

**THURSDAY, APRIL 24, 2025**

**MINUTES**

**Date:** Thursday, April 24, 2025  
**Location:** Cassellholme Garden Room

**Board Members:** Michelle Lahaye – Vice Chair  
Chris Mayne  
Mark King  
Robert Corriveau  
James (Jim) Bruce (Zoom)

**Staff:** Angie Punnett, Administrator  
Billy Brooks, Chief Financial Officer  
Anita Brisson, Project Manager  
Julie Pilkey, Secretary

**Regrets:** Dave Mendicino, Chair  
Peter Chirico  
Camille Bigras, QI Director  
Dave Smits, Capital Facilities

**Guests:** Monique Peters, Family Council (Zoom)  
Johanne Brousseau (Zoom)

	ITEM	ACTION
<b>A.</b>	<b>CALL TO ORDER</b>	
	<p><b>MEETING RECORDED</b></p> <p>Dave Mendicino, Board Chair, sent his regrets.  Michelle Lahaye, Vice Chair, will Chair the meeting in Dave’s absence.</p> <p><i>“Moved by Chris Mayne and seconded by Mark King that the meeting be called to order at 5:47 p.m.”</i></p> <p>Res. #046-25 <span style="float: right;"><u>Carried</u></span></p>	
	<b>1. Approval of Agenda</b>	
	<p>Deferred 7.3 – Confidential Matter - Financial</p> <p><i>“Moved by Mark King and seconded by Robert Corriveau that the Board approved the Agenda for this meeting, as amended.”</i></p> <p>Res. #047-25 <span style="float: right;"><u>Carried</u></span></p>	
	<b>2. Conflict of Interest</b>	
	<p><i>“Moved by Jim Bruce and seconded by Robert Corriveau that no Board Members present have declared a conflict of interest.”</i></p> <p>Res. #048-25 <span style="float: right;"><u>Carried</u></span></p>	

### 3. Approval of Minutes

#### 3.1 Approval of the Minutes of the Regular Board Meeting held on March 27, 2025

*“Moved by Chris Mayne and seconded by Jim Bruce that the minutes of the Regular Board Meeting, held on March 27, 2025, be adopted as presented.”*

Res. #049-25

Carried

### 4. New Business

#### 4.1 MSAA – Declaration of Compliance (Motion)

*“Moved by Mark King and seconded by Chris Mayne that the Board authorized Board Chair Dave Mendicino to sign the MSAA – Declaration of Compliance for April 1, 2024 – March 31, 2025.”*

Res. #050-25

Carried

### 5. Redevelopment

#### 5.1 Construction Update (Anita Brisson for Dave Smits)

Report in package.

Anita noted Percon has increased contractors on site. June 5-11, 2025 is scheduled for the pre-inspection. Section “C” is still lagging in reaching the completion date. A meeting will be held on May 1, 2025 to finalize and confirm completion date. Next week meeting for Phase 2 discussions and schedule.

If the move in date is delayed, an air conditioner extension will need to be submitted to the Ministry for approval.

#### 5.2 Transition Plan

Ongoing plan in place for staffing and assistance with move. All lines will be posted for staff to apply and bid on.

### 6. Operations

#### 6.1 Operations Update

Update in package.

Angie added the Ministry was at Cassellholme the beginning of April. We haven't received the Public Report yet. Implementing more education for pain management.

Still in the respiratory outbreak that was declared on March 23/25.

Initiated an IPAC hand hygiene blitz for residents. Reviewed dining policy for residents.

#### 6.2 Q1 – 2025 – Financial Report (Motion)

Billy provided a financial presentation to the Board. No concerns noted.

*“Moved by Robert Corriveau and seconded by Mark King that the Board approve the year-to-date operating budget-to-actual results for the period ending March 31, 2025, as presented.”*

Res. #051-25

Carried

**Redevelopment Financial Report (Motion)**

*“Moved by Jim Bruce and seconded by Robert Corriveau that the Board approve the redevelopment capital budget-to-actual results from commencement to March 31, 2025, noting the currently forecasted capital levy estimates, as presented..”*

**Res. #052-25**

**Carried**

**6.3 CSS – Q4 Budget-to-Actual Results (Motion)**

*“Moved by Jim Bruce and seconded by Chris Mayne that the Board approve the 2024/25 Community Support Services Q4 year-to-date budget-to-actual results ending March 31, 2025, as presented.”*

**Res. #053-25**

**Carried**

**CSS – 2025-2026 Operating Budget (Motion)**

*“Moved by Mark King and seconded by Jim Bruce that the Board approve the 2025/26 Community Support Services Operating Budget, as presented.”*

**Res. #054-25**

**Carried**

**7. IN-CAMERA**

**Guests left the Meeting**

*“Moved by Robert Corriveau and seconded by Mark King that the Board proceed to an In-Camera session at 6:43 p.m.”*

**Res. #055-25**

**Carried**

**7.1 Approval of the In-Camera Minutes – dated March 27, 2025**

**In-Camera Motion - Res. #056-25**

**7.2 Confidential Matter – Redevelopment**

**7.3 Confidential Matter – Financial (deferred)**

**7.4 Personnel Matter**

*“Moved by Chris Mayne and seconded by Jim Bruce that the Board approve the In-Camera session to be adjourned at 7:14 p.m.”*

**Res. #057-25**

**Carried**

**B. CORRESPONDENCE**

**B.1. Presentation to the City of North Bay Council Letter**

The City of North Bay is requesting representatives of several of the City of North Bay’s Agencies, Boards and Commissions to make a presentation. Cassellholme is scheduled for Monday June 16, 2025.

<b>C.</b>	<b>REQUEST FOR FUTURE AGENDA ITEMS</b>	
	Request for an Update from the Municipalities Sub-Committee	
<b>D.</b>	<b>DATE OF NEXT MEETING</b>	
	Thursday May 22, 2025 – Cassellholme Garden Room – 5:00 p.m.	
<b>E.</b>	<b>ADJOURNMENT</b>	
	<p><i>“Moved by Mark King and seconded by Chris Mayne that the meeting be adjourned at 7:16 p.m.”</i></p> <p>Res. #058-25 <span style="float: right;">Carried</span></p>	

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Chairman

April 15, 2025

**Subject: Cassellholme Redevelopment Update – April 15, 2025**

## **Construction Activity**

### **Highlights:**

Phase 00 - Work complete.

Phase 1-A – Work complete

Phase 1-B sequencing remains unchanged from the previous report.

Draft finishing schedule dated April 14, 2025 included with this report. Refer to October 2024 report and earlier, for previous schedule notes and comments on Rev. 4 schedule.

Schedule updates in this report are up to date with site progress as of the date of issuance for this report.

Updated milestones have been coordinated with Cassellholme, and Cassellholme is coordinating move-in dates.

