

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Tullamore Community

Street Address: 133 Kennedy Road South, Brampton Ontario L6W 3G3

Phone Number: 905-459-2324

Quality Lead: Katie Hutchins, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Tullamore Community focused on ED Transfers and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the selected ED Transfers from 43.04% to 40.89%. Current performance stands at 32.48%. 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 20. In 2025, Tullamore Community achieved an NPS of 69. 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, Tullamore Community selected Resident and Family Satisfaction (see Table 2) ED Transfers (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, Tullamore Community achieved an NPS of 75 for resident satisfaction and an NPS of 49 for family satisfaction. The results were shared with our Resident Council on March 10, 2026, Family Council on March 10, 2026, and team members through town halls on February 26, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Tullamore's Community annual Operational Planning Day was held on March 10, 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 April 21, 2026 and Family Council on April 21, 2026. They were also shared with team members on April 20, 2026 through town halls and meetings with team members and it is posted in the homes. 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
Rate of ED Visits	43.04%	32.48%	Monthly tracking, trending, and analysis of ED transfer data from PointClickCare.	April 1, 2025	This data was reviewed on a monthly and quarterly basis with stakeholders.
			Tullamore Community aims to reduce ED transfers by improving the approach to palliative care.	April 1, 2025	100% of residents had health care wishes assessment within 6 weeks of move in. Additionally, the NP was reaching out to family members and residents regarding change in status and goals of care.
			Improve registered staff capacity and confidence by enhancing physical assessment skills.	April 1, 2025	Two registered staff attended and successfully completed the Humber Physical Assessment course.
Resident and Family Satisfaction-Net Promoter score	Resident NPS: 45 Family NPS: 30	Resident NPS: 75 Family NPS: 49	Tullamore Community aims to improve resident experience by fostering a sense of community among residents.	April 1, 2025	Tullamore Community was successful with meeting this goal. Current status reflects that one resident at Tullamore is receiving less than 5 contacts per month.
			Tullamore Community will ensure a minimum of one resident Gem is	April 1, 2025	Tullamore held a GEM celebration for residents in November 2025. A total of 13 residents were

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			identified and participating in the program throughout 2025.		recognized as GEMS for the contribution to Tullamore.
			Tullamore Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	April 1, 2025	Menifest was held with 25 residents where recipes were shared and new menu items were presented and trialed. 2 residents joined both close the loop calls in 2025.

Table 2: 2026/27 Resident and Family Satisfaction

Tullamore Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 69 to 70.

Change Ideas	Process Measure	Target for 2026/27
Tullamore Community will ensure a maintain 4 resident Gems participating in the program throughout 2025.	Number of residents participating in The Gems in our Community in 2026.	Tullamore Community will maintain four resident Gems participating in the program throughout 2026.
Tullamore Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	Number of Menifest Events Held. 2. Number of Close the Loop Calls attended by Tullamore residents.	Tullamore Community will hold 1 Menifest events in 2026. 2. Tullamore Community will encourage resident participation in the 2 close the loop calls during 2026.

Table 3: 2026/27 QIP Indicator ED Transfers

Tullamore Community aims to improve ED Transfers from the current performance of 32.48% to 32.10%.

Change Ideas	Process Measure	Target for 2026/27
Tullamore Community aims to reduce ED transfers by improving registered staff capacity and confidence by enhancing IV Therapy skills	Number of staff who attend the MEDA 154 IV Therapy course through Humber College	Tullamore Community will send 6 registered staff to the MEDA 154 IV Therapy course by December 31, 2026.
Improve registered staff capacity and confidence by enhancing physical assessment skills.	Number of staff who attend the Humber College physical assessment course.	Tullamore Community will send 2 registered staff to the Humber College physical assessment course by December 31, 2026.