

## Continuous Quality Improvement Report 2026/ 2027

**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)
- Ontario Health atHome 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



# Trinity Village

by Lutheran Homes Kitchener - Waterloo

- CARF Quality Improvement Plan
- Ministry of Health Proactive Compliance Inspection
- Annual Health Quality Ontario; Quality Improvement Plan
- TV House Report Card
- New Initiative

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.

## 2026 Quality Improvement Processes

**2025 Annual Review Celebrations and Improvements (includes Resident/Care Partner Survey Highlights)** [\[Please Click Here\]](#)

**2026 Strategic Goals Report Card** [\[Please Click Here\]](#)

**2026/27 Health Quality Ontario Annual Narrative** [\[Please Click Here\]](#)

**2026/27 Health Quality Ontario Quality Improvement Plan**

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

- Total of 50 ED visits, 12 avoidable. # of hospital transfers, # of ED visits only, # of avoidable ED visits, # of x-rays, # of "stat" x-rays" for urgent health concerns. Reviewing % of staff receiving education Reviewing % of follow-up with ED transfers without admission to hospital monthly by Assistant Director Of Resident Care/Nurse Practitioner. Brought forward in Registered staff meetings as a follow-up and on an individual basis. Review what is the most avoidable category to systemically review where the areas for development and staff follow-up should be focused on.

- To reduce internal statistic of 12 potentially avoidable ED visits to 10, by Dec 31, 2026, recognizing that publicly reported statistics capture all ED visits, not just avoidable ones.
- Nurse Practitioner role is currently unfilled due to a MAT leave. NP will resume duties in September 2026. We have implemented stat x-rays in which we work with STL to provide in-home xrays on an as needed basis to reduce potential hospital transfers. This statistic is skewed as per hospital reports, any ED visit is marked as avoidable. Internal statistics better capture reasoning behind transfer and if they are truly avoidable or not.

## #2 Antipsychotic Rate

- BSO antipsychotic committee. # of Admissions, # 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 therapeutic medication monitoring on DOCit, 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 reduce the percentage of residents on antipsychotic medication without a diagnosis of psychosis to 7.00% by December 31, 2026.
- Also looking to complete an analysis for polypharmacy rate and have a plan to re-educate staff on antipsychotic prescribing process as well as the Physicians on the facility Antipsychotic program as a whole.

## #3 Skin and Wound

- Audit and review wounds that are captured on PCC Chart Pic App, review and audit skin alterations that are captured on DOCit Bath & Skin assessments, Review wounds that are acquired externally vs internally, Review wounds that are chronic or intractible.
- To decrease percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened from 6.39% to 6.0% by Dec 31, 2026.
- We are continuing to focus on collecting information for wounds as to what is chronic or intractible as they may skew the statistic, as they cannot be healed.

## #4 Falls

- Review # of admissions, # of admission with risk for falls, # 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 and # of new admissions with falls, # of bed alarms, # of chair alarms, # of fall out mats, # of high-low beds and # of hip protectors.
- To reduce the average number of newly admitted LTC home residents who fell in the initial 6 weeks post-admission and subsequent quarter (90 days) from 9 to 8, by Dec 31, 2026.
- We are implementing CAREfall which measures physical and cognitive functioning and provides exercises to strengthen or maintain condition. We are also implementing AMBA AI, that can capture bed exits, toileting instances, restlessness in bed and room exits. Also looking to complete an analysis for polypharmacy rate. We also recognize that new residents are coming in from home/hospital with limited mobility and moving into LTC where they may be required to ambulate up to 300 meters from room to dining room, which can be a significant change in movement requirement.

On behalf of the residents and staff,

Respectfully yours,



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Debby Riepert,  
Chief Executive Officer  
Trinity Village/LHKW