### **Schedule risks:**

1. Block C delays (previously recorded) experienced at the end of 2024 now impact the overall schedule
2. CO 166- Door hardware revisions, CO 164 - Revised Sentronic closers to 24V, SI 173 - Revision to BF operator buttons. Lead times and scheduling work is a concern.

Best efforts are being made to meet the schedule outlined in this report.

### **PHASE 1-B**

- Interior boarding is ongoing on Level 5, stairs and link.
- Mechanical and electrical finishes are ongoing.
- **Link construction is in progress.**
- Painting and millwork installation is in progress.
- Drywall and T-bar ceiling in progress.
- Flooring installation is in progress.
- Door and hardware installation is ongoing.

- Window covering installation is ongoing.
- Cubical curtains and patient lift installation is ongoing.
- Washroom accessories installation is ongoing.
- **BAS programming, Equipment start-ups and balancing is ongoing.**
- FA verification is ongoing.

Percon continues to bring more crew and work towards the patient move date target for July 2<sup>nd</sup>-8<sup>th</sup> (specifically July 6<sup>th</sup>). CH is in the process of securing an alternate move date of Sept 8-16. There have been some positive strides with the millwork installations, Marel's walls, and flooring. IT and commissioning targets are the focus to the team. Percon and MJA work together to verify the 2<sup>nd</sup> floor for deficiencies and use that as a guide for the other floors. The furniture is scheduled to be on site and in the rooms by end of May. Currently working with the ministry to confirm their scheduled review for June 5<sup>th</sup>. Percon has confirmed staff on-site for training for end of May and all of June.

### **Transition Planning**

An updated summary is attached for reference.

### **Highlights:**

Bed Application Licensing – Continue to have discussions with OH and Ministry on next steps.

Staff Training for floor training to commence end of May and the majority of June

Storage Plan – to bring in some shelving, early May, for the 2<sup>nd</sup> floor for evaluation and approval. To proceed to order remaining rooms immediately after. Other appliances will all be on order by first week of May.

Move Plan – July 2<sup>nd</sup> start through to July 6<sup>th</sup> with residents in rooms and further purging up to July 8<sup>th</sup>. Next scheduled meeting with movers last week of May. Secondary date Sept 8-16<sup>th</sup> should occupancy not be granted.

IT connections have begun and anticipate to be completed by end of April

Outdoor space to commence first week of May

Occupancy Checklists need to be submitted by May 5<sup>th</sup> and Occupancy documents to be submitted by May 22 (pre-occupancy); once ministry receives, a date will be provided for inspection. Target June 5-11.

**Change Order Log** - Please see the attached

**Budget Update** – To be provided separately, W. Brooks

Summary - 2025-04-15

Action	Sub Actions	Responsible	Due Date
Occupancy Checklist	Occupancy Checklists need to be submitted by May 5th and Occupancy documents to be submitted by May 22 (pre-occupancy); once ministry receives, a date will be provided for inspection. Target June 5-11	Anita	2025-05-05
Art Fundraising		Anita	ongoing
Wood at mill for purpose	ideas have been noted and small WG; including Creative Industries - WG to assemble once individuals are available	Anita	ongoing
Outdoor Space	to begin May		May
<b>P1 Move</b>			
HCR - Movers	July 2nd start through to July 6th with residents in rooms and further purging up to July 8th. Next scheduled meeting with movers IN PERSON last week of May. Secondary date Sept 8-16th should occupancy not be granted	Anita	2025-05-28
Resident Communication	Monthly communications provided Highlighted unit names and picture of room and of dining room; balconies as well	Anita/Derek	ongoing
Furniture delivery	Delivery dates May 12-14 & May 28-30	Anita	2025-05-28
<b>IT</b>			
Cameras	added to training plan		
ID Access Card	To breakdown internal processes for profiles, roles, access; program the system and print the cards for implementation; to begin the printing process in June		
Phone & TV System	Finalized and TV packages to be made in April		
Network Design	completed	Anita	ongoing
Digital Menus/Boards	S/W - Mealsuite being implemented by CH management and TVs, and mounts purchased		
Nurse Call	Austco and Percon and Clinical finalize the alerts, call bells, colours for certain calls Nov 4 - added to training plan		
<b>Bed Allocation - Indigenous and Speciality</b>			
Bed Application - Licencing	Continue to have discussions with OH and Ministry on next steps	NFN/Angie	ongoing
<b>Support Services</b>			
Building Ready	Discussions of the process for building ready (kitchens, med rooms, medications, storage, linens, food, laundry flow, elevator usage and timing, housekeeping and cleaning) ordering appliances by first week of May	Anita	May
Appliances	to be ordered by first week of May	Anita	May
Storage Area list	to bring in some shelving, early May, for the 2nd floor for evaluation and approval. To proceed to order remaining rooms immediately after. Other appliances will all be on order by first week of May. Furniture delivery all by end of May	Anita	May
Inventory Management Solution and Process	CH have created an internal process and will not be paying for 3rd party solution	Anita	closed
<b>Emergency Response</b>			
Fire plan	Medsled training has commenced in old building new sleds to prepare staff	Anita/Julie/Ron	ongoing
P2 Parking	Need to begin discussions and planning for start of P2 parking (winter 2026); options to be discussed with SLT	Anita	Winter 2026
<b>Staff Training Plan</b>			
Detailed Breakdown	Training to commence mid May with online videos and on floor training to begin by last week May and all of June	Anita	May/June

