

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Woodhall Park Community

Street Address: 10260 Kennedy Road North, Brampton ON, L6Z 4N7

Phone Number: 905-495-4695

Quality Lead: Angela Matthews

2024–25 Quality Improvement Initiatives

In 2024–25, Woodhall Park Community focused on reducing avoidable emergency department (ED) visits and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on avoidable ED visits from 25.90% to 26.38%. Current performance stands at 29.61%. A summary of changing 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 40.00. In 2024, Woodhall Park Community achieved an NPS of 5.00. 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, Woodhall Park Community selected Resident and Family Satisfaction (see Table 2) and avoidable ED visits (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, Woodhall Park Community achieved an NPS of -18.00 for resident satisfaction and an NPS of 46.00 for family satisfaction. The results were shared with our resident council on March 18, 2025, family council on January 24, 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, Woodhall Park Community's annual Operational Planning Day was held on May 9, 2025, and included residents, a family member, 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 gather 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 years 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 May 27, 2025, and Family Council on June 16, 2025.

Posted: June 30, 2025.

This was also shared with team members on June 19, 2025, through town halls 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 |
|----------------------|---------------------------------------|--------------------------------------|--|---|---|
| Avoidable ED Visits | 25.90% | 29.61% | Improve the palliative care program by having leadership and team members complete the Pallium LEAP Education program. | December 2024 | This course improved palliative care as it taught the TM's the early signs of palliation and how to evaluate residents' health care wishes. |
| | | | Woodhall Park aimed to hold 4 education sessions with the Nurse Lead Outreach Team (NLOT) team by December 31, 2024. | Dates of Education Sessions: Oct/08/2024 Oct/10/2025 Oct/23/2024 Oct/28/2025 Nov/12/2024 | The sessions focused on lv therapy training, respiratory assessments, and catheter care which helped in developing nursing skills for nurses that can be utilized in daily assessments and tasks for residents. |
| | Resident NPS: 25.00 | Resident NPS: -18.00 | Woodhall Park aims to improve service excellence to improve residents and family | March 13, 14, and 15, 2024. | 50% of team members completed the CLRI education modules on |

| Area of Focus | Previous Performance (2023/24) | Current Performance (2024/25) | Change Ideas | Date of Implementation | Outcomes/Impact |
|----------------------------------|--------------------------------|-------------------------------|---|--|--|
| Resident and Family Satisfaction | Family NPS: 57.00 | Family NPS: 46.00 | satisfaction by having clinical staff and leaders complete the CLRI Families in Distress education modules by December 31, 2024. | | Team members are further skilled to support and empathize with residents and family members in stressful situations. |
| | | | Woodhall Park aims to improve the quality of clinical care to improve resident and family satisfaction by sending registered staff to complete the Humber College Physical Assessment Course. | September 24, 2024. | This course helped the nurses to polish their physical assessment skills that are utilized daily for resident care. |
| | | | Woodhall Park aims to improve Food Quality to improve resident and family satisfaction by increasing the number of resident choice days to 2 per month. | Implemented May 2024 and sustained this monthly. | Increased resident choice in meals has had a positive impact on our residents. |

Table 2: 2025/26 Resident and Family Satisfaction

Woodhall Park Community aims to improve the combined Net Promoter Score for residents and family satisfaction from 5.00 to 6.00.

| Change Ideas | Process Measure | Target for 2025/26 |
|---|---|---|
| Woodhall Park aims to improve resident experience by fostering a sense of community among residents. Woodhall Park will fully implement the Sienna Gems in our Community program in 2025. The Sienna Gems in our Community supports residents to pursue their interests and share their passions, strengths, and talents by engaging with others in the community | Number of residents participating in The Gems in our Community in 2025. | Woodhall Park will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025. |

Table 3: 2025/26 QIP Indicator - ED Visits

Woodhall Park Community aims to improve avoidable ED visits from the current performance of 29.61% to 29.05%.

| Change Ideas | Process Measure | Target for 2025/26 |
|---|---|---|
| Improve Registered Staff capacity and confidence by enhancing physical assessment skills. | Number of staff who attend the Humber College physical assessment course. | Woodhall Park will send 2 registered staff to the Humber College physical assessment course by December 31, 2025. |
| Woodhall Park aims to reduce ED transfers by improving the approach to palliative care | Percentage of residents who have a health care wishes assessment completed in Point Click Care within 6-weeks of move-in to the community must be 100%. | 100% of residents will have a health care wishes assessment completed in Point Click Care within 6-weeks of move-in to the community. |