

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

February 27, 2026

OVERVIEW

Trinity Village Care Centre has been serving our older adult community since 1972. We have embraced numerous technologies through our Continuous Quality Improvement program. The Quality Care Committee generates a Quarterly Report Card that includes risk indicators by home area and is shared with staff and the board. The technology reports provide information for the front-line staff performance, reports attendance, task completion, resident documentation completion, and documentation task time.

AI technology can take out human interpretation to make better clinical decisions. Trinity Village is CARF accredited, most recently in 2025. The leadership team and staff are complimented and congratulated for this achievement. Achieving a 99.7% CARF Benchmarking conformance measure. Trinity Village is a proud person-centered site, demonstrating the value needed to make it a good place to live and work. We thank the Board, for participating for the first time with CARF. Trinity Village was the recipient of the 2025 Canadian Business Excellence Awards (CBEA) for Private Businesses presented by Excellence Canada for clearly demonstrating a strategic and successful approach in the following categories: delighting customers, engaging employees, and fostering a culture of innovation in our workplace. Trinity Village Care Centre was also awarded Diamond in the Professional Services Category for Best Nursing Homes / Long Term Care Centre by the 2025 Record Reader's Choice Awards. This award speaks volumes about the dedication and care of our staff, volunteers and community and our commitment to the provision of exceptional care.

We are working on Avoidable Emergency Department (ED) Visits to

reduce from 12 to 10. Additionally, Trinity Village is incorporating AI resident routine data within the room to better understand resident routines especially those that are cognitively impaired and starting at admission to reduce falls for residents newly admitted to LTC. We are also looking at reducing wounds that are worsening from stage 2 to 4 and to maintain our antipsychotic rate lower than 7% average, essentially avoiding inappropriate community prescribed medications.

ACCESS AND FLOW

Trinity Village provides a large selection of personalized services by a team of qualified and compassionate staff. We strive to meet each resident's unique needs and preferences, developing individualized care plans with the use of technology for accurate data to ensure factual clinical decisions. Our commitment to quality is reflected in our well-maintained facilities and varied programs. We create a safe, nurturing environment where residents can thrive and enjoy a fulfilling life.

We have adopted a systematic approach through Continuous Quality Improvement to making changes that lead to better resident outcomes (health), more robust system performance (care), and enhanced professional development. Trinity Village draws on the combined and continuous efforts of all departments and stakeholders, including residents and care partners for quality improvement.

We recognize the need for access to the right care at the right time. As a group of health care providers from different fields (including three Physicians and a Nurse Practitioner), we work together and toward the same goal of providing the best care and outcome for

our residents. This interdisciplinary approach has led and will continue to lead to a reduction in wait times for residents to be seen by a licensed practitioner. In addition, Trinity Village continues to ensure laboratory services three times a week, with one day being later in the morning to accommodate resident preference. We have also implemented on-site IPAC testing with GeneXpert, which completes rapid test analysis for Influenza A&B, RSV and COVID-19. Utilizing the expertise and additional on-site clinical testing, we are focusing on a targeted approach towards hospital transfers to reduce potentially avoidable visits to hospital, by advocating for treatment within the home whenever possible and improving clinical response to acute illnesses. This targeted approach will be the focus of the Nurse Practitioner and Assistant Director of Care, who will focus on Staff education, interventions and follow-up as well as follow-up and health teaching with residents and families.

We also offer numerous services onsite for resident comfort and convenience, including physiotherapist, occupational therapist, dentist, hygienist, optician, hearing/otology, psychogeriatric resource consultant (PRC), geriatrician, social worker, spiritual care, music therapist, a robust BSO committee and GPA coach team, palliative care program and a customized incident/witness reporting system for improved reporting and trending identification. This is all advocated for by a robust resident council. Additionally, Trinity Village ensures a timely/seamless resident referral acceptance process for a 97% resident occupancy rate.

Finally we would like to recognize that there is a discrepancy between publicly reported and internal statistics for hospital transfers. With hospital transfers, hospitals determine that any transfer that does not result in an admission is automatically an

avoidable transfer which leads to skewed data. Following the Fixing LTC Act and resident rights, some transfers are unavoidable, which is not captured. We continue to look into this statistic and appreciate that this should be a consideration when statistics are released to the general public.