Change Order Log - March 16 2025

Percon							Work Description	Reason	Status	Date Issued	Quote Sent	Approval Date	Quoted	Approved	Contract Time (days)
RFE	RFE	PC	CD	SI	RFI	CO									
1	1			1		1	Millwork revisions/clarifications	Coordination	Approved	18-Feb-22	17-Mar-22	28-Mar-22	\$34,553.53	\$34,553.53	
2	2	1				2	Emergency switchboard revisions	Coordination	Approved	17-Feb-22	17-Mar-22	28-Mar-22	\$4,919.20	\$4,919.20	
3	3					3	Increase Builders Risk Insurance to Include Soft Costs	Lender Requirement	Approved	30-Mar-22	30-Mar-22	05-Apr-22	\$29,846.88	\$29,846.88	
4	4					3	Cost associated to add Wrap Up Insurance Policy	Lender Requirement	Approved	30-Mar-22	30-Mar-22	05-Apr-22	\$282,579.86	\$282,579.86	
5	5R1	2				5	Door revisions	Coordination	Approved	15-Mar-22	07-Apr-22	06-May-22	\$4,677.20	\$4,677.20	
6	6	3				4	Washroom Accessories Revisions	Coordination	Approved	28-Mar-22	22-Apr-22	25-Apr-22	\$863.50	\$863.50	
7	7	9					Removal existing foundations (Unit rate only - see RFE 16)		Cancelled	21-Apr-22	25-Apr-22				
8	8	16				6	Provide new water valve at property line	AHJ	Approved	05-May-22	06-May-22	06-May-22	\$8,607.50	\$8,607.50	
9	9	4				41	North wing door revisions	Coordination	Approved	28-Mar-22	16-Jan-23	19-Jan-23	\$3,756.50	\$3,756.50	
10	10	5				7	Elevator pit lighting revisions	AHJ	Approved	29-Mar-22	09-May-22	16-May-22	(\$1,361.00)	(\$1,361.00)	
11	11	6				8	Transformer modifications	Cost Saving	Approved	07-Apr-22	09-May-22	27-May-22	(\$6,000.00)	(\$6,000.00)	
12	12 R1					9	Millwork edging revisions & Drawer modifications (per email April 25, 2022)	Cost Saving	Approved	N/A	19-May-22	01-Jun-22	(\$11,906.00)	(\$11,906.00)	
13	13						CANCELLED: Drawer modifications (SEE RFE 12R1)		Cancelled	N/A	09-May-22				
14	14	17				12	Temporary Hydrant at North Wing	AHJ	Approved	12-Apr-22	16-May-22	01-Jun-22	\$5,585.25	\$5,585.25	
15	15R2	7R1				36	Phase 1 temporary door revisions and hardware coordination	Coordination	Approved	02-Dec-22	06-Dec-22	10-Jan-22	\$4,539.70	\$4,539.70	
16	16R2	9				15	Removal of existing foundations	Site Condition	Approved	21-Apr-22	20-May-22	27-Jun-22	\$70,326.38	\$70,326.38	
17	17	11				11	Hardware revisions to Door V101	Coordination	Approved	27-Apr-22	19-May-22	01-Jun-22	\$6,046.70	\$6,046.70	
18	18R2	18				14	Revise pipe material storm main tee at Olive St.	Site Condition	Approved	13-May-22	20-May-22	29-Jun-22	\$7,885.44	\$7,885.44	
19	19	12				10	Temporary lighting in courtyard parking	Health & Safety	Approved	27-Apr-22	25-May-22	01-Jun-22	\$15,888.40	\$15,888.40	
20	20R1	8				13	Add card reader control for rear doors on elevators 1024 & 1025	Design Improvement	Approved	25-Apr-22	30-May-22	10-Jun-22	\$1,512.50	\$1,512.50	
21	21R1					16	Temporary Door Hardware supplied by Owner's Security Provider	Schedule Change	Approved	22-Jun-22	08-Jul-22	22-Jul-22	(\$6,650.00)	(\$6,650.00)	
22	22	23					Investigate/repair storm line blockage near property line at Olive St.	Site Condition	Cancelled	23-Jun-22	06-Jul-22				
23	23R2			19R1		17 R	Corrections and revisions to parking lot line in temporary and east parking areas	Owner Requested	Approved	16-Aug-22	15-Sep-22	22-Sep-22	\$3,454.00	\$3,454.00	
24	24R4	22R1				27	Provide temporary power feed to east parking lot lighting	Coordination	Approved	19-Aug-22	24-Oct-22	27-Oct-22	(\$8,416.88)	(\$8,416.88)	
25	25R1	25R1				18	Revision to waterline connections to existing building - Revised	Site Condition	Approved	03-Aug-22	05-Aug-22	11-Aug-22	\$42,426.23	\$42,426.23	
26	26	20				19	Revision to electrical panel E-1-C	Coordination	Approved	02-Jun-22	09-Aug-22	11-Aug-22	\$6,702.30	\$6,702.30	
27	27R1	19R1				23	Revise acoustic ceiling tile materials	Cost Saving	Approved	15-Sep-22	28-Sep-22	05-Oct-22	(\$66,054.48)	(\$66,054.48)	
28	28			23		20	Pile Rock Points	Contractor Requested	Approved	03-Aug-22	12-Aug-22	12-Aug-22	\$98,826.40	\$98,826.40	
29	29R3	28				33	Revision to Phase 1 & 2 sanitary and storm connections at grade beams	Coordination	Approved	03-Aug-22	09-Nov-22	22-Nov-22	\$21,724.63	\$21,724.63	
30	30	26				21	Revision to under-slab plumbing and inverts	Coordination	Approved	26-Jul-22	18-Aug-22	22-Sep-22	\$15,196.50	\$15,196.50	
31	31	10				40	Revision to the fire and combination fire/smoke dampers	AHJ	Approved	26-Apr-22	15-Sep-22	26-Jan-23	\$134,858.85	\$134,858.85	
32	32R1	14					Door frame material revisions along corridor 1165	Design Improvement	Not Accepted	31-Aug-22	31-Aug-22				
33	33					24	Revised wood frame design for Jams	Cost Saving	Approved	09-Sep-22	28-Sep-22	05-Oct-22	(\$12,750.00)	(\$12,750.00)	
34	34R4	21R3				29	Provide new grounding loop for new building service	AHJ	Approved	22-Aug-22	28-Oct-22	08-Nov-22	\$77,892.15	\$77,892.15	
