

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

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## **Community Demographics**

Community Name: Rockcliffe Community

Street Address: 3015 Lawrence Avenue East, Scarborough, ON M1P 2V7

Phone Number: 416-264-3201

Quality Lead: Denise Bulmer, Executive Director

## **2025–26 Quality Improvement Initiatives**

In 2025–26, Rockcliffe Community focused on improving antipsychotic usage and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on antipsychotic usage from 13.57% to 13.50%. Current performance stands at 15.37%. 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 2 point from the 2024 score of 27. In 2025, Rockcliffe Community achieved an NPS of 43. 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, Rockcliffe Community selected Resident and Family Satisfaction (see Table 2) and improving antipsychotic usage (see Table 3) as focus areas. These priorities are also reflected in the community's internal operational plan.

Posted: June 30, 2026.

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, Rockcliffe Community achieved an NPS of 43 for resident satisfaction and an NPS of 38 for family satisfaction. The results were shared with our Resident Council on January 27, 2026, Family Council on January 29, 2026, and team members through town halls on January 29, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

### **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 27, 2026, and Family Council on May 28, 2026. They were also shared with team members on May 1, 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.

Posted: June 30, 2026.

**Table 1: 2025/26 QIP Results**

<b>Area of Focus</b>	<b>Previous Performance (2024/25)</b>	<b>Current Performance (2025/26)</b>	<b>Change Ideas</b>	<b>Date of Implementation</b>	<b>Outcomes/Impact</b>
Improving Antipsychotic usage	13.57%	15.37%	To review residents that are exhibiting BPSD who are on antipsychotic medications on top of residents that do not have a diagnosis of psychosis who are on antipsychotic medications.	Throughout 2025	The goal was met based on the QI indicator of antipsychotic usage for 2025 at 13.5.
			To decrease the use of antipsychotics in managing BPSD.	Throughout 2025	Rockcliffe was able to discontinue some of the residents PRN antipsychotics with the help of the MRPs and pharmacist.
Resident and Family Satisfaction	Resident NPS: 26	Resident NPS: 53	Community "cruises" to different countries to celebrate our diversity and improve pleasurable dining.	Throughout 2025	Increased our NPS score for resident was 26.
	Family NPS: 29	Family NPS: 38	Increase the number of room audits for cleanliness.	Throughout 2025	Audits were conducted to ensure rooms were cleaned.

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

**Rockcliffe Community** aims to improve the combined Net Promoter Score for resident and family satisfaction from 27 to 28.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2026/27</b>
Community cruises with theme programing and food every 3 months to celebrate diversified cultures within the community. Offer cultural food during monthly resident choice during resident's council. Encourage residents to submit recipes to meet diverse needs.	Resident and family satisfaction survey to be monitored.	NPS score will increase by 1 point.
Deep cleaning audit will be completed on a weekly and monthly basis	Increase environmental audits weekly and monthly. Review walkabout findings at morning huddle meetings.	100% housekeeping team members to be educated regarding deep cleaning and 100% of the manager's walkabout findings will be reviewed at huddles.

### Table 3: 2026/27 Improving Antipsychotic Usage

Rockcliffe Community aims to improve antipsychotic usage from 15.37% to 15.20%.

Change Ideas	Process Measure	Target for 2026/27
To decrease the use of antipsychotics in managing BPSD.	Percentage of nursing team members educated on the proper use of antipsychotic medications and non-pharmacological interventions.	80% of the nursing team members will be educated on the proper use of antipsychotic medications and non-pharmacological interventions by December 31, 2026.
To review residents that are exhibiting BPSD who are on antipsychotic medications on top of residents that do not have a diagnosis of psychosis who are on antipsychotic medications.	Identify new residents on move in who are taking antipsychotic medications prior to admission. Any use of antipsychotic medication without a documented diagnosis of psychosis will be reviewed by the physician and pharmacist.	100% of new residents medications will be reviewed at move into identify any antipsychotic medication use without a documented diagnosis of psychosis by December 31, 2026