

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Deerwood Creek Community

Street Address: 70 Humberline Drive, Etobicoke, ON M9W 7H3

Phone Number: (416) 213-7300

Quality Lead: Shelly Kasprick, Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Deerwood Creek Community focused on reducing falls and avoidable ED visits and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on falls from 14.92% to 12.50%. Current performance stands at 13.15%. A summary of change ideas and their results is provided in Table 1.

The target was to improve performance on ED visits from 26.49% to 23.80%. Current performance stands at 32.81%. 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, Deerwood Creek Community achieved an NPS of 25.00. 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, Deerwood Creek Community selected Resident and Family Satisfaction (see Table 2) and ED Visits (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, Deerwood Creek Community achieved an NPS of 10.00 for resident satisfaction and an NPS of 50.00 for family satisfaction. The results were shared with our resident council on June 13, 2025, family council on April 23, 2025 and team members through town halls on June 13, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

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, was shared with the Resident Council on June 13, 2025 and Family Council on June 25, 2025

Posted: June 30, 2025.

This was shared with team members on June 13, 2025 through town halls and meetings with team members and it is posted in the community. 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	14.92%	13.15%	Through data analysis it has been identified that residents with more advanced dementia residing in our secure home area have experienced the greatest number of falls as compared to the other home areas. The team will implement an evidence-based approach to reduce the number of falls within this specific home area.	April 20, 2024	With a collaborative approach involving physio department and nursing the team developed a fitness program that focused on core strengthening including elements of tai chi. The exercise program needed to be modified to accommodate the various degrees of cognition. The community was able to reduce the number of falls specifically on our 3A home area by 35% in 2024 from the previous year.
ED Visits	26.49%	32.81%	The care community has recently received funding for a Nursing Simulation Mannequin. The SIM mannequin will be utilized to enhance nursing	April 20, 2024	60% of our registered staff completed education using the SIM Mannequins

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
			assessment skills and competency.		
			NP and registered staff will conduct weekly clinical rounds in each resident home area; identifying and reviewing residents that have experienced a change in health status.	April 20, 2024, and sustained weekly	Registered staff and the NP collaborate and round on all home areas during scheduled shifts. This provides an opportunity for on the spot mentoring, teaching, and capacity building.
Resident and Family Satisfaction	Resident NPS: -6.00 Family NPS: 32.00	Resident NPS: 10.00 Family NPS: 50.00	Food quality has been identified as a significant driver of resident and family satisfaction. Deerwood aims to achieve a 75% compliance rate by end of September 2024 and 90% or higher rate by March 2025 on its Food Quality Audits.	April 20, 2024, and sustained monthly	A 2024 Complaint analysis showed that only 5% of all complaints were related to dietary services or quality of food.
			Enhance clinical care services provided at Deerwood Creek to improve resident and family satisfaction.	December 31, 2025.	Deerwood Creek offered clinical skills education using a mannequin. 60% of our nurses completed this education in 2024.

Table 2: 2025/26 Resident and Family Satisfaction

Deerwood Creek Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 25.00 to 26.00.

Change Ideas	Process Measure	Target for 2025/26
Deerwood Creek will focus on providing a wider variety of authentic cultural foods.	Number of cooks trained in new techniques/recipes	100% of cooks will complete training by end of March 2026
Deerwood Creek aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	Deerwood Creek aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	1. Deerwood Creek will hold 1 Menufest event in 2025. 2. Deerwood Creek will attend 2 close the loop calls.

Table 3: 2025/26 QIP Indicator – ED Visits

Deerwood Creek Community aims to improve avoidable ED Visits from the current performance of 32.81% to 32.15%.

Change Ideas	Process Measure	Target for 2025/26
Complete goals of care discussions	Percentage of resident identified as full resuscitation Percentage of residents that are identified as full resuscitation who have documented goals of care discussion	100% of residents that are identified as full resuscitation will have goals of care discussions
Improve detection of pneumonia, aspiration pneumonia and bronchitis	Percentage of registered nurses trained	70% of registered nurses will be educated by March 31st 2026