

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

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## Community Demographics

Community Name: Fountain View Community

Street Address: 1800 O'Connor Drive, North York, Ontario, M4A 1W7

Phone Number: 416 285 - 2000

Quality Lead: Nargish Malam, Executive Director

## 2024–25 Quality Improvement Initiatives

In 2024–25, Fountain View focused on reducing ED Visits and improving Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the selected avoidable ED visits from 20.44% to 20.03%. Current performance stands at 23.26%. 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 22.00. In 2024, Fountain View achieved an NPS of 34.00. 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, Fountain View selected Resident and Family Satisfaction (see Table 2) and avoidable ED visits (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, Fountain View achieved an NPS of 34.00 for resident satisfaction and an NPS of 17.00 for family satisfaction. The results were shared with our resident council on October 22<sup>nd</sup>, 2024, family council on October 29<sup>th</sup>, 2024, and team members through town halls on January 16<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, Fountain View's annual Operational Planning Day was held on March 21<sup>st</sup>, 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 20<sup>th</sup>, 2025 and was shared by email with Family Council members on June 27<sup>th</sup>, 2025.

Posted: June 30, 2025.

This was shared with team members on June 19<sup>th</sup>, 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**

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
Avoidable ED Visits	20.44%	23.26%	Improve communication between the registered staff and attending physicians. 3-4 full-time or part-time registered staff will be provided with education on the SBAR tool each month.	SBAR tool education was completed by Dec 15 <sup>th</sup> , 2024	Enhanced communication between registered staff and attending Physicians.
			Improve the approach to palliative care by having 10 team members complete the Pallium LEAP education.	Minimum of 10 team members completed their Pallium LEAP education by Dec 15 <sup>th</sup> , 2024.	Improved team member's approach towards palliative care.
Resident and Family Satisfaction	Resident NPS: 10.00  Family NPS: 39.00	Resident NPS: 34.00  Family NPS: 17.00	To enhance and improve different socializing opportunities for residents within our community. Fountain View aims to hold monthly large group programs in 2024.	Minimum of 1 large group program was held each month until Dec 2024.	Enhanced resident's opportunity to socialize with residents from different home areas.

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
			Fountain View aims to enhance team member communication skills in order to improve resident and family satisfaction. 100% of clinical and leadership team members will complete the CLRI Families in Distress training modules by September 30, 2024.	Completed by September 30, 2024.	Over 98% of the team members were trained for the CLRI Family in Distress training. Empowering our team members to use the ARC model for Compassionate Communication.

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

Fountain View aims to improve the combined Net Promoter Score for resident and family satisfaction from 32.00 to 33.00.

Change Ideas	Process Measure	Target for 2025/26
Fountain View 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.	Fountain View will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025
Fountain View aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning.	1. Number of Menu fest Events Held. 2. Number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services.	1. Fountain will hold 1 Menu fest and 1 Food Fair event in 2025. 2. Fountain View will attend 2 close the loop calls in 2025.

**Table 3: 2025/26 QIP Indicator – Avoidable ED Visits**

Fountain View aims to improve avoidable ED visits from the current performance of 23.26% to 22.79%.

Change Ideas	Process Measure	Target for 2025/26
Build competency of registered staff in conducting health assessment.	Number of full-time and part-time registered staff who are educated on health assessment.	7-8 full-time or part-time registered staff will be provided education on health assessment each month.
Improve accuracy and utilization of SBAR tool.	Audit care staff progress notes daily by QIP and nursing leadership team.	100% audit will be completed by QIP team.