



HELLENIC CARE FOR SENIORS
CONTINUOUS QUALITY IMPROVEMENT REPORT FOR 2025 - 2026
May 2025

Contents

Designated Lead	2
Quality Priorities for 2025-26	2
Timely Efficient Transition	2
Resident Experience	2-3
Patient/Client/Resident Experience - 2024 Resident & Family Survey Outcomes.....	3-4
Hellenic Home's Approach to CQI	4-5
Process to Monitor and Measure Progress, Identify Adjustments and Communicate Outcomes.....	6-8

Designated Lead

Sherly Celis, Manager of Quality Improvement & Education

Quality Priorities for 2025-26

Hellenic Care for Seniors is pleased to share its 2025/26 Quality Improvement Report. Our commitment to quality is reflected in 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” and our vision: “To be at the forefront of seniors’ changing needs”.

In 2025-26, Hellenic Care for Seniors will focus on two of the Provincial priority indicators. The QIP plan focuses on timely and efficient transitions and resident experience. In each area, a goal has been identified, and methods to achieve the goal and indicators to determine if the change resulted in an improvement have been developed.

Timely Efficient Transition

This priority system indicator measures the percentage of potentially avoidable emergency transfers to the Emergency Department (ED) for long-term care residents. Hellenic Care is committed to reducing unnecessary ED visits by strengthening clinical decision-making and optimizing in-home care. With our current avoidable transfer rate at 17.3%, we aim to lower it to 2% by the end of 2025.

To achieve this, the Program Lead will systematically track and review all resident transfers, identify trends, and assess avoidable cases to implement targeted interventions. A key component of this strategy is the recruitment of a Nurse Practitioner (NP) by December 2025 to provide timely, on-site care for acutely ill residents, thereby reducing hospital transfers.

Additionally, enhanced surveillance and early detection of infectious respiratory diseases will be critical. By strengthening monitoring protocols, we aim to ensure that 95% of residents with respiratory symptoms receive antiviral or antibiotic treatment within three days of symptom onset, minimizing complications and the need for ED visits.

Through these combined efforts—improving clinical support, optimizing care pathways, and enhancing infection control—we will not only reduce avoidable hospital transfers but also improve healthcare resource utilization while ensuring residents receive timely, high-quality care within the home.

Resident Experience

Beyond clinical improvements, we are focused on enhancing the mealtime experience, recognizing the vital role food plays in residents' well-being. In the Experience: Resident-Centred indicator, we aim to increase the percentage of residents responding positively to *“The overall quality and variety of food and drinks is good.”* To achieve this, we actively gather resident feedback on food quality, variety, and service during monthly

Resident Council meetings. Seasonal menus are reviewed in collaboration with residents to ensure they align with their preferences and dietary needs.

Based on this feedback, the Dietary Manager will implement monthly menu adjustments, while a Greek food consultant will provide hands-on training for kitchen staff in traditional Greek cooking techniques. To further enhance authenticity, the home will offer specialized training in Mediterranean cuisine, aiming for 95% of kitchen staff to be trained by December 2025. Additionally, the consultant will work closely with the team to review recipes and refine meal options, ensuring they reflect residents' tastes while meeting dietary requirements.

A key goal of this initiative is to modify traditional Greek recipes to accommodate residents' dietary needs, such as incorporating softer textures and using authentic Greek ingredients. We aim for a 60% success rate in these modifications, ensuring that meals remain both culturally authentic and accessible to all residents. Through these combined efforts—menu refinement, staff training, and continuous resident engagement—we strive to enhance the overall dining experience and increase food satisfaction rates from 54% to 60% by December 2025. By continuously refining our approach to food service, incorporating resident feedback, and investing in staff development, we are committed to creating a more enjoyable and culturally enriching dining experience for all residents.

2024 Patient/Client/Resident Experience Survey

Hellenic Care is dedicated to integrating resident and family feedback into our quality improvement efforts. We actively collect and analyze experience survey results and other input to identify key areas for enhancement. This information guides quality improvement initiatives, staff training, and service adjustments to better meet the needs of those we serve. We engage residents and families in decision-making to ensure transparency by sharing progress updates. By embedding feedback into our continuous improvement framework, we enhance care experiences and maintain a high standard of service.

