

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Owen Hill Community

Street Address: 130 Owen St, Barrie, ON, L4M 3H7

Phone Number: 705-726-8621

Quality Lead: Lenka Fousek, Executive Director

2024–25 Quality Improvement Initiatives

In 2024–25, Owen Hill Community focused on improving the rate of falls and Resident and Family Satisfaction as its CQI initiatives.

The target was to improve performance on the rate of falls from 18.72% to 18.35%. Current performance stands at 17.49%. 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 33.00. In 2024, Owen Hill Community achieved an NPS of 48.00. 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, Owen Hill Community selected Resident and Family Satisfaction (see Table 2), falls (see Table 3), and antipsychotic use (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, Owen Hill Community achieved an NPS of 54.00 for resident satisfaction and an NPS of 33.00 for family satisfaction. The results were shared with our resident council on February 28, 2025 and family council on February 26, 2025, and team members on April 30, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Owen Hill Community's annual Operational Planning Day was held on April 30th, 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 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, will be shared with the Resident Council on August 27, 2025 and Family Council on July 17, 2025.

This will also be shared with team members on July 22, 2025 through town halls and it will be 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	18.72%	18.35%	Fall huddles will take place on both home areas on all 3 shifts	Throughout 2024	All shifts had monthly falls huddles
			Implement a visual identifier for residents at high risk for falls	Implemented by May 31, 2024	100% of residents who were at high risk for falls had a visual identifier placed by their name tag on both units
			Implementation of the collaborative medication reviews completed with a falls prevention focus	Throughout 2024	100% of residents who have fallen (2 or more falls in a month) in the last 30 days had a collaborative medication review completed
Resident and Family Satisfaction	Resident NPS: -3.00 Family NPS: 69.00	Resident NPS: 54.00 Family NPS: 33.00	Owen Hill aims to improve the physical plant	By December 31, 2024	Both dining rooms were revamped including various touch ups, chalkboard in main dining room, deficient heat registers were replaced

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
			Owen Hill aims to improve the quality of clinical care	By December 31, 2024	2 Registered staff completed the Humber College Physical Assessment course
			“Get To Know Me” board will be posted outside every resident room that will include personal/fun facts about each resident	By December 31, 2024	100% of residents who agreed with the idea had their board placed outside the resident’s room

Table 2: 2025/26 Resident and Family Satisfaction

Owen Hill Community aims to improve the combined Net Promoter Score for resident and family satisfaction from 48 to 49.

Change Ideas	Process Measure	Target for 2025/26
Owen Hill Community aims to improve the quality of clinical care	Number of newly hired registered staff and nursing leaders who attend the Humber College Physical Assessment Course	Owen Hill aims to send 5 registered staff and 2 nursing leaders to the Humber College Physical Assessment Course by December 31, 2025
Owen Hill Community 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	Owen Hill Community will ensure a minimum of one resident Gem is identified and participating in the program throughout 2025

Change Ideas	Process Measure	Target for 2025/26
Owen Hill 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 and number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services	Owen Hill Community will hold one Menufest event in 2025 and will attend 4 quarterly Close the Loop calls

Table 3: 2025/26 QIP Indicator – Falls

Owen Hill Community aims to improve the percentage of LTC home residents who fell in the 30 days leading up to their assessment indicator from the current performance of 17.49% to 17.14%.

Change Ideas	Process Measure	Target for 2025/26
Education on Intentional rounding (4P'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
Owen Hill Community will engage the interdisciplinary team inclusive of recreation and therapies in care planning for residents with frequent falls	Percentage of residents who have 3 or more falls per month who have had recreation team members involved in care planning	100% of residents who fall 3 or more times in one month will have the recreation/therapies team involved in care planning

Table 4: 2025/26 QIP Indicator – Antipsychotic Use

Owen Hill Community aims to improve the percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment indicator from the current performance of 21.18% to 20.75%.

Change Ideas	Process Measure	Target for 2025/26
Gentle Persuasive Approach (GPA) training provided for team members across all departments	Number of team members trained on GPA	10 team members will receive GPA training by December 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