

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Harmony Hills Community

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

Phone Number: (416) 285-1411

Quality Lead: Vilma Bugarin, Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Harmony Hills Community focused on reducing the rate of falls and improving Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the rate of falls from the current performance of 15.61% to 15.29%. Current performance stands at 10.71%. 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 30. In 2024, Harmony Hills Community achieved an NPS of 61. 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, Harmony Hills 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, Harmony Hills Community achieved an NPS of 53.00 for resident satisfaction and an NPS of 71.00 for family satisfaction. The results were shared with our resident council on January 27, 2025, family council on January 16, 2025, and team members through town halls on January 17, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Harmony Hills Community's annual Operational Planning Day was held on March 25, 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 13, 2025, and Family Council on June 13, 2025.

Posted: June 30, 2025.

This was shared with team members on June 11, 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
Falls	15.61%	10.71%	Falls interventions will be implemented for new residents prior to their admission to the community	May 2024	Falls Lead and BSO Lead reviewed the application of resident prior to move-in in our community, identified high risk of falls have interventions in place prior to move in. DOS also initiated within 5 days from move-in date.
			Improve attendance of the interdisciplinary team involvement in post-fall huddles.	May 2024	Interdisciplinary team attends the post-fall huddles every incident of fall. The huddle helped with discussing interventions that mitigate future falls of the resident.
Resident and Family Satisfaction	Resident NPS: 6.00	Resident NPS:53.00	Harmony Hills aims to improve communication with residents and families by supporting team member to	March 2024	It improved team members' customer service approach to residents and families.

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
	Family NPS: 51.00	Family NPS:71.00	complete the CLRI Families in Distress training modules.		
			Introduce menu upon move-in.	April 2024	This change idea helps the team understand dietary preferences from the moment residents move-in to Harmony Hills.
			Increase innovative programs.	Innovative programs were implemented in January and July 2024.	These programs have encouraged participation from residents who may have refused prior invitations to other programs. They also provide opportunities for more 1:1 activity when necessary.

Table 2: 2025/26 Resident and Family Satisfaction

Harmony Hills Community aims to maintain the current performance of 61 for combined Net Promoter Score for resident and family satisfaction.

Change Ideas	Process Measure	Target for 2025/26
Harmony Hills aims to improve food quality and resident experience by implementing Sienna Standard Menus.	Score on quarterly Sienna Dining Audits to confirm adherence with Sienna Standard Menus.	Harmony Hills aims to score 100% on quarterly audits throughout 2025.
Harmony Hills aims to improve resident experience by increasing social interactions between residents and team members.	Number of Residents who had 5 or less resident contacts per month.	Harmony Hills aims to decrease the number of residents who have had 5 or less resident contacts each month is reduced by 5% by the end of 2025.

Table 3: 2025/26 QIP Indicator – Antipsychotic Use

Harmony Hills Community aims to improve antipsychotic use from the current performance of 18.63% to 17%.

Change Ideas	Process Measure	Target for 2025/26
Harmony Hills will train team members on the Gentle Persuasive Approach.	Number of team members who complete the iGPA modules.	Harmony Hills will have 20 team members complete the iGPA modules in 2025
Review Antipsychotics medication usage within 6 weeks of move-in.	% of new move-in residents taking antipsychotics without a diagnosis of psychosis who have a medication review completed within 6 weeks of move-in.	100% of new move-in residents who are on antipsychotics without a diagnosis of psychosis will have a med review completed within 6 weeks of move-in by Sept 30, 2025.
Harmony Hills will form an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic Reduction team meetings.	Harmony Hills will conduct 12 Antipsychotic Reduction team meetings in 2025.