

# 2025/26 Continuous Quality Improvement (CQI) Initiative Report

---

## **Community Demographics**

Community Name: Cheltenham Community

Street Address: 5935 Bathurst Street

Phone Number: 416-223-4050

Quality Lead: Jennifer Gillingham

## **2024–25 Quality Improvement Initiatives**

In 2024–25, Cheltenham focused on reducing falls and antipsychotic use and improving Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the rate of falls from 10.47% to 10.26%. Current performance stands at 11.36%. A summary of change ideas and their results is provided in Table 1.

The target was to improve performance on the rate of antipsychotic usage without a diagnosis of psychosis from 19.88% to 19.48%. Current performance stands at 18.74%. 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 19.00. In 2024, Cheltenham achieved an NPS of 16.00. The action plan and its outcomes are also summarized in Table 1.

Posted: June 30, 2025.

## **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, Cheltenham selected Resident and Family Satisfaction (see Table 2) and antipsychotic usage without a diagnosis of psychosis (see Table 3) 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, Cheltenham achieved an NPS of 3.00 for resident satisfaction and an NPS of 32.00 for family satisfaction. The results were shared with our resident council on April 9, 2025, family council on February 26, 2025, team members through town halls on February 27<sup>th</sup>, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Cheltenham's annual Operational Planning Day was held on June 16, 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 June 10, 2025, and Family Council on July 9, 2025.

This was shared with team members on June 11, 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**

<b>Area of Focus</b>	<b>Previous Performance (2023/24)</b>	<b>Current Performance (2024/25)</b>	<b>Change Ideas</b>	<b>Date of Implementation</b>	<b>Outcomes/ Impact</b>
Falls	10.47%	11.36%	Involve the recreation department with care planning for residents with recurrent falls.	N/A	Although this change idea was not implemented as we had planned for our 2024/25 QIP, Cheltenham's recreation team has remains involved in the falls program.
			Cheltenham will integrate all bed and chair alarms with Sara System	January 2025	This new system has helped improved timely responses to call bells, bed alarms, and chair alarms.
Antipsychotic Usage	19.88%	18.74%	Education for TMs re Antipsychotic MDS Coding. 100% of TMs will receive education on orientation and annual	Held routine education dates throughout 2024.	This change idea has helped the Cheltenham team ensure all data related to antipsychotics and responsive behaviours is accurate.
			Cohort Review Monthly and on Admission	Implemented in November 2024 and continues monthly.	This change idea was fully implemented, and the Cheltenham team has continued to use it to help

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/ Impact
					reduce unnecessary medications.
Resident and Family Satisfaction	Resident NPS: 4.00  Family NPS: 33.00	Resident NPS: 3.00  Family NPS: 32.00	Cheltenham will improve the physical plant to improve resident and family satisfaction. 100% of semi-private resident rooms will be renovated by December 31, 2024.	Completed by March 2024.	Improving the physical environment of our basic accommodations has improved resident experience.
			Cheltenham will afford newly moved-in residents the opportunity to complete the Move-In Survey. 50% of residents or families complete move in process survey.	Spring 2024 and continued each month.	This survey has offered Cheltenham an opportunity to understand potential areas for improvement of care and services.

**Table 2: 2025/26 Resident and Family Satisfaction**

Cheltenham aims to improve the combined Net Promoter Score for resident and family satisfaction from 16.00 to 17.00.

Change Ideas	Process Measure	Target for 2025/26
#1) Monthly Action Plan based on Survey Outcomes	# of Monthly Action Plans completed for year	12 monthly action plans will be created in 2025

Change Ideas	Process Measure	Target for 2025/26
#2) Cheltenham aims to improve resident experience by fostering a sense of community among residents.	Number of residents participating in The Gems in our Community in 2025.	Cheltenham will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.

**Table 3: 2025/26 QIP Indicator: Antipsychotic Use**

Cheltenham aims to improve Antipsychotic Use from the current performance of 18.74% to 18.37%.

Change Ideas	Process Measure	Target for 2025/26
#1) Implement Antipsychotic Reduction Process Map.	Percentage of admissions where process map is utilized	100% of admissions have process map is utilized
#2) Increase Number of team members iGPA Trained/Certified for Knowledge and Awareness	Number of team members trained/certified	30 team members will be trained/certified on iGPA by December 31, 2025.