

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

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## Community Demographics

Community Name: Creedan Valley Community

Street Address: 143 Mary Street, Creemore, ON L0M 1G0

Phone Number: (705) 466-3437

Quality Lead: Punnapa Hartley, Executive Director

## 2024–25 Quality Improvement Initiatives

In 2024–25, Creedan Valley Community focused on reducing antipsychotic usage without a diagnosis of psychosis and improving Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on antipsychotic usage without a diagnosis of psychosis from 27.13% to 26.59%. Current performance stands at 18.04%. 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 44.00. In 2024, Creedan Valley Community achieved an NPS of 61.00. 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, Creedan Valley Community selected Resident and Family Satisfaction (see Table 2) and Antipsychotic Usage without a

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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, Creedan Valley Community achieved an NPS of 78.00 for resident satisfaction and an NPS of 33.00 for family satisfaction. The results were shared with our Resident Council on March 4, 2025, Family Town Hall on February 26, 2025, and Team Members through town halls on March 21, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Creedan Valley Community's annual Operational Planning Day was held on May 28, 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 work plan for 2025/26, Creedan Valley will share with the Resident Council on July 2, 2025. For the Family, Creedan Valley will share at the Family Information and Education Day in the September 2025.

This will be shared with team members on July 10, 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>
Antipsychotic Usage	27.13%	18.04%	Improve the use of the Gentle Persuasive Approach (GPA) in the community	September 30, 2024.	20 Team members completed GPA education in 2024.
			Monthly reviews of the antipsychotic medication cohort.	December 31, 2024.	100% of residents using antipsychotic medications without the supporting diagnosis were reviewed monthly throughout 2024.
Resident and Family Satisfaction	Resident NPS: 48.00  Family NPS: 31.00	Resident NPS: 78.00  Family NPS: 33.00	Creedan Valley aims to improve the quality of clinical care to improve resident and family satisfaction by sending registered team members to complete physical assessment education.	December 31, 2024.	Total of 4 Registered Staff completed the Humber College Physical Assessment Course.
			Creedan Valley aims to improve the quality of clinical care to improve resident and family satisfaction by running	December 31, 2024.	Creedan Valley had 60% of Registered Staff participate in IV Therapy and IV initiation workshop. Creedan Valley successfully implemented an

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
			workshops on IV therapy and IV initiation.		internal IV therapy program, and prevented two residents from extended hospital stay.
			Creedan Valley aims to improve communication with residents and families.	December 31, 2024.	Creedan Valley achieved 100% of Clinical Staff and Leaders complete the CLRI Families In Distress education modules.

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

Creedan Valley Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 61 to 62.

Change Ideas	Process Measure	Target for 2025/26
Creedan Valley Community aims to improve food quality and resident experience by implementing Sienna Standard Menus.	Score on quarterly Sienna Dining Audits to confirm adherence with Sienna Standard Menus.	Creedan Valley Community aims to score 100% on quarterly audits throughout 2025.
Creedan Valley Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu Planning.	1. Number of Food Fair or Menu fest Events Held. 2. Number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services.	1. Creedan Valley Community will hold 2 Food Fair or Menu fest events in 2025. 2. Creedan Valley Community will attend 4 Quarterly close the loop calls.

Change Ideas	Process Measure	Target for 2025/26
Creedan Valley Community 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.	Creedan Valley Community will ensure a minimum of one resident Gem is identified and participating in the Program throughout 2025.

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

Creedan Valley Community aims to improve Antipsychotic Usage from the current performance of 18.04% to 17.68 %.

Change Ideas	Process Measure	Target for 2025/26
Creedan Valley Community conducts monthly reviews of the antipsychotic medication cohort.	Percentage of residents using antipsychotic medications without the Relevant diagnosis reviewed monthly.	100% of the residents using antipsychotic medications without the relevant diagnosis will be reviewed monthly throughout the year by December 31, 2025.
Creedan Valley Community will improve the use of the Gentle Persuasive Approach (GPA) in the community.	Number of team members trained on GPA.	Creedan Valley Community aims to train 20 staff on GPA by December 31, 2025.