

**BOARD OF DIRECTORS MEETING  
OPEN SESSION**

Thursday, September 26, 2024  
5:30 pm – La Verendrye General Hospital / Webex

**A G E N D A**

Item	Description	Page
1.	Call to Order – 5:30 pm – Indigenous Acknowledgment & Reading of the Mission Statement 1.1 Quorum 1.2 Conflict of Interest and Duty	
2.	Consent Agenda 2.1 Board Minutes – June 18, 2024 * Pg 4 2.2 Board Chair & Senior Leadership General Report – D. Clifford, H. Gauthier, D. Harris, C. Larson, J. Odgen, Dr. L. Keffer * Pg 8 2.3 Governance Committee Report – B. Norton 2.4 Audit & Resources Committee Report – B. Norton * Pg 11 2.5 Quality Safety Risk Committee Report – M. Kitzul * Pg 14 2.6 Auxiliary Reports * Pg 16	
3.	Motion to Approve the Agenda	
4.	Patient / Resident Safety Moment	
5.	Business Arising - None	
6.	New Business 6.1 Board Member Consolidated Confidentiality, Accountability & Roles & Responsibility Statement – Annual Signing * Pg 19	
7.	Opportunity for Public Participation	
8.	Move to In-Camera	
9.	Other Motions/Business	
10.	Date and Location of Next Meeting: October 31, 2024	
11.	Termination	

\* denotes attached in board package / \*\*denotes circulated under separate cover / \*\*\* denotes previously distributed



**BOARD OF DIRECTORS MEETING  
ANTICIPATED MOTIONS – OPEN SESSION**

**Thursday, September 26, 2024**

3.	Motion to Approve the Agenda	THAT the RHC Board of Directors approve the Agenda as circulated/amended
8.	Move to In-Camera	THAT the RHC Board of Directors move to in camera session at (time)
9.	Other Motions/Business	
11.	Termination	THAT the RHC Board of Directors meeting be terminated at (time)

Indigenous Acknowledgment:

*Riverside acknowledges that the place we are meeting today is on the traditional lands of the Anishinaabeg people, within the lands of Treaty 3 Territory, as well as the home to many Métis.*



**VISION**  
Caring, Together

**MISSION**  
Improving The Health of Our Communities

**VALUES**  
Progressive • Integrity • Caring • Accountable

**STRATEGIC PILLARS**

**ONE RIVERSIDE**  
Supporting a consistent and enabling organizational culture

**INVESTING IN THE PEOPLE WHO SERVE**  
Creating a plan to strategically leverage human resources

**TOMORROW'S RIVERSIDE TODAY**  
Making investments today, to support Riverside tomorrow

**STRIVING TO EXCEL IN EQUITY, DIVERSITY & INCLUSION**  
We will support EDI in all we do

 **Riverside  
Health Care**

**RIVERSIDE HEALTH CARE FACILITIES INC.  
MINUTES  
OPEN SESSION**

**Date of Meeting:** June 18, 2024

**Time of Meeting:** 5:30 pm

**Location of Meeting:** Webex / LVGH Board Room

**PRESENT:** H. Gauthier                      M. Kitzul                      J. Begg                      K. Lampi  
Dr. L. Keffer                      D. Clifford                      A. Beazley\*                      B. Norton  
\*via Webex

**STAFF:** B.Booth, C. Larson

**REGRETS:** B. Calder, J. Ogden, Dr. K. Arnesen, E. Bodnar

**GUESTS:** J. Evans (Item 4.0), J. Savage (Item 4.0)

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**1. CALL TO ORDER:**

D. Clifford called the meeting to order at 5:30 pm. B.Booth recorded the minutes of this meeting. K. Lampi read the Indigenous Acknowledgment and D. Clifford read the Mission Statement. D. Clifford welcomed everyone and reminded all of the virtual meeting etiquette.

**1.1 Quorum**

D. Clifford shared there were 2 regrets. Quorum was present.

**1.2 Conflict of Interest**

No conflict of interest or duty was declared.

**2. CONSENT AGENDA**

The Chair asked if there were any items to be removed from the consent agenda to be discussed individually. There were no items removed.

**3. MOTION TO APPROVE THE AGENDA:**

It was,

MOVED BY: B. Norton

SECONDED BY: J. Begg

THAT the Board approves the Agenda as circulated.

CARRIED.

