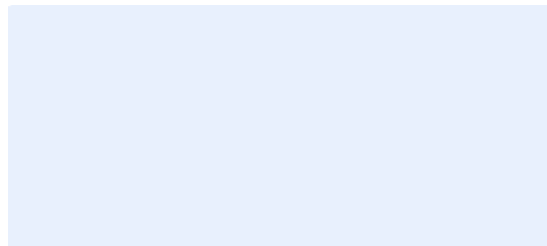


Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



03/07/2025

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Hellenic Home for the Aged (Scarborough) Inc. is CARF Accredited, not for profit, charitable organization with 128 Long-Term Care beds that is 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 care, a unique combination that ultimately benefits our residents and the community overall. Our staff work with families, volunteers, and 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 expand and enhance 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 for overseeing achievement of the goals and objectives.
2. Long Term Care Service Accountability Agreement (LSAA). The home is obligated to report to the Ministry of Long-Term Care annually its performance indicator outcomes and sign the annual declaration of compliance.
3. Behaviour Support Team guidelines from Baycrest Behavioural Program.
4. Commission for Accreditation of Rehabilitation Facilities (CARF). CARF standards are regularly monitored to ensure ongoing compliance.
5. Areas arising from other legislative/accountability requirements.
6. Areas arising from the annual Resident and Family Experience Satisfaction Surveys.

These highlight the home's ongoing commitment to quality improvement through strategic initiatives and collaborations aimed at enhancing resident care, operational efficiency, streamlining processes, and driving sustainable improvements. Key achievements include:

- The home collaborated with an Infection Prevention and Control (IPAC) Consultant to ensure its policies align 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, providing staff with easy access for reference and compliance.
- The home implemented Resident Dining Solution (RDS) platform that digitized key aspects of dining services, including menus, diet lists, recipes, production sheets, and the show plates process, improving accuracy, efficiency, and the overall dining experience for residents.
- The home implemented the Surge Learning Quality Risk Management (QRM) online platform to its auditing program, enhancing the tracking of improvement measures. This streamlined approach strengthened compliance, supported proactive quality management, and drives continuous improvement in care and operational standards.

The 2025-26 Quality Improvement Plan (QIP) focuses on enhancing resident care by improving access, enriching the resident experience, and optimizing care delivery. Guided by a commitment to continuous improvement, our QIP aims to improve organizational performance and quality of life for all residents.

A key priority is reducing unnecessary Emergency Department visits by enhancing clinical decision-making. The Program Lead will systematically track and review all resident transfers to the ER, assessing avoidable transfers, identifying trends, and implementing targeted interventions. By strengthening in-home clinical support and optimizing care pathways, we aim to achieve a 2% reduction in avoidable hospital transfers. This initiative ensures residents receive timely, appropriate care within the home while improving healthcare resource utilization.

Beyond clinical improvements, we are committed to enhancing mealtime experiences. Recognizing food's vital role in well-being, we actively gather resident feedback on food quality, variety, and service during monthly Resident Council meetings. Seasonal menus are reviewed with residents to align with their preferences and dietary needs. Based on feedback, dietary manager will implement monthly changes, supported by a food consultant who will refine recipes.

By integrating these initiatives, we strengthen our commitment to high-quality, resident-centered care, ensuring both medical and daily living needs are met with excellence.

Access and Flow

Hellenic Home Scarborough continues to exceed expectations through innovative services, activities, and leadership in creative solutions that respond to community needs that prepare us for future opportunities. We have maintained a professional relationship with Provincial and Central East priorities and obligations contained in the Long-Term Care Accountability Agreement (LSAA) and Commission for Accreditation of Rehabilitation Facilities (CARF) requirements. In June of 2024 Hellenic Home participated in the CARF Survey and received a three-year accreditation. We continue to liaise with the Registered Nursing Association of Ontario (RNAO). In the summer of 2024 the Long-Term Care Best Practices Program Coach facilitated a leadership presentation for our management team. Positive feedback was gained from this session and as a result, plans were made for future presentations.