35	35R3	27R2				35	Delete deck mounted soap dispensers	Owner Requested	Approved	21-Nov-22	05-Dec-22	10-Jan-22	(\$4,081.00)	(\$4,081.00)	
36	36R4	15R				117	Door hardware revisions to door 1147a	Coordination	Pending	12-Oct-22	18-Apr-24	29-Apr-24	\$10,606.20	\$10,606.20	
37	37	13R				31	Janitor room door revisions	Coordination	Approved	19-Sep-22	19-Sep-22	10-Nov-22	\$4,785.00	\$4,785.00	
38	38	29				22	Existing Service Plug Requirement	AHJ	Approved	31-Aug-22	23-Sep-22	10-Oct-22	\$2,414.10	\$2,414.10	
41	41	24R1				32	Provide grilles on type 'O' fin radiation in trench in Auditorium 1005	Coordination	Approved	22-Sep-22	17-Oct-22	15-Nov-22	\$23,009.80	\$23,009.80	
		30					After hours paving of East Parking Lot	Owner Requested	Cancelled	16-Sep-22					
39	39	31					Additional curb at edge of existing parking area	Owner Requested	Cancelled	16-Sep-22	28-Sep-22				
40	40R1	32R1				25	Revision to existing sanitary line	Site Condition	Approved	21-Sep-22	29-Sep-22	06-Oct-22	\$61,577.36	\$61,577.36	TBD
47	47R1	33				43	Structural revisions to Phase 1 framing, Phase 2 framing, pile caps and piles	Coordination	Approved	23-Sep-22	11-Jan-23	22-Jan-23	\$37,038.71	\$37,038.71	4
42	42R1	34				26	Water storage tank layout and structural revisions	Coordination	Approved	26-Sep-22	14-Oct-22	27-Oct-22	\$3,597.83	\$3,597.83	
43	43	35R				61	Revision to North Wing elevator brackets for rail attachments	Coordination	Approved	07-Oct-22	20-Jun-23	27-Jun-23	\$11,964.96	\$11,964.96	
53	53	36R2				44	Revision to brace frame VB105	Coordination	Approved	09-Nov-22	13-Dec-22	26-Jan-23	\$9,497.44	\$9,497.44	
45	45	37				30	Revision to light fixtures P5 and P6	Coordination	Approved	11-Oct-22	31-Oct-22	08-Nov-22	\$2,369.33	\$2,369.33	
48	48	38				37	Structural beam revisions at Block B roof terraces balconies	Coordination	Approved	20-Oct-22	13-Dec-22	10-Jan-23	\$969.52	\$969.52	
49	49R2			36R1		60	Structural clarifications - structural steel and rebar shop drawings	Coordination	Approved	20-Jan-23	10-Mar-23	28-Jun-23	\$2,768.37	\$2,768.37	
46				7R1		28	Provide slab Mounting brackets for smoke shelter	Site Condition	Approved	17-Oct-22	25-Oct-22	01-Nov-22	\$1,050.68	\$1,050.68	
51	51R1	39				38	Add smoke detectors in corridors of RHA areas	Coordination	Approved	08-Nov-22	13-Dec-22	10-Jan-23	\$5,258.00	\$5,258.00	
44R1				22		34	Provide additional steel modifications outlined in SI#22	Coordination	Approved	27-Jul-22	16-Nov-22	22-Nov-22	\$3,300.11	\$3,300.11	
		40					Additional elevator controls	Coordination	Pending	07-Dec-22					
56	56	41				45	Revision to sliding door frame details	Coordination	Approved	21-Dec-22	08-Feb-23	28-Feb-23	\$8,783.50	\$8,783.50	
54	54	42				46	Provide fixed mirrors in Staff washrooms	Coordination	Approved	10-Jan-23	03-Feb-23	28-Feb-23	\$7,507.50	\$7,507.50	
54R1	54R1	42				48	Correct the cost of fixed mirrors from CO#46	Coordination	Approved	10-Jan-23	03-Mar-23	21-Mar-23	(\$2,035.00)	(\$2,035.00)	
52	52			39		39	Provide relay bases on smoke detectors related to door hold opens for SI#39	AHJ	Approved	08-Nov-22	13-Dec-22	10-Jan-23	\$3,014.00	\$3,014.00	
55	55	43					Revise range hood colour	Owner Requested	Cancelled	18-Jan-23					
57	57	44				47	Revision to L#2 & L#2-1 lavatory fixtures	Coordination	Approved	18-Jan-23	17-Jan-23	21-Feb-23	\$5,193.10	\$5,193.10	
54	54R1			41		42	Remedial modifications to pile caps and grade beams - Phase 1	Site Condition	Approved	28-Nov-22	10-Jan-23	20-Jan-23	\$14,145.87	\$14,145.87	4
58	58	45					Revisions to operable window vent type	Coordination	Cancelled	06-Feb-23					
60	60	46				52	Modifications to generator ESB breakers	Coordination	Approved	07-Feb-23	24-Mar-23	03-May-23	\$19,405.10	\$19,405.10	
95	95	47				79	Revise office door locations, electrical from PC47	Owner Requested	Approved	23-Mar-23	08-Sep-23	09-Sep-25	\$10,312.50	\$10,312.50	
72	72R3	47				73	Revise office door locations, typical millwork from PC47	Owner Requested	Approved	15-Aug-23	15-Aug-23	07-May-24	\$11,985.60	\$11,985.60	
59	59	48R				49	Revisions to electrical to accommodate Kitchen Equipment Phase 1	Coordination	Approved	14-Feb-23	17-Mar-23	22-Mar-23	\$501.60	\$501.60	
62	62R2	49				54	Typical Bedroom Mockup	Owner Requested	Approved	09-Mar-23	03-May-23	06-Jun-23	\$75,577.95	\$75,577.95	
		50					Revise rated floor assembly ULC Listed Design No.	Cost Saving	Cancelled	22-Mar-23					
		51				50	Revision to select light fixtures to alternate product	Design Improvement	Approved	22-Mar-23	20-Apr-23	26-Apr-23	\$0.00	\$0.00	
65	65	52				57	Delete select cubical curtains and provide track breaks in patient lift tracks	Coordination	Approved	29-Mar-23	12-May-23	01-Jun-23	(\$5,382.50)	(\$5,382.50)	
75	75R1	53				69	Electrical revisions for elevator connections	Coordination	Approved	30-Mar-23	29-Jun-23	03-Aug-23	\$18,212.70	\$18,212.70	



