

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Trillium Community and Retirement Living

Street Address: 790/800 Edgar Street Kingston, On, K7M8S4

Phone Number: 613-547-0040

Quality Lead: Jessica Wilson, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Trillium Community and Retirement Living focused on antipsychotic reduction and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the percentage of resident's without psychosis who were given antipsychotic medications from 20.05% to 19.65%. Current performance stands at 15.26%. 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 39. In 2025, Trillium achieved an NPS of 57. 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, Trillium selected Resident and Family Satisfaction (see Table 2) as well as falls and antipsychotics (see Tables 3 and 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, Trillium achieved an NPS of 57 for resident and family satisfaction. The results were shared with our Resident Council on March 19th, 2026, Family Council on April 21st, 2026, and team members through Circle of Care on April 22, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Trillium's annual Operational Planning Day was held on March 12th, 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 May 26th, 2026 and Family Council on June 23rd. They were also shared with team members on this April 22, 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
Antipsychotics	20.05%	15.26%	Trillium Community will form an interdisciplinary committee to review antipsychotic usage.	Monthly throughout 2025	Committee formed and met monthly.
			Use data from behaviour tracking tools to inform antipsychotic reduction committee.	Monthly throughout 2025	A holistic review occurs for each resident, data from behaviour tracking tools is utilized to inform antipsychotic reduction committee. BSO lead works to review all move in for antipsychotic usage as this is where we see the antipsychotic use drive up the indicator.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident and Family Satisfaction	NPS: 39	NPS: 57	Trillium Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	March and November 2025	Hosted menifest event to educate residents on menu process and gain feedback. Residents attended 2 closing the loop calls to provide feedback on menus.
			Trillium Community and Retirement Living aims to improve resident experience by increasing social interactions between residents and team members.	Monthly throughout 2025	Exceeded goal of reducing residents at risk by 5%

Table 2: 2026/27 Resident and Family Satisfaction

Trillium aims to improve the combined Net Promoter Score for resident and family satisfaction from 57 to 58.

Change Ideas	Process Measure	Target for 2026/27
Trillium 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 Trillium.	Trillium aims to hold a minimum of one training sessions with Sienna's Executive Chef in 2026.

Change Ideas	Process Measure	Target for 2026/27
Trillium 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.	Trillium will ensure a minimum of three resident Gems are identified and participating in the program throughout 2026.

Table 3: 2026/27 QIP Indicator- Falls

Trillium aims to improve falls from the current performance of 15.12% to 14.81%.

Change Ideas	Process Measure	Target for 2026/27
Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions.	Number of Falls committee meetings where fall and fracture risk data are reviewed.	Trillium will review fall and fracture risk data at all Resident Safety Meetings in 2026.

Table 4: 2026/27 QIP Indicator- Antipsychotic Use

Trillium aims to improve Antipsychotic use from the current performance of 15.26% to 14.95%.

Change Ideas	Process Measure	Target for 2026/27
Trillium 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.