Following our 2024/25 QIP, Hellenic Home Scarborough recruited a full-time Nurse Practitioner who is responsible for triaging most residents before any Emergency Department (ED) transfer is considered. This initiative, in conjunction with clinical assessment tools, ensured residents receive prompt and effective access to care and resources. This step has considerably enhanced resident safety by minimizing the frequency of avoidable transfers to the Emergency Department where we saw ED Transfer decrease from 35.0% to 23.29%.

Hellenic Home Scarborough's 2025/26 workplan access and flow will continue to focus on the rate of ED visits. The Home will aspire to reduce the percentage of ED transfers from 23.29% to 21.29% by November 2025.

Equity and Indigenous Health

The sociodemographic details of residents are collected upon admission from the residents or their family members and documented in their profiles on Point Click Care, which helps staff to provide care based on individual preferences and needs. Our homes current population is 94% Greek; and 6% of non-Greek are, South Asian, Armenian, Caribbean, Canadian, Egyptian and Ukrainian. Residents and staff observe Truth and Reconciliation Day, in addition, equity, diversity, inclusion, and anti-racism training is completed by all staff. In addition, we are planning a new summer program that will celebrate the different cultural backgrounds of our staff and residents designed to be a multicultural event in respect and recognition for their individual community.

While we honor Greek Orthodox services as part of our heritage, we also accommodate the spiritual and religious needs of residents from diverse faiths.

Patient/Client/Resident Experience

Resident and Family Experience Surveys are of high priority for the team as they reflect the level of satisfaction experienced by our residents and family. The insights gained from these surveys directly influence our action plans for enhancing the quality of life for our residents and their families. The 2024 Resident Experience Survey results indicated a high level of satisfaction among residents, particularly with the Greek cultural programs and the overall atmosphere of the home. Initiatives carried out in 2024 to improve residents and family experience satisfaction surveys were shared with the residents and family councils. And also shared at the Quality Committee meeting, discussed at the Best Practice meetings and monthly staff meetings.

Hellenic Home Scarborough 2025/26 workplan will focus within the dimension of resident experience. The team will work on enhancing the quality authenticity, and nutritional value of Greek cuisine by incorporating traditional recipes, fresh ingredients, and culturally appropriate cooking methods while ensuring meals meet dietary needs and preferences. The Home aspires to improve the percentage of responses in the Food and Dining of families by January 2026, by collaborating with an external Greek consultant and the registered dietitian (RD) to adjust traditional recipes, ensuring they meet nutritional needs and desired textures.

Resident and Family Experience Satisfaction Survey

For 2023 the outcome of the Resident and Family Experience Satisfaction Survey Summary, recommendation and proposed Action Plan was presented at Resident Council on March 22, 2024. And shared with the Family Council on March 14, 2024.

The proposed Annual Residents and Family Experience Satisfaction Survey questions for 2024 were presented to the resident council on September 20, 2024. The council was given the opportunity to provide feedback, and no suggestions were made. The same was shared with the family council on September 20, 2024 for their review and feedback and by October 4, 2024 the council did not have any suggestions. The Resident Survey was launched from December 9 to 13, 2024. The Family Satisfaction Survey was distributed December 16 to 20, 2024. The Staff Experience Satisfaction Survey was launched on December 18 to 24, 2024.

The outcome of the Resident and Family Experience Satisfaction Survey Summary, recommendation and proposed Action Plan from 2024 was shared with residents at the Resident Council on February 21, 2025, with no recommendations provided. In addition, it was shared with the Family Council on February 25, 2025 with a request for any recommendations to be provided by March 12, 2025. No recommendations received from family council by March 12, 2025.

The Staff and Resident and Family Experience Satisfaction Survey Outcomes and Action Plans were presented to staff on February 26 and 27, 2025, at the staff meeting and will be discussed at simultaneous staff meetings. Likewise, a summary of the action plan will be placed in the staff communication binder on all units. Survey results and proposed action plan were discussed at the Best Practice meeting with program leads on February 21, 2025.

