

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Weston Terrace Community

Street Address: 2005 Lawrence Ave W, York ON M9N 3V4

Phone Number: (416)243-8879

Quality Lead: Luciana Vieira, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Weston Terrace 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 Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment from 20.98% to 20.56%. Current performance stands at 21.49%. 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 29. In 2025, Weston Terrace Community achieved an NPS of 30. 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, Weston Terrace Community selected Resident and Family Satisfaction (see Table 2) and reducing Antipsychotic use (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, Weston Terrace Community achieved an NPS of 31 for resident satisfaction and an NPS of 29 for family satisfaction. The results were shared with our Resident Council on March 26, 2026 and Family Council on April 7, 2026 and team members through town halls on March 27, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Weston Terrace's annual Operational Planning Day was held on March 30, 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 March 30, 2026, and Family Council on April 7, 2026. They were also shared with team members on March 30, 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
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	20.98%	21.49%	Weston Terrace will form an interdisciplinary committee to review antipsychotic usage.	April 1, 2025	We held 10 antipsychotic review meetings throughout the year, focusing on reduction strategies and facilitating robust interdisciplinary discussions.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			Weston Terrace Community will participate in the Healthcare Excellence Canada's Sparking Change in the Appropriate use of Antipsychotics Awards Program with the goal of implementing best practice guidelines to reduce the number of residents using antipsychotics without a proper diagnosis and improving resident quality of life.	April 1, 2025	We participated in the Healthcare Excellence Canada program and successfully met the program's participation and implementation goals. However, we did not achieve the targeted 10% reduction by year-end, primarily due to new resident admissions who were already prescribed antipsychotic medications upon move-in.
Resident and Family Satisfaction	Resident NPS: 34 Family NPS: 23	Resident NPS: 31 Family NPS: 29	Weston Terrace aims to improve food quality and resident experience by improving the skills of the culinary team.	April 1, 2025	Our goal was successfully exceeded, as we conducted two Executive Chef training sessions over the course of 2025. These trainings provided valuable opportunities to strengthen culinary leadership, share best

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					practices, and further develop the skills of our Executive Chef team.
			Weston Terrace aims to improve the dining experience and resident experience by elevating collaboration in the dining room.	April 1, 2025	Our goal of holding dining huddles at 75% of dinners was successfully achieved. Dining huddles were implemented and consistently held, helping to improve the resident dining experience through better coordination of meal service and enhanced attention to the overall dining environment.

Table 2: 2026/27 Resident and Family Satisfaction

Weston Terrace aims to improve from the current performance of the combined Net Promoter Score of 30 to 31.

Change Ideas	Process Measure	Target for 2026/27
Weston Terrace aims to improve resident experience by offering opportunities for residents 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.Weston Terrace will hold 1 Menufest events in 2026. 2.Weston terrace will attend 2 close the loop calls.
Weston Terrace 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.	Weston Terrace will ensure a minimum of three resident Gems are identified and participating in the program throughout 2026.

Table 3: 2026/27 QIP Indicator- Antipsychotic Use

Weston Terrace aims to improve Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment from the current performance of 21.49% to 21.06 %.

Change Ideas	Process Measure	Target for 2026/27
Use data from behaviour tracking tools to inform antipsychotic reduction committee.	Percentage of residents who are identified for potential medication reductions who have behaviour tracking completed.	100% of residents identified for medication reduction will have behaviour tracking completed.
Weston Terrace 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.