

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Granite Ridge Community

Street Address: 5501 Abbott St E, Stittsville, ON K2S 2C5

Phone Number: (613) 836-0331

Quality Lead: Cathy Cuccaro, Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Granite Ridge focused on antipsychotic reduction and improving Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on antipsychotic use from 21.91% to 21.47%. Current performance stands at 31.30%. 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 29.00. In 2024, Granite Ridge achieved an NPS of 20.00. 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, Granite Ridge selected Resident and Family Satisfaction (see Table 2), falls (see Table 3), and antipsychotic use (see table 4) 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, Granite Ridge achieved an NPS of 2.00 for resident satisfaction and an NPS of 35.00 for family satisfaction. The results were shared with our resident council on June 30, 2025, family council on July 9, 2025 and team members through town halls on June 18, 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 30, 2025 and Family Council on July 9, 2025.

This was shared with team members on June 18, 2025, through town halls. 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
Antipsychotic Use	21.91%	31.10%	Multidisciplinary approach to review medications.	Ongoing approach initiated in April 2024.	The Granite Ridge team worked with community partners to review residents receiving antipsychotics without a diagnosis of psychosis.
			Gentle Persuasive Approach Training and Education.	December 31, 2024.	Granite Ridge trained 120 team members on Gentle Persuasive Approach in 2024.
			Improve the internal Behaviour Support Team.	December 31, 2024.	Granite Ridge hired 2 PSWs and an RPN into BSO lead roles in 2024. These roles help the team implement non-pharmacological approaches to behaviour management.
Resident and Family Satisfaction	Resident NPS: 17.00	Resident NPS: 2.00	Granite Ridge aims to improve communication with residents and families by educating team members on the	December 31, 2024.	Granite Ridge's current leadership team has all either completed or is in the process of completing the CLRI Families in Distress Education

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
	Family NPS: 38.00	Family NPS: 35.00	CLRI Families in Distress Modules.		Modules. These modules help team members develop empathy skills when interacting and working with families of our long-term care residents.
			Granite Ridge aims to improve the physical plant to improve resident and family satisfaction.	November 30, 2024	Door decals have been installed as planned on the 2024/25 Quality Improvement Plan. The door decals create a more home-like environment that has been received positively by residents.

Table 2: 2025/26 Resident and Family Satisfaction

Granite Ridge aims to improve the combined Net Promoter Score for resident and family satisfaction from 20.00 to 21.00.

Change Ideas	Process Measure	Target for 2025/26
Granite Ridge 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.	Granite Ridge will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.
Granite Ridge aims to improve food quality and resident experience by	1. Number of Menufest Events Held.	1. Granite Ridge will hold 1 Menufest events in 2025.

Change Ideas	Process Measure	Target for 2025/26
offering opportunities for residents to be involved in menu planning.	2. Number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services.	2. Granite Ridge will attend bi-annual close the loop calls.

Table 3: 2025/26 QIP Indicator – Falls

Granite Ridge aims to improve falls from the current performance of 21.58% to 21.15%.

Change Ideas	Process Measure	Target for 2025/26
Granite Ridge will re-educate team members on post-fall huddles and completion of falls documentation.	Percentage of registered staff who completed education on post-fall huddles and falls documentation.	100% of registered staff will be educated by the end of 2025.

Table 4: 2025/26 QIP Indicator – Antipsychotic Use

Granite Ridge aims to improve antipsychotic use from the current performance of 31.10% to 29.55%.

Change Ideas	Process Measure	Target for 2025/26
Granite Ridge will train team members on the Gentle Persuasive Approach.	1. Number of team members who complete the iGPA modules. 2. Number of GPA coaches trained.	1. Granite Ridge will have 60 team members complete the iGPA modules in 2025. 2. Granite Ridge will train 1 additional GPA coach in 2025.
Granite Ridge will form an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic reduction team meetings.	Granite Ridge will conduct 12 Antipsychotic Reduction team meetings in 2025.

Change Ideas	Process Measure	Target for 2025/26
Use data from behaviour tracking tools to inform antipsychotic reduction committee.	Percentage of residents who are identified for potential medication reductions who have behaviour tracking completed.	100% of residents identified for medication reduction will have behaviour tracking completed.