held for cutting, plating, dining service held for Dietary team 100%. |
| | | | Our community aims to improve resident experience by fostering a sense of community among residents | Quarterly throughout 2025 in March, June, September and December. | Quarterly we brought in Brantford community partners that provide food resources to bring in their products they farmed to enjoy local produce with residents and families. |

| Area of Focus | Previous Performance (2024/25) | Current Performance (2025/26) | Change Ideas | Date of Implementation | Outcomes/Impact |
|-----------------|--------------------------------|-------------------------------|---|--|---|
| | | | Our community aims to improve resident experience by increasing social interactions between residents and team members. | Quarterly throughout 2025 in January, April, July and October. | Quarterly an event was held at the circle cafe fostering resident and team members to participate within the community together, improving their overall experience. |
| Falls Reduction | 15.14% | 11.38% | Our community will re-educate team members on post-fall huddles. | January 1, 2025 and ongoing each month | Staff were re-educated on post fall huddles on each home area after a falls and during PSW meetings. |
| | | | Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions. | Monthly throughout 2025 | Monthly PCC data was reviewed and analyzed for resident at risk monthly through falls committee, resident safety meeting and Leadership and Quality meeting to implement appropriate interventions. |

| Area of Focus | Previous Performance (2024/25) | Current Performance (2025/26) | Change Ideas | Date of Implementation | Outcomes/Impact |
|----------------------|---------------------------------------|--------------------------------------|--|-------------------------------|---|
| | | | Education on Intentional rounding (4 P's) on highest risk residents. | May 2025 | ADOC and falls team provided education on intentional rounding on highest risk residents in 2025. We continue look at this change idea to carry forward at the new campus of care Oakwood Commons with new layout structure and additional new staff. |

Table 2: 2026/27 Resident and Family Satisfaction

Oakwood Commons Community aims to improve Resident and Family Satisfaction from the current performance of 47 to 48.

| Change Ideas | Process Measure | Target for 2026/27 |
|--|---|---|
| Oakwood Commons Community aims to improve food quality and resident experience by implementing Sienna Standard Campus Menus. | Completion of quarterly Sienna Dining Audits to confirm adherence with Sienna Standard Menus. | Oakwood Commons Community aims to compete 100% of quarterly audits throughout 2026. |
| Oakwood Commons 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. | Oakwood Commons aims to decrease the number of residents who have had 5 or less contacts in 2026. |

Table 3: 2026/27 QIP Indicator- Antipsychotics

Oakwood Commons Community aims to Antipsychotic use from the current performance of 19.86% to 19.46%.

| Change Ideas | Process Measure | Target for 2026/27 |
|---|--|---|
| Oakwood Commons will improve process for medication reviews for newly moved-in residents. | Percentage of LTC applications reviewed for antipsychotic medications. | 100% of LTC applications will be reviewed for antipsychotic medication use. |

Table 4: 2026/27 QIP Indicator-Falls

Oakwood Commons Community aims to improve Falls from the current performance of 11.38% to 11.15%.

| 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. | 65% of full time PSW team members will complete education on intentional rounding. |
| Utilize PointClickCare data to analyze residents at risk for falls and implement appropriate interventions. | Number of Resident Safety meetings where fall and fracture data are reviewed. | Oakwood Commons will review falls and fracture risk data at all Resident Safety Meeting in 2026. |