

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Victoria Manor Home for the Aged

Street Address: 220 Angeline Street S, Lindsay, ON, K9V 0J8

Phone Number: 705-324-3558

Quality Lead: Gail Kitamura, Director of Care

2024–25 Quality Improvement Initiatives

In 2024–25, Victoria Manor Home for the Aged focused on reducing avoidable ED visits and improving Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the selected avoidable ED visits from 25.36% to 24.85%. Current performance stands at 27.93%. 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 37.00. In 2024, Victoria Manor Home for the Aged achieved an NPS of 41.00. 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, Victoria Manor Home for the Aged selected Resident and Family Satisfaction (see Table 2), ED visits (see Table 3) and falls (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, Victoria Manor Home for the Aged achieved an NPS of 47.00 for resident satisfaction and an NPS of 43.00 for family satisfaction. The results were shared with our resident council on August 5, 2024, family council on January 27, 2025 and team members through town halls on March 31, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Victoria Manor Home for the Aged's annual Operational Planning Day was held on March 12, 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 March 27, 2025 and Family Council on March 12, 2025.

Posted: June 30, 2025.

This was shared with team members on this March 31, 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 |
|----------------------------------|--------------------------------|-------------------------------|---|------------------------|---|
| ED Visits | 25.36% | 27.93% | Monthly tracking and trending of ED transfer data. | Monthly in 2024 | ED transfers were discussed at resident safety meetings in 2024 |
| | | | Nurse Practitioner to support with ED transfer education. | February 2024 | This was implemented however we met challenges with recruiting for this position. When this change idea was implemented we noted a reduction in ED transfers. |
| | | | Improve the approach to palliative care by sending team members to the Pallium LEAP course. | October 2024 | Victoria Manor exceeded our goal of completing LEAP education in 2024. |
| Resident and Family Satisfaction | Resident NPS: 1.00 | Resident NPS: 47.00 | Victoria Manor aims to improve food quality to improve resident and family satisfaction by ensuring meal service starts in the correct dining room. | October 2024 | A procedure was implemented and table rotation was followed 90% of meals. |

| Area of Focus | Previous Performance (2023/24) | Current Performance (2024/25) | Change Ideas | Date of Implementation | Outcomes/Impact |
|---------------|--------------------------------|-------------------------------|--|------------------------|--|
| | Family NPS: 65.00 | Family NPS: 43.00 | Victoria Manor will improve opportunities for social interaction for residents to improve resident and family satisfaction by sharing the program calendar with residents and families by email. | November 1, 2024 | Monthly calendars were sent to residents and families by email every month. |
| | | | Victoria Manor will improve the physical plant to improve resident and family satisfaction by replacing dining room furniture and artwork. | September 2024 | All dining rooms received new tables and chairs. All dining rooms were refreshed with new paint. |
| | | | Victoria Manor aims to improve food quality to improve resident and family satisfaction by holding 12 food committee meetings in 2024. | October 2024 | 12 Food committee meetings were held with minutes shared with residents. |
| | | | Victoria Manor will improve opportunities for social interaction for residents to improve resident and family satisfaction by implemented a Community Crew group. | April 22, 2024 | Community Crew met 12 times. More than 8 new community events/initiatives were held. |

Table 2: 2025/26 Resident and Family Satisfaction

Victoria Manor Home for the Aged aims to improve the combined Net Promoter Score for resident and family satisfaction from 41.00 to 42.00.

| Change Ideas | Process Measure | Target for 2025/26 |
|--|---|--|
| Victoria Manor 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. | Victoria Manor will ensure a minimum of one resident gem is identified and participating in the program throughout 2025. |
| Victoria Manor 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 Victoria Manor. | Victoria Manor aims to hold a minimum of one training session with the Sienna's executive chef in 2025. |
| Victoria Manor aims to improve food quality and resident experience by completing dining quality audits in all dining rooms on a monthly basis | Number of dining audits completed. | Victoria Manor aims to complete a minimum of 40 audits in 2025. |

Table 3: 2025/26 QIP Indicator – ED Visits

Victoria Manor Home for the Aged aims to improve avoidable ED visits from the current performance of 27.93% to 27.37%.

| 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. | Victoria Manor will send 2 registered staff to the Humber College physical assessment course by December 31, 2025. |

| Change Ideas | Process Measure | Target for 2025/26 |
|--|--|---|
| Monthly tracking, trending, and analysis of ED transfer data from PointClickCare. | Percentage of ED transfers reviewed monthly. | Victoria Manor aims to review 100% of ED transfers each month throughout 2025. |
| Victoria Manor aims to reduce ED transfers by improving the approach to palliative care. | Percentage of residents who have a health care wishes assessment completed in PointClickCare within 6-weeks of move-in to the community. | 100% of residents will have a health care wishes assessment completed in PointClickCare within 6-weeks of move-in to the community. |

Table 4: 2025/26 QIP Indicator – Falls

Victoria Manor Home for the Aged aims to improve falls from the current performance of 17.00% to 16.66%.

| Change Ideas | Process Measure | Target for 2025/26 |
|---|--|--|
| Victoria Manor 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 September 30, 2025. |
| Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions. | Number of Resident Safety meetings where fall and fracture risk data are reviewed. | Victoria Manor will review falls and fracture risk data at all Resident Safety Meetings in 2025. |