

2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Woodhall Park Community

Street Address: 10260 Kennedy RD North, Brampton ON

Phone Number: 905-495-4695

Quality Lead: Angela Matthews, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Woodhall Park focused on reducing avoidable emergency department ED visits and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the selected ED visits from 29.61% to 29.02%. Current performance stands at 29.17%. 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 40. In 2025, Woodhall Park achieved an NPS of 41. 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, Woodhall Park selected Resident and Family Satisfaction (see Table 2) and Antipsychotic medication (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, Woodhall Park achieved an NPS of 46 for resident satisfaction and an NPS of 31 for family satisfaction. The results were shared with our Resident Council on March 18th, 2026 Family Council on March 13th, 2026 and team members through town halls on March 11, 2026 . Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Woodhall Park's annual Operational Planning Day was held on March 26, 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 June 16, 2026, and Family Council on June 19, 2026. They were also shared with team members on June 11, 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
Rate of ED visits for modified list of ambulatory care– sensitive conditions* per 100 long-term care residents.	29.61%	29.17%	Improve registered staff capacity and confidence by enhancing physical assessment skills.	April 16, 2025	Successful met goal 2 Team Members to Humber Assessment education.
			Woodhall park aims to reduce ED transfers by improving the approach to palliative care.	March 30, 2025	Successful met 100% of this goal with completed Resident Health wishes within 6 weeks of move in.
Resident and Family Satisfaction	Resident NPS: -18 Family NPS: 46	Resident NPS: 46 Family NPS: 31	Woodhall Park aims to improve resident experience by fostering a sense of community among residents.	October 29, 2025	We identified six GEMs in our community which surpassed our goal of identifying one GEM for 2025. Family members and team members came together to recognize and celebrate our GEM residents, creating a warm and joyful atmosphere filled with appreciation and pride.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			Woodhall Park aims to improve Food Quality to improve resident and family satisfaction.	March 30, 2025	Residents enjoyed the increased number of resident choice days per month, this has been increased to 2 per month.

Table 2: 2026/27 Resident and Family Satisfaction

Woodhall Park aims to improve the combined Net Promoter Score for resident and family satisfaction from 41 to 42.

Change Ideas	Process Measure	Target for 2026/27
Woodhall Park 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.	Woodhall Park will ensure a minimum of two resident Gems are identified are participating in the program throughout 2026.
Woodhall Park aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	1.Number of Menifest Events Held. 2.Number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services.	1.Woodhall Park will hold 1 Menifest event in 2026. 2.Woodhall Park will attend 2 close the loop calls in 2026.

Table 3: 2026/27 QIP Indicator – Antipsychotic Use

Woodhall Park aims to improve Antipsychotic use from the current performance of 14.97% to 14.67%.

Change Ideas	Process Measure	Target for 2026/27
Woodhall Park 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.
Woodhall Park will train team members on the Gentle Persuasive Approach.	Number of team members who complete the iGPA modules.	Woodhall Park will have 20 team members complete the iGPA modules in 2026.