**4. PRESENTATION – Draft Financial Statements – BDO Auditors – Jon Evans and Jeff Savage**

Diane welcomed Jon Evans and Jeff Savage, BDO Auditors to the meeting who presented the draft financial statements. Jon Evans noted the statements were presented to the Board Audit & Resources Committee in detail as well. Jeff Savage highlighted the following:

- Jeff reviewed the Index in detail highlighting Management's Responsibility, Independent Auditor's Report, Statement of Financial Position and Summary Statement of Operations. Jeff noted the remainder of the statements provide supporting documents.
- Jeff reviewed the Independent Auditor's report noting this is the Auditor's stamp of opinion confirming we are in compliance with standards and present a clean audit. He shared in the opinion of the Auditors, the accompanying financial statements present fairly, in all material

respects, the financial position of the Organization as at March 31, 2024, and its results of operations, changes in net assets (debt) and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

- Jeff reviewed the Going Concern in detail highlighting Note 2. He shared the Going Concern is not specific to RHC and most hospitals are adding a going concern.
- Organization in an overall surplus of roughly \$1.2 million; this includes a lot of one-time funding received in the amount of approximately \$7.9 million. He noted if this funding was not received, we would be looking at roughly a \$8.4 million deficit position.
- Jeff acknowledged Carla and her team for all their work on the audit.
- The Financial Position and Statement of Operations were reviewed in detail:  
Assets: \$14.7 million  
Liability: \$16.3 million  
Working Capital Deficit: \$1.6 million  
Receivables: \$13.4 million (this is quite high)  
Accounts Payable & Accrued Liabilities: includes money owed to contractors, agency staffing, money owed to LHIN or any agency and money that needs to be clawed back  
Net Asset Position: \$10.4 million of accumulated operational deficits  
The Statement of Operations is broke down into 4 sections; top half is the hospital side and bottom half is Fund Type 2's and 3's. Most of the Fund Type 2 is Rainycrest.  
Capital Revenue and Expenses reviewed in detail.  
Hospital Operations (LVGH, Emo, Rainy River): \$4.1 million surplus; this does include roughly \$7.3 million in one-time funding. Without this funding, this would have been approximately a \$3.2 million deficit.  
Rainycrest/Fund Type 2 - \$2.8 million deficit; mostly Rainycrest roughly \$2.7 million deficit.  
Without one-time funding received, this would have been approximately a \$5.1 million deficit  
MH&A: \$2900 deficit  
Overall Surplus: \$1,263,515
- Jon E. shared the Auditors are part of a group and noted RHC is not alone, and most hospitals are facing the same challenges. Many have common issues.
- Jon E. acknowledged the teams of RHC and BDO for all their hard work. Carla thanked the Auditors and team for their work and support over the years.
- The Auditors confirmed the statements are in final form.
- Jeff discussed special engagements the Auditors are working on that are mandatory for the Ministry.
- Jon Begg discussed the Going Concern and the one-time funding received and the fact that it's not guaranteed next year which is a going concern in itself. Jeff confirmed this is the purpose of the going concern note and covers this.

Diane thanked the Auditors for their work with RHC and acknowledged Carla and her team for all the hard work. The Auditors exited the meeting.

It was,

MOVED BY: M. Kitzul

SECONDED BY: K. Lampi

THAT the RHC Board of Directors approves the 2023-2024 audited financial statements, as reviewed and recommended by the Audit & Resources Committee.

CARRIED.

## 5. **Patient / Resident Safety Moment**

Henry shared a story regarding the program Regional Critical Care Response Program (RCCR) provided by Carley McCormick, Manager of Patient, Resident, Client Experience & Utilization. The following was highlighted:

- “The Regional Critical Care Response (RCCR) Program connects care providers in small and rural communities to critical care specialists in Thunder Bay through videoconferencing. In doing so, the RCCR Program continues to play a critical role in the health of people living in Northwestern Ontario. Riverside started as a Pilot Project for RCCR program in 2015. To date there have been over 340 video calls.
- This program is very helpful for our Physicians when it comes to medical management of a patient. The most common types of medical emergencies that utilize this program include Respiratory Distress, Septic Shock, Hypotensive emergencies, patients who are on pressers, usually (nora-pen-ef-rin) Norepinephrine.
- To initiate this program the Most Responsible Physician at Riverside calls Criticall, which allows the physician to have a phone conversation with a specialist, this is often an ICU Physician. This phone consult would often lead to a video “RCCR” scenario if the Specialist sees this as appropriate. Although we have done over 340 video calls, there have been 61 phone only consults, meaning they didn’t lead to a video session.
- When the video call is connected a Thunder Bay ICU Physician, the ICU Nurse and most times the Respiratory Therapist are available. This allows the RCCR Team in Thunder Bay to see the patient, see the monitor, for recent vitals, and most importantly talk to the family and or the patient, depending on their condition.
- The camera can zoom into anything in the room it wants. Of the near 340 consults, 239 of those patients were transferred from our facility to Thunder Bay Regional ICU and another 35 were transferred to the Thunder Bay Emergency Department or other wards. However, the rest we have been able to manage locally in our own community with additional supports from the RCCR Program.
- Feedback from patients and families about the program indicate they have found it very valuable to have a higher level of care offered while at LVGH in advance of transferring to Thunder Bay. RCCR helps bridge any potential gaps in care and builds trust and common ground with our local health care providers as well as with patients and families. This service ensures we are taking care of our community as close to home as possible, and supporting appropriate transfers when a patient does require a higher level of care not available in our tertiary centre. It also aids in preventing unnecessary transport of patients that can be managed locally by providing our care providers with the supports they require.
- This program has been very important to assisting care needs in Northern Ontario and is a fine example of how properly integrated care models can improve outcomes and experiences for all involved.