150	150	112			123	Radiant heater piping enclosures	Coordination	Approved	14-Mar-24	22-Apr-24	22-May-24	\$9,624.86	\$9,624.86
151	151	113			119	Revisions to Resident Washrooms to Accommodate Plumbing Drain	Coordination	Approved	22-Apr-24	22-Apr-24	29-Apr-24	\$5,564.06	\$5,564.06
152	152R1	114			126	Revisions to water room door hardware	Coordination	Approved	20-Mar-24	07-May-24	23-May-24	\$8,929.80	\$8,929.80
156	156	116R			121	Revision to handrails and base bumpers	Coordination	Approved	02-May-24	01-May-24	07-May-24	\$14,213.38	\$14,213.38
153	153				129	Revision to cabinet locks	Owner Requested	Approved	24-Apr-24	24-Apr-24	24-May-24	\$1,540.57	\$1,540.57
154	154			193	Delete Sprinkler Control Valve	Cost Saving	Approved	01-May-24	24-Apr-24	07-May-24	(\$500.00)	(\$500.00)	
158	158	117			124	Add temporary heat trace system to pipes at underside of server 2078 & 2086	Coordination	Approved	08-Apr-24	08-May-24	15-May-24	\$21,541.30	\$21,541.30
157	157	118			128	Phase 1 - Roof level sun control outrigger support	Coordination	Approved	11-Apr-24	06-May-24	24-May-24	\$29,342.14	\$29,342.14
160	160	119R			132	Kill switch for Ground Floor Server 1067	Coordination	Approved	13-May-24	30-May-24	06-Jun-24	\$2,971.10	\$2,971.10
159	159				125	Revise millwork pulls	Cost Saving	Approved	10-May-24	10-May-24	23-May-24	(\$4,132.80)	(\$4,132.80)
163	163	120			133	Additional exit signs at double egress doors	Coordination	Approved	29-May-24	11-Jun-24	23-Jul-24	\$22,341.00	\$22,341.00
162	162	121R			134	Add end enclosures to sneeze guards	AHI	Approved	03-Jun-24	12-Jun-24	23-Jul-24	\$10,373.00	\$10,373.00
		122				Brick support at level 2 balcony/roof	Coordination	Pending					
					130	Delay Claim Settlement	Delay Claim	Approved	04-Jun-24	04-Jun-24	06-Jun-24	\$317,200.00	\$317,200.00
148	149				131	Additional cubicle curtains Phase 2	Coordination	Approved	17-Apr-24	17-Apr-24	29-May-24	\$10,670.00	\$10,670.00
		123				Replace damaged trees by winter salt at highway	Site Condition	Cancelled	08-Jul-24	19-Jul-24		\$34,672.55	
168	168R	124			138	Circuiting and clarifications for pumps P6, P7, P20 & P21	Coordination	Approved	18-Jul-24	09-Aug-24	29-Aug-24	\$1,821.60	\$1,821.60
167	167				136	Revision to hardware on doors 1018a, 1030b, 1165	Coordination	Approved	22-Jul-24	22-Jul-24	29-Jul-24	\$1,056.00	\$1,056.00
169	169R	125			137	Revision to soffit detail at 1064 & 1075	Coordination	Approved	22-Jul-24	07-Aug-24	14-Aug-24	\$5,908.76	\$5,908.76
		126				Add hot water recirculation line to washers	Design Improvement	Cancelled	22-Jul-24		11-Sep-24		\$0.00
		127			140	Generator shore power circuit	Coordination	Approved	07-Aug-24	03-Sep-24	19-Sep-24	\$6,043.40	\$6,043.40
		128			141	Revision to 5th floor Dining Windows & exhaust duct	Coordination	Approved	13-Aug-24	09-Sep-24	19-Sep-24	\$20,700.61	\$20,700.61
		129			142	Rework roof drain above 5th floor balcony	Coordination	Approved	19-Aug-24	11-Sep-24	19-Sep-24	\$4,275.35	\$4,275.35
175	175R	130R			143	Revised - Insulation tie-in at temporary wall to curtainwall	Coordination	Approved	19-Sep-24	24-Sep-24	03-Oct-24	\$5,417.50	\$5,417.50
171	171		135		139	Credit for revisions to PRV valves from SI#135	Cost Saving	Approved	18-Jul-24	15-Aug-24	29-Aug-24	(\$4,964.00)	(\$4,964.00)
		131				Revised - Gas detection in generator room #6011	Regulatory Change	Pending	06-Nov-24				
		132			144	Water room drywall revision	Coordination	Approved	19-Sep-24	29-Sep-24	04-Oct-24	\$1,045.44	\$1,045.44
			137			Clarification to handrail corners	Coordination	Approved	24-Jul-24				
			138			Composity Slab Crack remediation	Coordination	Approved	14-Sep-24				
			142			Ductwork revisions at Chapel 1027	Coordination	Approved	12-Sep-24				
			141			Revised - Location of Electrical Panel in Janitor Rooms	Coordination	Approved	01-Oct-24				
			143			Revision to bulkheads at corridor 1032	Coordination	Approved	17-Sep-24				
		133			146	Revision to balcony ceiling panels at tapered beams	Owner Requested	Approved	21-Oct-24	22-Oct-24	29-Oct-24	\$0.00	\$0.00
			144R(2)			Revised (2) - Temporary link connection details	coordination	Approved	16-Oct-24				
			145			Clarification to boiler breaker feeds and temp link heaters	coordination	Approved	08-Oct-24				
			146			Revise rating at column 12.1-F	coordination	Approved	10-Oct-24				
		177	141R		145	Reframing and hardware revision relative to SI#141R	coordination	Approved	08-Oct-24	15-Oct-24	21-Oct-24	\$1,364.66	\$1,364.66
			147			Clarification to typical windows drainage	coordination	Approved	22-Oct-24				
181	181	134			147	Add Handrails to link	Architect omission	Approved	20-Nov-24	20-Nov-24	20-Nov-24	\$5,268.77	\$5,268.77
			148			Clarification to shaft bottom closure location	coordination	Approved	30-Oct-24				
			149			Clarification to penthouse glycol tank wiring	coordination	Approved	06-Nov-24				
			150			Revision to fireplace hearth stone in 5115	coordination	Approved	19-Nov-24				
			151			Cancelled: Miscellaneous Structural Clarifications	coordination	Approved	02-Apr-25				
180R			144R2		148	Temporary Link Connection details	coordination	Approved	15-Nov-24	02-Dec-24	10-Dec-24	\$10,226.30	\$10,226.30
			152			Revisions breakers and raceway at IT Room 6003	coordination	Approved	20-Nov-24				
					149	Gas detection controller in generator room 6011	coordination	Approved	02-Dec-24	02-Dec-24	10-Dec-24	\$3,942.40	\$3,942.40
			153			Austco Nurse Call alert info	coordination	Approved	09-Dec-24				
			154			Revised FHC location main floor phase 1	coordination	Approved	11-Dec-24				
			135		152	Modify alternating tread ladder construction in penthouse	coordination	Approved	12-Dec-24	30-Jan-25	07-Feb-25	\$5,830.00	\$5,830.00
			155			Revision to dryer surround opening dimensions	coordination	Approved	06-Jan-25				
					150	Add Handrails to link (2nd part)	coordination	Approved	17-Dec-25	15-Dec-25	20-Dec-25	\$4,548.50	\$4,548.50
			136		151	Temporary cladding at lounge bump-out to existing construction	coordination	Approved	06-Jan-25	30-Jan-25	13-Jan-25	\$12,562.00	\$12,562.00
					156	Revisions 2 Clarification to gypsum ceilings in stairwells	coordination	Approved	11-Mar-25				
					157	Clarification to balcony soffit heights	coordination	Approved	14-Jan-25				
			137		154	Provide cricketed backslope insulation between ERV#1 and MUA#2	Percon	Approved	15-Jan-25	30-Jan-25	07-Feb-25	\$1,650.00	\$1,650.00
			138		155	Provide keypad locksets on Resident laundry room doors	Owner Requested	Approved	16-Jan-25	30-Jan-25	07-Feb-25	\$4,455.00	\$4,455.00
			139			Cancelled - Provide range hood in gathering space kitchen 5116a	Owner Requested	Approved	11-Mar-25				
			140		153	Millwork revisions for site coordination issues	coordination	Approved	22-Jan-25	30-Jan-25	07-Feb-25	\$1,670.35	\$1,670.35
			191		158	Furr-out around FA panel in Med room 1070	coordination	Approved	30-Jan-25	11-Mar-25	25-Mar-25	\$1,247.07	\$1,247.07
					159	Revision to ceilings bulkheads in corridor 5082 and 5099	coordination	Approved	03-Mar-25				
					160	Revised - Ceiling height in corridor 5081	coordination	Approved	30-Jan-25				
			141		157	Modify stainless steel count 2078	coordination	Approved	10-Feb-25	05-Mar-25	13-Mar-25	\$0.00	\$0.00
					161	Revision to fireplace hearth stone in 5115	coordination	Approved	12-Feb-25				
			192		160	Revised counter support at M60 under counter fridge	Owner Requested	Approved	12-Feb-25	11-Mar-25	25-Mar-25	\$2,694.91	\$2,694.91
			193R1		165	Temporary Cladding of columns exposed to exterior in P1	coordination	Approved	12-Feb-25	08-Apr-25	15-Apr-25	\$10,961.13	\$10,961.13
					162	Revision to shower floor drains for sheet flooring	coordination	Approved	12-Feb-25				
			194R1		158	Modify rated wall at Room 5115 to suit piping	coordination	Approved	25-Mar-25	25-Mar-25	25-Mar-25	\$4,923.41	\$4,923.41
					163	Revisions to door frame protection	coordination	Approved	01-Feb-29				
					164	Revised 2: Relocate Shower room storage cabinets	coordination	Approved	24-Mar-25				
			145			Add LCD Austco annunciator displays for nurse call in P1	coordination	Approved	24-Feb-25				
					165	Clarifications on IT room 6003 panel terminations and rack equipment locations	coordination	Approved	25-Feb-25				
			196		162	Horizontal cable management and access control data drop	coordination	Approved	24-Feb-25	01-Apr-25	01-Apr-25	\$4,105.20	\$4,105.20
					166	Drywall bulkhead control joint locations	coordination	Approved	03-Mar-25				



