

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Bradford Valley

Street Address: 2656 Sixth Line, Bradford, Ontario L3Z 2A1

Phone Number: (905) 952-2260

Quality Lead: Cathy Van Beek, Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Bradford Valley focused on Falls Reduction and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the selected Falls Reduction from 13.76% to 13.40%. 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 2023 score of 38.00. In 2024, Bradford Valley achieved an NPS of 40.00. 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, Bradford Valley selected Resident and Family Satisfaction (see Table 2) and Falls Reduction (see Table 3) 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, Bradford Valley achieved an NPS of 18.00 for resident satisfaction and an NPS of 54.00 for family satisfaction. The results were shared with our resident council on March 21, 2025, family council on June 5, 2025, and team members through town halls on March 31, 2025, additionally the survey feedback is shared monthly through our resident and family newsletter. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Bradford Valley/s annual Operational Planning Day was held on June 27, 2025, 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 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 June 19, 2025, and Family Council on June 5, 2025. This was shared with team members on June 23, 2025, through town halls and meetings with team members. 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	13.76%	15.36%	Determine the fall risk for newly moved-in residents prior to admission	March 2024	Residents who have been identified as high risk upon move in have had a Care Support Assistant spend time with them as they settle in. This has improved the falls occurring post move
			Improve the collaboration with pharmacy for residents with frequent falls	Started March 2024, as a continuation of current process	Our NP and MD have been more involved in medication alterations for residents with frequent falls. We continue to work with pharmacy on a case-by-case basis but not all residents with frequent falls were reviewed by the pharmacist.

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident and Family Satisfaction	Resident NPS: 23.00 Family NPS: 48.00	Resident NPS: 18.00 Family NPS: 54.00	Bradford Valley will improve communication with residents and families after moving into the community by implementing a check-in process with new residents.	March 2024	100% of residents and or families were contacted within 6 weeks of move in resulting in improved satisfaction and reduced concerns.
			Bradford Valley aims to improve communication between registered staff and families by using the "Situation, Background, Assessment, Recommendation" (SBAR) Tool.	June 2024	All full-time and part-time registered staff were trained in SBAR communication. Improvement in communication between front line staff, residents and physicians resulting in improved satisfaction.
			Bradford Valley will improve opportunities for social interaction for residents by holding a mobile evening program 5-days a week.	March 2024	Hired more RTA staff and implemented the mobile evening program successfully. Residents are more engaged and have more opportunities for social interaction.

Table 2: 2025/26 Resident and Family Satisfaction

Bradford Valley aims to improve the combined Net Promoter Score for resident and family satisfaction from 40 to 41.

Change Ideas	Process Measure	Target for 2025/26
Bradford Valley aims to improve nursing knowledge, leadership, and capacity to deliver clinical care to improve resident and family satisfaction.	Number of registered staff who complete the Humber College Physical Assessment Course	Bradford Valley will send 2 registered staff to the Humber College Physical Assessment Course by December 31, 2025
Bradford Valley aims to improve food quality and resident experience by improving the skills of the culinary team	Number of training sessions offered by Sienna's Executive Chef at Bradford Valley	Bradford Valley aims to hold a minimum of one training session with Sienna's Executive Chef in 2025

Table 3: 2025/26 QIP Indicator – falls

Bradford Valley aims to improve the rate of falls from the current performance of 15.36% to 15.05%.

Change Ideas	Process Measure	Target for 2025/26
Bradford Valley will re-educate team members on post-fall huddles	Percentage of registered staff who completed education on post-fall huddles.	100% of registered staff will be educated by the end of 2025.
Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions.	Number of Resident Safety meetings where fall and fracture risk data are reviewed	Bradford Valley will review fall and fracture risk data at all Resident Safety Meetings in 2025 and at monthly leadership