

# 2026/27 Continuous Quality Improvement (CQI) Initiative Report

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## **Community Demographics**

Community Name: Woods Park Community & Retirement Living

Street Address: 110 Lillian Crescent, Barrie ON, L4N 5H7

Phone Number: 705-739-6881

Quality Lead: Kathy Wheeler, Executive Director

## **2025–26 Quality Improvement Initiatives**

In 2025–26, Woods Park Community & Retirement Living focused on reducing the amount of falls and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the selected reduction of falls from 21.69% to 21.26%. Current performance stands at 15.36%. 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 47. In 2025, Woods Park Community & Retirement Living achieved an NPS of 65. 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, Woods Park Community & Retirement Living selected Resident and Family Satisfaction (see Table 2) and improving

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antipsychotics usage and reducing the amount of emergency visits (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, Woods Park Community & Retirement Living achieved an NPS of 67 for resident satisfaction and an NPS of 63 for family satisfaction. The results were shared with our Resident Council on May 4, 2026, Family Council on April 29, 2026, and team members through town halls on May 12, 2026 where we reviewed updates from Operational planning day. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Woods Park Community & Retirement Living'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.

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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 4<sup>th</sup> 2026 and Family Council on April 29<sup>th</sup> 2026. They were also shared with team members on May 12<sup>th</sup>, 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
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	21.69%	15.36%	Woods Park Community will re-educate team members on post-fall huddles.	June 2025	Current performance decreased to 15.36, a decrease of 29.18%.
			Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions.	June 2025	Reviewed data monthly at Resident safety, circle of care, registered staff meetings.
			Education on Intentional rounding (4 P's) on highest risk residents.	June 2025	Ongoing education on intentional rounding.
Percentage of LTC residents without psychosis who	21.90%	20.00%	Use data from behaviour tracking tools to inform antipsychotic reduction committee.	June 2025	Current performance decreased to 20.00%; this decreased by 8.68%.

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
were given antipsychotic medication in the 7 days preceding their resident assessment			Woods Park Community will train team members on the Gentle Persuasive Approach.	June 2025	Reached our goal of 30 team members to be trained on GPA
Resident and Family Satisfaction	Resident NPS: 33 Family NPS: 57	Resident NPS: 67 Family NPS: 63	Woods Park aims to improve resident experience by increasing social interactions between residents and team members.	June 2025	Discussed the importance of communication with team members in October 2025. Between September and October the NPS score improved from 88 to 100.
			Woods Park Community aims to improve resident experience by fostering a sense of community among residents.	June 2025	Reimplemented socials with residents.  Implemented minute to win it games on the home areas.  Implemented cultural days and completed a demographic survey where the music therapist implemented cultural diversified programs.  NPS score improved from 88-100.

**Table 2: 2026/27 Resident and Family Satisfaction**

Woods Park Community & Retirement Living aims to improve the combined Net Promoter Score for resident and family satisfaction from 65 to 66.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2026/27</b>
Woods Park Community aims to improve Service Excellence by improving the skills of the frontline team members.	Score on quarterly Sienna Dining Experience Audits to adhere to Sienna standards and resident feedback provided is brought back to nursing team and dietary team. Team members with culpable absences to be added to attendance support program and escalation process to be enforced for patterned absences. Resident and Family Survey scores to be analyzed monthly and any feedback on customer service to be forwarded to all leadership team members.	Woods Park Community aims to decrease the negative sentiment score expressed from an average of 33.5% in the communication and food quality subtopics. Dining Experience Audits will be completed monthly for 100% of 2026 with all portions completed.

**Table 3: 2026/27 QIP Indicator -ED Transfers**

Woods Park Community & Retirement Living aims to improve the reduction of emergency room visits from the current performance of 15.84% to 15.52%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2026/27</b>
Retrain team members on the use of the SBAR tool.	Percentage of team members who attend sessions offered on the SBAR tool.	Woods Park will train 80% of registered team members on the SBAR tool by December 31, 2026.

**Table 4: 2026/27 QIP Indicator -Antipsychotic Use**

Woods Park Community & Retirement Living aims to improve antipsychotics usage from the current performance of 20.00% to 19.80%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2026/27</b>
Woods 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.