The Home complies with the Fixing Long-Term Care Act, 2021 through annual participation in the Alliance Resident and Family Satisfaction Survey, ensuring resident and family voices shape quality improvements. In December 2024, the home participated in the Alliance Group Experience Survey, with results presented to the Resident's Council in February 2025. To keep families informed, the home communicated the findings and action plans in the home's March 2025 newsletter. In addition, the information will be posted digitally in the front lobby of the home. Updates on the implementation will be provided throughout the year at the request of committee chairs and documented in meeting minutes.

2024 Resident & Family Experience Satisfaction Survey Outcomes:

Resident and Family satisfaction with Hellenic Care for Seniors remains excellent, as reflected in the high overall and recommendation ratings. The home is pleased to highlight many of the key strengths and meaningful improvements identified in the survey, showcasing areas where residents and families have expressed strong satisfaction.

Resident Survey:

- Staff treat me with respect – 100% Usually/Always
- I can express my opinion without fear of consequences – 100% Usually/Always

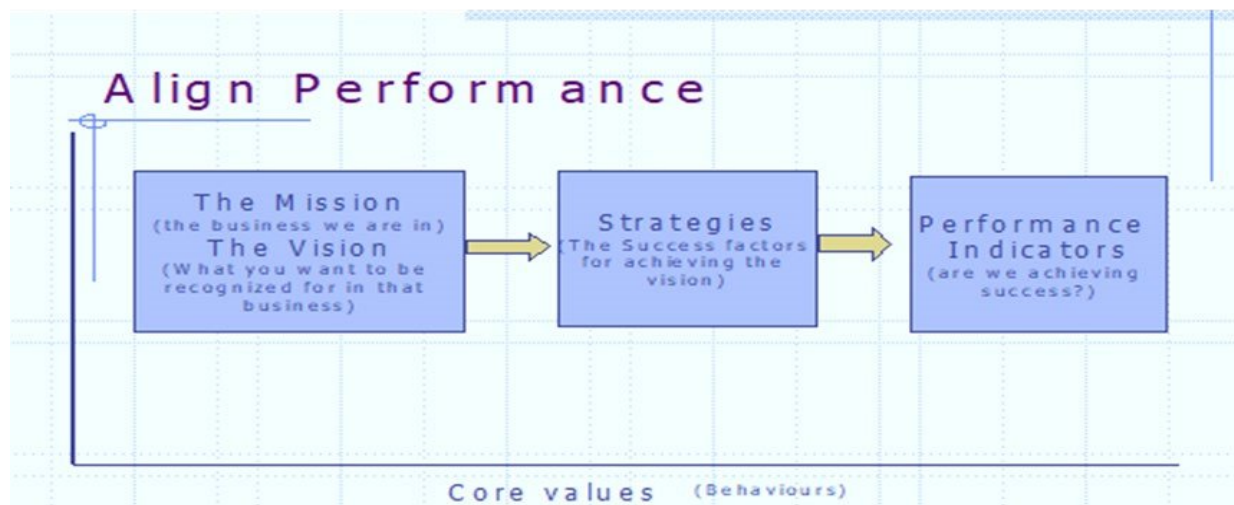
- Staff are available to me within a reasonable time when I need them – 100% Usually/Always
- I am aware of who to contact to initiate a concern/complaint – 100% Usually/Always
- There are activities that support my religious/spiritual beliefs – 100% Usually/Always
- Staff listen to me – 100% Usually/Always

Family Survey:

- Staff treat my family member with respect – 95% Usually/Always.
- I am involved in decisions about my family members care – 96% Usually/Always
- The food and drinks my family members receive are good- 91% Usually/Always
- The Home is clean and tidy – 100% Usually/Always
- The home is free from odors – 100% Usually/Always
- I am aware of who to contact to initiate a concern/complaint – 96% Usually/Always
- I receive updates about my family member's health – 96% Usually/Always

Hellenic Home's Approach to CQI

Hellenic Care for Senior's quality structure begins with the development of the Strategic Plan. The plan is driven by the Board and provides direction to the organization for the upcoming years. The development of the Quality Management Program aligns with the Strategic Plan and is intended to form a framework to connect performance to strategy. By aligning the mission, vision, and core values of the organization with specific goals, the philosophy and directions are set to guide everyone across the organization.