Board of Management Meeting  
April 24, 2025

❖ **CLINICAL SERVICES - Mel Cross, RN - Director of Care**  
- Kathy MacDonald, Manager of Clinical Quality Assurance

**Reporting Period: March 17 - April 15, 2025**

Since the last report to the Board, a total of five Critical Incident Reports have been submitted to the Ministry of Long Term Care.

**1. Abuse (3 incidents):**

- **Visitor to Resident Abuse:** Incident involved a visitor exhibiting inappropriate behavior toward a resident. The resident remained stable with no physical or psychological impact and had no recollection of the event. The situation was promptly addressed with the visitor.
- **Staff to Resident Abuse (2 incidents):** Two incidents involved allegations of staff to resident abuse. In both cases, the staff involved were held accountable, and appropriate actions were taken in alignment with our policies and regulatory expectations.

**2. Resident Injury (1 incident):**

- A resident experienced a fall resulting in significant injury and a subsequent transfer to hospital. This incident led to a notable change in the resident's condition. The resident had been functioning independently prior to the incident.

**3. Infectious Disease Outbreak (1 incident):**

- A Critical Incident Report was submitted related to the current outbreak in the home. Appropriate infection prevention and control measures are in place, and the situation continues to be monitored closely in collaboration with Public Health.

The nursing team remains committed to ensuring the safety, well being, and dignity of our residents through continued vigilance, timely reporting, and responsive action to all critical incidents.

❖ **CLINICAL SERVICES - Kellie Ross, Clinical RPN Manager**

We have on boarded two full-time RPNs. They completed their preceptorship at Cassellholme. They have been cleared to work in their roles as full-time RPNs.

2 full-time RPNs will be completing their final training by the end of the week of April 21, 2025.

1 part-time RPN has been hired and began general orientation April 15, 2025.

We are continuing to recruit RPN staff.

RPN staffing stabilization has been the focused goal for the month of April working alongside Tiffany Chapman and Mel Cross. We will be reviewing and refining our RPN orientation process beginning in May.

RPN Team Lead and RN roles are being assessed. Mel Cross and I are working together to ensure the roles are well defined and the RPN front line staff are supported.

Pain Management education sessions for registered staff will launch in May 2025.

## ❖ STAFFING - Tiffany Chapman, HR Coordinator

### Students

- ❖ Active/In Progress - CTS, Canadore, and Living classroom PSWs 1:1 preceptorship
- ❖ Completed - Canadore BScN, PN, and Nipissing BScN student placements
- ❖ Recruitment for summer students initiated
- ❖ 2 Canadore PN Students doing 1:1 Preceptorship in April

### Staffing

#### March 2025

- ❖ Hired - 8 total (1 RN, 1 FSW, 1 scheduling coordinator, 1 resident family navigator, 2 RPNs, 1 CSS Homemaker, 1 PSW)
- ❖ 1 PSW transitioned to RP
- ❖ Terminated/Resigned/Retire - 7 Total (2 RPNs, 1 FSW, 1 Housekeeper, 2 PSWs, 1 Scheduling Coordinator)

#### As of April 17, 2025

- ❖ PSW Vacancies - 4 temp PT, 2 perm PT, 2 temp FT - all lines posted. PSW interviewing in works to fill vacancies.
- ❖ Helping Hands - 1 temp PT
- ❖ RPN Vacancies - 1 temp PT, 3 perm PT, 5 temp FT, 1 perm FT - interviewing and recruiting
- ❖ 1 RN FT Vacancy - 1 FT perm (pending PSW to RN completion)
- ❖ Dietary Vacancy - 4 temp PT, and 2 perm PT
- ❖ Housekeeping Vacancy - 2 perm PT and 2 temp PT
- ❖ Activities Vacancy - 1 PT temp

## ❖ HOUSEKEEPING & NUTRITION & FOOD SERVICES - Trina Milne, Manager

### New Purchases:

- ❖ Washer and dryer installed in our main laundry room.
- ❖ Ride-On Autoscrubber for new building. Staff have been trained and are using it in the current building to become familiar with it.

Training for new equipment for the new building is almost complete. The last item to be trained is the new dish machines. This will be done once installed.

The Nutrition & Food Services Department purchased a new software program called Meal Suite. Management staff are currently in the process of learning the system. Once staff are comfortable with the program, it will be installed on the monitors and TVs in the dining areas and kitchen. NFS staff will then be trained, followed by clinical services staff. The new program is scheduled to be launched with the Fall/Winter menu.

## ❖ RESIDENT & FAMILY NAVIGATOR - Alysia Loyer, RN

Alysia Loyer is the New Resident Family Navigator. She is actively learning her new role and welcoming all new residents to Cassellholme.

Since the last Board Meeting, there have been 9 new permanent admissions, 1 short stay/respite admission and 1 admission that decided to decline permanent admission.

## ❖ ACTIVITIES & 400 Club - Mandy Gilchrist, Manager

The Trishaw Bike has arrived! Residents, families and staff are excited to start riding once the nicer weather begins and the sidewalks are cleaned.

BBQ Season starts in May. BBQs will be held every Tuesday, rotating units each week.

