

2025/26 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Villa Leonardo Gambin

Street Address: 40 Friuli Ct, Woodbridge, ON L4L 9T3

Phone Number: (905) 856-3939

Quality Lead: Sonia Roul, Administrator

2024–25 Quality Improvement Initiatives

In 2024–25, Villa Leonardo Gambin focused on reducing antipsychotic usage without a diagnosis of psychosis and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the rate of antipsychotic usage without a diagnosis of psychosis from 16.57% to 16.37%. Current performance stands at 16.17%. 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 31.00. In 2024, Villa Leonardo Gambin achieved an NPS of 43.00. 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, Villa Leonardo Gambin selected Resident and Family Satisfaction (see Table 2) and antipsychotic usage without a diagnosis of psychosis (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, Villa Leonardo Gambin achieved an NPS of 22.00 for resident satisfaction and an NPS of 64.00 for family satisfaction. The results were shared with our resident council on June 18, 2025, family council on July 3, 2025, and team members through town halls on July 17, 2025. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Villa Leonardo Gambin's annual Operational Planning Day was held on March 6, 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 18, 2025 and Family Council on July 3, 2025.

This was shared with team members on July 17, 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 Usage	16.57%	16.17%	Review quarterly all residents who trigger the antipsychotic QI	April 1, 2024	We are pleased to report the successful implementation of the change idea to “Review quarterly all residents who trigger the antipsychotic QI” through the Resident Safety Meetings and we were able to determine who needs to be reviewed and monitored for behaviour.
			Offer Gentle Persuasive Approach (GPA) Training	April 1, 2024	Villa Leonardo Gambin surpassed our goal for providing Gentle Persuasive Approach education to team members in 2024.
			Ensure there is documentation and diagnosis to support the need for antipsychotic medication without psychosis.	April 1, 2024	There is documentation for those residents demonstrating responsive behaviour and triggering this quality indicator however those who are stable and with a diagnosis of psychosis or a hallucination.

Area of Focus	Previous Performance (2023/24)	Current Performance (2024/25)	Change Ideas	Date of Implementation	Outcomes/Impact
Resident and Family Satisfaction	Resident NPS: 9.00 Family NPS: 44.00	Resident NPS: 22.00 Family NPS: 64.00	Villa Leonardo Gambin aims to improve the quality and delivery of service during mealtimes.	April 1, 2024	Meal service continues to be an ongoing focus for Villa Leonardo Gambin. Family and resident surveys included positive feedback on meal service at Villa Leonardo Gambin.
			Villa Leonardo Gambin aims to improve communication with residents and families.	April 1, 2024	Villa Leonardo Gambin's leadership team and most of our frontline clinical team completed the CLRI families in distress education.

Table 2: 2025/26 Resident and Family Satisfaction

Villa Leonardo Gambin aims to improve the combined Net Promoter Score for resident and family satisfaction from 43.00 to 44.00.

Change Ideas	Process Measure	Target for 2025/26
Educate staff on resident-centered care, policies and respectful communication,	Percentage of team members who participated in education per month	Villa Leonard Gambin will ensure 85% full-time team members participate in the monthly learning essentials throughout 2025.

Change Ideas	Process Measure	Target for 2025/26
Villa Leonardo Gambin aims to improve resident experience by fostering a sense of community among residents and team members	Number of Residents who had 5 or less resident contacts per month	We aim to decrease the number of residents who have had 5 or less resident contacts each month.

Table 3: 2025/26 QIP Indicator – Antipsychotic Use

Villa Leonardo Gambin aims to improve [indicator] from the current performance of 16.17% to 15.85%.

Change Ideas	Process Measure	Target for 2025/26
Ongoing BSO education to effectively manage responsive behaviour (i.e. GPA)	Number of team members who received education on GPA or other training/education related to management of responsive behaviour	A minimum of 100 team members will complete GPA training/education related to management of responsive behaviour on or before December 31, 2025.
Villa Leonardo Gambin will form an interdisciplinary committee to review antipsychotic usage	The number of Antipsychotic Reduction team meetings.	Villa Leonardo Gambin will conduct 12 Antipsychotic Reduction team meetings in 2025.