Our Accountability Framework is the foundation for planning processes and sets our five (5) success factors for strategic planning:

1. Outstanding Care and Service. This principle fosters a culture that focuses on seniors' quality of life, safety, and risk management.
2. Excellent Performance promotes accountability and provision of quality care.
3. Competent People create a culture that focuses on learning and collaboration.
4. Ongoing Innovation develops systems to encourage and recognize innovation.
5. Dynamic Partnerships expands and enhances community links and partnerships.

Quality improvement initiatives are identified under the five success factors to ensure alignment with the strategic plan. Hellenic Care for Seniors follows a Quality Risk Schedule, where programs are reported monthly and quarterly and evaluated annually. The quality planning cycle begins each January, as the interdisciplinary team reviews and assesses the achievement of goals and objectives from the previous year using various internal and external sources:

1. The Strategic Plan
2. The Risk Management Plan
3. Results of surveys (resident, family, and employee surveys)
4. Complaint Monitoring
5. Fixing Long Term Care Act 2021 and Regulations 246/22
6. Canadian Institute for Health Information (CIHI) Reports
7. Quality Ontario's Publicly Reported Indicators and Benchmarks
8. Long Term Care Home Service Accountability Agreement (L-SAA)
9. Excellent Care of All Act and Quality Improvement Plan (QIP) from the previous year.
10. Comparative data from the Alliance Group
11. Technological advancements
12. Other such as Toronto Public Health, Office of the Fire Marshal, the Ministry of Labour, Occupational Health, and Safety Act, etc.

Based on this data, Hellenic Care for Seniors (Toronto) begins to develop its priority areas for the upcoming year through Family and Resident consultations, board discussions and collaborations with external partners. The subsequent quality improvement plan (QIP) is submitted to Ontario Health by April. 1st of each year.



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

- 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 for overseeing the achievement of the goals and objectives:
- Long Term Care Service Accountability Agreement (LSAA). The home is obligated to report annually to Ontario Health its performance indicator outcomes and sign the annual declaration of compliance.
- Behavioral Support Team guidelines from Ontario Health.
- Accreditation requirements: Hellenic Care for Seniors participated in a CARF accreditation survey and achieved a three-year accreditation in June 2024 and is committed to upholding CARF standards, which are regularly monitored for ongoing compliance.
- Areas arising from other legislative/accountability requirements such as the Fixing Long Term Care Act 2021 and Ontario Regulations 246/22.
- Areas arising from the annual Resident and Family Experience surveys conducted annually.

Process to Monitor and Measure Progress, Identify Adjustments and Communicate Outcomes

The Senior Leadership Team at Hellenic Care for Seniors is committed to continuously monitoring and evaluating the quality of resident care and services. The Quality Improvement Committee oversees these efforts, ensuring that progress is measured and aligned with quality improvement goals. The home follows Tom Nolan's Quality Framework, which focuses on three key questions: What are we trying to accomplish? How will we know if a change is an improvement? What change can we make that will result in an improvement? This approach is implemented through the Plan, Do, Study, Act (PDSA) cycle, a structured method for testing and refining improvements over time.

To support this framework, various tools are used to collect and analyze data, including audits, root cause analysis, program evaluations, and key indicator tracking. This systematic approach helps ensure that improvements are evidence-based and measurable.

Each Program Lead is responsible for tracking key indicators and gathering input from various stakeholders, which is then reviewed during the monthly Interdisciplinary Best Practice Meeting. This ongoing review process helps identify trends and inform decision-making. On a quarterly basis, these key performance trends are presented to the Quality Improvement Committee, where discussions focus on frontline engagement, program effectiveness, areas requiring improvement, and strategies to achieve desired outcomes. If data shows that a change has not resulted in sustained improvement, the committee revisits the initiative, refines the approach, and restarts the Plan, Do, Study, Act (PDSA) cycle to drive further improvements. To ensure transparency and accountability, the home's performance on key system indicators is also shared with the Board of Directors every quarter during Long- Term care Committee meeting. This keeps leadership informed of progress, challenges, and ongoing efforts to enhance care and services for residents.

The Quality Improvement Committee coordinates and supports the implementation of continuous quality improvement initiatives, including action plans based on areas for improvement identified in the annual satisfaction survey. The proposed QIP priority areas for 2025-26 were presented to the Resident Council during their meeting on March 19, 2025. Staff were also informed about the QIP priority areas and the results of the annual satisfaction survey during regular staff meetings.

