



HELLENIC HOME FOR THE AGED INC.  
CONTINUOUS QUALITY IMPROVEMENT REPORT FOR 2025/2026  
May 2025

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## Designated Lead

Lynette Walters, Manager of Quality Improvement & Education

### Quality Priorities for 2025-26

Hellenic Home for the Aged 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 create 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 to 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 Support Coordinating Office.

4. Accreditation requirements: Commission for Accreditation of Rehabilitation Facilities (CARF). 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, Accessibility Ontario, Occupational Health and Safety standards.
6. The Annual Resident and Family Experience surveys conducted in 2024.

The QIP plan focuses on access and flow 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 2025-2026 QIP defines our priorities and sets out a detailed work plan to improve quality by improving residents' personal experience, safety and equity of resident care and services. And promote effectiveness and efficiencies within the healthcare/LTC system.

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 meet or exceed all regulatory requirements.

The Quality Improvement Committee is progressing well with members from Resident and Family councils, Program leads, frontline staff, pharmacists, and the medical director.

Hellenic Home for the Aged Inc. is pleased to share its 2025-26 Quality Improvement Report. The outlined Quality Improvement Plan prioritizes the improvement of Access and Flow - ED transfers and Resident Experience - enhancing the quality authenticity, and nutritional value of Greek cuisine.

### **Access and Flow**

Our Home consistently surpasses expectations by offering innovative services and pioneering creative solutions that address community needs and positioning 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 leadership presentation for our management team, positive feedback was gained from this session as a result, there are plans for future presentations.

Following our 2024/25 QIP, Hellenic Home Scarborough recruited and appointed a full-time Nurse Practitioner responsible for triaging most residents before any 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 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 21.0% by November 2025. Conduct regular screenings for respiratory symptoms and use rapid diagnostic tools to identify infections early. Our goal is, by January 2026, 95% of residents due to improved surveillance are identified with respiratory symptoms will be promptly treated within detection of symptoms onset to reduce complications and emergency transfers.

### Health Equity

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 97% Greek; and 6.25% 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 program that will celebrate the different cultural backgrounds of our staff and residents in the summer designed to be a multicultural event in respect and recognition for their individual community.

Throughout the year our residents are invited and given the opportunity to participate in activities from the Greek Orthodox traditions officiated by program staff members, management and the Priest.

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.

Progressively the Home:

1. Reviews and updates residents plan of care with any changes in health status not limited to, loss mobility, frequent falls, change in meal texture, palliative performance score, skin and wound and continence level.
2. Review and update existing policies and procedures, share with staff any new procedures, and audit the outcomes.
3. Utilizes the Quality Risk Management platform to audit, track and implement action plans and/or develop initiatives based on audit results.
4. Introducing various cultural foods through tasting programs or cooking demonstrations to encourage appreciation of different culinary traditions.
5. Organizing cultural celebrations and awareness events to highlight different cultures and promote understanding among staff and residents.

Fostering a culture of open communication and empowerment among our residents and staff can facilitate the identification and resolution of health equity and safety. Collaboratively, the efforts between care teams, families' caregivers and regulatory standards are crucial for maintaining high standards of health equity and promoting a dignified, secure environment for all residents.

### **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 shared at the Quality Committee meeting, discussed at the Best Practice meetings and monthly staff meetings.

Hellenic Home 2025/26 workplan for both Scarborough and Toronto sites 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 % of responses from 95% to 98% (Scarborough) of families responding positively to the quality of food served by August 2025 then by January 2026. Collaborate with the external consultant (Greek Chef) and the registered dietitian (RD) to adjust traditional recipes, ensuring they meet nutritional needs and desired textures. Review KPIs quarterly to assess progress and make necessary adjustment to meet the 98% success rate by January 2026.

### **Outcomes of the 2024 Resident/Family Experience Satisfaction Survey**

Hellenic Home for the Aged Inc. would like to highlight some of the excellent results from the Residents and Family Survey 2024:

#### **Response Rate:**

Resident in 2024 - 56 Eligible Residents, 53 Surveys returned - 95%, increase of 47%. Compared to responses in 2023 - 75 Eligible Residents, 36 Surveys returned 48%.

Family in 2024 - 128 Surveys distributed; with 39 Surveys returned – 30%, increase of 1%. Compared to responses in 2023 - 128 Surveys distributed; 37 Surveys returned 29%.

#### **Overall Satisfaction:**

Resident - The home overall % excellent/very good/good: 2024 -100%; 2023 – 100%.

Family - The home overall % excellent/very good/good: 2024 -100%; 2023 – 100%.

Resident - Would you recommend % probably/definitely yes: 2024 -100%; 2023 – 100%.

Family - Would you recommend % probably/definitely yes: 2024 -100%; 2023 – 100%.

