

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Weston Terrace Community

Street Address: 2005 Lawrence Ave W, Toronto, ON M9N 3V4

Phone Number: (416) 243-8879

Quality Lead: Luciana Vieira, Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Weston Terrace focused on reducing antipsychotic use and improving Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on antipsychotic use from 18.96% to 18.55%. Current performance stands at 20.98%. 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 5.00. In 2024, Weston Terrace achieved an NPS of 29.00. 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, Weston Terrace selected Resident and Family Satisfaction (see Table 2) and antipsychotic usage (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, Weston Terrace achieved an NPS of 34.00 for resident satisfaction and an NPS of 23.00 for family satisfaction. The results were shared with our resident council on January 22, 2025, family council on January 7, 2025, and team members through town halls on February 26, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Weston Terrace's annual Operational Planning Day was held on May 9, 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, will be shared with the Resident Council on July 24, 2025 and Family Council on July 8, 2025.

Posted: June 30, 2025.

This was shared with team members on April 30, 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	18.96%	20.98%	Offer GPA Education	December 31, 2024	Weston Terrace trained 60 team members on GPA in 2024.
			BSO involvement in LTC resident application reviews.	April 1, 2024	100% of applications submitted where applicants were identified as having Dementia with BPSD reviewed by BSO. This helps assess risk and create a plan to better support new residents upon admission
			Collaboration with BSO team to complete the 3 month medication review for residents using antipsychotic medications without the supporting diagnosis.	April 1, 2024	50% of residents that were receiving antipsychotics had BSO lead collaboration with 3M med review.
			PIECES assessment to be completed for all residents	N/A	BSO lead started a new approach to how new onset of

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
			displaying new onset of BPSD as well as residents receiving antipsychotics to best identify potential new nonpharmacological approaches to support BPSD.		BPSD and residents receiving antipsychotics are assessed and reassessed. Will incorporate this new approach as part of QIP for 2025.
Resident and Family Satisfaction	Resident NPS: 5.00 Family NPS: 3.00	Resident NPS: 34.00 Family NPS: 23.00	Improving family's knowledge of the opportunities for residents to socialize.	April 1, 2024	Monthly newsletter and calendars distributed to residents and their loved ones monthly.
			Weston Terrace aims to improve communication with residents and families.	December 31, 2025	50% of team members were trained on the CLRI Families in Distress training modules and are actively utilizing the new approach.
			Weston Terrace aims to improve the quality of clinical care	Dec 31, 2025	23 nurses have attended the Humber College Clinical Assessment Course in the last 18 months.
			Weston Terrace aims to improve the quality of clinical care	2 sessions done on April 19, 2024	2-3 education sessions with CareRx were held throughout 2024.

Table 2: 2025/26 Resident and Family Satisfaction

Weston Terrace aims to improve the combined Net Promoter Score for resident and family satisfaction from 29.00 to 30.00.

Change Ideas	Process Measure	Target for 2025/26
Weston Terrace aims to improve food quality and resident experience by improving the skills of the culinary team.	Number of training sessions offered by Sienna's Executive Chef at Weston Terrace.	Weston terrace aims to hold a minimum of one training sessions with Sienna's Executive Chef in 2025.
Weston Terrace aims to improve the dining experience and resident experience by elevating collaboration in the dining room.	Percentage of meals where a dining huddle with all team members is held post-meal each day	Weston Terrace aims to hold Dining Huddles at 75% of dinners throughout 2025 to improve the dining experience of our residents.

Table 3: 2025/26 QIP Indicator – antipsychotic use

Weston Terrace aims to improve antipsychotic use from the current performance of 20.98% to 20.56%.

Change Ideas	Process Measure	Target for 2025/26
Weston Terrace will form an interdisciplinary committee to review antipsychotic usage.	The number of Antipsychotic Reduction team meetings and % of residents identified as using antipsychotic medication without a proper diagnosis.	Weston Terrace will conduct 10 Antipsychotic Reduction team meetings in 2025.
Weston Terrace Community will participate in the Healthcare Excellence Canada's Sparking Change in the Appropriate use of Antipsychotics Awards Program with the goal of implementing best practice	<ul style="list-style-type: none"> • Number and percentage of residents at the community on antipsychotics without a diagnosis of psychosis • Number and percentage of residents at the community in the 	10% reduction in inappropriate use of antipsychotics over the next 9 months.

Change Ideas	Process Measure	Target for 2025/26
<p>guidelines to reduce the number of residents using antipsychotics without a proper diagnosis and improving resident quality of life.</p>	<p>target group with reduced dose of antipsychotics</p> <ul style="list-style-type: none"> • Number and percentage of residents at the community in the target group discontinued from antipsychotics and not returned <p>Balancing measure:</p> <ul style="list-style-type: none"> • Number and percentage of residents at the community in the target group in daily physical restraints 	