EQUITY AND INDIGENOUS HEALTH

Trinity Village's approach to health equity starts with our Mission Statement: "A caring community which values and fosters the worth and lifestyle of all." Our Land Acknowledgement Statement continues to be reviewed and updated as needed in collaboration with residents, staff, and board led by a Reconciliation Thought Leader. Currently the Land Acknowledgement statement is as follows; "We are a group of passionate care partners who want a better life for older adults in the Region of Waterloo. Together, we are committed to fostering a community where everyone can enjoy a life of well-being and purpose. We want to acknowledge that we are on the traditional territory of the Haudenosaunee, Anishinaabeg, 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 has an employee council, combined with Diversity and Inclusion to advocate for all. We recognize the Truth & Reconciliation Day, we celebrate the different cultures at Trinity Village by advertising holidays, special occasion and events that are meaningful to our staff, by either display boards or in staff memos. Trinity Village conducted a survey to better understand and recognize our staff's diverse nature. We recognize that we have multiple cultures spanning 5 continents and 20+ languages at Trinity

Village.

Our continuous quality improvement process includes - identifying the needs of those we serve, and their perspective of the care provided. Where applicable, we share the outcomes with others - OLTCA, OLTCA Quality Committee, Advantage, Anishinaabe Family Centre, BSO Committee, Regional LTC Network, Ontario LTC Innovation Committee, and KW4 Ontario Health.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Each department and team/committee completes an annual review and goal development, including a review of what went well, areas for improvement, statistic comparison, survey results, emails, verbal statements, website questions, compliments, complaints, and in-house praise reports. The information is assembled into dashboards and shared through Spring Town Hall meetings with residents, care partners, staff, mandatory staff meetings, resident monthly meetings, board committees, the annual report and through the CQI committee, in which residents and care partners actively participate. We have also implemented a resident and care partner orientation and additionally, residents participate in our staff orientation process and we offer a care partner support group.

Trinity Village added to the website "myPortal" for residents and care partners to access information specific to their home area and site-wide to provide updates. The portal sends notifications to the members when updates are added. There are also questions, compliments, and complaint tabs with the necessary information for a quicker response, a streamlined process, and auto-generated reports for improved analysis purposes. For those unable to access

the website, paper submission forms or requests for assistance to complete are available. Trinity Village Care Centre was awarded Diamond in the Professional Services Category for Best Nursing Homes / Long Term Care Centre by the 2025 Record Reader's Choice Awards and received 73 positive comments, 62 of which were from residents and their care partners.

Throughout the year, residents, care partners, and staff meet to communicate and provide feedback for improved services on care and work-life experiences via monthly resident meetings, care conferences, staff department meetings, and Mandatory Committees. Communication is also available between residents, visitors and staff through our DOCit comment feature, which management receives and reviews daily to ensure all needs are being addressed. 96% satisfaction results were received from the resident & care partner wellness survey. Quarterly distributed report cards (house, enterprise risk management, strategic, and department goals) are provided to keep stakeholders current.

Trinity Village provides 4.79 hours of care.

PROVIDER EXPERIENCE

Staffing has been a systemic problem that has impacted long-term care. Staffing shortages can lead to burnout, stress, and high turnover rates. There are no statistics for the average turnover rate in long-term care; other than that, it is higher than the hospital average, which is 20.5%. Trinity Village is 18%, with 1.9% of staff being terminated by the employer. Otherwise, staff leave for a position closer to their home and/or a permanent full-time position.

Based on our continuous quality annual review process and DOCit staff shift satisfaction daily reports, we have created new positions PSW (on nights as days and evenings were addressed in the previous year) float lines to mitigate working short and agency use. We continue to utilize Supplemental staff for at-risk residents, to mitigate increased workload and resident safety concerns. Currently we support 12 residents with responsive behaviours that are a risk to themselves or others, with high intensity funding. Trinity Village has created stability and consistency for staff and residents by making these lines permanent. We ensure more than 4 hours of daily direct, "hands-on" care per resident by overstaffing per shift based on call in data to decrease opportunities for staffing shortages and potential agency use. Average sick times for 2025 per person per year were 4.28 days. Agency use of annual shift totals are as follows: PSW 54 out of 18250, RPN 71 out of 4380, RN 29 out of 1095. Overall agency use was low due to interventions as defined above.

