

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Waters Edge (Northern Heights)

Street Address: 401 William St, North Bay, ON P1A 1J5

Phone Number: (705) 476-2602

Quality Lead: Angel Vibert, Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Waters Edge focused on reducing antipsychotic use and improving Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the rate of antipsychotic use from 24.06% to 23.57%. Current performance stands at 25.66%. 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 6.00. In 2024, Waters Edge achieved an NPS of 32.00. 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, Waters Edge selected Resident and Family Satisfaction (see Table 2) and the rate of 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, Waters Edge achieved an NPS of 37.00 for resident satisfaction and an NPS of 25.00 for family satisfaction. The results were shared with our resident council on January 8, 2024, with family members through a town hall on December 16, 2024, and team members through town halls on November 13, 2024. 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 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 January 8, 2025 and families through a town hall on February 6, 2025.

Posted: June 30, 2025.

This was shared with team members on June 12, 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
Antipsychotic Use	24.06%	25.66%	Train team members on the Gentle Persuasive Approach (GPA).	February 12, 2024, for GPA	Waters Edge provided GPA education to 12 team members in 2024.
			Improve the interdisciplinary approach to medication reviews. Waters Edge aims to complete 1 medication review with an interdisciplinary approach per quarter throughout 2024.	Started December 2024 and continued routinely thereafter	A review of medications by the interdisciplinary team was completed for 19 Residents.
Resident and Family Satisfaction	Resident NPS: -7.00 Family NPS: 30.00	Resident NPS: 37.00 Family NPS: 25.00	Waters Edge aims to improve the daily experience for the residents. 2 new innovative programs will be introduced each quarter in 2024.	New programs were introduced all quarters in 2024.	We introduced 3 new programs to Residents in 2024. We have our Resident Gems Program, introduced the Meaningful visits program and introduced our socialize and stimulate program.

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
			Waters Edge aims to improve the physical plant to improve resident and family satisfaction. Waters Edge will refresh the outdoor common spaces.	Deck built in April 2024. Flowers planted in June 2024.	Refreshing our outdoor spaces gave residents more room to visit with friends and families.
			Waters Edge aims to improve service excellence by having team members complete the CLRI Families in Distress training modules.	December 31, 2024.	25% of Waters Edge team members completed the modules in 2024.

Table 2: 2025/26 Resident and Family Satisfaction

Waters Edge aims to improve the combined Net Promoter Score for resident and family satisfaction from 32.00 to 33.00.

Change Ideas	Process Measure	Target for 2025/26
Water's Edge aims to improve nursing knowledge, leadership, and capacity to deliver clinical care to improve resident and family satisfaction.	Number of registered staff who complete the Humber College Physical Assessment Course.	Water's Edge will send 1 registered staff to the Humber College Physical Assessment Course each time it is offered by December 31, 2025.
Waters Edge 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.	Waters Edge will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.

Table 3: 2025/26 QIP Indicator – Falls

Waters Edge aims to improve the rate of falls from the current performance of 17.24% to 16.89%.

Change Ideas	Process Measure	Target for 2025/26
Water's Edge Community 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.
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.

Table 4: 2025/26 QIP Indicator – Antipsychotic Use

Waters Edge aims to improve the rate of antipsychotic use from the current performance of 25.66% to 25.15%.

Change Ideas	Process Measure	Target for 2025/26
Water's Edge will 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.
Waters Edge will train team members on the Gentle Persuasive Approach.	Percentage of team members who complete the iGPA modules.	Waters Edge will have 90% team members complete the iGPA modules by May 2025.