

## Continuous Quality Improvement Report 2025/ 2026

**MISSION:** A Caring Community Which Values and Fosters the Worth and Lifestyle of All"

### **BACKGROUND:**

Trinity Village shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates, and improves the quality of the accommodation, care services, programs, and goods provided to staff, residents, family, volunteers, partners, and service and suppliers.

Quality Improvement is a systematic approach to making changes that lead to better resident outcomes (health), more robust system performance (care), and enhanced professional development. It draws on the combined and continuous efforts of all departments and stakeholders, including residents and their families, to make better and sustained improvements.

Attributes of a High-Quality Health System share the common vision of a high-performing health system that is accessible, effective, safe, resident-centered, equitable, efficient, appropriately resourced, integrated, and focused on resident health.

Online Web: [www.hqontario.ca/quality-improvement](http://www.hqontario.ca/quality-improvement)

Ontario Ministry of Health and Long-Term Care recognizes the Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation for long-term care homes. Achieving accreditation requires a service provider to commit to quality improvement, focus on the unique needs of each person the provider serves, and monitor the results of the services. In 2025, we received a 3-year Accreditation award for Person-Centered Long-Term Care Community, Dementia Care Specialty, and Governance programs.

**Continuous Quality Improvement (CQI) at Trinity Village is every employee's responsibility, and improving service is paramount to our residents.**

Foremost, the CQI Team must consider governance such as:

- Ministry of Health and Long-Term Care (MOHLTC)
- Health Quality Ontario (HQO)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Home and Community Care Services Waterloo Wellington, Ontario Health L-SAA Agreement as it relates to the mission.

The "Quality Improvement Program" shall focus on ensuring optimal care and service delivery for Residents, Staff, and Families.

Continuous Quality Improvement Designated Lead: Laura Cowsill, Quality Care Manager

## PROGRAM:

### Model for Improvement

- AIM – What are we trying to accomplish?
- MEASURE – How will we know that the change is an improvement?
- CHANGE – What changes can we make that will result in an improvement?

Annually, each department, team, and committee completes an Annual Review as follows:

1. Are the number and duration of meetings sufficient
2. What went well this year?
3. What can be improved upon?
4. Are there surveys that occurred this year?
5. Were stats reviewed and analyzed annually?
6. How were the stats shared with the department/committee/team, residents council, and family council?
7. Was the Continuous Quality Improvement Tool used?  
NEW 2025: Quality Improvement Tool Checklist aligned with Trinity Village processes.
8. What support or education would be helpful for the coming year?
9. Did the SMART Goals require new or revised policies?
10. Did the SMART Goals require a review of job descriptions/duties?
11. CQI Indicators
  - Stats Documentation Completed
  - 3-year comparison – for trending benchmark setting purposes
  - Identify indicators of significant change / outside benchmark
  - Record "Celebrations and Improvements"
12. CQI Indicator change request:      Add  
   Delete  
   Revise
13. SMART GOAL Categories
  - Finance (cost savings)
  - Health & Safety
  - Strategic Plan
  - Staff Experience Survey
  - Staff Orientation/Probation Check-In Survey
  - Resident/Caregiver/Staff Well-being Survey
  - Resident and Caregiver Orientation Survey
  - Risk
  - Complaints
  - Ministry of Health Critical Incident System

- CARF Quality Improvement Plan
- Ministry of Health Resident Quality Inspection
- Health Quality Ontario; Quality Improvement Plan

The manager and committee lead recommend improvement items from the gathered data and areas identified. Departmental goals are not to exceed 200 hours annually (based on 1950 hours / full time) and to allow for job duties and daily changes within the healthcare sector.

Facility goals are reviewed and determined by all managers and recommended to the Board for approval and to residents, staff, and resident and family councils for feedback.

The Strategic Goals Report Card is posted quarterly in each home area and shared with the Board at the Monthly Resident Meeting, Public Communication Binder at reception, Trinity Village Website – MyPortal, and Resident and Family Councils.

The Continuous Quality Improvement Committee reviews the Trinity Village House Report Card at the TVCC CQI Committee Meeting on the 2<sup>nd</sup> Thursday of May, August, November, and February to review the previous quarter and post it in the staff rooms. Quality improvements are not limited to quarterly and annual reviews but as needed.

## 2025 Quality Improvement Processes

**2024 Annual Review Celebrations and Improvements (includes Resident/Care Partner Survey Highlights)** [[Please Click Here](#)]

**2025 Strategic Goals Report Card** [[Please Click Here](#)]

**2025/26 Health Quality Ontario Annual Narrative** [[Please Click Here](#)]

**2025/26 Health Quality Ontario Quality Improvement Plan**

### #1 ED Visits - Reduce Potential Avoidable Visits

- Total of 26 ER visits, 9 avoidable. Reviewing % of staff receiving education Reviewing % of follow-up with ED transfers without admission to hospital monthly by Nurse Practitioner. Brought forward in Registered staff meetings as a follow-up and on an individual basis.
- To reduce from 9 potentially avoidable ED visits to 7, for 2025 calendar year. Review what is the most avoidable category to systemically review where the areas for development and staff follow-up should be focused on.

### #2 Antipsychotic Rate

- BSO antipsychotic committee. # of Admission, # of Admissions with Antipsychotic medications, # of Admissions with Antipsychotic medication and no diagnosis of psychosis, # of current resident with

new prescriptions for Antipsychotics, # of current resident with a new prescription for Antipsychotics without a diagnosis of psychosis, implementation of psychotropic change monitoring, review of DOCit DOS, ISMP Guidelines, Staff huddles, Resident to staff incident follow-ups. % of residents on antipsychotics, % of residents on antipsychotics with a diagnosis of psychosis, % of residents on antipsychotic without a diagnosis of psychosis, % of residents who cannot have antipsychotics discontinued due to effects on quality of life.

- To maintain the percentage of residents on antipsychotic medication without a diagnosis of psychosis at 3.78% by March 31, 2026.

### #3 Skin and Wound

- Audit and review wounds that are captured on PCC Skin & Wound app, review and audit skin alterations that are captured on DOCit Bath & Skin assessments, Review wounds that are acquired externally vs internally.
- To decrease percentage from 6.6% for worsening pressure injuries to 6.0% by Dec 31, 2025.

### #4 Falls

- Review # of witnessed falls, # of unwitnessed falls, # of falls per location and those in room, time of falls, # falls with and without injury. Monitor weekly and track # of high risk falls, # of bed alarms, # of chair alarms, # of fall out mats, # of high-low beds and # of hip protectors.
- To reduce the percentage of LTC home residents who fell in the 30 days leading up to their assessment from 17.67 to 16 by December 31, 2025.
- We are implementing AI Radar technology that can capture falls, bed exits, toileting instances and duration, room exits and no movement in bed.

On behalf of the residents and staff,

Respectfully yours,



Debby Riepert,  
Chief Executive Officer