## ❖ HEALTH & WELLNESS - Ron Goodship, Coordinator

Some exciting news to share!!

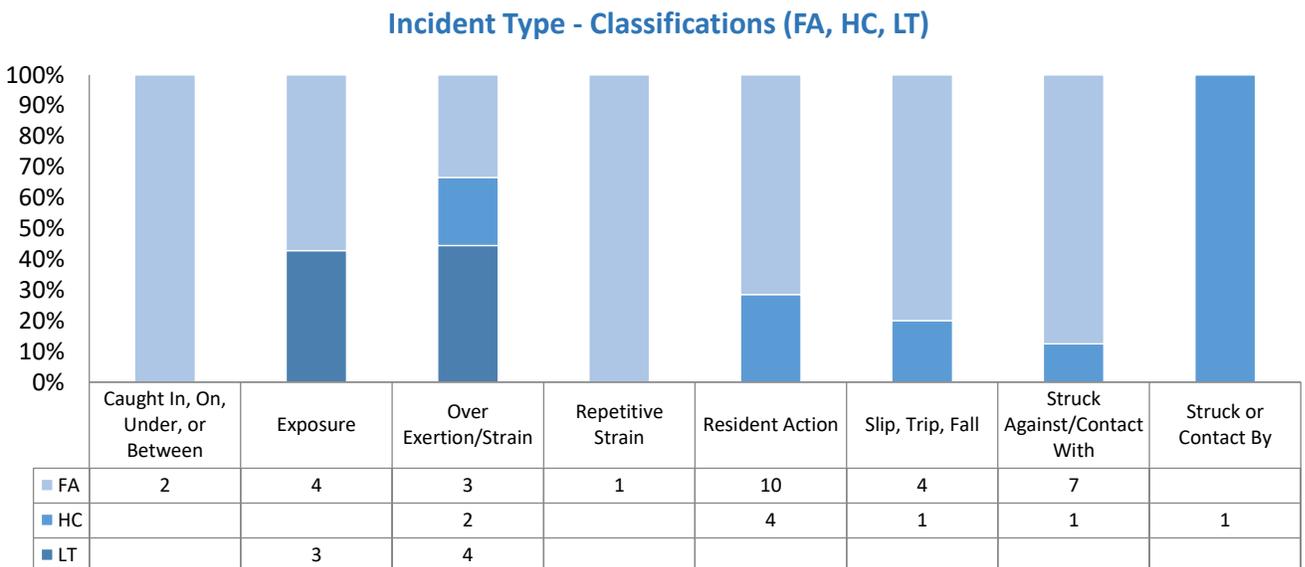
Cassellholme received a surplus rebate credit to our WSIB account in the amount of \$283,198.04.

This is part of WSIB's \$2 billion dollar surplus distribution.

Their distribution of \$2 billion to eligible safe businesses recognizes the important role businesses play in funding their no-fault work-related injury and illness insurance system, while protecting their ability to help people who have experienced a work-related injury or illness with a safe, timely and lasting recovery and return to work today and into the future.

Our rebate is 60 per cent of the premiums we reported in 2023.

## Injury Breakdown - January 1, 2025 - April 15, 2025



## Steps Taken to Reduce Resident Action Injuries

- **Stop and Go Procedure** – Unless it is unsafe for the resident, the worker is instructed to Stop approach, assess and come back and reattempt care. When this procedure is used, the reattempt is usually without issue.
- **Training on proper self-positioning during care** – Not placing yourself in a position that intimidates a resident or places the worker in harms way if the resident shows aggressive behaviors.
- **GPA Training** – All Cassellholme employees take the Gentle Persuasive Approach Training. A full day of classroom and practical training that gives the worker the skills to provide safe care with confidence and kindness.

- **One on One** - Observations involving active behavioral response residents. Recognition of escalation to help reduce negative interaction with other residents and to give workers the opportunity to request help prior to situations that could cause harm.
- **Abuse Training** - Focus on abuse recognition and reporting - all staff
- **Discipline** - Counseling records for workers not following procedures (stop and go)

## Over Exertion and Strain Injuries

- Unit managers have been focusing on proper lifting technics and procedures.
- Counseling of workers who do not follow care plans (two person transfers)
- Transfer meetings continue for any decrease level of transfer requests (decision tree)
- Care plan reviews and updates are ongoing

### Note:

The new building will have an increased number of mechanical lifts. This will reduce the physical demands during transfer situations.

## New Med Sled Training

In preparation for the new Med Sled stairwell evacuation system being installed in the new building, all staff will need training. A training module has been created and uploaded on our Safety 24/7 training site, including sample videos. All staff must complete the module by April 25, 2025. Hands-on training will follow, beginning the week of April 28, 2025.

## ❖ PALLIATION EDUCATION AT CASSELLHOLME - Tracy Davis

- ❖ We are pleased to provide an update on recent initiatives to enhance palliation and end-of-life care education at Cassellholme. Over the last month, targeted educational efforts have been delivered by our two Nurse Practitioners and myself, with a focus on resident-centered care during palliation.
- ❖ These sessions have highlighted the importance of providing individualized, compassionate care that respects residents' values, preferences, and dignity in their final stages of life. Key topics covered included:
  - Principles of resident-centered palliation
  - Effective communication strategies with residents and families
  - Symptom management and comfort care
  - Interdisciplinary collaboration in end-of-life planning
- ❖ The training has been well received by staff, leading to a deeper understanding of palliative care and a commitment to integrating these practices into daily care. We are also providing ongoing mentorship and facilitating case-based discussions to reinforce these concepts.
- ❖ We remain dedicated to ensuring that every resident at Cassellholme experiences the highest level of comfort, respect, and dignity in their end-of-life journey.

## ❖ INFECTION CONTROL - Ellen Whittaker, IPAC Manager

### Hand Hygiene Observations:

The focus of hand hygiene observations this month has changed to resident hand hygiene in the dining room and before the resident is provided with food. This also includes the nourishment pass and tray service.

An audit and schedule of observations has been created and is in progress in all dining rooms. This information will be summarized to determine the next steps required to maintain this practice.

### **Outbreaks:**

The Home is presently in a respiratory outbreak, which started on March 23<sup>rd</sup> 2025 on Maple St, with 1 case of Influenza. The residents on Maple St were started on Tamiflu, with consent.

On March 29<sup>th</sup> there were respiratory cases on other units and it was declared facility-wide. There has been no other cases of Influenza.

At this time, the outbreak is ongoing with respiratory cases on Apple St only. Mask use in all resident areas continues, but we are planning to make masks optional when the outbreak is over.

### **Immunization**

Direction concerning the collection of staff Measles immunization was recently received from the Health Unit. There has been a communication sent to all staff requesting that they begin to determine their MMR immunization status. Numerous proofs of immunization have already been received.

Preparation has begun for resident Covid-19 boosters to be administered at the end of this month.

