

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

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## **Community Demographics**

Community Name: Secord Trails

Street Address: 263 Wonham Street South, Ingersoll, ON

Phone Number: (519) 485-3920

Quality Lead: Techiya Loewen

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

In 2024–25, Secord Trails focused on ED visits and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the selected ED visits from 28.89% to 28.31%. Current performance stands at 38.95%. 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 14.00. In 2024, Secord Trails achieved an NPS of 4.00. 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, Secord Trails 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, Second Trails achieved an NPS of -11.00 for resident satisfaction and an NPS of 22.00 for family satisfaction. The results were shared with our resident council on February 26, 2025, family council on February 27, 2025 and team members through town halls on June 25, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Second Trails annual Operational Planning Day was held on March 20, 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 25, 2025 and Family Council on June 19, 2025.

Posted: June 30, 2025.

This was shared with team members on June 25, 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>
Avoidable ED Visits	28.89%	38.95%	Tracking and trending ED transfer data – April 25, 2024, July 18, 2024, October 30, 2024, and January 15, 2025.	April 25, 2024	Data review helps to inform opportunities for further quality improvement.
			Improve use of the SBAR tool	Education completed by July 5, 2025.	The SBAR tool helped to improve communication between nursing and medical team members.
Resident and Family Satisfaction	Resident NPS: 32.00  Family NPS: -2.00	Resident NPS: -11.00  Family NPS: 22.00	Secord Trails aims to improve communication with residents and families. Secord Trails aims to have 0 comments related to phone systems on the 2024 resident and family satisfaction survey.	April 1, 2024	There were no comments on the survey on the 2024 resident and family survey
			Secord Trails aims to improve the physical plant. Secord Trails will update the flooring in	April 1, 2024	5 rooms received updated flooring.

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
			13 resident rooms by April 2024.		
			Secord Trails aims to improve the physical plant. Secord Trails aims to refresh the paint on one home area in 2024 and start the others within the year.	April 1, 2024	The home was able to refresh the paint in rooms that were vacated throughout the year. Each of the home areas received some painting yet no home areas were complete.

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

Secord Trails aims to improve the combined Net Promoter Score for resident and family satisfaction from 4.00 to 5.00.

Change Ideas	Process Measure	Target for 2025/26
Training for survey volunteers on the survey tool and how to effectively gather qualitative data.	Percentage of survey volunteers trained	100% of survey volunteers trained.
Increase the family survey response rate by increasing promotion of the survey to family and friends	Percentage of calls made to each family member recipients of the monthly survey.	100% of all family member recipients of the monthly survey will receive a phone call.

**Table 3: 2025/26 QIP Indicator – Antipsychotic Use**

Secord Trails aims to improve antipsychotic use from the current performance of 18.65% to 18.28%.

<b>Change Ideas</b>	<b>Process Measure</b>	<b>Target for 2025/26</b>
Medication review for residents who are currently taking an antipsychotic at bedtime to determine if the resident is a candidate for a medication change to trazodone.	1) percentage of DOS completed 2) percentage of medication reviews completed 3) percentage of meeting held discussing medication review with physician 4) percentage of residents with medication changes.	1) 100% of residents without a diagnosis on an antipsychotic at bedtime 2) 100% of residents who completed the DOS undergo a medication review. 3) 100% of resident's medication reviews discussed with their physician. 4) 100% of eligible residents who have a med change.