



ADMINISTRATION REPORT

To: St. Lawrence Lodge Committee of Management

Submitted by: Lisa Harper RN BScN, MN

Prepared on: January 20, 2026

Committee of Management Meeting Date: January 27, 2026

Re: Information Items

Update from Infection Prevention and Control

Outbreak Status

Influenza A outbreak was declared on December 15, 2025 affecting three Resident Home Areas. This Outbreak was declared over on December 29, 2025. Currently, we have an Influenza A outbreak affecting one Resident Home Area. In the community, there are five COVID-19 outbreaks, three Influenza A outbreaks, two Respiratory Syncytial Virus outbreaks, three Enteric outbreaks, and one Rhinovirus outbreaks currently active. The home continues to adhere to infection prevention measures and monitor trends in the community.

Masking

Universal masking was made mandatory on December 12, 2025. It is expected surgical masks will continue to be used and be readily available for all staff and visitors. The Home prepared for respiratory season by performing N95 fit-testing clinics over the past several months. Fit testing has been incorporated into all staff orientations, to be sure all staff have ample opportunity to have this completed.

Vaccination and Seasonal Preparedness

Residents received their annual influenza vaccine in October and November 2025. Staff influenza vaccine clinics were offered over the past couple of months. The home's current staff vaccination rate is 74.52%, which has increased greatly due to Influenza A outbreak status. Vaccination remains available for staff who have not yet received their flu vaccine. Routine immunizations, such as tetanus, Pneumovax, COVID-19, and RSV will continue to be administered for residents, as required.



Hand Hygiene Audits and Resident Education

Hand hygiene audits continue to be conducted throughout the home, in efforts on mitigating the risk of transmission of microorganisms. Also included in auditing for the past two months, are mask audits. All audits aim to reinforce evidence-based practices, increase staff awareness, and reduce transmission to this vulnerable population.

Clinical Services Update

Occupancy Targets

Within the home, there are **twelve empty** beds, indicating an occupancy rate of 94.64%. All empty beds are matched to external applicants, and internal relocations apart from one male basic bed in our secure Resident Home area.

	November 30, 2025	December 31, 2025	Year to Date
Discharges *	6	12	72
Admissions	13	14	82

*(Discharges can be related to end of life, and if a resident relocates)

Ontario Health at Home continues to collaborate with the Home to ensure reporting requirements are completed and admissions are secured in a timely manner.

Based on data on the Health Partner Gateway (HPG) Portal for potential admissions, the following individuals show on our waitlist:

	Basic	Private	Individuals on the HPG Portal for STLL
Male	106	45	
Female	132	109	
Total			320
Crisis Application			30
Spousal Reunification			2
Veteran Priority Access			0

- These numbers may reflect duplicate choices in accommodation, as potential admissions can apply for both Private and Basic accommodation.



Case Mix Index (CMI) – interRAI Platform

Every resident assessment generates a Case Mix Index (CMI). The CMI is used to calculate the amount of funding required to care for the residents based on their current needs. It is important to capture changes in condition and reassess residents to ensure the home is capitalizing on funding opportunities. InterRAI LTCF (The "New RAI" is the successor to the RAI-MDS 2.0 and is a comprehensive, standardized assessment instrument for evaluating the needs, strengths, and preferences of individuals in long-term care settings).

Quarter	Case Mix Index (CMI)
April 1, 2025 – June 30, 2025 (Q1) – RAI MDS	1.1351
July 1, 2025 – September 30, 2025 (Q2) - interRAI	Unavailable
October 1, 2025 – December 31, 2025 (Q3) - interRAI	Unavailable
January 1, 2026 – March 31, 2026 (Q4) – interRAI	Unavailable

Dietary and Nursing Collaboration

In 2025, the Human Resources, Dietary and Nursing departments worked collaboratively to identify ways to enhance a pleasurable dining experience for residents. The Home implemented revised scheduling for Personal Support Workers, with shifts adjusted to begin one hour earlier in support of a resident-centered approach to morning care. As a result, staff break times were adjusted, and we will continue to review and refine them as needed.

Overall, pouring beverages at the point of service has proven effective in supporting the Home’s goal of a more pleasurable dining experience for residents at St. Lawrence Lodge. The feedback from staff and residents has been positive.

Director@LTC.net Updates

January 13, 2026 – POC Program – FY 2024-25 9.95% Physician Compensation Increase

The Ministry of Health and the Ontario Medical Association have been working together to implement physician compensation increases in accordance with the Arbitration Award for Year one of the 2024-2028 Physician Services Agreement (the Agreement).



The Agreement provides for a 9.95% across-the-board increase over and above the 2.8% across-the-board compensation increase already paid on physician payments for the period April 1, 2024, to March 31, 2025.

Additional Physician Compensation Increases under the Physician On Call (POC) Program

The Agreement also provides for physician services to receive a relativity-adjusted increase for services provided between April 1, 2025, to March 31, 2026.

