

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

June 14, 2024



## OVERVIEW

Administrator: Poli Pergantis

Director of Care: Mary Madarang

Quality Improvement and Education Manager: Lynette Walters

Hellenic Home for the Aged Inc. is CARF accredited, not for profit, charitable organization dedicated to providing exceptional quality care and services to seniors in our community to enhance their physical, mental, emotional and spiritual health. By staying at the forefront of our communities ever-changing needs, our service is second-to-none. Our seniors live in a nurturing environment that respects, enhances and promotes their dignity, independence and quality of life. The Home offers a unique cultural setting-one that is proud to recognize the customs and traditions of our residents who are of a predominately Greek ethnic background but with a long-standing commitment to provide for the needs of individuals from diverse backgrounds.

Our dedicated, knowledgeable staff are supported by the Chief Executive Officer, the Board of Directors, Committees and Volunteers and provide professional practices with compassionate caring a unique combination that ultimately benefits our residents and the community overall. Our staff work with families, volunteers, other service providers and agencies to address and provide for the needs of our residents using evidence-based practices and procedures.

Our Mission: Hellenic Home is a not-for-profit charitable organization, dedicated to providing personalized quality care and a wide range of services to all seniors with a focus on the Hellenic Canadian population.

Our Vision: To be at the forefront of senior's changing needs.

Our Accountability Framework is the foundation for planning processes and sets our success factors for strategic planning:

- Outstanding Care and Service. This principle fosters a culture that focuses on seniors' safety and risk management.
- Excellent Performance promotes accountability.
- Competent People creates a culture that focuses on learning and collaboration.
- Ongoing Innovation develops systems to encourage and recognize innovation.
- Dynamic Partnerships expands and enhances community links and partnerships.

The QIP aligns with the following internal and external provincial planning processes:

1. Operating plan: the QIP change ideas are included in the goals and objectives set out for the upcoming year. The Senior Leadership team is responsible to overseeing achievement of the goals and objectives.
2. Long Term Care Service Accountability Agreement (LSAA). The home is obligated to report to the LHIN annually its performance indicator outcomes and sign the annual declaration of compliance.
3. Behaviour Support Team guidelines from Home and Community Care.
4. Accreditation requirements: Hellenic Home participates in CARF and received a three-year accreditation in 2021. CARF standards are monitored semi-annually to ensure ongoing compliance.
5. Areas arising from other legislative/accountability requirements such as the Fixing Long Term Care Act 2021 and Regulations 246/22.

6. Areas arising from the annual Resident and Family Experience surveys conducted in 2023.

The QIP plan, summarized below, focuses on safety, and improving the resident's experience. It emphasizes providing the right care, in the right time and manner by the right caregivers.

Hellenic Home for the Aged Inc. annual Quality Improvement Plan (QIP) is guided by system indicators, internal performance, community engagement and a commitment to improve the quality of life for seniors. The 2024-2025 QIP defines our priorities and sets out a detailed work plan to improve quality by improving residents' personal experience, overall resident experience and safety.

Specifically, we will continue working on system indicators by reducing resident visits to the Emergency Department. Based on Emergency Department (ED) visit data, the home will specifically focus on developing best practices in enteral feed care. Using the Registered Nurses Association of Ontario (RNAO) best practice guidelines and the expertise of the Nurse Practitioner and Nurse Lead Outreach Team (NLOT) the home will endeavor to reduce ED visits for residents who have been transferred to ED and returned.

Pressure injuries is a key priority for the home thus Hellenic Home Scarborough will focus on improving residents who has a pressure ulcer stage 2 to 4 by working in partnership with NLOT Entrostoma (ET) Nurse to review current treatment protocols and to develop a guidance tool that will meet current best practices and ensure that staff received skin and wound training on any of the new/revised protocols.

Fall prevention remains a key priority for the home in recognition of the quality-of-life issues that are impacted when a resident falls. In addition to its fall prevention efforts, Hellenic will focus on residents who fall twice or more within a month.

The Senior Leadership Team ensures that the quality of resident care and services is monitored and evaluated on an ongoing basis. Through the Chief Executive Officer (CEO), the organization is accountable to the Board of Directors to provide regular quality reports to ensure we are meeting or exceeding all regulatory requirements.