Medication Compliance Manager with an RPN background, works staggered hours to provide support in the evenings for frontline staff. Floor Supervisors with a PSW background work day, evening, and weekend shifts auditing processes, delivering supplies to home areas, and improving communication. Front-line staff are provided with an APP DOCit submitting resident, staff, and care partner questions with a daily generated report to management for follow-up, a shift experience survey, and a generated report to managers for improved communication and follow-up if required. We have also upgraded to AI CCTV footage within the home to assist with investigations and staff workload, specifically, we have used them for falls to verify if head injury routine is needed. This can help reduce unnecessary additional workload in addition to ensuring

resident safety and proper interventions for assessing care needs. This can then drive better insights into how falls happen to improve resident safety and reduce workload for falls overall for the home.

Improved communication and team building with 8-hour paid in person annual Mandatory Training for the Nursing Department in addition to the 8 hour Mandatory training for all employees. We have revised our orientation process to include an additional 12 hours of hands on skills training based on resident and staff feedback. Electronic Annual Staff Experience Survey, Annual Staff Resident Wellbeing Survey – staff perspective on the care they provide. Employee Council / Equity and Diversity Committee – previously separate, now a combined group assists with planning staff events (Staff appreciation week, festive celebration and staff milestone gift fund). Provide staff with the information they need to do the job with detailed Handbooks (Employee and Discipline-specific) available online through Surge for a 360 degree evaluation.

SAFETY

As a home, we have recognized the need to continue to review and adapt actions from patient safety incidents. Our Joint Health and Safety Committee continues to implement a customized to facility Health & Safety Incident/Witness online form in which we, as a home, can better analyze the data collected through these forms. The Health & Safety Incident/Witness Form help us capture better information and aid in looking at prevention strategies for risk management through generated reports. Trinity Village's goal is to ensure that all are safe in the home and that any incident can be analyzed to determine the root cause and potential for change to increase safety. One of the changes implemented in 2025 and continuing into 2026, is a 9 member team of GPA certified coaches,

all in house, that are able to provide training to all staff on all shifts, to improve safety for all within the building. This was based off of a Joint Health & Safety analysis and recommendation.

Through our online form and DOCit shift experience and comment reports, we utilize staff feedback, Management analysis, and Joint Health and Safety team review for process improvements within the home. The data submitted through these forms helps the organization generate changes when a pattern is recognized. In collaboration, our Behavioural Supports Ontario (BSO) Team and Falls Team are also brought in to provide assessments 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 incident risk and flag potential concerns to be proactively changed. Currently, we are also increasing the number of Health and Safety Team members who are WSIB and PSHSA certified to increase knowledgeable staff who can identify risks and opportunities for change.

Additionally through our CQI process we review workload balance or imbalance by monitoring per home area # of lifts, # of assist feed, # of trays being provided to residents, # of diabetic residents requiring additional monitoring, # of calls bells, call bell response time, documentation requirements and timing of documentation. This view allows us to redirect new admissions based off of threshold requirements to ensure that one home area is not overloaded and that we can continue to actively exceed the 4 hours of direct care (4.79 hours) without overwhelming one home area

over the others.

Finally, in addition to our team analysis and approach, we have a Quality Care Manager who reviews resident and staff safety items to reduce risk in the above areas.

PALLIATIVE CARE

Trinity Village understands and recognizes the significance of providing high-quality care, comfort, safety, and assistance during the Palliative and end-of-life stages to residents and their care partners.

To ensure the best practice for care, Trinity Village utilizes an order set for palliative and end-of-life care. The order set includes standardized care items and medication options that provide guidelines as per the Pharmacist's best practice recommendation, recognizing the individualized needs per resident. It also considers any naiveties or tolerances to ensure optimal pain and symptom management. In addition, it allows the Physicians and Nurse Practitioner to prescribe when a significant decline, heading towards palliative or end-of-life care, has been noted to proactively have medications ready for implementation when symptomatic criteria is met (as denoted on the order set), at the initial stage of palliation or end of life. The order set follows access and flow, recognizing the need for proper care at the right time.

In addition, Trinity Village still employs palliative care and end-of life paper checklists. Although we recognize that we are an organization moving away from paper to be environmentally conscious, paper charting forces Staff to be present and chart now for the hourly check-ins that are required by Staff.

