

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Cedarvale Lodge Community & Retirement Living

Street Address: 121 Morton Avenue, Keswick, ON L4P 3T5

Phone Number: (905) 476-2656

Quality Lead: Jodi Napper-Campbell, Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Cedarvale Lodge Community & Retirement Living focused on the Avoidable Emergency Department Visits and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the selected Avoidable Emergency Department Visits from 27.14% to 26.45%. Current performance stands at 21.52%. 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 12. In 2024, Cedarvale Lodge Community & Retirement Living achieved an NPS of 34. 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, Cedarvale Lodge Community & Retirement Living selected Resident and Family Satisfaction (see Table 2), Falls (see Table 3)

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and Antipsychotic Use (see Table 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, 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, Cedarvale Lodge Community & Retirement Living achieved an NPS of 31 for resident satisfaction and an NPS of 36 for family satisfaction. The results were shared with our resident council on February 5, 2025, and team members through town halls on April 22, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Cedarvale Lodge Community & Retirement Living's annual Operational Planning Day was held on February 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'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 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 April 3, 2025 and with team members on June 24, 2025, through town halls. 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
Avoidable Emergency Department Visits	27.14%	21.52%	Improve access to medical equipment to avoid common reasons for ED transfers.	Completed by September 30, 2023.	8 Registered Staff were trained on the use of the bladder scanner. We are now able to provide this diagnostic procedure on site rather than sending a resident to the hospital.
			Improve communication between nurses and physicians by implementing the SBAR communication tool.	This change idea was implemented in November of 2024 with the onboarding of a new Physician.	The SBAR communication tool has improved communication between the Nurse and the Physician in making decisions whether to or not send a resident to hospital
			Enhance current palliative care program within Cedarvale Lodge through	Completed by the end of May 2024.	100% of the palliative care committee members have completed the Pallium LEAP program education. The LEAP

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
			education and resources for Team Members.		palliative program education enhanced the team's understanding of comfort and end-of-life care. It served as a valuable tool for supporting both residents and their families.
Resident and Family Satisfaction	Resident NPS: 10 Family NPS: 13	Resident NPS: 31 Family NPS: 36	Cedarvale Lodge aims to improve the physical plant.	December 31, 2024.	In 2024, 50% of the resident common areas and hallways were repainted by the maintenance team.
			Cedarvale Lodge aims to improve housekeeping services.	Training was completed by October 30, 2024	100% of the housekeeping team was educated on cleaning and disinfecting practices and deep cleaning. In the process Cedarvale Lodge took the opportunity to review job routines and schedules. Changes were made with the unput of the housekeeping team.
			Cedarvale Lodge aims to improve Food Service.	Implemented for the months of May through to end of	The Culinary and Programs teams hosted 1-2 themed events each month involving food. This will be carried over

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				December 2024.	into 2025 due to the popularity of the events.

Table 2: 2025/26 Resident and Family Satisfaction

Cedarvale Lodge Community & Retirement Living aims to improve the combined Net Promoter Score for resident and family satisfaction from 34 to 35.

Change Ideas	Process Measure	Target for 2025/26
Cedarvale Lodge Community and Retirement Living aims to improve the physical plant.	The number of resident indoor common areas refreshed to improve the physical plant.	Cedarvale Lodge Community and Retirement Living will refresh 75% of resident indoor common areas by September 30, 2025.
Cedarvale Lodge Community and Retirement Living aims to improve the quality of clinical care.	Number of monthly education sessions held.	Cedarvale Lodge Community and Retirement Living aims to hold 8 education sessions on clinical skills in collaboration with the Southlake Regional Health Centre Nurse Led Outreach Team (NLOT) team by December 31, 2025.
Cedarvale Lodge Community and Retirement Living will improve resident service excellence.	The percentage of Team Members that participate in the monthly Sienna Essentials Modules.	Cedarvale Lodge Community and Retirement Living will have 80% of Team Members participate in the monthly Sienna Essentials Modules by December 31, 2025.

Table 3: 2025/26 QIP Indicator – Falls

Cedarvale Lodge Community & Retirement Living aims to improve the rate of falls from the current performance of 16.98% to 16.64%.

Change Ideas	Process Measure	Target for 2025/26
Cedarvale Lodge Community and Retirement Living will engage the interdisciplinary team inclusive of recreation & therapies in care planning for residents with frequent falls.	Percentage of residents who have 3 or more falls per month who have had the recreation team involved in care planning.	80% of residents who fall more than 3 times per month will have the recreation/therapies team involved in care planning.
Cedarvale Lodge Community and Retirement Living will train frontline Team Members to be falls champions.	Number of team members trained to be a falls champion.	Cedarvale Lodge Community and Retirement Living will have 6 Team Members trained to be a falls champion by September 30, 2025.

Table 4: 2025/26 QIP Indicator – Antipsychotic Use

Cedarvale Lodge Community & Retirement Living aims to antipsychotic use from the current performance of 19.77% to 19.37%.

Change Ideas	Process Measure	Target for 2025/26
Cedarvale Lodge Community and Retirement Living will train team members on the Gentle Persuasive Approach.	Number of trained GPA coaches in the community.	Cedarvale Lodge Community and Retirement Living will have one newly trained GPA coach by September 30, 2025.
Cedarvale Lodge Community and Retirement Living will form an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic Reduction team meetings.	Cedarvale Lodge Community and Retirement Living will conduct 10 Antipsychotic Reduction team meetings in 2025.

Change Ideas	Process Measure	Target for 2025/26
New Move ins receiving antipsychotics will be reviewed for reduction and appropriateness.	% of new move ins receiving antipsychotic medications are reviewed by the multi-disciplinary team by the 6 week care conference.	100% of new move ins receiving antipsychotic medications will be reviewed by the multi-disciplinary team by the 6 week care conference.