Hellenic Home Scarborough would like to highlight some of the excellent results from the Residents and Family Survey 2024:

- 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 96%.
- Family - staff are available to my family member within a reasonable time when needed - Usually/Always 98%.
- Resident - I can express my opinion without fear of consequences - Usually/Always 100%.
- Family - my family member can express his/her opinion without fear of consequences - Usually/Always 95%.
- Resident - the physician explains things to me in a way that I can Understand – Usually/Always 100%.
- Family - the physician explains about my family member's health - Usually/Always 95%.
- Residents - the overall quality of food and drinks is good. 98% Usually/Always.
- Family - The food and drinks my family member receives are good. 95% Usually/Always.

Despite the overall high ratings from the resident and family surveys, management understands the importance of maintaining the results over time.

Management will continue with all interventions currently in place that monitor and evaluate operations to ensure Resident and Family Satisfaction ratings remain high. This will include:

- Management will continue to provide mentorship to front line staff related to customer service and communication strategies.
- Management will continue to seek ongoing feedback from stakeholders during MDC meetings, Residents Council, etc.

- Management will continue with audits, including environmental services audits, personal care audits, night shift audits, dietary services audits, etc.

Quality Improvement Initiatives/Projects:

- January 24 2024 – Introduced the Homes plan to implement a new dining experience Show plates and Resident Dining Solutions (RDS).
- May 15, 2024 – Residents informed that the new dining experience was implemented.
- May 15 2024– The Resident Council was informed of the upcoming date for accreditation (CARF).
- August 26, 2024 – Fence replacement discussed with the Resident Council, with a planned end date November 30, 2024.
- In October 2024 the team brought forward to the Resident Council the plan on implementing a new soiled linen process. And on September 20, 2024, the new process was rolled out displaying color coded laundry bags and new hands-free hampers.
- September 20, 2024 – Discussed emergency preparedness bins, five bins prepared with (extension cords, flashlights, outlet power cords and batteries) labelled and placed on all units.
- On December 19, 2024, the Home's Emergency Plan was reviewed with the council. They were satisfied with the plan.

The ongoing outcomes of initiatives throughout the year are monitored, evaluated, and when needed revised based on the recommendation of our Quality Improvement Committee.

Resident Education:

- July 2024 – Alzheimer's Society – Brain Health; and the Toronto Police presented crime prevention and fraud.
- September 2024, the Nurse Practitioner presented education on Osteoporosis and Heart Health.
- October 2024 – The Physiotherapist presented to the residents fall prevention and risk for falls; the Registered Dietitian presented Diabetes Awareness to residents.
- November 2024 – The IPAC manager provided education to residents on prevention and signs and symptoms of respiratory illnesses.

Provider Experience

We continue to recover from the effects of the pandemic and continue to struggle with recruiting and retention of personnel. Additionally, having to extend the orientation hours for recent graduates and internationally trained nurses at times posed some challenges. As a result, in February 2024 the home recruited an administrative assistant to focus on recruitment and to bring identified needs to the leadership team. The leadership team assigned mentors to support these new employees in transiting through language barriers, new healthcare systems, and unfamiliar protocols. Despite these challenges, both new graduates and internationally educated nurses have contributed significantly to our team. The implementation of staff mentorship, extended orientation timelines, and continuous education has helped ease their transition and build confidence. Over time, both groups developed essential skills, adapted to their environments, and contributed fresh perspectives to resident care. Their resilience, dedication, and diverse backgrounds enriches our environment and ultimately improved resident outcomes and workforce sustainability. To optimize staff full scope of practice, our collaboration with external organizations such as, the Nurse Lead Outreach Team(NLOT), Achieva Health education personnel, clinical pharmacy education support, Responsive Health Management

Consultants, Dietary Consultants, Infection Prevention and Control(IPAC) Consultant, Environmental Services Consultant and the Registered Nurses Association of Ontario (RNAO) coach to facilitate extensive leadership and coaching development training to all management level positions and frontline clinical and unregulated staff to ensure we have the necessary skills to foster a supportive environment effectively. Our Resident Council expressed their appreciation for staff engagement and communication, this was reflected in the 2024 resident and family experience satisfaction survey.