The Quality Improvement Committee is progressing well with members from Resident and Family councils and frontline staff.

Additionally, the Home recruited:

- One Evening Nurse Manager
- Two (2) Resident Care Coordinators (RCC), Day and Evening shifts.

These RCCs will work under the supervision of management to monitor resident ADL Care and auditing.

- Continues to use technology to provide response efficient communication to staff, residents and families.

## **ACCESS AND FLOW**

The home embarked on Five (5) new partnerships, Scarborough Health Network (SHIN), Infection Prevention and Control (IPAC) HUB, Pharmacy, Nursing Lead Outreach Team (NLOT) and the Registered Nursing Association of Ontario (RNAO) Best Practice Representative, and Project Amplifi program where hospitals have direct access to upload residents' hospitalization data directly into Point Click Care, all this will enhance the timely quality of care residents receive. By collaborating with these practitioners'

residents will gain access to expert consultation and hands-on care within the home which may reduce the occurrence of going out on appointments or transfers to the emergency room. Some benefits of this collaboration will remove barriers such as language issues since most of our residents speak Greek, finances as transportation can be costly for caregivers, and wait times in an emergency department that negatively impacts our residents physical and emotional wellbeing.

This implementation will also have a positive impact on education, coordination and communication within the interdisciplinary team members, residents and families. For example, the NLOT team comes on-site to provide training to both registered staff and PSWs on G-Feed care to reduce incidences of clogging or dislodgement of tubes. The RNAO Best Practice representative conducts sessions/workshops with the management team on identifying risks, MLTC required programs compliance and the ability to communicate preventive measures, in turn avoiding a transfer to the emergency room.

To enhance auditing, education and documentation the Home purchased new computers and iPads that will enhance access and time management. This includes an education corner, with a desk top computer where frontline staff can work on their online assigned education. Surge platform Quality Risk Management (QRM) was also implemented enhancing the overall auditing and quality program.

The Ministry of Long-Term Care (MLTC) required program are streamlined committees and meetings are in accordance with program leads reporting on a monthly, quarterly, and annual

evaluation.

To conclude, these new partnerships will assist in the homes goals and aspiration to reduce the % of avoidable ED transfers, enhance the quality of care for our residents and the overall communication within the multidisciplinary team.

## **EQUITY AND INDIGENOUS HEALTH**

Our Home uses the standard RAI-MDS comprehensive assessment to identify and monitor the preferences, needs, and strengths of residents; this information is submitted to CIHI using the Continuing Care Reporting System (CCRS). Sociodemographic data is collected regularly as part of the RAI-MDS documentation standards:

- Age
- Sex
- Marital status
- Indigenous identity
- Education level
- Primary language spoken at home
- Resident's prior primary residence neighborhood income quintile
- Geographic location

Our homes population is 97% Greek; the other 3% is South Asian, Armenian, and Caribbean. All our residents access fair and just distribution of resources, opportunities, and outcomes to ensure optimal health and wellbeing. We engage Resident and Family Councils for feedback on programs and services input that meets cultural beliefs, and traditional practices that are safe and appropriate. We collaborate with residents, families, staff, Chapel Services, LTC Alliances and other external resources to develop and implement programs, policies, and procedures to promote health equity and social determinants of health. By capturing these demographics this enables us to curate culture specific dining options and ensure we are responsive to needs related to cultural diversity. This is reflected in the plan of care and goals of care for each resident.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

Hellenic Home for the Aged Inc. has been working closely with

residents and their families to develop key objectives for required programs and quality improvement. Some of the ways we gather data is from our Residents, Family and Staff Satisfaction Surveys, Multidisciplinary Care Conferences and through Leadership and Staff meetings. These tools continue to assist the home in identifying additional priorities that are identified by residents, or their families and staff. We review concerns and complaints brought forward immediately, track monthly, quarterly, and analyze any trends. We then initiate a process to resolve issues as quickly as possible. Processes and safeguards are developed and implemented to avoid issues from reoccurring and to enhance services. We have an open-door policy where communication and feedback are encouraged to maintain transparency, build trust, and enhance quality and satisfaction. Hellenic Home for the Aged Inc. believes that responding to suggestions and dealing with concerns quickly is essential to customer satisfaction.

