

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

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## **Community Demographics**

Community Name: Fieldstone Commons Community

Street Address: 1000 Ellesmere Road, Scarborough ON, M1P5G2

Phone Number: 416-291-0222

Quality Lead: Umang Khare, Executive Director

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

In 2024–25, Fieldstone Commons Community focused on Antipsychotic Reduction and improving Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the rate of antipsychotic use from 19.23% to 18.80%. Current performance stands at 19.40%. 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 39.00. In 2024, Fieldstone Commons Community achieved an NPS of 37.00. 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, Fieldstone Commons Community selected Resident and Family Satisfaction (see Table 2) and Antipsychotic 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, Fieldstone Commons Community achieved an NPS of 25.00 for resident satisfaction and an NPS of 49.00 for family satisfaction. The results were shared with our resident council on June 5, 2025, family council on February 13, 2025 and team members through town halls on June 12, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Fieldstone Commons Community's annual Operational Planning Day was held on March 31, 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 5, 2025, and Family Council on June 10, 2025.

Posted: June 30, 2025.

This was shared with team members on June 12, 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 Reduction	19.23%	19.40%	Complete behaviour assessments for newly moved-in residents who are on antipsychotics without a diagnosis of psychosis.	Implemented January 2024.	After implementation, the team adapted this change idea and used multi-approach system to assess residents including referral to psychiatrist, use of anti-psychotic tracking tool, and referral to Geriatric Mental Health outreach team.
			Fieldstone Commons will train 60 team members on the Gentle Persuasive Approach.	IGPA training was offered monthly in 2024.	Fieldstone Commons surpassed our goal and trained 109 team members on the iGPA modules in 2024.
			Antipsychotic Reduction Team Meetings	Meetings started in January 2024 and continued monthly.	Fieldstone Commons held 12 meetings on antipsychotic reduction with external and internal partners. These meetings helped identify and track medication reduction.

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident and Family Satisfaction	Resident NPS: 16.00  Family NPS: 51.00	Resident NPS: 25.00  Family NPS: 49.00	Fieldstone Commons aims to improve the quality of food service by providing education to full-time team members on the dining experience.	Education was offered throughout 2024 in February, March, July, September, October, and November.	Multiple in-services/ educational opportunities were provided to front line team members to Improve dining experience in 2024
			Fieldstone Commons aims to improve the quality of food service by playing low, instrumental music in the dining rooms.	On August 30, 2024, CD radios were purchased for each dining room.	All dining areas now have access to CD player/radio for usage during mealtimes

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

Fieldstone Commons Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 38 to 37.

Change Ideas	Process Measure	Target for 2025/26
Fieldstone Commons aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	1. Number of Menifest Events Held. 2. Number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services.	1. Fieldstone Commons will hold 1 Menifest events in 2025. 2. Fieldstone Commons will attend 2 close the loop calls.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2025/26</b>
Fieldstone Commons 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	Fieldstone Commons 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**

Fieldstone Commons Community aims to improve Antipsychotic Use from the current performance of 19.40% to 19.01%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2024/25</b>
Fieldstone Commons will form an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic Reduction team meetings.	Fieldstone Commons will conduct 12 Antipsychotic Reduction team meetings in 2025
Use data from behavior tracking tools to inform antipsychotic reduction committee	Percentage of residents who are identified for potential medication reductions who have behavior tracking completed.	100% of residents identified for medication reduction will have behavior tracking completed.
Fieldstone Commons will train team members on the Gentle Persuasive Approach.	Number of trained GPA coaches in the community.	Fieldstone Commons will have two trained GPA coaches by December 31, 2025.