

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Streetsville Community

Street Address: 1742 Bristol Road West, Mississauga, ON. L5M 1X9

Phone Number: 905-826-3045

Quality Lead: Jennifer Lee, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Streetsville Community focused on Antipsychotic Reduction and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the selected indicator of antipsychotic reduction from 21.10% to 20.68%. Current performance stands at 17.35%. 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 34. In 2025, Streetsville Community achieved an NPS of 48. 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, Streetsville Community 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.

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, Streetsville Community achieved an NPS of 36 for resident satisfaction and an NPS of 63 for family satisfaction. The results were shared with our Resident Council on March 26, 2026, Family Council on January 4, 2026 and team members through town halls on January 28, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Streetsville Community's annual Operational Planning Day was held on April 23, 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 27, 2026 and Family Council on June 4, 2026. They were also shared with team members on April 29, 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
Antipsychotic Reduction	21.10%	17.35%	Sustaining the interdisciplinary reduction committee in Streetsville Community in reviewing antipsychotic usage.	April 1, 2026	A sustained interdisciplinary antipsychotic-reduction committee improves resident well-being, safety, and quality of life, while strengthening clinical oversight, team member competence, and program accountability across the Streetsville Community.
			Strengthening the use of Responsive Behavior Tracking and Assessment Tool.	April 1, 2026	Strengthening the use of the Responsive Behavior Tracking and Assessment Tool leads to more accurate behavior insights, earlier interventions, improved care planning, and a safer, more confident team members.
			Reinforce culture change in Streetsville Community with the primary aim of reducing antipsychotic medication use with an emphasis on training, education, and support for staff.	April 1, 2026	Reinforcing a person-centred care culture in the Streetsville Community—through focused training, education, and staff support—reduces unnecessary antipsychotic use and creates a safer, more engaged environment. This culture shift strengthens teamwork, enhances quality of care, and leads to sustained

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					improvements in resident outcomes and staff satisfaction.
Resident and Family Satisfaction	Resident NPS: 18	Resident NPS: 36	Improve resident experience by increasing social interactions between residents and team members.	April 1, 2025	Increasing our volunteer numbers facilitated more 1:1 individualized interactions.
	Family NPS: 63	Family NPS: 63	Streetsville Community aims to improve resident experience by fostering a sense of community amongst residents	April 1, 2025	Two residents participated as Resident Gems, acting as resident ambassadors, greeting new residents, and providing assistance with home audits.

Table 2: 2026/27 Resident and Family Satisfaction

Streetsville Community aims to improve resident and family satisfaction from the current performance of 48 to 49.

Change Ideas	Process Measure	Target for 2026/27
Streetsville Community aims to improve resident experience by fostering a sense of community among residents	Number of residents participating in The Gems in our community in 2026	Streetsville will ensure that there is a minimum of one new resident Gem identified and participating in a program.

Change Ideas	Process Measure	Target for 2026/27
Streetsville 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.	Streetsville 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

Streetsville Community aims to improve Antipsychotic use from the current performance of 17.35% to 17.00%.

Change Ideas	Process Measure	Target for 2026/27
Improve residents' care through increased knowledge and competency among staff, by focusing on resident-centred approaches, and nonpharmacologic interventions.	The number of team members who received education about resident centered approached and nonpharmacological interventions.	Streetsville Community will have educated 80 team members by December 31, 2026.
Descriptive analysis to calculate the frequency and proportion of antipsychotic use, and adverse events (i.e., falls and fractures).	Proportion of residents on antipsychotics who received descriptive analysis of antipsychotic use.	100% of identified residents will receive a comprehensive analysis to establish baseline data, track trends, and set clear targets for reducing antipsychotic usage.
Continuous commitment to maintaining the interdisciplinary reduction committee in the Streetsville Community to proactively review and optimize the use of antipsychotic medications.	The number of Antipsychotic Reduction team meetings.	Streetsville Community will conduct 12 Antipsychotic Reduction team meetings in 2026.