Henry shared we are proud that our leaders were willing to be a pilot site. Discussion took place around how our statistics compare to other regional hospitals.

**6. BUSINESS ARISING:**

There was no business arising.

**7. NEW BUSINESS:**

There was no new business.

**8. OPPORTUNITY FOR PUBLIC PARTICIPATION**

There was no public participation.

**9. MOVE TO IN-CAMERA:**

<p>It was,          MOVED BY: B. Norton          THAT the Board go in-camera at 6:11 pm.</p>	<p>SECONDED BY: J. Begg          CARRIED.</p>
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**10. OTHER MOTIONS/BUSINESS:**

There was no other motions/business.

**11. DATE AND LOCATION OF NEXT MEETING:**

September 26, 2024

**12. TERMINATION:**

It was,

MOVED BY: J. Begg

THAT the meeting be terminated at 6:42 pm.

CARRIED.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Secretary/Treasurer



**Board Chair, Chief of Staff & Senior Leadership Report – September 2024  
Open Session**

**Strategic Pillars & Directions**

**Investing in Those Who Serve - Strategically Leveraging our Human Resources**

- **Work Life Pulse Survey**

416 staff completed our work life pulse survey this summer (highest participation rate in recent memory). While there always remains room for improvement we are pleased with the initial results, particularly given the increased challenges being faced by our care providers:

Statement	Percent In Agreement
My organization takes effective action to prevent violence in the workplace.	91.6%
My organization takes effective action to prevent abuse in the workplace.	92.4%
My workplace is safe.	92.5%

**One Riverside - Promoting a Consistent and Empowering Culture**

- **LNPSHC Amalgamation**

On September 11, 2024, we received approval from Catherine Wang, Assistant Deputy Minister, Hospitals and Capital Division, regarding an approval under Subsection 4(1) of the Public Hospitals Act regarding our submitted Articles of Amendment.

Unfortunately, as of September 18, 2024, we have not received formal Minister approval to proceed with the amalgamation.

- **Assisted Living Expansion**

RHC has approved funding to expand the Assisted Living program from 26 to 64 residents across the Rainy River District. The table below outlines the Unit and Staffing expansion planned.

This plan recognizes the existence of CSI Assisted Living units in the Township of Rainy River and is intended to better align access to services across the district.

SITE	Current	Proposed
	Units	Units
Fort Frances	23	30
Atikokan	13	13
Emo	0	11
Rainy River	0	10
Riverside Health Care - All	36	64

**Tomorrow's Riverside Today - Investing Today to Support Tomorrow**

- **UKG System Implementation**

Scheduling

- Testing and configuration phase are complete.
- The system goes live, in parallel, on September 30, 2024. Meaning that manual systems will continue to be in place until we are confident that the Scheduling System is working as intended. This process includes auditing payroll to ensure everything transfers over accurately.
- Use of the existing Medisolution Time and Attendance Scheduling module will be disabled.
- All employees will be required to clock in and out at one of the staff entrance locations at any one of our sites – clocks are in place in Rainy River, Emo, LaVerendrye, Non-Profit Supportive Housing, Rainycrest and Mental Health and Addictions. Our mobile users, such as CSS and Assisted Living, will clock in on an app on their phones.

Payroll

- Next up: Payroll and Payroll Budgeting. A small team will have an opportunity to participate in an upcoming demo to see what other modules and features UKG offers. We also have an opportunity to on board with the Region's UKG software agreement – it will be our own instance of UKG in the cloud but will save us UKG software/user agreement costs through group purchasing power.



- **Mental Health & Addictions**

RHC is working on a revised proposal for the introduction of inpatient mental health and addiction beds at the hospital in Fort Frances. Engagement with the hospital MH&A lead from Kenora is ongoing to ensure this hybrid model meets legislative and service needs.

Our Manager of Mental Health & Addictions has been invited to meet with Minister Tibollo, Associate Minister of Mental Health and Addiction. RHC is requesting the Minister consider service gaps in our region across the continuum, including hospitals. In addition, service alignment that ensure the patient/client experience feels increasingly seamless needs to be a priority.