Hellenic Home Scarborough would like to highlight Staff Satisfaction Survey 2024:

- Would you recommend Hellenic to a friend as a good place to work? Probably Yes/Definitely Yes - 100%.
- Level of morale you experience working at Hellenic. Excellent/Very Good/Good - 100%
- Learning opportunities that are available to you to receive in-services, training and education. Excellent/Very Good/Good – 100%
- Opportunities provided for employees to bring forward concerns and comments Excellent/Very Good/Good - 99%.
- The timelines with which you receive a response to your concerns Excellent/Very Good/Good – 99%.

The Skin and Wound Program achieved impressive outcomes as evidenced by the percentage of the worsened stage 2 to 4 pressure injuries reflected below provincial average in 2024/25 Q2. Demonstrated by an improved key performance indicator: Percentage of long-term care home residents who have a worsened stage 2 to 4 pressure ulcer. The 2024/25 Current Performance was – 3.3% versus the provincial average of 2.4%. Our change idea was to develop an intervention algorithm based on Pressure Ulcer Risk Score (PURS) score and an intervention guidance tool that led to the cause and effect of the current skin injuries by using a Fishbone diagram where we were able to identify the algorithm of acquired skin injuries, internal and externally. Following this, the team reviewed and adjusted the skin injury workflow, collaborated with the RAI Coordinator, the Skin and Wound Lead and with the support from the NLOT team's ET Nurse ensure that all pressure ulcer triggered RAPS are followed up by registered staff to assess, implement, and evaluate the interventions for skin and wound utilizing the new guidance tools.

The outcome of this action plan reflected a major improvement on the dimensions of, Has a stage 2 to 4 pressure ulcer (Q1 6.8% - Q2 3.3%) and worsened stage 2 to 4 pressure ulcer (Q1 2.2% - Q2 1.1%) indicators are now below provincial average. The success of this initiative was a key focus on comprehensive education and training, with the help of our external partner - the Nurse Lead Outreach Team (NLOT). Nurses and Personal Support Workers were equipped with the latest knowledge and skills to stay updated on best practices to prevent and manage wounds effectively. Regular visits from the ET Nurse not only contributed to positive resident outcomes and reduced complications but also accelerated healing rates. Additionally, the program introduced new interventions algorithms and guidance tools to help convert risk assessments into effective preventative and healing strategies, further enhancing nursing practice and quality care.

Safety

To mitigate risk of recurrence, we use a standardized process to identify, analyze and disclose adverse events, while policies and procedures are reviewed and updated to reflect changes in ministry

standards and regulations. All identified risk areas are tracked, and a root cause analysis is completed and reported out monthly to the Long-Term Care Committee which includes board members and members of the management team. The Quality Improvement Committee analyzes and develops a focused action plan to address non-compliances.

We will continue working on system indicators by reducing resident visits to the Emergency Department. As a result, based on the Emergency Department (ED) visit data, the home will focus on developing the best practices in respiratory infections and surveillance. Utilizing the Best Practice Standards industry, the home will endeavor to reduce ED visits for residents who could have been potentially avoided transfer to the ED and returned.

All Critical Incidents (CI) are formally reported and tracked with each CI to ensure a consistent approach to managing the incident and mitigating future events. There was a significant decrease in critical incidents in 2024, thirteen (13) compared to twenty (20) in 2023.

Furthermore, the home has seen a substantial decrease each quarter in the indicator, “taken antipsychotics without a diagnosis of psychosis”, quarter two (2)- 22.8% compared to 26.0% in quarter four (4) in 2024, (source CIHI).

