2026/27 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: Kyle Cotton, Administrator, Director Long-Term Care City of Kawartha Lakes

2025–26 Quality Improvement Initiatives

In 2025–26, Victoria Manor focused on Rate of ED Visits, Falls and Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the Rate of ED Visits from 27.93% to 27.37%. Current performance stands at 23.21% A summary of change ideas and their results is provided in Table 1.

The target was to improve performance of Falls from 17.00% to 16.66%. Current performance stands at 20.67%. 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 2024 score of 41. In 2025, Victoria Manor achieved an NPS of 40. The action plan and its outcomes are also summarized in Table 1.

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2026–27 Priority Areas for Quality Improvement

Victoria Manor a Municipal Long-Term Care community in the City of Kawartha Lakes utilizes the expertise and professional guidance through a service agreement with Sienna Senior Living (SSL). SSL has communities that use Ontario Health's QIP to identify and prioritize quality improvement initiatives. This year, Victoria Manor selected Resident and Family Satisfaction (see Table 2), Rate of ED Visits (see Table 3) and Falls Reduction (see Table 4) as focus areas. These priorities are also reflected in the community's internal operational plan.

Victoria Manor 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, 2025 – December 31, 2025; per SSL's practice, we offer each resident and family member the opportunity to participate in a satisfaction survey twice each year.

In 2025, Victoria Manor achieved an NPS of 40 for resident satisfaction and an NPS of 42 for family satisfaction. The results were shared with our resident and family councils in quarter one (Q1), and team members through departmental meetings also during Q1. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Victoria Manor 's annual Operational Planning Day was held in November 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

Victoria Manors' 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 were consulted and involved in the creation of the survey. They are shorter and will be utilized more frequently, to capture a true picture of the resident and family experience and what they 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.

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Policies, Procedures, and Protocols Guiding Continuous Quality Improvement

Quality Improvement Policy, Planning, Monitoring & Reporting

Victoria Manor 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, Victoria Manor underwent 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 earned 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 2026/27 QIP was shared with the Resident Council on May 21, 2026 and Family Council on May 18, 2026. They were also shared with team members on June 26, 2024 through Workvivo and meetings with team members. It is also posted in the community. The committee will continually review progress and share updates and outcomes with residents, families, and staff via existing council and team meetings.

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Table 1: 2025/26 QIP Results

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
Rate of ED Visits	27.93%	23.21%	Improve registered staff capacity and confidence by enhancing physical assessment skills.	Q2	We had 3 graduates from the Humber assessment course; which exceeded our goal of 2
			Monthly tracking, trending, and analysis of ED transfer data from PointClickCare.	Q3	Reviewed monthly at resident safety as well as quarterly at PAC.
			Victoria Manor aims to reduce ED transfers by improving the approach to palliative care.	Q2	All residents have a health care wishes assessment completed within 6 weeks of move in.
Falls	17.00%	20.67%	Victoria Manor will re-educate team members on post-fall huddles.	Q4	100% Post Fall Huddle education completed with registered team members.
			Use PointClickCare data to analyze residents at risk for falls and implement appropriate interventions.	Q2	Reviewed monthly at the Resident Safety Meeting.
Resident and Family Satisfaction	Resident NPS: 47	Resident NPS: 40	Victoria Manor aims to improve resident experience by fostering a sense of community among residents.	Q3	The Gem program ran consistently through 2025 with approximately 12 residents who participated over the course of the

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Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
	Family NPS: 43	Family NPS: 42			year, and 7 who consistently participated in the program. Some of the activities completed by the Gems included opening and assisting in the Gathering Place, assisting with BINGO, delivering mail, feeding the cats, setting up program areas, visiting with co-residents, and tending to the plants and garden area. The residents were recognized for their contributions on November 17th.
			Victoria Manor aims to improve food quality and resident experience by improving the skills of the culinary team.	Q2	Chef training session took place in May 2025 – Sienna corporate Chef was on site for a whole day of training with the culinary team
			Victoria Manor aims to improve food quality and resident experience by completing dining quality	Q2	Dining quality audits are conducted every month. Since the implementation of the new schedule, we

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			audits in all dining rooms on a monthly basis		have been meeting that target consistently. The audits involve meal, snack and dining process.

Table 2: 2026/27 Resident and Family Satisfaction

Victoria Manor aims to improve the combined Net Promoter Score from the current performance of 40 to 41.

Change Ideas	Process Measure	Target for 2026/27
Victoria Manor aims to improve resident experience by offering opportunities for residents to be involved in menu planning.	1.Number of Menufest Events Held. 2.Number of Close the Loop Calls attended by the leadership team with Sienna Senior Living Support Services.	1.Victoria Manor will hold 1 Menufest events in 2026. 2.Victoria Manor will attend 2 close the loop calls.
Victoria Manor aims to improve resident experience by increasing interactions between residents and team members.	Number of Residents who had 5 or less resident contacts per month.	Victoria Manor aims to decrease the number of residents who have had 5 or less resident contacts each month by 5% by the end of 2026.

Table 3: 2026/27 QIP Indicator- Rate of ED Visits

Victoria Manor aims to improve the Rate of ED Visits from the current performance of 23.21% to 22.74%.

Change Ideas	Process Measure	Target for 2026/27
Tracking, trending, and analysis of ED transfer data based on inappropriate transfers as deemed by hospital.	ED transfers reviewed monthly.	Victoria Manor aims to review 100% of ED transfers that are deemed inappropriate each month throughout 2026.
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, 2026.

Table 4: 2026/27 QIP Indicator - Falls

Victoria Manor aims to improve Falls from the current performance of 20.67% to 20.25%.

Change Ideas	Process Measure	Target for 2026/27
Victoria Manor will engage the interdisciplinary team inclusive of recreation & therapies in care planning for residents with frequent falls.	Percentage of residents who have 3 or more falls per month who have had the recreation team involved in care planning.	80% of residents who fall more than 3 times per month will have the recreation/therapies team involved in care planning.
Education on Intentional rounding (4 P's) on highest risk residents.	Percentage of full time PSW team members who complete education on intentional rounding.	80% of full-time PSW team members will complete education on intentional rounding.

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