

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 4, 2023

## OVERVIEW

Trinity Village recognizes and acknowledges the history of the land that we are situated on. To provide accountability and transparency, we frequently review our Truth and Reconciliation Statement: "We would like to acknowledge that we are on the traditional territory of the Haudenosaunee (ho-din-a-son-ni), Anishnaabeg (u-nish-a-nah-be y), and Neutral Peoples. Trinity Village is situated on the Haldimand Tract, the land promised to the Six Nations, which includes six miles on each side of the Grand River."

Trinity Village is a not-for-profit charitable organization owned and operated by Lutheran Homes Kitchener – Waterloo, a mission of the Eastern Synod of the Evangelical Lutheran Church of Canada  
MISSION:

"A caring community which values and fosters the worth and the lifestyle of all."

VISION:

Trinity Village will be a community leader who offers residents and staff a dynamic, holistic lifestyle through best practices, innovative technology, and research in an eco-friendly environment.

VALUES:

As a Christian-based organization, our day-to-day activities focus on building a community of caring, service-oriented people. We value people, excellence, integrity, and partnerships."

We have adopted The Eden Alternative as our guiding philosophy of care. The Eden Alternative philosophy is based on ten principles that, when followed, guide how we can help elders continue to live meaningful lives when they become too frail to live independently.

Trinity Village Care Centre also has Regional Accessible Community

Gardens. To be environmentally conscientious, Trinity Village has beekeeping onsite.

In 2019, we received three-year CARF accreditation and were the first site to complete five programs, and in 2022 we achieved three-year accreditation again, but this time for six programs (Person-Centered Long-Term Care Community, Dementia Care Specialty Program, Governance, Adult Day Services, Assisted Living, and Independent Senior Living).

We have internal and external inputs. Our internal inputs come from our Continuous Quality Improvement (CQI) program data collected within the home to review and improve based on a three-year comparison, benchmarks set within the home area, and those of the Region of Waterloo Wellington, Ontario, and Canada. Although we note that all benchmarks are not an accurate comparison to work towards as the resident population can change significantly, and therefore comparison to other homes is not realistic unless the audience is aware of the purpose and background behind the information and the meaning of HQO, i.e., Antipsychotic rate previously we were at 3%, but in the last year we admitted 21 residents from the community on antipsychotics without a diagnosis of psychosis; therefore, our percentage has changed significantly, and if a person went onto the HQO website and made a comparison on this stat with other homes or previous data it would appear that our rate has gone up significantly, but if we approach it from the angle of this is the new admissions, and we have an increased workload and for the better resident care to look at reducing this percentage and the website is there to inform the public then that would be appropriate)

Following the CQI Annual Review, all staff participates in Mandatory Education, where the information is summarized and shared on the previous year's results and goals plan for the coming year. This is an opportunity for feedback and critiquing the focus for the coming year.

#### INTERNAL INPUTS

As a part of Quality Improvement for Trinity Village, meetings are held by the Chief Operating Officer, Nursing Resource Lead, and committee Chair to review the current status of data for the home and create areas of improvement and focus points. As our committees meet with our interdisciplinary approach to better improve on the areas identified based on our data and the set AIM statements. Data review includes employee and resident surveys, CI results, ED visits and mandatory team stats

#### EXTERNAL INPUTS

- Fixing Long-Term Care Act, Ministry of Health and Long-Term Care,
- Home and Community Support Services Waterloo Wellington,
- Long-Term Care Services and Accountability Agreement (L-SAA),
- Health Quality Ontario,
- College of Nurses of Ontario, Best Practice Guidelines,
- CARF Commission on Accreditation of Rehabilitation Facilities (CARF).

These external inputs help to pave the way to Improve Quality Continuously.

#### **REFLECTIONS SINCE YOUR LAST QIP SUBMISSION**

Trinity Village is committed to constantly assessing and evolving

regarding quality improvement. We have focused on numerous implementations; most notably, we have improved the processes regarding five items.

- Palliative Approach to Cares and End-of-Life Cares
- Medical Directives
- e-Box medication availability,
- Lab work availability
- IPAC within the home
- Increase resident spontaneous activity minutes.
- The need for a Visitor Handbook and Orientation
  - learning from COVID, residents were receiving eternal food with no check for diet type or allergies, left in the room, inaccurate data collection for assessments,
  - suggested times for visiting due to resident schedule resulting in a fuller day experience
- Have a consistent Resident/ Staff – Admit and Discharge/Termination process.
- Know your staff generation x and nationalities for better communication and engagement.
- Hire from where possible.
- Increase in new admissions on antipsychotics without a diagnosis of psychosis.
- Maintained and Improved Resident Satisfaction Scores despite COVID
- The need for a proactive approach to falls is currently collaborating on an AI APP project that will notify the staff on the handheld device that the resident will be standing.
- Wound Care, excluding wounds that are chronic and intractable the MOHLTC, would benefit from a deep dive to understand the financial impact on quality skin and wound care in a long-term care