- **Lab Services**

On March 19, 2024, a meeting was held with the Kenora Rainy River Regional Lab (KRRRLP) lead and representatives from University Health Network that are assisting the partners from the KRRRLP west of Thunder Bay. Our team requested support in clarification on what comprised the right level of Point of Care (POC) testing for the small hospitals across the region to ensure services were both appropriate and aligned.

The focus for expansion of services has been in Rainy River given the existence of an ER. The current POC services include glucometer (glucose testing), iStat (blood gases, lactate, troponin cardiac marker, kidney functions), ID Now (covid and Strep A testing), and Clinitek (urinalysis and pregnancy testing).

The primary service gap identified has been a CBC point of care analyzer. RHC is reviewing a new CBC POC analyzer developed by Sysmex. The Sysmex vendor was at the Lab Fall Symposium in Dryden for further review. This purchase is already approved on our capital list. UHN has policies and procedures for this equipment and will help us with the validation process.

- **Redevelopment**

Engagement has transpired with Mohawk Medbuy regarding re-issuance of our Master Service Plan Request for Proposal (RFP). The initial RFP was halted during the pandemic and is being revived to advance a long-term service and capital redevelopment plan for the organization. We anticipate the RFP to be issued in October 2024.

**Striving To Excel in Equity, Diversity & Inclusion (EDI)**

- **Substance Use Disorders Integrated Pathways (SUD)**

RHC has submitted a Phase I Site Application Form to the Mental Health and Addictions Centre of Excellence (MHA CoE).

Ontario Health's MHA CoE supports Ontario in building a comprehensive and connected mental health and addictions system. The MHA CoE will also help implement key priorities within the Roadmap to Wellness, the province's plan to build a comprehensive and connected mental health and addictions system.

The objectives of the SUD integrated care pathway initiative are to:

- Improve access to and delivery of high-quality, standardized, evidence-informed care that is respectful, trauma-informed, and compassionate for clients who are at high risk of alcohol and/or opioid-related morbidity and mortality presenting to hospital EDs.
- Build connections between hospital EDs, hospital inpatient services, and community services to facilitate timely access to the full spectrum of substance use care that addresses client needs. Reduce morbidity and mortality for clients who use alcohol and/or opioids presenting to hospital EDs.
- Reduce disparities in substance use care access, experience, and outcomes by providing culturally safe, anti-oppressive, stigma free, and trauma-informed services that are inclusive and affirming of diverse, intersectional identities and experiences such as language, race, ethnicity, Indigeneity, sexual orientation, gender identity and expression, geography, ability, age, culture, spiritual and religious beliefs, income and housing status.

<b>Key Milestones – Phase I Sites</b>	<b>Target Dates</b>
Local Planning Table Established.	September 30, 2024
Submission of detailed implementation, change management and communications plan	October 31, 2024
Data reporting processes and tools established and implemented	December 31, 2024

**Board Chair, Chief of Staff & Senior Leadership Report – September 2024  
Open Session**

Medication formulary meets care expectations	January 31, 2025
Communication and Engagement Plan Initiated	January 31, 2025
Staff Hiring and training of existing and new staff	February 28, 2025
User Acceptance Testing (UAT) Completed	February 28, 2025
Site Visit Completed	February 28, 2025
Performance Measurement Processes Implemented	March 31, 2025
Go-Live/Launch	March 31, 2025

- **Ontario Health Team**

- Specialist and Diagnostic program ready to mobilize October.
- Recruitment of PFAC Committee advancing to interview state (11 current applications).
- Home Care working group planned for October 2024, with an RHC representative.

Thank you to the Riverside Team for their submissions, they are invaluable in the preparation of this report.

Respectfully Submitted,

Diane Clifford, Board Chair  
 Dr. Lucas Keffer, Chief of Staff  
 Diana Harris, Chief Nursing Executive  
 Carla Larson, Chief Financial, Information & Technology Officer  
 Joanne Ogden, Quality Assurance & OHT Executive Lead  
 Henry Gauthier, President & CEO



**Audit & Resources Committee Report – September 2024**

2.4.1 Financial Report – August 2024 \*



## Operating Revenue & Expense Summary April 1, 2024 to August 31, 2024

April 1, 2023 to March 31, 2024	2024-2025 YTD Budget based on 2023-2024 Actual	2024-2024 YTD Actual	Overall Change	YTD Actual Percent Over(Under) YTD Budget
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### Fund Type 1 - LHIN Funded - Hospital Services