### **Survey Overview:**

Resident and Family overall satisfaction rates with the care and services provided by Hellenic Home for the Aged are excellent as indicated by the “overall” and “would you recommend” ratings. The ratings have remained stable over the past two years.

Hellenic has also managed to maintain and improve satisfaction in areas within the domains. There is evidence of improvement particularly from the residents’ perspective. Areas within the domains did not decline and there was no evidence of decline in either 2023 or 2024.

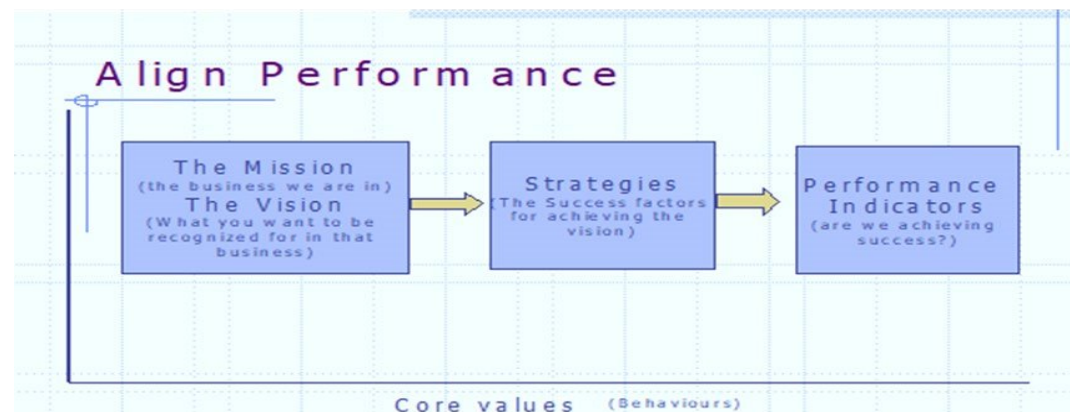
Management will continue with all interventions currently in place that monitor and evaluate operations to ensure Resident and Family Satisfaction ratings remain high. This will include:

- 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.

Hellenic has also managed to maintain and improve satisfaction in areas within the domains. There is evidence of improvement particularly from the residents’ perspective. Areas within the domains did not decline and there was no evidence of decline in either 2023 or 2024. Despite the overall high ratings from the resident and family surveys, management understands the importance of maintaining the results over time.

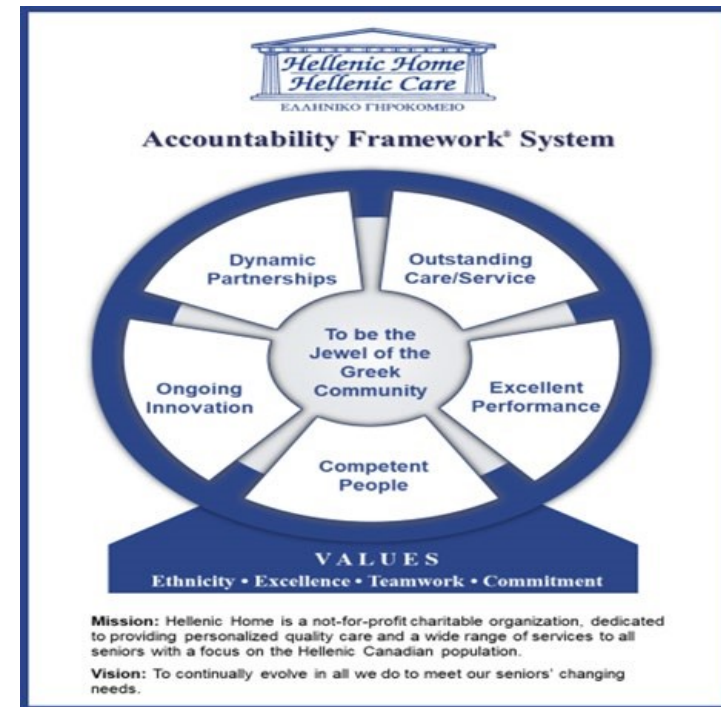
### Hellenic Home’s Approach to CQI

Hellenic’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 creates 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 5 success factors to ensure alignment with the strategic plan. Hellenic Home for the Aged follows a Quality Risk Schedule, programs are reported on a monthly and quarterly basis and evaluated annually. The schedule, goals, and action plans from previous the year are reviewed in January of each year at the Quality Committee. Inclusive, are members of the Resident and Family Councils, and frontline staff participation in this process.

Various guiding internal and external sources are:

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. Ontario Health at Home
5. Canadian Institute for Health Information (CIHI) Reports
6. Ontario Health Publicly Reported Indicators and Benchmarks
7. Long Term Care Home Service Accountability Agreement (L-SAA)



8. 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 Home for the Aged 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 1<sup>st</sup> of each year.