To reduce the occurrences of workplace bullying and abuse, in person interactive training on the Zero Tolerance of Abuse and Neglect Prevention, Whistle Blowing and the Conduct and Behaviour Policy was conducted for all levels of employees.

Emergency response drills were conducted three times per month, as well, the home passed on the first attempt of the Annual Fire Inspection. Feedback is encouraged after all drills and outbreak management team meetings to promote safety. It is the Home’s culture to reinforce safety.

Palliative Care

Hellenic Home Scarborough continues to remain focused on Palliative Care and acknowledges that for many residents – this will be their final home. The aim of the palliative care program at Hellenic Home Scarborough is to nurture a wholesome atmosphere that allows residents to remain in the comfort of their home, while preserving a fulfilling quality of life during their transitional end of life journey. Our Palliative Care program is a collaborative effort that involves a multidisciplinary approach customizing each residents’ unique needs and wishes enveloped by empathy. From environmental comforts, food and dining, spiritual care, family empowerment and support, education, atmospheric mood adjustments, unique personal wishes, to ongoing medical management; our aim is optimal quality of life at every stage of life.

The Palliative Care program at Hellenic Scarborough is championed by our Nurse Practitioner in collaboration with the Social Worker, who continuously deliver support and empowerment to our residents, families, and staff. The Home aims to build greater capacity for frontline staff in their palliative care knowledge and skills through point of care teaching, formal group and one-on-one educational in-services, LEAP certification, thorough and timely physical assessments, and appropriate use of palliative indicator tools (i.e. PPS). This will help facilitate early identification and timely goals-of-care discussions, while also influencing the prevention of unnecessary ED transfers.

Our home strives to achieve 100% of our palliative care residents to transition in-home, which was achieved in 2024 Q3 and continues into 2025 Q4. We also achieved 100% satisfaction in our post-

palliative care experience surveys. Families expressed their appreciation for the unwavering care provided to their loved ones by staff from various disciplines. They also shared their happiness and reassurance for their ability to accompany and share care towards their loved ones until the end. Hellenic Home Scarborough also recognizes that sometimes residents and families may have special requests such as MAID, which was true for one resident in 2024. Our home was able to facilitate this request in consideration of the Home's policy with a satisfactory outcome for all involved.

Hellenic Home Scarborough remains focused on delivering evidence based, and best practice palliative care to our residents, whether their wishes are to focus on curing illness, preserving life, or maximizing comfort.

Population Health Management

Hellenic Home Scarborough focuses on improving the health outcomes of residents by addressing their unique medical, social, spiritual, physical, and psychological needs. This approach involves proactive care coordination, disease prevention, and the use of data analytics to identify health trends and risks among our residents. By implementing personalized care plans, the home can better manage chronic conditions, reduce hospitalizations, and enhance the overall wellbeing of residents. Key strategies include regular health assessments, surveillance, audits, medication management, infection prevention and control, a vaccination program, and multidisciplinary collaboration among the team. Our home has effectively managed the health of our residents by maintaining and sustaining partnerships with external healthcare organizations, integration of technology, such as electronic health records, education and auditing online platforms that help in tracking residents and staff progress, and adjustments to action plans accordingly.

Moreover, focusing on environmental and social influences on health such as nutrition, social engagement, and mental health plays a critical role in improving outcomes. By focusing on preventive care and the well-being of residents and staff the home can create a sustainable model that enhances quality of life while optimizing resource utilization.

Contact Information/Designated Lead

Lynette Walters, Quality Improvement and Education Manager:
Henrieta Yumang, Director of Care
Mary Madarang, Administrator

I have reviewed and approved our organization's Quality Improvement Plan on March ____ 2025.

Board Chair / Licensee or delegate _____ (signature)
Administrator /Executive Director _____ (signature)
Quality Committee Chair or delegate _____ (signature)
Other leadership as appropriate _____ (signature)