REVENUE						
LHIN - Base Funding	A-1	\$29,611,612	\$12,338,172	\$13,440,485	\$1,102,313	8.93%
QBP Funding	A-2	\$1,779,637	\$741,515	\$901,362	\$159,847	21.56%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-3	\$3,101,079	\$1,292,116	\$1,059,656	(\$232,460)	-17.99%
LHIN - One Time Funding	A-4	\$4,109,446	\$1,712,269	\$1,140,051	(\$572,218)	-33.42%
MOHLTC - One Time Funding	A-5	\$196,279	\$81,783	\$81,787	\$4	0.00%
Other Revenue MOHLTC - HOCC	A-6	\$752,439	\$313,516	\$304,724	(\$8,792)	-2.80%
Paymaster	A-7	\$0	\$0	\$0	\$0	#DIV/0!
Cancer Care Ontario	A-8	\$7,686	\$3,203	\$1,821	(\$1,382)	-43.14%
Recoveries & Miscellaneous	A-9	\$2,706,776	\$1,127,823	\$964,643	(\$163,180)	-14.47%
Amortization of Grants/Donations Equipment	A-10	\$532,945	\$222,060	\$253,335	\$31,275	14.08%
OHIP Revenue & Patient Revenue from Other Payors	A-11	\$2,183,590	\$909,829	\$846,192	(\$63,637)	-6.99%
Differential & Copayment	A-12	\$806,126	\$335,886	\$331,031	(\$4,855)	-1.45%
<b>TOTAL REVENUE</b>	<b>A-13</b>	<b>\$45,787,615</b>	<b>\$19,078,173</b>	<b>\$19,325,087</b>	<b>\$246,914</b>	<b>1.29%</b>
EXPENDITURES						
Compensation - Salaries & Wages	A-14	\$21,076,566	\$8,834,835	\$9,238,133	\$403,298	4.56%
Compensation - Purchased Service	A-15	\$5,407,034	\$2,266,510	\$2,209,491	(\$57,019)	-2.52%
Benefit Contributions	A-16	\$6,206,412	\$2,601,592	\$2,873,122	\$271,530	10.44%
Future Benefits	A-17	\$11,300	\$4,737	\$14,210	\$9,473	200.00%
Medical Staff Remuneration	A-18	\$2,987,134	\$1,252,141	\$1,177,403	(\$74,738)	-5.97%
Nurse Practitioner Remuneration	A-19	\$790,998	\$331,569	\$320,819	(\$10,750)	-3.24%
Supplies & Other Expenses	A-20	\$7,325,804	\$3,070,816	\$3,273,091	\$202,275	6.59%
Amortization of Software Licenses & Fees	A-21	\$21,158	\$8,869	\$15,747	\$6,878	77.55%
Medical/Surgical Supplies	A-22	\$1,734,822	\$727,199	\$687,447	(\$39,752)	-5.47%
Drugs & Medical Gases	A-23	\$2,802,408	\$1,174,708	\$1,078,302	(\$96,406)	-8.21%
Amortization of Equipment	A-24	\$961,599	\$403,081	\$435,959	\$32,878	8.16%
Rental/Lease of Equipment	A-25	\$195,216	\$81,830	\$95,975	\$14,144	17.29%
Bad Debts	A-26	\$109,683	\$45,977	\$40,985	(\$4,992)	-10.86%
<b>TOTAL EXPENSE</b>	<b>A-27</b>	<b>\$49,630,134</b>	<b>\$20,803,864</b>	<b>\$21,460,685</b>	<b>\$656,821</b>	<b>3.16%</b>
<b>SURPLUS/(DEFICIT)</b>	<b>A-28</b>	<b>(\$3,842,519)</b>	<b>(\$1,725,691)</b>	<b>(\$2,135,598)</b>	<b>(\$409,907)</b>	<b>10.67%</b>

**Fund Type 2 - LHIN Funded - Counselling & Non Profit Housing Programs  
Mental Health - Case Management - Housing - Addictions - Problem Gambling**

<b>TOTAL REVENUE</b>	<b>B-1</b>	\$2,503,840	\$1,049,555	\$992,718	(\$56,837)	-5.73%
<b>TOTAL EXPENSE</b>	<b>B-2</b>	\$2,503,840	\$1,049,555	\$992,159	(\$57,396)	-5.78%
<b>SURPLUS/(DEFICIT) - DUE To LHIN</b>	<b>B-3</b>	\$0	\$0	\$559	\$559	100.00%

**Fund Type 3 - Other Ministry/Agency Funded - Non Hospital Services  
Family Violence**

<b>TOTAL REVENUE</b>	<b>C-1</b>	\$162,419	\$68,082	\$67,444	(\$638)	-0.95%
<b>TOTAL EXPENSE</b>	<b>C-2</b>	\$162,419	\$68,082	\$67,444	(\$638)	-0.95%
<b>SURPLUS/(DEFICIT) - DUE To Other</b>	<b>C-3</b>	\$0		\$0	\$0	0.00%

