

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Barnswallow Place Community

Street Address: 120 Barnswallow Dr, Elmira, ON N3B 2Y9

Phone Number: (519) 669-5777

Quality Lead: Mark Recto, Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Barnswallow Place Community focused on reducing falls and improving Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on falls from 16.96% to 16.62%. Current performance stands at 18.37%. 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 2023 score of 8.00. In 2024, Barnswallow Place Community achieved an NPS of 4.00. The action plan and its outcomes are also summarized in Table 1.

2025–26 Priority Areas for Quality Improvement

Sienna Senior Living communities use Ontario Health's QIP to identify and prioritize quality improvement initiatives. This year, Barnswallow Place Community selected Resident and Family Satisfaction (see Table 2), Falls (see table 3) and Antipsychotic Use (see Table 4) as focus areas. These priorities are also reflected in the community's internal operational plan.

Posted: June 30, 2025.

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, 2024 – December 31, 2024; per our practice, we offer each resident and family member the opportunity to participate in a satisfaction survey twice each year.

In 2024, Barnswallow Place Community achieved an NPS of 2.00 for resident satisfaction and an NPS of 7.00 for family satisfaction. The results were shared with our resident council on March 21st 2025 and family council on March 26, 2025 and team members through town halls on February 24th, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Barnswallow Place Community's annual Operational Planning Day was held on May 15, 2025, and included residents, team members, family council and the management team. During Operational Planning, resident and family satisfaction results and other clinical indicators from year 2024-2025 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 have 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 will undergo 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 were last accredited in Fall 2022, earning 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 QIP, including the progress report from the 2024/25 QIP, and the workplan for 2025/26, was shared with the Resident Council on March 21st 2025 and Family Council on March 26, 2025.

Posted: June 30, 2025.

This was shared with team members on April 14th, 2025 through town halls and meetings with team members and it is posted in the homes. As part of our quarterly reporting schedule, the committee will continually review progress and share updates and outcomes with residents, families, and staff via existing council and team meetings.

Table 1: 2024–25 Results — QIP and Satisfaction Initiatives

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
Falls	16.62%	18.37%	Improve lighting in rooms of residents who fall overnight.	July 2024	We have installed 15 nightlights in residents' rooms, which has helped reduce the number of falls occurring in those areas.
			Conduct RNAO Gap Analysis.	December 31, 2024.	We completed 4 RNAO gap analysis in 2024. Plan of action: ongoing education
			Falls prevention education for residents.	Completed on an as needed basis throughout 2024.	48% percent completed and ongoing education for staff.
Resident and Family Satisfaction	Resident NPS: 4.00	Resident NPS: 2.00	Improvement of communication between team members and family members.	August 6, 2024.	Due to shifting priorities, our Home was unable to fully meet our training goal for the clinical team, with Barnswallow achieving 60%

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
	Family NPS: 15.00	Family NPS: 7.00			completion. However, we intend to continue delivering this training in 2025, adopting a new approach to sharing the information with staff.
			Barnswallow aims to improve service excellence to improve resident and family satisfaction by training team members through town halls and huddles.	August 6, 2024.	<p>We have already initiated the training process; however, we plan to adjust our approach to better meet the needs of our team members.</p> <p>Our goal is to refine the delivery methods to ensure the training is more effective, engaging, and accessible for all staff. This will involve exploring alternative formats, such as interactive sessions, online modules, or smaller group discussions, to enhance learning and improve overall retention.</p>

Table 2: 2025/26 Resident and Family Satisfaction

Barnswallow Place Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 4.00 to 5.00.

Change Ideas	Process Measure	Target for 2025/26
Enhancing communication between team members and family members.	Percentage of team members who complete the CLRI Families in Distress education modules	100% of clinical staff and leaders will complete the CLRI Families in Distress education modules by December 31, 2025.
Barnswallow will enhance service excellence to increase resident and family satisfaction.	-Number of staff members completing service excellence training.	90% of staff to complete service excellence training within the next 12 months.

Table 3: 2025/26 QIP Indicator – Falls

Barnswallow Place Community aims to improve Falls from the current performance of 18.37% to 18.00%.

Change Ideas	Process Measure	Target for 2025/26
Barnswallow Place Community will re-educate team members on post-fall huddles	Percentage of registered staff who completed education on post-fall huddle	100% of registered staff will be educated by the end of 2025.
Implement a proactive fall prevention program that includes enhanced staff training	Percentage of staff who have completed fall prevention training.	100% of designated staff to complete fall prevention training as required by their role

Table 4: 2025/26 QIP Indicator – Antipsychotic Use

Barnswallow Place Community aims to improve the percentage of residents without psychosis who were given antipsychotic medication from the current performance of 18.58% to 18.21%.

Change Ideas	Process Measure	Target for 2025/26
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.
Barnswallow Place Community will train team members on the Gentle Persuasive Approach.	Number of trained GPA coaches in the community.	By December 31, 2025, Barnswallow Place Community will have two trained GPA coaches and a percentage of staff trained in GPA.