

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Fox Ridge Community

Street Address: 389 West St, Brantford, ON N3R 3V9

Phone Number: (519) 759-4666

Quality Lead: Jennifer Glavac, Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Fox Ridge focused on reducing ED Visits and improving Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on avoidable ED visits from 26.90% to 26.36%. Current performance stands at 25.74%. 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 -10.00. In 2024, Fox Ridge achieved an NPS of 29.00. 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, Fox Ridge selected Resident and Family Satisfaction (see Table 2) and falls (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, Fox Ridge achieved an NPS of 33.00 for resident satisfaction and an NPS of 22.00 for family satisfaction. The results were shared with our resident council on February 28, 2025, families through a town hall meeting on March 25, 2025, and team members through town halls on March 3, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Fox Ridge's annual Operational Planning Day was held on April 3, 2025, and included residents, team members, family members, contractors 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 27, 2025, and with families in a town hall meeting on March 25, 2025.

Posted: June 30, 2025.

This will be shared with team members on July 7, 2025, through town halls and meetings with team members and it is posted in the home. 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
ED Visits	26.90%	25.74%	Improve utilization of the SBAR (tool) with transfer checklist.	August 2, 2024	The SBAR tool improves communication between members of the interdisciplinary team.
			Implementation of RNAO-BPG for falls prevention. Falls were identified as the most common reason for ED transfers	April 4, 2024	This improves the interdisciplinary approach to care planning for falls prevention.
			Increase utilization of the Nurse Led Outreach Team (NLOT) NP.	April 4, 2024	Between the internal NP and NLOT team Fox Ridge was able to ensure timely access to clinical assessments, therefore reducing ED transfers.
Resident and Family Satisfaction	Resident NPS: -15.00	Resident NPS: 33.00	Fox Ridge aims to improve communication with residents and families by having team members	May 2, 2024	Fox Ridge was able to provide 90% of active team members education on engaging families in distress.

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
	Family NPS: 4.00	Family NPS: 22.00	complete the CLRI Families in Distress training modules.		
			Fox Ridge will improve the physical plant to improve resident and family satisfaction by painting dining rooms and updating artwork.	October 3, 2024	All dining room were refreshed contributing to a more pleasurable dining experience.

Table 2: 2025/26 Resident and Family Satisfaction

Fox Ridge aims to improve the combined Net Promoter Score for resident and family satisfaction from 29.00 to 30.00.

Change Ideas	Process Measure	Target for 2025/26
Fox Ridge Community aims to improve food quality and resident experience by improving the skills of the culinary team.	Number of training sessions offered by Sienna's Executive Chef at Fox Ridge Community	Fox Ridge Community aims to hold a minimum of one training sessions with Sienna's Executive Chef in 2025.
Fox Ridge 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.	Fox Ridge Community will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.
Fox Ridge Community aims to improve resident experience by increasing	Number of Residents who had 5 or less resident contacts per month	Fox Ridge Community aims to decrease the number of residents who have had 5 or less resident contacts each month is

Change Ideas	Process Measure	Target for 2025/26
social interactions between residents and team members.		reduced by 5% by the end of 2025.

Table 3: 2025/26 QIP Indicator – Falls

Fox Ridge aims to improve falls from the current performance of 15.14% to 14.84%.

Change Ideas	Process Measure	Target for 2025/26
Fox Ridge will re-educate team members on post-fall huddles.	Percentage of registered staff who completed education on post-fall huddles.	100% of registered staff will be educated by the end of 2025.
Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions.	Number of Resident Safety meetings where fall and fracture risk data are reviewed.	Fox Ridge Community will review fall and fracture risk data at all Resident Safety Meetings in 2025.
Education on Intentional rounding (4 P's) on highest risk residents	Percentage of full time PSW team members who complete education on intentional rounding.	100% of full-time PSW team members will complete education on intentional rounding.