

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Trillium Community & Retirement Living

Street Address: 790/800 Edgar Street, Kingston, ON, K7M 8S4

Phone Number: (613) 547-0040

Quality Lead: Kelly Kontkanen, Senior Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Trillium Community and Care Retirement focused on Percentage of LTC home residents who fell in the 30 days leading up to their assessment and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the selected Percentage of LTC home residents who fell in the 30 days leading up to their assessment from 15.93% to 15.30%. Current performance stands at 15.83%. 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 28.00. In 2024, Trillium Community and Care Retirement achieved an NPS of 39.00. 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, Trillium Community & Retirement Living selected Resident and Family Satisfaction (see Table 2) and Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (see Table 3) as focus areas. These priorities are also reflected in the community's internal operational plan.

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, Trillium Community & Retirement Living achieved an NPS of 37.00 for resident satisfaction and an NPS of 43.00 for family satisfaction. The results were shared with our resident council on February 20, 2025, family council on February 26, 2025, and team members through town halls on January 30, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Trillium Community & Retirement Living's annual Operational Planning Day was held on November 22nd 2024 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.

Posted: June 30, 2025.

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, which was shared with the Resident Council on June 19, 2025, and Family Council on June 25, 2025.

Posted: June 30, 2025.

This was shared with team members on June 26, 2025, through town halls 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
Percentage of LTC home residents who fell in the 30 days leading up to their assessment.	15.30%	15.89%	Trillium will re-educate team members on post-fall huddles.	May 2024	100% completed post falls huddle education by August 2024
			Trillium will flag residents with multiple falls during their medication review.	May 2024	100% of residents that had 3 or more falls in one month in 2024 had their medication reviewed by CareRX pharmacist.
			Trillium will involve the recreation team in care planning for residents with frequent falls.	May 2024	Recreation team members attend the monthly Falls Committee meeting where the residents with 3 falls or more care plans are reviewed. Successful in our change ideas and met our targets.
Resident and Family Satisfaction	Resident NPS: 17.00	Resident NPS: 37.00	Trillium aims to improve the food service to improve resident and family satisfaction.	November 22, 2024	Food service has been improved through process of supporting food temperatures by ensuring food is covered and temperatures taken. Operational planning occurred 3 times in

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
	Family NPS: 42.00	Family NPS: 43.00			2024 above the standard of one time a year. This increase in engagement and feedback has ensured family and resident satisfaction for 2024 for change ideas to be implemented.
			Trillium aims to improve the physical plant to improve resident and family satisfaction.	December 2024	Number of spaces with interactive murals installed. 7 Home areas have interactive murals in the resident home area installed 2024.
			Trillium aims to improve the physical plant to improve resident and family satisfaction	December 2024	All home areas have had paint and furniture updates throughout. Ridge Building consists of three home areas having no carpet and Court Building has 4 resident home areas containing no carpet. Court common areas and offices remain with carpet. Our Circle café received an update with new chairs in 2024.

Table 2: 2025/26 Resident and Family Satisfaction

Trillium Community & Retirement Living aims to improve the combined Net Promoter Score for resident and family satisfaction from 39 to 40.

Change Ideas	Process Measure	Target for 2025/26
Trillium Community aims to improve food quality and resident experience by offering opportunities for residents to be involved in menu planning	Number of Menufest Events Held. 2. Number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services.	Trillium Community will hold 1 Menufest events in 2025. 2. Trillium Community will attend 2 bi-annual close the loop calls.
Trillium Community and Retirement Living 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	Trillium Community and Retirement Living 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 Antipsychotic Use

Trillium Community & Retirement Living aims to improve Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment from the current performance of 20.05% to 19.65%.

Change Ideas	Process Measure	Target for 2025/26
Trillium Community will form an interdisciplinary committee to review antipsychotic usage	The number of Antipsychotic Reduction team meetings.	Trillium Community will conduct 12 Antipsychotic Reduction team meetings in 2025.
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.