For the POC Program, the total compensation increase is 9.96%, which represents the cumulative increase from Year 3 of the 2021 PSA and Year 1 of the 2024 PSA (the compounded value of 2.8% and 6.965%). The distribution of the total compensation increase across physician specialties is subject to the relativity adjustments agreed to between the ministry and the Ontario Medical Association (OMA). Accordingly, POC funding for the period April 1, 2025, to March 31, 2026, is calculated with the annual formula set out below:

- homes with 29 beds or less: \$14,518.18 annually
- homes with 30 to 149 beds: \$17,422.27 annually
- homes with 150 beds or more: \$116.15 per bed annually

December 10, 2025 - Designation of Additional Reunification Priority Access Beds

The Ministry of Long-Term Care (ministry) recognizes the importance of supporting spouses and partners who want to live together in long-term care (LTC) homes. As part of the ministry's commitment to support spouses and partners, Reunification Priority Access Beds (RPABs) are designated in all LTC homes. Spouse/partner reunification in LTC supports the well-being of LTC applicants and residents by enabling them to live together in a setting that can meet their individual care needs.

The Director under the *Fixing Long-Term Care Act, 2021* has decided to increase the number of (RPABs) in LTC homes across the province to better support the reunification of spouses/partners who are in crisis. The Ministry of Long-Term Care plans to release more information in the coming months.

December 4, 2025 - Important Memo from Dr. Moore, Chief Medical Officer of Health for Ontario – Influenza

A memo was released by Dr. Moore providing important information pertaining to preparation for expected peaks of influenza cases in late December and early January. It was noted there was an acceleration in cases of influenza, with the dominant strain being Influenza A (H3N2), anticipated to have a strong impact on Ontario's respiratory season. Vaccination against influenza remains the

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most effective measure to prevent severe illness, hospitalizations, and deaths, especially in settings where our most vulnerable populations reside, including long-term care homes and retirement homes.

Homes were strongly encouraged to work with their local public health units, pharmacies, and other health system partners to ensure access and promote the administration of influenza vaccines to residents, staff, and caregivers as soon as possible. While there have been concerns raised recently about this year's influenza vaccine being potentially less effective against this emerging subclade K strain of influenza, the influenza vaccine typically provides cross-protection against other strains, meaning that they can still offer some level of immunity against strains that are not a perfect match to those found in the vaccine

In addition to vaccination, ongoing adherence to infection prevention and control (IPAC) practices remain essential to limiting transmission and safeguarding vulnerable populations. Homes were encouraged to reinforce their IPAC policies and practices, with consideration for additional IPAC measures, including but not limited to increased masking, active screening of visitors and staff, and enhanced environmental cleaning.

December 1, 2025 - Update Regarding Funding for the Supporting Professional Growth Fund

The Ministry of Long-Term Care informed home that they will be providing an additional \$14.42 per bed per month in one-time top-up funding in 2025-2026 for the Supporting Professional Growth Fund (SPGF) to address growth in staffing as well as expansion through bed development effective November 1, 2025. LTC home licensees can anticipate receiving this additional SPGF funding from November 2025 to March 2026.

Facility and Equipment Project Update

Winter Operations — Snow Removal

Significant snowfall this month required increased operational response. Maintenance teams have been actively relocating and consolidating snow piles. These efforts have prevented the need for external snow-hauling services. No service disruptions reported; parking lots remain safe and accessible.

Facility Upgrades — Maple Location

The spa room shower renovation on the Maple Resident Home Area is in progress. Work includes updated fixtures, improved waterproofing, modern finishes and smoother wheelchair access. Renovations remain on schedule with minimal operational impact.



Program & Policy Review — Accommodation Services

A comprehensive review of Accommodation Services programs and policies has begun. Focus includes regulatory alignment, modernization of outdated documents, and improving consistency.

Emergency Preparedness: Code Red Readiness and Staff Awareness Initiatives

Emergency preparedness remains a key organizational priority to ensure the safety of patients, staff, and visitors. During the reporting period, focused efforts were made to strengthen readiness for fire emergencies (Code Red) and to enhance overall staff awareness of emergency response expectations through structured education and planned scheduling.

An annual schedule for Code Red activities has been developed and implemented to support consistent preparedness across all departments. This schedule includes planned drills and awareness activities distributed throughout the year to ensure regular exposure and reinforcement of fire response procedures. By establishing an annual calendar, the organization promotes predictability, accountability, and broad participation, while allowing departments adequate time to prepare and engage staff.

These scheduled Code Red activities support compliance with regulatory expectations and help ensure staff remain familiar with evacuation routes, roles and responsibilities, and emergency communication processes. Regular engagement also assists in identifying opportunities for improvement in response coordination and environmental safety.

Code Per Month Initiative

In parallel, development of a *Code Per Month* initiative has begun as a dedicated strategy to increase emergency preparedness awareness across all emergency codes. Each month highlights a specific emergency code, providing focused education on the purpose of the code, required staff actions, and location-specific responsibilities.

This initiative is designed to:

- Reinforce knowledge through manageable, recurring education.
- Reduce training fatigue by concentrating on one code at a time.
- Promote retention of critical response actions.
- Support both new and existing staff with continued learning.



Educational materials and communication methods associated with the Code Per Month include brief learning modules, visual reminders, and targeted messaging. This layered approach aims to accommodate different learning styles and operational workflows.

Next Steps

The next steps planned include continued rollout of the Code Per Month initiative, evaluation of staff participation and feedback, and periodic review of drill outcomes to identify trends and improvement opportunities. Findings will be shared with leadership and relevant committees to guide ongoing emergency preparedness planning and sustain a culture of safety.

A handwritten signature in black ink that reads "Lisa Harper". The signature is written in a cursive style with a large initial "L".

Lisa Harper RN BScN, MN
Administrator