**Fund Type 2 - LHIN Funded - Community Support Services  
(Home Support, Assisted Living, Adult Day, Meals on Wheels)**

<b>TOTAL REVENUE</b>	<b>D-1</b>	\$2,545,041	\$1,066,825	\$1,018,715	(\$48,110)	-4.72%
<b>TOTAL EXPENSE</b>	<b>D-2</b>	\$2,545,041	\$1,066,825	\$1,018,715	(\$48,110)	-4.72%
<b>SURPLUS/(DEFICIT) - DUE To LHIN</b>	<b>D-3</b>	\$0		\$0	\$0	0.00%

**Fund Type 2 - LHIN Funded - RainyCrest  
Long Term Care**

<b>TOTAL REVENUE</b>	<b>E-1</b>	<b>\$14,103,384</b>	<b>\$5,911,829</b>	<b>\$5,910,527</b>	<b>(\$1,302)</b>	<b>-0.02%</b>
Compensation - Salaries & Wages	E-2	\$8,125,442	\$3,406,007	\$3,823,611	\$417,604	10.92%
Compensation - Purchased Service	E-3	\$5,838,915	\$2,447,545	\$1,432,507	(\$1,015,038)	-70.86%
Benefit Contributions	E-4	\$1,763,012	\$739,016	\$807,597	\$68,581	8.49%
Nurse Practitioner	E-5	\$450,783	\$188,958	\$158,501	(\$30,457)	-19.22%
Medical Staff Remuneration	E-6	\$45,852	\$19,220	\$19,064	(\$156)	-0.82%
Supplies	E-7	\$1,552,601	\$650,816	\$601,788	(\$49,028)	-8.15%
Service Recipient Specific Supplies	E-8	\$0	\$0	\$0	\$0	0.00%
Sundry	E-9	\$1,565,698	\$656,306	\$619,471	(\$36,835)	-5.95%
Equipment	E-10	\$593,958	\$248,974	\$160,985	(\$87,989)	-54.66%
Contracted Out	E-11	\$81,076	\$33,985	\$33,477	(\$508)	-1.52%
Building & Grounds	E-12	\$420,869	\$176,419	\$197,194	\$20,775	10.54%
<b>TOTAL EXPENSE</b>	<b>E-13</b>	<b>\$20,438,206</b>	<b>\$8,567,248</b>	<b>\$7,854,196</b>	<b>(\$713,052)</b>	<b>-9.08%</b>
<b>SURPLUS/(DEFICIT) including unfunded liabilities</b>	<b>E-14</b>	<b>(\$6,334,822)</b>	<b>(\$2,655,419)</b>	<b>(\$1,943,668)</b>	<b>\$711,750</b>	<b>-36.62%</b>
<b>Less: Unfunded Future Benefits</b>	<b>E-15</b>	\$0	\$0	\$0	\$0	0%
<b>Less: Unfunded Amortization Expense</b>	<b>E-16</b>	\$0	\$0	\$29,971	(\$29,971)	100.00%
<b>SURPLUS/(DEFICIT) excluding unfunded liabilities</b>	<b>E-17</b>	<b>(\$6,334,822)</b>	<b>(\$2,655,419)</b>	<b>(\$1,973,639)</b>	<b>\$681,779</b>	<b>-34.54%</b>

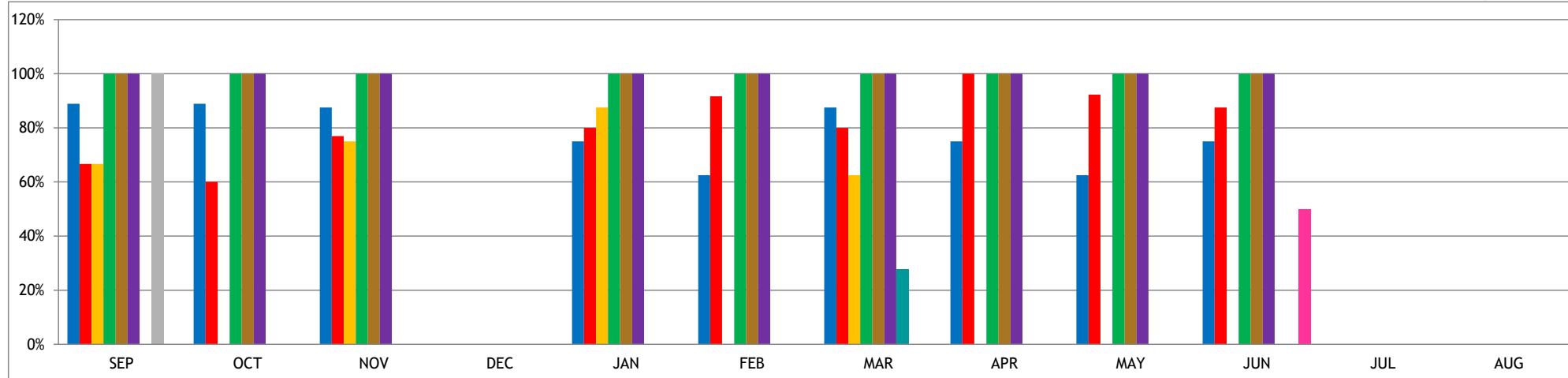
<b>Operating Surplus(Deficit) - Hospitals &amp; Long Term Care ONLY</b>		<b>(\$10,177,341)</b>	<b>(\$4,381,110)</b>	<b>(\$4,109,237)</b>
<b>Total Operating Margin - Hospitals &amp; Long Term Care ONLY</b>		<b>-16.99%</b>	<b>-17.53%</b>	<b>-16.28%</b>