setting and fund accordingly, similar to COVID and Public Health IPAC

- Thank you for the opportunity not to have to submit a QIP during COVID, as the influx of information and associated tasks for a stand were intense. Greatly benefit from the same document use and highlighting the changes.
- The need for an onsite Nurse Practitioner for improved onsite care and decreased transfers to ER
- Maintain Resident and Staff Complete
- Our improvement of the Palliative Approach to care (PAC) and End of Life (EOL) processes ensure standardization of common resident interventions and pharmacist-recommended individualized interventions at the physician's discretion. This has improved the quality of care for residents receiving PAC and EOL. Our Medical Directive process improvement increased communication regarding usage within the interdisciplinary team to ensure progress in resident quality of care. Trinity Village also recognized the increased need for the availability of high-risk medications. As such, an Automated Dispensing Cabinet (ADC) e-box was added to our inventory to improve accountability and increase medication availability. In addition, Naloxone was added to the e-Box to enhance resident safety in any potential incident of compromised resident health status.
- The implementation of security cameras in all common areas has significantly reduced the investigation time and accuracy of events
- Collaboratively, our team reviewed our contract with Life Labs, and with our partnership, we increased the times in which Lab work was provided from once to twice per week.
- Infection Prevention and Control, as we have all seen in the past years, has been a frontline nursing focus. Trinity Village Care Centre has implemented an IPAC Team with two full-time roles of IPAC

Manager and Assistant Manager to ensure improved quality care and prompt response to resident and staff wellness. In addition, we also enhanced the process for audits, prevention planning and implementation of IPAC procedures for AROs and infections.

## **PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING**

Trinity's Operation Plan:

### **MONTHLY**

- Pain and Palliative Care Committee
- Falls and Restraints Committee
- BSO Committee
- Skin and Wound Committee
- Incontinence Committee
- Resident and Family Council
- Department Meetings (PSW, RPN, RN, Programing, Nutrition, Environmental, Management)
- Board Risk and Quality Committee
- Resident Meeting
- Caregiver Support Group

### **QUARTERLY**

- Continuous Quality Committee
- Ethics Committees
- MART Committee
- Occupational Health and Safety Committee
- Employee Council
  - Trinity Village Care Centre & Site Wide
- HQO TV House Report Card – stats by home area
  - QIP AIM Statements (Falls, Worsening Wounds, Antipsychotics,

ED Visits)

- DOCit – Documentation compliance and Average Late Charting Minutes
- Point Click Care/Point of Care Charting Compliance
- CPS Scores
- Resident Audit Results: After Care, During Care, Bathing, Staff Conduct, Dining Room Service, Snacks, Supply Room
- Coming 2023 Q2 Call Bell Report (average time to answer and number of calls), # of Assist Feed Residents, # of Diabetic Residents Requiring Treatment, # of 2-person Transfers

### **BI-ANNUALLY**

- Town Hall Meeting (During 2019 – 2022 regular Townhalls were held to share parametres and ask for feedback. Prior to COVID were held twice a year Spring and Fall.
- PAC, MAC

### **ANNUAL**

- Resident, Family, and Staff Well Being Survey
- Post Admission Survey
- Employee Engagement Survey
- Performance Review
- Annual Report
- Care Conference – Review Care Plan

### **DASHBOARDS**

- Enterprise Risk Management (Quality and Risk, Human Resources, Governance, Audit and Finance)
- CSI (resident, date, time, staff, type)
- Communication,
- Visits

### **PARTNERSHIPS**

Education Placements:

- University of Guelph; nutrition management
- Wilfred University; music therapy, social work
- Conestoga College; nursing and recreation
- St. Louis; PSW

VitalHub – 2016 co-designed a resident assessment and daily schedule APP i.e. bathing appointment with skin integrity assessment and weight entry, falls assessment, bathing schedule available and used by other long term care homes. Generated reports are used to review best practice and for staff Performance Review i.e. Compliance of all completed tasks, Time documentation is completed compared to required task time for better data accuracy

Elephas Care / Gold Sentinel – 2019 co-designing APP to detect high fall risk residents pattern and proactively notify staff of activity of rising to standing position based on AI learnings; future goal to track the gait of resident and set a benchmark to identify gait changes and complete review i.e. medication review, physio therapy needs, and Reports of resident room activity

Elpas Software, KR Communications – Real-time location Reader System (RTLs) location readers a software solution for detecting and forwarding real-time "Location" on resident wearing the sensor.

Detects resident location, notifies staff if resident leaving building, entering another resident room, if two residents that may have a negative interaction are getting too close to one another. Reports provide information on resident's Social Engagement (daily routine/pattern), quantifying resident and staff statements on

resident behaviours. Trinity Village sits on the University of Toronto - Space Time Indices for Clinical Support (STICS) Project Advisory Panel for shared learnings.