Hellenic Home for the Aged Inc. would like to highlight some of the excellent results from the Residents and Family Survey 2023:

- Resident - would you recommend % probably/definitely - Yes 100%
- Family - would you recommend % probably/definitely - Yes 100%
- Resident - staff are available to me within a reasonable time when I need them - Usually/Always 83%
- Family - staff are available to my family member within a reasonable time when needed - Usually/Always 97%
- Resident - I can express my opinion without fear of consequences - Usually/Always 83%
- Family - my family member can express his/her opinion without fear of consequences - Usually/Always 84%

- Resident - the physician explains things to me in a way that I can Understand - Usually/Always 88%
- Family - the physician explains things in a way I am able to understand - Usually/Always 100%

In conclusion, the residents of Hellenic Home for the Aged Inc. have their spiritual and religious needs respected and honored. The Home provides a safe and non-judgmental space for residents to express their thoughts and emotions. This is achieved through facilitations on Resident Council meetings, Multidisciplinary Care Conferences, and with our Social Worker and Clergy. In addition, an action plan, resources, reassurance, and follow-up are provided where needed to address their experience effectively. All in-person programs and services have now resumed; however, some residents and families have chosen to continue to participate in Multidisciplinary Care Conferences virtually. Our Satisfaction Survey results demonstrated that our residents and families remain satisfied, with some highlighted areas for improvement.

## PROVIDER EXPERIENCE

As a result of the focus on resident and family experience, measuring the experience of healthcare providers can help uncover significant health system improvement opportunities. There is a strong correlation between healthcare provider experience and resident outcomes.

Hellenic Home for the Aged Inc. is committed and focused on the needs of our care teams. We recognize the significant role teams play in our resident's day to day experience. As a result, we have created a positive and supportive environment for both our staff and residents to ensure an enhancement to their overall

experience. The Homes accessibility policies and procedure addresses professional development opportunities, competitive compensations, and benefits, while promoting a healthy work-life balance. Staff contributions are recognized, and we foster a positive organizational culture.

We provide clear communication, respect, and maintain a focus on quality care ensuring a positive provider experience. We maintain an open-door policy where our staff feel safe in approaching management with any work-related concerns or feedback they may have. Our CEO makes regular rounds on the units in the accompaniment with the Administrator where residents and staff can chat casually, meet, and greet both residents and frontline staff. This approach fosters a culture of trust, collaboration and continuous quality improvement.

Burnout and challenges to recruit and retain staff amongst LTC home teams due to factors such as high turnover rates, competitive job markets, inadequate compensations and a lack of work-life balance has been identified as a concern throughout the sector. As a result, we have hired personnel to specifically focus on recruitment, this and our professional development program will support our goal of employee retention. Hellenic Home Scarborough overall Staff survey distribution was 224 with 161 (72%) responses. See below some highlights from our Staff Satisfaction Survey 2023:

- Would you recommend Hellenic to a friend as a good place to work? Probably Yes/Definitely Yes - 93%
- Level of morale you experience working at Hellenic. Excellent/Very Good/Good - 96%

- Opportunities provided for employees to bring forward concerns and comments - 95%

Hellenic Home for the Aged Inc. managers and supervisors remains visible in work areas, provide mentorship, support, and guidance, and continue with employee appreciation programs such as Bravo Awards and Quarterly Appreciation Events.

During the pandemic the Volunteer Management Program was offline. However, in 2023 the organization reinitiated the program by significantly reinforcing the ability to manage and monitor volunteers efficiently. This encompasses crucial information such as schedules, contact details, and communication records. The goal of this initiative is to transition from manual volunteer management to a secure, user-friendly remote environment. Key feature of the platform includes the ability to track volunteer profiles, monitor and generate reports, facilitate online applications, search for volunteers, and enable text and email communication. Moreover, the platform will support volunteer onboarding and training processes, ensuring it can be customized to meet our specific requirements. Priority will be given to safeguarding data, granting secure access to volunteers, and devising effective strategies for seamless implementation and utilization of the platform. This comprehensive approach is designed to streamline volunteer management processes and enhance overall efficiency.