**Quality, Safety, Risk Committee Report – September 2024**

2.5.1 Board Quality Metrics \*

# BOARD OF DIRECTORS - QUALITY METRICS - 2023-2024



- INDICATORS:**
- Participation A** - # of voting board members attending board meetings monthly.
  - Participation B** - # of voting board members attending committee meetings monthly.
  - Reflection A** - # of completed board meeting evaluation surveys bi-monthly.
  - Reflection B** - # of members that complete the board self-assessment questionnaire annually (June).
  - Decision Making** - # of board decisions made by detailed briefing notes/supporting documentation done monthly.
  - Education A** - # of education sessions at board meetings monthly.
  - Education B** - # of board meeting agenda items related to integration, quality or strategy monthly.
  - Composition** - # of categories in the skills based board matrix met annually (March).
  - Compliance** - # of new directors that attend board orientation annually (Sept).

INDICATOR	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	YTD Actual	Target	Variance	Notes
1. Participation A	89%	89%	88%	#DIV/0!	75%	63%	88%	75%	63%	75%	#DIV/0!	#DIV/0!	78%	75%	3%	
2. Participation B	67%	60%	77%	#DIV/0!	80%	92%	80%	100%	92%	88%	#DIV/0!	#DIV/0!	81%	75%	6%	
3. Reflection A	67%	#DIV/0!	75%	#DIV/0!	88%	#DIV/0!	63%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	73%	100%	-27%	
4. Reflection B										50%			50%	100%	-50%	
5. Decision Making	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	100%	1	#DIV/0!	#DIV/0!	100%	90%	10%	
6. Education A	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	100%	1	#DIV/0!	#DIV/0!	113%	100%	13%	min of 1 session/mtg
7. Education B	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	100%	1	#DIV/0!	#DIV/0!	100%	100%	0%	min of 2 items/mtg
8. Composition							28%						28%	89%	-61%	5/18 met (in green zone)
9. Compliance	100%	#DIV/0!	#DIV/0!										#DIV/0!	90%	#DIV/0!	Board Orientation took place in September 2023



**Auxiliary Report – September 2024**

**Emo**

No Report.

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**La Verendrye General Hospital**

See attached.

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**Rainycrest**

No Report.

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**Rainy River**

No Report.



**La Verendrye General Hospital Auxiliary  
Executive Minutes  
September 3rd 2024**

**Call to order:** The meeting was called to order at 1: 30 p.m

**Attendance:** Linda Plumridge, Linda Booth, Jan Beazley, Maureen Ross, Donna Penney, Janice Mundle, Carla Basaraba and Diane Glowasky  
**Regrets:** Marnie Cumming, Irene Laing, Linda Beadow, Susan Sieders and Margie Gibson.

**Auxiliary Pledge:** Recited by all.

**Declaration of Conflict of Interest:** None Declared.

**Approval of Agenda:** Approved

**Minutes of June 4th 2024:** Accepted as circulated.

**Treasurer's Report:** Accepted as circulated. Total Hospital Auxiliary Funds as of August 31st 2024 are \$89,993.36

**Correspondence:** None.

**Director's Reports:**

- **Foundation: Marnie:**

There were no summer Foundation Meetings.

The Foundation Gala is scheduled to be held on Saturday September 14th 2024.

Donations of gift baskets and penny table items would be greatly appreciated.

- **Gift Shop: Jan Beazley, Susan Seiders:**

The gift shop did fairly well over the summer as did the vending machines.

- **Membership: Linda Beadow will be assuming responsibility.**

There are 188 current members as we begin the new membership year. 6 unrenewed (2 years) members were removed. A new membership list will be printed soon. A welcoming letter and membership forms will be handed out at the Coffee and Conversation event on Monday September 9th 2024.

**Courtesies: Donna:**

A get well card was sent to Ruth Brockie and a sympathy card sent to Sharon Angus on her grandson's passing.

- **Social: Diane:**

Everything is set to go for the Coffee and Conversation event on Monday September 9th 2024 at the Senior Centre.

- **Director's at Large: No report.**

- Patient Services: Diane Albright, Janice.