Austco, KR Communications – Call Bell System, NEW Reports and Dashboard Software , currently the only facility in Ontario using this software. Reports: duration of calls/time to answer call, volume of calls by resident and or home area. This information is used for quantifying resident and staff statements and staff workload

Blue Sea (Grand Parade) Fundraising partner that has helped us to achieve \$20,000.00 annually to improve resident experience

## PROVIDER EXPERIENCE

Staffing has been a systemic problem that has impacted long term care. Staffing shortages can lead to burnout, increased stress and high rates of turnover. In understanding this, Trinity Village created a mitigation plan for staffing hours and lines. The Staffing Coordinator, Director of Resident Care and Chief Operating Officer met to increase staffing hours and implement new lines to reduce agency calls so that open shifts could be filled with knowledgeable Trinity Village Staff. These new lines included float shifts for both RPNs and PSWs, some of which overlap standard shifts to provide support for as many staff and residents as possible. We also recognized the need for increased Registered Nurse presence and have additional Registered Nurse lines such as the Resident Care Coordinator and Clinical Lead. These additional lines allow for a focus on improving resident experience and a reduction of workload for front line staff.

Trinity Village is also committed to improving the staff experience beginning at orientation. At orientation, we are improving our process to have onboarding by each manager, in person, where we take the staff to the floor to understand the processes on the front line prior to beginning their on the job training.

Trinity Village has strived to seek the feedback of staff, especially at monthly meetings to determine, at the front line, what support and assistance would be beneficial for the workers. Staff have the opportunity to engage in conversation with the Leadership, ask questions and provide feedback for processes/change prior to being implemented. This ensures staff buy in, in that they are seeing the benefits of a better managed workload and an improvement of quality care.

## WORKPLACE VIOLENCE PREVENTION

Through Surge Learning, our organization has ensured that education on Workplace Violence Prevention is easily accessible and is mandated to be completed annually. Staff Conflict Forms are available for staff that assist them in a positive approach and background information for management if needed. There are also policies and posters in place, reporting and data collection to ensure the safety of all within the home. Our home has implemented a new incident reporting system with a subsequent action plan as a result of a program analysis. We also had the Ministry of Labour use us as a trial home and come in to complete Blitz Audits of our Workplace Violence Prevention Program to use us a benchmark for other LTC Homes. Through these actions, our home is able to identify any gaps or room for possible quality improvement as well as identify risk factors prior to an escalation. Health and Safety Committee/Employee Council provides education in areas of need.

## PATIENT SAFETY

As a home, we have recognized the need to review and adapt actions from patient safety incidents. Our EHS/Facilities Manager created and implemented a new form in which we, as a home, are better able to analyze the data collected through these forms. It is Trinity Village's goal, to ensure that all are safe in the home and that any incident that occurs is able to be analyzed to determine root cause and potential for change to increase safety. Our Health and Safety team reviews the data submitted through these forms and comes up with change ideas when a pattern has been recognized. In collaboration our Behavioural Supports Ontario (BSO) Team and Falls Team are also brought in to provide assessment and ideas for change. Trinity Village encourages a highly collaborative team environment to ensure that all aspects of an incident are reviewed to ensure safety for all. In addition, our Health and Safety Team audits and assesses the entire building, monthly, to reduce risk for incidents and flag potential concerns to be proactively changed. Currently we are also increasing the amount of Health and Safety Team members that are WSIB certified to increase knowledgeable staff that are able to identify risks and opportunities for change.

## HEALTH EQUITY

Trinity Village recognizes that residents deserve to live at their full potential. We ensure that residents have the assessments needed to determine how to achieve their full potential acknowledging that they may not choose to access them. Upon Admission, each resident receives a room and roommate, if applicable, that is compatible. Assessments and their Care Plan developed on time as per the Act. To ensure the right care is given at the right time by the right discipline.

DOS for two weeks to receive a baseline and timely access to BSO interventions if required. Based on our Philosophy of Care, we pride ourselves on tracking Spontaneous Activities of their choice, therefore, maintaining their lifestyle before Admission.

Restorative Care Programs and Assistive Devices assessment to ensure they maintain their independence.

Residents make organizational decisions through monthly meetings, Resident Council, and surveys.

We recognize the many nationalities and languages spoken and provide support and programs as needed.

Trinity prides itself on being an innovative home to ensure we work efficiently and effectively. Technology has proven to provide us with cleaner data, decreased investigation times, and statistics to tell our care story and give time back to Staff for resident care.

We partner with St. Mary's Hospital to have regular onsite access to a Geriatrician, Wilfred Laurier, for Music Therapists and Provincial Grants for Horticulture workers to assist in maintaining the grounds for resident enjoyment and resident technology, i.e., smart TV for each resident.

Lessons Learned from COVID – residents spent more time in their rooms, and they needed to access the outside world through technology. Smart TVs for Facetime, custom TV channel, access to entertainment anywhere on the site and to view again if they liked it, custom shows and music of their language.

Family Council has a benevolent fund for low-income residents for needed aid.

Caregiver Support Group is available to support family/visitors.

Residents regularly review the resident Bill of Rights and Staff to ensure residents are treated with respect, fairly, and with dignity.



**SIGN-OFF**

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

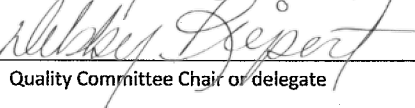
April 7, 2023



Board Chair / Licensee or delegate



Administrator / Executive Director



Quality Committee Chair or delegate

Other leadership as appropriate