

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

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## Community Demographics

Community Name: Silverthorn Community

Street Address: 4350 Mississauga Rd.

Phone Number: 905 812 1175

Quality Lead: Masika Gardner, Executive Director

## 2025–26 Quality Improvement Initiatives

In 2025–26, Silverthorn focused on Falls reduction, and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance of Falls from 14.84% to 14.54%. Current performance stands at 13.77%. 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 27. In 2025, Silverthorn achieved an NPS of 51. 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, Silverthorn selected Resident and Family Satisfaction (see Table 2), Antipsychotic use (see Table 3) and Rate of ED visits (see Table 4) 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, Silverthorn achieved an NPS of 43 for resident satisfaction and an NPS of 60 for family satisfaction. The results were shared with our Resident Council on May 20, 2026, Family Council on May 25, 2026 and team members through town halls on May 21, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Silverthorn's annual Operational Planning Day was held on May 21, 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.

Posted: June 30, 2026.

## **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 20, 2026 and Family Council on May 25, 2026. They were also shared with team members on May 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.

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
<p>% of residents who fell in the 30 days leading up to their assessment</p>	<p>14.84%</p>	<p>13.77%</p>	<p>Silverthorn will re-educate team members on post-fall huddles.</p>	<p>April 1,2025</p>	<p>100% of active team members received education on post fall huddles.</p>
			<p>Silverthorn will engage the interdisciplinary team inclusive of recreation &amp; therapies in care planning for residents with frequent falls.</p>	<p>April 1,2025</p>	<p>Recreation is involved in care planning for residents who fall 3 times or more per month.</p>
			<p>Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions.</p>	<p>April 1,2025</p>	<p>The Point Click Care data is reviewed monthly and appropriate interventions implemented and care planned.</p>
			<p>Education on Intentional rounding (4 P's) on highest risk residents.</p>	<p>April 1,2025</p>	<p>Falls lead provided education to PSWs regarding the 4 Ps; the 4 Ps are posted in each home area.</p>

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident and Family Satisfaction	Resident NPS: 2  Family NPS: 44	Resident NPS: 43  Family NPS: 60	Silverthorn aims to improve family and resident engagement through 2025.	April 1,2025	Our goal was achieved, with evidence of active family participation in numerous events, including the Car Show, Father's Day BBQ, Family and Friends BBQ, resident outings, and the Mother's Day Breakfast, among others. These activities successfully fostered connection, community involvement, and resident satisfaction.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			Silverthorn aims to improve resident experience by increasing social interactions between residents and team members.	April 1,2025	This goal was implemented but our target was not met in 2025. This will continue to be an area of focus for 2026 ensuring continued focus on resident engagement and social connection.

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

Silverthorn Community aims to improve NPS for residents from the current performance of 51 to 52.

Change Ideas	Process Measure	Target for 2026/27
Silverthorn 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.	Silverthorn aims to decrease the number of residents who have had 5 or less resident contacts.

**Table 3: 2026/27 QIP Indicator- Antipsychotic use**

Silverthorn Community aims to improve percentage of residents without psychosis who use antipsychotics from the current performance of 22.22% to 21.78%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2026/27</b>
Silverthorn will form an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic Reduction team meetings held.	Silverthorn will conduct 12 Antipsychotic Reduction team meetings in 2026.
We aim to Use data from behaviour tracking tools to inform antipsychotic reduction committee.	Percentage of residents who are identified for potential medication reductions who have behaviour tracking completed.	100% of residents identified for medication reduction will have behaviour tracking completed.

**Table 4: 2026/27 QIP Indicator- Rate of ED Visits**

Silverthorn Community aims to improve percentage of ED visits from the current performance of 37.79% to 37.00%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2026/27</b>
Silverthorn Community aims to reduce ED transfers by improving the approach to palliative care.	Percentage of residents who have a health care wishes assessment completed in PointClickCare within 6-weeks of move-in to the community.	100% of residents will have a health care wishes assessment completed in PointClickCare within 6-weeks of move-in to the community.
Retrain team members on the use of the SBAR tool.	Percentage of team members who attend sessions offered on the SBAR tool.	Silverthorn Community will train 80% of registered team members on the SBAR tool by December 31, 2026.