

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Spencer House

Street Address: 835 West Ridge Blvd. Orillia, ON, L3V 8B3

Phone Number: (705) 326 6609

Quality Lead: Traci Van Grinsven, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Spencer House focused on Falls, the Antipsychotic Reduction and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance of Falls from 20.52% to 20.11%; current performance stands at 24.49%. The target was to improve Antipsychotic use from 23.58% to 23.00% with current performance at 20.63%. 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 42. In 2025, Spencer House 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, Spencer House selected Resident and Family Satisfaction (see Table 2) and Antipsychotic Reduction (see Table 3) 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, Spencer House achieved an NPS of 24 for resident satisfaction and an NPS of 73 for family satisfaction. The results were shared with our Resident Council on May 13, 2026, Family Council on June 3, 2026, and team members through town halls on May 27, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Spencer House's annual Operational Planning Day was held on April 22, 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.

Posted: June 30, 2026.

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 June 17, 2026 and Family Council on June 3, 2026. They were also shared with team members on this May 27, 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
Falls	20.52%	24.49%	Spencer House will engage the interdisciplinary team in High Risk Falls Meetings monthly.	January through to December of 2025	12 High Risk Falls Meetings were completed.
			Spencer House will re-educate Registered Team Members on Post-Fall Huddle Assessments.	January through to December of 2025	All Registered Team members received education on the Post Fall Huddle Assessment.
Antipsychotic Reduction	23.58%	20.63%	Spencer House will engage the interdisciplinary team to have meetings to review residents who trigger the antipsychotic quality indicator without a supporting diagnosis.	January through to December of 2025	100% of residents that trigger the quality indicator for inappropriate antipsychotic use were reviewed at the monthly meeting.
			Spencer House aims to monitor the safety and	April through to December of 2025	100% of residents with a change in antipsychotic

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			efficacy of antipsychotic use in residents to help guide follow up and prescribing decision making.		medication were monitored using the appropriate behaviour tracking tool.
Resident and Family Satisfaction	Resident NPS: 26	Resident NPS: 24	Spencer House aims to increase the opportunities for community outings for residents.	August of 2025	Weekly outings were organized and continue as per resident request.
	Family NPS: 67	Family NPS: 73	Spencer House Aims to improve resident experience by fostering a sense of community among residents.	April of 2025	3 residents participated in the GEM's program.

Table 2: 2026/27 Resident and Family Satisfaction

Spencer House aims to improve the combined Net Promoter Score for resident and family satisfaction from 43 to 44.

Change Ideas	Process Measure	Target for 2026/27
Spencer House aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	<ol style="list-style-type: none"> 1. Number of Menufest & Food Fair Events Held. 2. Number of Close the Loop Calls attended by residents with Sienna Senior Living Support Services. 	<ol style="list-style-type: none"> 1. Spencer House will hold one Menufest and one Food Fair event in 2026. 2. Spencer House will attend 2 Close the Loop calls.

Change Ideas	Process Measure	Target for 2026/27
Spencer House 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.	Spencer House aims to decrease the number of residents who have had 5 or less resident contacts each month by 5% by the end of 2026.

Table 3: 2026/27 QIP Indicator Antipsychotic Use

Spencer House aims to improve Antipsychotic Use from the current performance of 20.63% to 19.70%.

Change Ideas	Process Measure	Target for 2026/27
Program Lead will utilize available health resources to obtain history for antipsychotic usage.	Percentage of resident move-ins that are prescribed antipsychotics.	100% of residents who are prescribed antipsychotics on move-in will be reviewed.
Spencer House will continue to have an interdisciplinary committee to review antipsychotic drug usage.	The number of Antipsychotic Reduction team meetings.	Spencer House will conduct at minimum 8 Antipsychotic Team Meetings in 2026.