## **SAFETY**

Hellenic Home for the Aged Inc. focuses on measures to ensure the safety of residents, staff, and visitors. We work together to identify areas for improvement and promote continuous enhancement of safety protocols within the Home. Regular fall assessments are

conducted for residents who have fallen, we review current interventions, implement fall prevention measures, update care plans and conduct care plan huddles with all unit staff. For example, use of mobility aides, adequate lighting, floor mats and bed and chair alarms that alert our staff to respond in a timely manner, this works in decreasing the number of residents who experienced a fall. As reflected in CIHI indicator our Home remains below provincial average in 2023 Q2, with less than fifteen falls per month. Equally important, the IPAC program lead monitors and/or implements specific procedures in conjunction with the Scarborough Health Network IPAC Specialist maintaining rigorous hand hygiene protocols, regularly disinfecting high-touch surfaces, and enforcing the use of proper use of personal protective equipment. The Home continues with identifying and the implementation of isolation protocols when in outbreak. Outbreak Management Meetings and Debrief are conducted with all outbreaks.

Further, the Home established clear medication administration procedures, conducts regular medication reconciliation, narcotic audits, medication administration audits and insulin double checks to name a few. These current processes are audited daily, monthly, and quarterly. Medication errors or hypoglycemic events are reported through our pharmacy online portal, education/review is conducted with registered staff. All registered staff were educated in 2023 on the CNO Medication Administration Standards, Insulin Double Check and Medication Management Policy.

In 2023 four (4) of our managers were certified in CPR training, they will now begin to train all the homes staff. The Homes Emergency Plan was reviewed and posted on the website. Code Red drills are

done monthly. Code Purple drill was done, and review of steps completed with staff. The Staff contact lists were all updated. Moreover, access control measures for both residents and staff are in place, staff through in-person and Surge Learning training. For Residents, through Resident Council and invited guest speakers' presentations on safety and health teaching.

There is an active Joint Occupational Health and Safety Committee (JOHSC) established in the Home. There are four (4) members chosen by the union and four (4) members from management. The committee holds meetings every 2 months. conducts the health and safety program evaluation, review the health and safety policies, conduct/follow up of any findings from the monthly workplace inspections, review/analyze the WSIB cases and assist in developing a plan on how to reduce the number of WSIB. For example, if the trend is on back injuries – training on how to prevent back injuries will be provided for the staff. Furthermore, during the JOHSC meetings, IPAC updates on outbreaks, supplies and training opportunities are discussed.

In conclusion, ensuring the safety of residents, staff, and visitors in the Home requires a multifaceted approach encompassing fall prevention, infection prevention and control, medication management, emergency preparedness, resident security, and staff training and well-being. By implementing these measures, we have created a safer and more secure environment for all stakeholders.



## POPULATION HEALTH APPROACH

The population health approach for our residents focuses on improving the health outcomes and well-being of our residents at a level of engagement through participation in in-person Church Services, activities on and off the units, a family member can sit and have a meal with their loved one in the Home, planned outings facilitated by our Programs Department and one-to-one visits with the homes Priest or their clergy of choice. All restrictions on visitations have been removed as a result, families and friends are able to take their loved one's home or out to special events.

In addition, this approach addresses the unique individual needs and social determinants of health that our residents, families and the home faced over recent years. Thus, by identifying these challenges that impacted our residents, we are now able to plan forward and implement preventative measures by collaborating with various stakeholders, such as healthcare providers, social services, and other community organizations with an aim to enhance the overall health and quality of life for our residents. Through proactive interventions, education, and support, this approach strives to create a healthier and more equitable environment for our residents.

The Home's annual resident and family satisfaction survey responses were positive, scoring 80% to 100% on the survey activity questions.

## CONTACT INFORMATION/DESIGNATED LEAD

CEO: Kosta Kostouros - 416-654- 7718 Ext.3106

Board Chair: John C, Fanaras

Administrator: Poli Pergantis - 416-654-7718 Ext. 3103

Quality Improvement and Education Manager: Lynette Walters - 416-654-7718 Ext. 3101

## 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 **March 27, 2024**

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**John C. Fanaras**, Board Chair / Licensee or delegate

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**Poli Pergantis**, Administrator /Executive Director

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**Lynette Walters**, Quality Committee Chair or delegate

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**Mike Neroulas**, Other leadership as appropriate

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