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

The Senior Leadership Team warrants that the quality of resident care and services is maintained 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 in consultation with external consultants and partnerships in compliance with all regulatory requirements.

In response to feedback and evaluations, our team has implemented several process adjustments to enhance efficiency and effectiveness. Firstly, we have streamlined our medication management and documentation procedures, ensuring that all relevant information is recorded accurately and promptly. Additionally, we have introduced staff training schedules to update knowledge and skills, focusing on areas identified for improvement through ongoing staff, resident and family feedback, assessments, key performance indicators, audits and CIHI indicators. Quality initiatives or project process measures are tracked and trended for targeted outcomes. Furthermore, all program leads participate in the monthly Best Practice meetings where program process, frontline engagement, identified areas for improvements and action plans, and tools that can be utilized in achieving the desired outcome.

As a result of continuous quality improvements, Hellenic Home for the Aged Inc. has observed several positive outcomes. There has been a notable decrease in the incidence of medication errors and critical incidents reflecting the effectiveness of our improved assessments, documentation and staff skills training initiatives. Furthermore, resident satisfaction surveys have indicated high levels of perceived quality of care and communication, highlighting the positive impact of our revised protocols. Overall, residents' health needs and improved continuity of care demonstrate our commitment to continuous improvement and provision of high-quality, resident-centered care.

In mitigating risk and in adherence to maintaining Ministry regulations and Best Practice:

#### **Resident Experience – Menu Approval:**

On March 22<sup>nd</sup>, 2024, the Spring/Summer menu was reviewed with the council. The council had a few recommendations that were discussed with the registered dietician and food services manager then implemented.

On September 20<sup>th</sup>, 2024, the council was presented with the proposed Fall/Winter menu and the Snack menu. All recommendations were discussed and implemented.



### Quality Improvement Initiatives/Projects:

January 24<sup>th</sup>, 2024 – introduced the homes plan to implement a new dining experience Show plates app and Resident Dining Solutions (RDS).

March 22<sup>nd</sup>, 2024 – Demonstrated the show plates app and RDS system.

May 15<sup>th</sup>, 2024 – residents informed that the new dining experience was implemented.

March 22<sup>nd</sup>, 2024 - 2023/24 QIP and a high-level presentation was done for the homes strategic plan.

May 15<sup>th</sup> – council was informed of the upcoming date for accreditation (CARF)

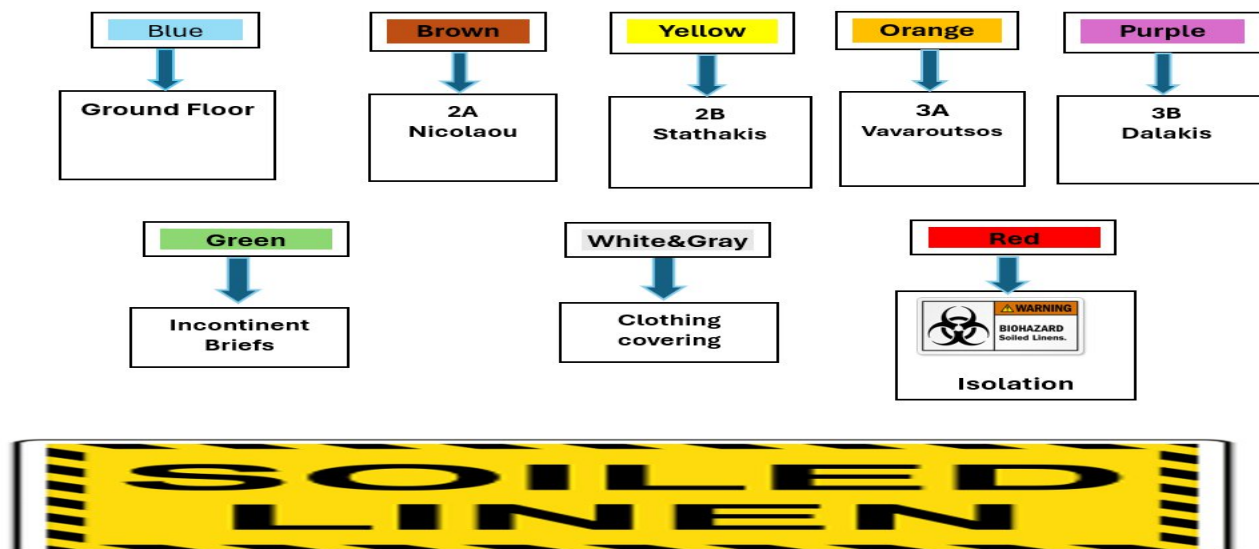
May 15, 2024 – Spring 2024 accommodation charges circulated and discussed.

August 26<sup>th</sup>, 2024 – Fence replacement discussed with council, with a planned end date November 30<sup>th</sup>, 2024.

