

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Secord Trails Community

Street Address: 263 Wonham St. S., Ingersoll, ON N5C 3P6

Phone Number: 519-485-3920

Quality Lead: Techiya Loewen, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Secord Trails focused on decreasing resident antipsychotic use and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve the use of antipsychotic use from 18.65% to 18.28%. Current performance stands at 25.59%. 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 4. In 2025, Secord Trails Community achieved an NPS of 11. 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, Secord Trails Community selected Resident and Family Satisfaction (see Table 2) in addition to decreasing the number of

Posted: June 30, 2026.

resident falls (see Table 3) and decreasing the use of antipsychotics (see Table 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, Second Trails Community achieved an NPS of -2 for resident satisfaction and an NPS of 27 for family satisfaction. The results were shared with our Resident Council on March 24, 2026, Family Council on March 19, 2026, and team members through town halls on April 15, 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 21, 2026. They were also shared with team members on June 11, 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

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 preceding their resident assessment	18.65	25.59	Medication review for residents who are currently taking an antipsychotic at bedtime to determine if the resident is a candidate for a medication change to trazadone.	March 1, 2025	Residents identified for change did not offset the number of new residents being admitted with existing antipsychotic use.
			Review diagnoses of residents who are currently taking antipsychotics that do not have a diagnosis.	March 1, 2025	Residents who received diagnosis did not offset the number of new residents being admitted with existing antipsychotic use.
Resident and Family Satisfaction	Resident NPS: -11	Resident NPS: -2	Training for survey volunteers on the survey tool and how to effectively gather qualitative data.	January 1, 2025	Increase in overall NPS score from 4 to 11.
	Family NPS: 22	Family NPS: 27	Increase promotion of survey to families and friends.	January 1, 2025	Increase in overall NPS score from 4 to 11

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			Improve resident experience by fostering a sense of community among residents.	January 1, 2025	Increase in Overall NPS score from 4 to 11.

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

Secord Trails Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 11 to 12.

Change Ideas	Process Measure	Target for 2026/27
Improve food quality and resident experience by improving the culinary team.	Number of training sessions offered by Sienna’s Executive Chef at Secord Trails Community.	Secord Trails Community aims to hold a minimum of one training session with Sienna’s Executive Chef in 2026.
Improve resident experience by increasing interactions between residents and team member.	Number of residents who have had 5 or less resident contacts per month.	Secord Trails Community aims to decrease the number of residents who have had 5 or less resident contacts each month by 5%.

Table 3: 2026/27 Falls Reduction Action Plan

Secord Trails Community aims to improve the rate of falls from 22.13% to 21.68%.

Change Ideas	Process Measure	Target for 2026/27
Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions.	Number of Resident Safety meeting where fall and fracture risk data are reviewed.	Secord Trails will review fall and fracture risk data at all Resident Safety Meetings in 2026.
Engage the interdisciplinary team by appointing program champions.	Number of Falls Champions recruited.	Recruit 1 Falls Champion.

Table 4: 2026/27 Antipsychotic Reduction Action Plan

Secord Trails Community aims to decrease the use of antipsychotics from 25.59% to 24.89%.

Change Ideas	Process Measure	Target for 2026/27
Form an interdisciplinary committee to review antipsychotic usage.	Number of Antipsychotic Reduction team meetings.	Secord Trails Community will conduct 11 Antipsychotic Reduction team meetings in 2026.
Train team members on the Gentle Persuasive Approach	Number of team members who complete iGPA modules	25 team members to complete iGPA modules in 2026.