Effective communication is essential throughout the Quality Cycle. Hellenic Care for Seniors utilizes various methods, including TV monitor postings, handouts, and one-on-one discussions with residents. Technology also plays a key role in enhancing communication, and these strategies will continue to be used on an ongoing basis.

1. Cliniconex – The home utilizes Cliniconex, an automated care messaging system, to send updates such as memos, notifications, and policy change notices to family members. It also serves as a platform for sharing quality initiatives.
2. Surveys for Feedback – Hellenic Care for Seniors gathers input from families through SurveyMonkey and paper-based surveys. Volunteers also assist in collecting feedback from residents on quality-of-care issues.
3. Informational Handouts – The home provides a variety of handouts, fact sheets, and memos to visitors, family members, and residents. These materials, available in both hard and digital copies, offer updates on statistics, protocols, and current performance.
4. Resident Council Involvement – Resident Council representatives contribute to the resident and family survey process, offering recommendations for improvements based on survey results.
5. Stakeholder Collaboration – The home actively collaborates with key stakeholders, including the Resident Council, Public Health Units, Ontario Health, AdvantAge Ontario, Ontario Long-Term Care Association (OLTCA), the Ministry of Long-Term Care, and the Alliance Group—a network of non-profit homes focused on information-sharing, performance measurement, and joint initiatives.
6. Policy Medical System – Hellenic Care for Seniors utilizes Policy Medical, a digital platform that provides staff with easy access to policies and protocols. Updates resulting from ministry directives, quality initiatives, or best practice guidelines are readily available through this system.
7. Quality Improvement Committee – The Quality Improvement Committee includes key stakeholders to ensure the broad dissemination of quality initiatives and outcomes across the organization.
8. Publicly Posted QIP – The home publishes its Quality Improvement Plan (QIP) on the organization’s website, outlining objectives and processes for each quality initiative to maintain transparency and accountability.
9. Secure Conversation Initiative – This initiative enables real-time, secure communication between physicians, practitioners, and care team staff. Integrated into PointClickCare, it facilitates safe discussions about resident care between registered staff and physicians.
10. Project AMPLIFI – As part of the Acute Care and Long-Term Care Provincial Data Integration Project, this initiative enhances the flow of resident information between Hellenic Care for Seniors and participating hospitals. It aims to improve continuity and quality of care while streamlining workflow efficiency for healthcare providers.

As part of its ongoing commitment to continuous quality improvement, the home has undertaken strategic initiatives and collaborations to enhance resident care, streamline operations, and drive sustainable improvements. Key achievements include:

- To strengthen Infection Prevention and Control (IPAC) practices, the home collaborated with an IPAC Consultant to align its policies with the Ministry of Long-Term Care’s updated IPAC Standards. By April 2024, all new policies were successfully developed, reviewed, and uploaded to Policy Medical, ensuring staff have easy access to current guidelines for compliance and best practices. Further advancing its IPAC efforts, the home integrated the Health Connex IPAC Module, which automates infection tracking and trend analysis, improving efficiency and responsiveness in managing infection control.

- Enhancements in resident services also extended to dining operations. In October 2024, the implemented the Resident Dining Solution (RDS) platform that digitized key aspects of meal service, including menus, diet lists, recipes, production sheets, and the show plates process. This modernization improved accuracy, efficiency, and the overall dining experience for residents
- To enhance quality assurance, the home implemented the Surge Learning Quality Risk Management (QRM) platform, improving auditing, compliance, and proactive quality management. This digital solution streamlines tracking of improvement measures, driving continuous advancements in care and operations. The initiative was completed in December 2024.

Through these strategic initiatives, the home continues to prioritize quality improvement, demonstrating a commitment to excellence in long-term care.

The proposed Annual Residents and Family Experience Satisfaction Survey questions for 2024 were presented to the resident council on September 26, 2024. The council was given the opportunity to provide feedback, and no suggestions were made. Th Resident Survey was launched from December 12 to 27, 2024. The Family Satisfaction Survey was distributed December 6 to 20, 2024. The Staff Experience Satisfaction Survey was launched December 18 to 24, 2024.

The outcome of the Resident and Family Experience Satisfaction Survey Summary, recommendations and proposed action plan from 2024 was shared with residents at the Resident Council on February 26 2025 with no recommendations provided. The Staff and Resident/Family Experience Survey Outcomes and Action Plans were presented to staff on February 14 and 21 2025, at the staff meeting and will be discussed at additional meetings, such as Quality Committee meetings.