In October 2023 the team brought forward to councils the plan on implementing a new soiled linen process. And on September 20<sup>th</sup>, 2024, the new process was rolled out displaying color coded laundry bags and new hands-free hampers.

### CHART: COLOR CODED HAMPER BAGS

\*\*\*Place soiled linens and clothing in the bag based on the labeled hamper cover.



September 20<sup>th</sup>, 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<sup>th</sup>, 2024, the Homes 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 19<sup>th</sup>, 2024, the Nurse Practitioner presented education on Osteoporosis and Heart Health.

October 2024 – The Physiotherapist presented to residents fall prevention and risk for falls; the Registered Dietitian presented Diabetes Awareness to residents.

November 20<sup>th</sup>, 2024 – The IPAC manager provided education to residents on prevention and signs and symptoms of respiratory illnesses.

Hellenic Home Scarborough overall Staff survey distribution was 210 with 167(80%) responses, compared to 72% in 2023. See below some highlights from our 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%.

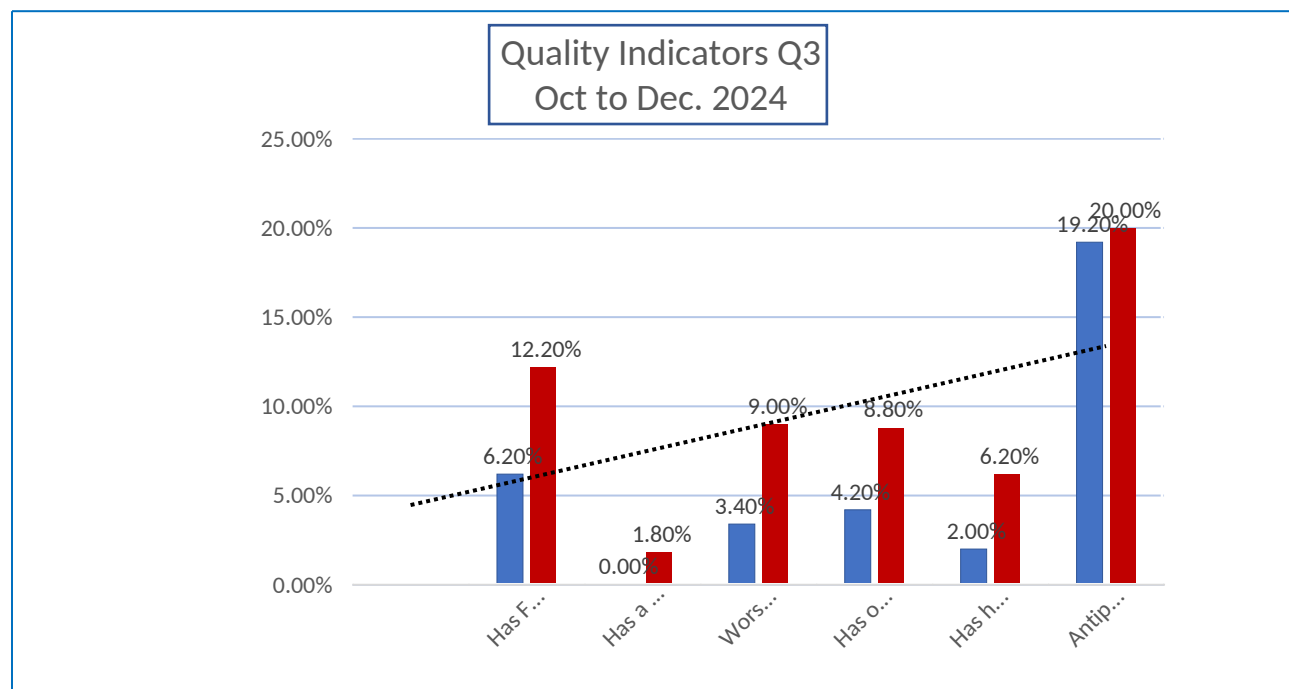
Hellenic Home for the Aged Inc. managers and supervisors remains visible in work areas, provide mentorship, support, and guidance, and continue with employee appreciation programs such as Bravo Awards and Quarterly Appreciation Events. We maintain an open-door policy where communication and feedback 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 fast is key to customer satisfaction.

### **Safety**

To reduce the likelihood 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. 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.

Hellenic Home Scarborough have outperformed the provincial average. Here's a quick look at some key areas:



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<sup>st</sup>, 2025. In addition, it was shared with the Family Council on February 25<sup>th</sup>, 2025. No recommendations received from both councils. The finalized Resident and Family Experience Satisfaction Survey Action Plan shared with both councils on March 12<sup>th</sup>, 2025.

The Staff and Resident/Family Experience Satisfaction Survey Outcomes and Action Plans were presented to staff on February 26 and 27<sup>th</sup>, 2025, at the staff meeting and will be discussed at simultaneous staff meetings.