Trinity Village Care Centre also meets to discuss palliative and end of-life care. An interdisciplinary team holds monthly meetings, and intermittent care conferences can be held as needed for significant change.

Through these aspects of palliative and end-of-life care, Trinity Village will continue to provide and improve the support at the initiation of palliative or end-of-life care and, on an ongoing basis, to address the resident and the family's needs at each stage within the facility/their home.

POPULATION HEALTH MANAGEMENT

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, residents have access to the following resources to promote health, prevent disease, and support them in every interaction within our LTC home. We also recognize that care needs, plans, and wishes change along the resident's continuum of care. The interdisciplinary team, along with our allied external partners, aims to constantly evaluate and provide services that meet each resident's changing needs, plans, and wishes on an individual basis.

INTERDISCIPLINARY TEAM

- Resident and their Care Partners
- Resident Council: Food Committee Feedback
- Medical Director(s) and Physician
- Nurse Practitioner
- Front Line Team (Nursing, Housekeeping, Programming Staff,

Music Therapist, Spiritual Care Provider, Horticulture/Apiary Worker, Recreation, Food Service Worker, Laundry, Maintenance)

- Volunteers
- Students
- BSO team (Social Worker, Nursing and Programming)
- Pain and Palliative Care Committee
- Skin and Wound Care Committee utilizing PCC Chart Pic App
- Falls and Restraints Committee
- RAI Restorative Care Committee
- Infection Prevention and Control Committee
- CQI Committee
- Beeden Honey

EXTERNAL PARTNERS

- Nursing: VitalHub – co-design APP DOCit resident and staff task and assessment control (7 day product and voiding, analgesic change monitoring, appointments, bath & skin inspection, DOS, daily duties, head injury report, mandatory reporting, pain monitoring, purposeful rounds, rehab/restorative care, resident comments, therapeutic med monitoring, weight)
- Nursing/Medication: CareRx, ProResp
- Advanced Nursing: Nurse specialized in wounds, ostomy and continence Canada
- Medical Imaging: STL, WMMI
- Achieva Physiotherapy and Occupational Therapy
- LifeLabs: 3 visits per week
- BSO: PRC, BSO community, Geri-psych
- Palliative: Hospice Waterloo
- Wound Care: PCC Chart Pic App, NSWOCC
- Falls: Amba Health & Care, CAREfall
- IPAC: Public Health, IPAC Hub

- Education: NLOT, RNAO
- Legislation: MOH LTC, CNO, MOL, KW4 ON@Home
- Accreditation: CARF
- Amba Health & Care: AI resident room motion monitoring and staff notification (in bed, duration of rest, bathroom visits, sleep score, bed time, wake time, average heart rate, average respiration rate, room exit, room temperature and humidity - notification to changes in routine)
- CAREfall: Gait, sit, stand and cognitive measurement
- Trueloo: AI resident waste management, hematuria or melena as well as toilet interruptions
- KR Communications: resident safety monitoring systems (Elpas)
- 5D Computers: technology infrastructure, software and hardware management
- Welbi: Track planned and spontaneous programs for a full picture of resident activities
- Ellis Don: AI CCTV cameras
- Associations: OLTCA, Advantage, LTC Innovation Community of Practice, Region LTC Network

OTHER

We embrace technology for improved staff well-being and resident care. Technology removes human interpretation and provides accurate information, allowing staff to make better clinical decisions. Technology also provides automated generated reports, allowing for quicker analysis and ah-ha moments that would have been lost. Technology has streamlined processes to be more effective and efficient and sped up the quality improvement process. Along with identifying gaps that were not visible before but provide us with a more accurate look at the care we provide to both residents and staff.

We continue to investigate and implement new technologies. Trinity Village prides itself on focusing on proactivity, strategic foresight and transformative impact rather than just technical efficiency. We constantly analyze what we are doing and the impact that this has on the population we serve to ensure that what we are implementing anticipates needs, adapts to change and improves future strategies.

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
Tuesday March 24th, 2026

Mike Gallant

Mike Gallant (Mar 25, 2026 12:31:26 EDT)

Board Chair / Licensee or delegate

Alky Depert

Administrator /Executive Director

Alky Depert

Quality Committee Chair or delegate

Other leadership as appropriate