

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Owen Hill Community

Street Address: 130 Owen St, Barrie, ON, L4M3H7

Phone Number: 705-726-8621

Quality Lead: Lenka Fousek, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Owen Hill Community focused on Resident and Family Satisfaction, the reduction of falls and the reduction of antipsychotic use as its CQI initiatives.

The target was to improve performance on the selected QIP indicator of reduction of falls from 17.49% to 17.14%. Current performance stands at 16.18%. 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 48. In 2025, Owen Hill Community achieved an NPS of 28. 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 QIPs to identify and prioritize quality improvement initiatives. This year, Owen Hill Community selected Resident and Family Satisfaction (see Table 2) and reduction of falls and reduction of

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antipsychotic use (see Table 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, Owen Hill Community achieved an NPS of 21 for resident satisfaction and an NPS of 38 for family satisfaction. The results were shared with our Resident Council on April 30th, 2026, and was shared with Family Council on May 27th, 2026, and team members through town halls on May 26th, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Owen Hill Community's annual Operational Planning Day was held on June 1st, 2026 and will include residents, team members, and the management team. During Operational Planning, resident and family satisfaction results and other clinical indicators will be shared and feedback from stakeholders will be 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 will be shared with the Resident Council on June 18th, 2026, and Family Council on May 27th, 2026. They will also be shared with team members on this May 26th, 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
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	17.49%	16.18%	Education on intentional rounding (4Ps) on highest risk residents.	December 2025	Owen Hill Community successfully implemented this change idea and trained 100% of full time PSWs on intentional rounding. Owen Hill exceeded its target for process measure by training all PSWs not just full time PSWs.
			Owen Hill Community will engage the interdisciplinary team inclusive of recreation and therapies in care planning for residents with frequent falls.	September 2025	Owen Hill Community implemented this change idea and engaged the interdisciplinary team in care planning for residents who fell 3 or more times per month.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days proceeding their resident assessment	21.18%	25.00%	Gentle Persuasive Approach (GPA) training provided for team members across all departments.	December 2025	Owen Hill successfully implemented this change idea and trained 10 team members on GPA by December 2025.
			Use data from behaviour tracking tools to inform antipsychotic reduction committee.	December 2025	Owen Hill Community successfully implemented this change idea and 100% of residents who were identified for medication reduction had behaviour tracking tools utilized.
Resident and Family Satisfaction	Resident NPS: 54 Family NPS: 33	Resident NPS: 21 Family NPS: 38	Owen Hill aims to improve the quality of clinical care.	December 2025	Owen Hill successfully implemented this change idea by sending 6 frontline registered staff and 2 nursing leaders to the Humber College Physical Assessment Course.
			Owen Hill aims to improve resident experience by fostering a sense of community among residents.	December 2025	Owen Hill successfully identified 3 resident Gem's and surpassed the target of 1 Gem in 2025.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			Owen Hill Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	December 2025	Owen Hill successfully held one Menufest event in 2025 and attended all the Close the Loop Calls with Support Services Office in 2025.

Table 2: 2026/27 Resident and Family Satisfaction

Owen Hill Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 28 to 29.

Change Ideas	Process Measure	Target for 2026/27
Owen Hill Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	Number of menu fest events held, number of Close the Loop Calls attended by the leadership team with Sienna Senior Living support services.	Owen Hill Community will hold one menu fest event and one food fair event in 2026. Owen Hill Community will attend 2 Close the Loop calls.
Owen Hill Community aims to improve food quality and resident experience by improving the skills of culinary team.	Number of training sessions offered by Sienna's Executive Chef.	Owen Hill Community aims to hold the minimum of one training session with Sienna's Executive Chef.

Table 3: 2026/27 QIP Indicator - Reduction of Falls

Owen Hill Community aims to improve falls indicator from the current performance of 16.18% to 15.85%.

Change Ideas	Process Measure	Target for 2026/27
Implementation of fall prevention visual tool for residents who fall frequently.	Percentage of full time frontline team members who completed education on the fall prevention visual tool.	100% of full time team members will complete education on the fall prevention visual tool.
Owen Hill identify one full time PSW as the fall champion.	Number of trained falls champions.	One full time PSW will be trained as the fall champion.

Table 4: 2026/27 QIP Indicator - Antipsychotic Use Reduction

Owen Hill Community aims to improve antipsychotic reduction indicator from the current performance of 25.00% to 24.50%.

Change Ideas	Process Measure	Target for 2026/27
Gentle Persuasive Approach (GPA) training provided for team members across all departments.	Number of team members trained on GPA.	20 team members will receive GPA training by December 2026.
The interdisciplinary antipsychotic reduction committee will review antipsychotic usage at Owen Hill.	The number of antipsychotic reduction committee meetings in 2026.	Owen Hill Community will conduct a minimum of 8 antipsychotic reduction team meetings in 2026.
Owen Hill Community will train nurses who complete the LTCF assessments to ensure medications are coded accurately.	The number of nurses who complete LTCF coding who are provided education.	Owen Hill Community will educate nurses who complete LTCF coding by December 31, 2026.