### **IPAC Construction Audits**

Audits continue to be done at least weekly, with a focus on the debris control and removal, dust control and cleaning at the site, as required in CSA Z317.13-17.

Over-head cleaning audits have been completed in most areas, leaving mainly the final cleaning check before the last ceiling panels are put in place.

See the following for the Annual IPAC Summary

## Annual Evaluation & Summary of the Infection Prevention & Control Program - 2024

### Infection Prevention and Control Program

The program continues in the Home in a manner which meets the requirements of the Ministry of LTC, including being managed by an RN who has infection prevention and control education. As required in the Fixing LTC Act, any Home that has 200 or more beds is required to have an IPAC lead working at least 35 hours per week and whose primary responsibility is infection prevention and control. Quarterly interdisciplinary IPAC committee meetings with input from the Health Unit continue to be required. The nurse responsible for IPAC is also a member of the JH&S committee and the PAC committee and infection rates are reviewed at the meetings. The nurse also attends Safe Purchasing meetings to provide input on cleaning agents and cleaning of new equipment.

### Immunization and Screening Measures

Newly hired staff in all departments continue to be screened and tested for TB by the Manager of IPAC, or delegate. In 2024 the screening process for staff was revised to include screening to determine exposure to high risk countries. In 2024, 140 new staff were screened and/or tested, which is similar to 2023.

All new resident admissions are screened by the registered staff at the time of admission. Admission chest x-rays were done either pre-admission or shortly following admission in 2024. The need for an admission chest has been replaced by the screening tool, TB Risk Assessment. This tool was provided by the Health Unit and will be completed by the resident/POA prior to admission and reviewed by the nurse at the time of admission.

In the fall of 2024, 4 staff flu shot clinics were offered in the Home. Flu shots were also available "on demand" during the respiratory illness season and continue to be available to all staff. A 5<sup>th</sup> clinic was held in 2025, but it was poorly attended. In the 2024/25 respiratory illness season 299 staff are vaccinated to date and 19 additional staff have chosen to provide proof of a Tamiflu prescription. This is a significant change from the previous season which had 248 staff immunized and 10 who provided Tamiflu proof.

This season 80% of staff have received a flu shot, up from 66% in the 2023/24 season. Due to influenza outbreaks in the community, the department managers made a focused effort on contacting unimmunized staff. This effort proved to be effective to ensure the Home is prepared for a possible influenza outbreak. Immunization rates among residents remained constant, year to year. For the 2024/25 season 86% of residents received a flu shot.

### Surveillance

Infection surveillance continues in the Home on a shift to shift, daily basis via unit reports and the 24 Hour Daily Report. Unit staff observe residents for the presence of symptoms of infection and promptly initiate additional precautions when necessary. Clusters of similar symptoms and the possibility of outbreak are tracked using the Outbreak Symptom Tracking form. This facilitates identifying outbreaks quickly, both on weekdays and weekends.

The infections that were tracked in 2024 include urinary, skin and upper and lower respiratory infections, since these are the infections that are of higher risk, in the Home.

The number of chronic ESBL infections has decreased from 44 in 2023 to 28 at the end of 2024. This is mainly due to the adoption of the McGeer criteria for identifying urinary infections which has led to a decrease in urinary specimens and antibiotic use. MRSA, VRE and C difficile surveillance continue and these are low in both colonization and infection numbers.

## **Outbreak**

In 2024 there were 8 outbreaks; 3 Covid-19 (98 days), 3 Rhinovirus (47 days), 1 Coronavirus (8 days), and 1 enteric (8 days). This is a decrease of one outbreak in comparison to 2023 which had 9 outbreaks. The total number of days that the Home was in outbreak was 161 in comparison to 165 in 2023 and 238 days in 2022. Outbreak control measures used to lessen transmission include hand hygiene for both staff and residents, isolating of ill residents, masking in resident areas, and immunization of residents and staff. Admissions are generally not recommended during disease outbreaks, however due to the necessity of maintaining occupancy and meeting the needs of the community, admissions were accepted when the outbreak risk to the unit is low.

## **Orientation of New Employees**

Infection Control orientation continues for all new employees, in all departments. All new employees are screened for TB and tested, as required. The Human Resource department continues to ensure that all new staff complete the new-hire requirements, including TB screening. The orientation also includes the subjects of hand hygiene, outbreak procedure, additional precautions for residents, personal protection use during resident care, staff illness guidelines, vaccination and cleaning and disinfection. This orientation is also completed for all students who are in the Home for placements. The online Safety 24/7 training includes hand hygiene and the PIDAC routine practices and is done during the employee's orientation and annually for all staff.

## **Pandemic Plan**

The pandemic plan was reviewed and updated in 2024, including input from various departments related to supply needs. It is expected that in 2025 the pandemic supplies will be moved from the existing building to the pandemic supply room in 1<sup>st</sup> phase of the new Home.

## **Hand Hygiene & Education**

Cassellholme continues to follow the Just Clean Your Hands program. Annual education of all staff via the Safety 24-7 online system includes the JCYH hygiene. "On the spot" feedback to staff is also provided during hand hygiene observations. In 2024 hand hygiene audits were done by a group of approximately 24 people, using the Speedy Audit program. The goal was to complete 200 observations per month and in total, 2457 observations were completed in the year. The quarterly report continues to be submitted to the Health Unit as requested. Resident hand hygiene in the dining rooms has continued to be an area targeted for improvement.

## **Environmental Cleaning**

Daily surface cleaning remains a high priority in the Home and is increased during outbreaks by reassignment of activity staff. Accelerated hydrogen peroxide continues to be used routinely in the Home.

## **Pet Visitation Program**

In 2024 there was only 1 visiting pet and the Home receives proof of the annual vaccination.

## **Goals for 2024**

1. Continue staff hand hygiene observations, with a total of 2400 for the year. This will be measured through the online app, Speedy Audit.
2. Continue the IPAC Self Assessment audit, at a minimum of twice per year and weekly when in outbreak.
3. Introduce the PHO Risk Assessment Related to Routine Practices and Additional Precautions by updating the policy and reviewing the decision tree with all staff in all departments. Include the IPAC Trainer nurse in the education component.
4. Complete the redevelopment IPAC/Construction Preventative measure audit, on site, bi-weekly until October 2024, adding appropriate elements to the audit as the construction site advances. These audits will be forwarded to the Director of Facilities and Capital Projects for input and any required follow up. Number of audits completed should be 18.

The 2024 goals listed above were met.

## **Goals for 2025**

1. Continue hand hygiene observations, with a minimum of 200 per month and 2400 per year.
2. Provide hands-on education to all staff on the use of PPE, specifically the correct method of donning and doffing.
3. Monitor resident UTIs month to month with a yearly goal of less than 75 infections.