

026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: St. George Community

Street Address: 225 St. George Street, Toronto, Ontario M5R 2M2

Phone Number: 416-967-3985

Quality Lead: Kimberlee Adams-Henry, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, St. George Community focused on improving LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment from 24.18% to 23.70%. Current performance stands at 23.36%. 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 3. In 2025, St. George Community achieved an NPS of 29. 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, St. George Community selected Resident and Family Satisfaction (see Table 2) and Percentage of LTC residents without psychosis

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who were given antipsychotic medication in the 7 days preceding their resident assessment (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, St. George Community achieved an NPS of 2 for resident satisfaction and an NPS of 6 for family satisfaction. The results were shared with our Resident Council on May 21, 2026, Family Council on April 29, 2026 and team members through town halls on April 30, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, St. George's annual Operational Planning Day was held on April 27, 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.

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 21, 2026, and Family Council on April 29, 2026. They were also shared with team members on April 30, 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
LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	24.18%	23.36%	St. George Community will have an interdisciplinary committee to review antipsychotic usage.	December 31, 2025	St. George collaborated with community partners to conduct monthly antipsychotic reduction meetings in 2025.
			St. George Community will train team members on the Gentle Persuasive Approach.	December 31, 2025	St. George continues to train/re-train team members on Gentle Persuasive Approaches.
			Improve the use of behavioural assessment tools to understand root causes of behaviours.	September 30, 2025	Appropriate assessment tools are used for resident demonstrating behaviours. The team uses assessment tools housed in PointClickCare as well as paper based tools like the Dementia Observation System (DOS). A key learning from

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
					this change idea was around the opportunity to expand assessment to other members of the interdisciplinary team.
Resident and Family Satisfaction	Resident NPS: 2 Family NPS: 6	Resident NPS: 29 Family NPS: 29	St. George Community aims to improve resident experience by increasing social interactions between residents and team members.	December 31, 2025	St. George has increased the number of interactions with residents by reviewing resident plans of care, and personalizing their interests to create meaningful interactions.
			St. George Community aims to improve the dining experience and resident experience by elevating collaboration in the dining room.	N/A	This change was not implemented as planned, however the Director of Dietary Services has implemented a process to meet with dietary team members to discuss daily menus and other department issues.
			St. George Community aims to improve resident experience by offering different specialized rooms on each home area (i.e. Game Room, Horticulture Room, Library,	December 31, 2025	St. George implemented specialized rooms on each home area in 2025. This change idea offered new spaces for residents to enjoy.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			Art Room, Sensory Room).		Throughout the year, the spaces were occasionally used for other purposes which limited the team's ability to track resident visits. We successfully had more than 5 residents visit each room per month.

Table 2: 2026/27 Resident and Family Satisfaction

St. George Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 29 to 30.

Change Ideas	Process Measure	Target for 2026/27
St. George aims to improve food quality and resident experience by offering opportunities for resident to be involved in menu planning	1. Number of Menufest Events Held. 2. Number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services.	1. St. George will hold 2 Menufest events in 2026 2. St. George will attend 2 close the loop calls
St. George aims to improve food quality and resident experience by improving the skills of the culinary team	Number of training sessions offered by Sienna's Executive Chef at St. George Community	St. George aims to hold a minimum of one training sessions with Sienna's Executive Chef in 2026.

Table 3: 2026/27 QIP Indicator -Antipsychotic Use

St. George Community aims to improve the percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment from the current performance of 23.36% to 23.10%.

Change Ideas	Process Measure	Target for 2026/27
St. George will form an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic Reduction team meetings.	St. George will conduct 12 antipsychotic Reduction team meetings in 2026.
St. George will improve process for medication reviews for newly moved-in residents.	Percentage of LTC applications reviewed for antipsychotic medications.	100% of LTC applications will be reviewed for antipsychotic medication use.