

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Woods Park Community & Retirement Living

Street Address: 110 Lillian Crescent, Barrie, ON L4N 5H7

Phone Number: 705-739-6881

Quality Lead: Kathy Wheeler – Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Woods Park Community focused on reducing falls and improving Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the selected reduction of falls from 19.44% to 19.05%. Current performance stands at 21.69%. 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 25. In 2024, Woods Park Community achieved an NPS of 47. 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, Woods Park Community selected Resident and Family Satisfaction (see Table 2), 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, Woods Park Community achieved an NPS of 33 for resident satisfaction and an NPS of 57 for family satisfaction. The results were shared with our resident council on June 2nd 2025, family council on April 17th 2025, and team members through town halls on April 14th 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Woods Park Community's annual Operational Planning Day was held on April 23/2025 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, was shared with the Resident Council on June 2nd 2025 and Family Council on June 11th 2025.

Posted: June 30, 2025.

This was shared with team members on June 12th 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
Falls	19.44%	21.69%	Implementation of post-fall huddles on day shift.	80% of falls had post fall huddle by sept 30 th 2024	Help us review care plan at time of falls
			Review of all falls at Resident Safety meeting monthly.	Occurred minimum quarterly in 2024	Help recognize opportunities for improvement
Resident and Family Satisfaction	Resident NPS: 36 Family NPS: 50	Resident NPS:33 Family NPS: 57	Woods Park aims to improve dining service to improve resident and family satisfaction by adhering to the Daily Dining Huddle Schedule.	Implemented January 8, 2024, and sustained on weekdays.	Helps to set realistic expectations, build trust, and promote communication by engaging team members, review menu and resident updates and discuss risk
			Woods Park aims to improve communication with residents and families by having clinical team members and leaders	Education completed by February 16 th , 2024	Equips team members with the skills and confidence to manage challenging situations

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
			complete the CLRI Families in Distress education modules.	March 14 th , 2024 – implemented reset room	effectively and foster positive relationships.

Table 2: 2025/26 Resident and Family Satisfaction

Woods Park aims to improve the combined Net Promoter Score for resident and family satisfaction from 47 to 48.

Change Ideas	Process Measure	Target for 2025/26
Woods Park 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	Woods Park Community 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.
Woods Park Community 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.	Woods Park Community will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025.

Table 3: 2025/26 QIP Indicator – Falls

Woods Park Community aims to improve falls from the current performance of 21.69% to 21.26%.

Change Ideas	Process Measure	Target for 2025/26
The nursing leadership team will provide education to registered staff on conducting and completing thorough 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.
Woods Park Community will utilize the monthly Resident Safety meeting to review the falls risk and fracture risk data from PointClickCare. The data will help the falls team prioritize and understand who needs falls interventions initiated in their plan of care.	Number of Resident Safety meetings where fall and fracture risk data are reviewed.	Woods Park Community will review fall and fracture risk data at all Resident Safety Meetings in 2025.
Education on Intentional rounding (4 P's)	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

Woods Park Community aims to improve Antipsychotic use from the current performance of 21.90% to 21.46%.

Change Ideas	Process Measure	Target for 2025/26
If the antipsychotic reduction committee identifies residents with potential to reduce their medications, the nursing team will use the Dementia Observation System (DOS) and/or alternative behaviours to complete	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.

Change Ideas	Process Measure	Target for 2025/26
behaviour monitoring. The results of the DOS will be reviewed by the committee to determine if medication reduction was successful.		
Woods Park Community will utilize Internal/external GPA coaches to support team members to complete the iGPA modules.	Number of new team members who complete the iGPA modules.	30 new team members complete the iGPA modules in 2025.