It is reported that 29 Babies were born over the summer. Many baby kits have been made. Pamphlets promoting baby products will be given to new mothers instead of giving a the actual samples. In order to receive products, they will have to scan the code.

**Unfinished Business:**

- Strawberry Social Report was distributed. It was a very successful event with a record-breaking 1085 desserts having been served.
- A work bee is scheduled for Thursday October 3rd to clean up Auxiliary storage.

**New Business:**

The LVGHA will be combining the Fall Tea and Spirit of Christmas. The event will still be called the "Spirit of Christmas" as this will continue the branding/ name recognition that has been built up over the years. It will be held on Sunday December 1st, 2024 from 2 to 4 p.m at the Multi-Use Facility on Couchiching First Nations. There will be no cost for use of the facilities, as it is deemed a fundraising event. Entry fee is \$6.00. Refreshments of coffee/tea/juice and dainties will be served. A Silent Auction, Penny table, Bake table, Pick a Present and Roulette wheel will be part of the event. This fundraiser will be presented at "Coffee and Conversation" on September 9th where we will ask for volunteers to help in all areas of this fun event.

**Adjournment:** Next meeting on October 1st 2024 at 1;30p.m



## BOARD MEMBER CONSOLIDATED CONFIDENTIALITY, ACCOUNTABILITY AND ROLES AND RESPONSIBILITIES STATEMENT

### BOARD MEMBER CONFIDENTIALITY STATEMENT

#### Riverside Health Care Facilities Inc. By-laws - Article 10:

*" Every Director, officer, Medical and Dental Staff member, Board committee member, and employee of the Corporation shall respect the confidentiality of matters:*

- a) brought before the Board or any Board committee; or*
- b) dealt with in the course of the employee's employment, or Medical or Dental Staff member's activities in connection with the Corporation, keeping in mind that unauthorized statements could adversely affect the interests of the Corporation."*

#### Board Governance Policy GOV-G&S-020 – RHC Board Confidentiality Policy:

*The directors owe to the corporation a duty of confidence not to disclose or discuss with another person or entity, or to use for their own purpose, confidential information concerning the business and affairs of the corporation received in their capacity as directors unless otherwise authorized by the board.*

#### **Responsibility**

*Every director shall ensure that no statement not authorized by the board is made by him or her to the press or public.*

#### **Confidential Matters**

*All matters that are the subject of closed sessions of the board are confidential until disclosed in a session of the board that is open to the public.*

*All matters that are before a committee or task force of the board are confidential unless they have been determined not to be confidential by the chair of the relevant committee or task force.*

*All matters that are the subject of a session of the board that is open to the public are not confidential.*

#### **Public/Media Statement**

*Notwithstanding that information disclosed or matters dealt with in a session of the board that was open to the public are not confidential, no director shall make any statement to the press or the public in his or her capacity as a director unless such statement has been authorized by the board.*

### BOARD MEMBER ACCOUNTABILITY STATEMENT

The Riverside Health Care (RHC) Board of Directors is accountable to members of the Corporation for acting consistently with the Articles of Incorporation, the By-laws, applicable legislation, the common law as it governs healthcare organizations and the achievement of its mission and vision. The Directors exercise the power vested in them in good faith and honesty in order to further the purposes for which the corporation was created. They act in what they consider to be the best interests of the organization, each exercising his or her unfettered discretion in decision making; ex-officio directors fulfill the same duty to the corporation. Directors

do not place themselves in a position where their personal interests conflict with those of the Corporation.

The Directors establish objectives that are within the capacity of the Corporation’s plant and resources. The board strives to maintain a balance within its medical and other staff to ensure a broad base of expertise while attaining the most efficient utilization of the facilities and resources of the Corporation.

In choosing between competing demands on scarce resources, the Board of Directors has established the following accountabilities.

To Members of the Corporation	For acting consistently with the Articles of Incorporation, the By-laws, applicable legislation, the common law as it governs corporations and the achievement of its mission and vision
To Patients/Clients/Residents	For safe, family-centered care and best practices
To Ministry of Health & Long-Term Care	For expenditure management compliance with policies and regulations, data quality and performance management
To Ontario Health	For compliance to accountability agreements and applicable legislation
To the Foundation	For donor stewardship and support
To Staff, Volunteers and Medical Staff	For transparent processes and CEO, Chief of Staff and Medical Advisory Committee evaluation
To Partners	For collaboration
To Communities We Serve	For advocacy, communication and expectation management

**BOARD MEMBER CODE OF CONDUCT**

Directors are required to engage one another and both staff and physicians in accordance with Riverside Health Care's Vision, Mission and Values. More specifically, Directors are expected to:

**Riverside Health Care**

**PRINCIPLES OF CONDUCT**

- CARE**
  - Treat others as you would like to be treated
  - Uphold Privacy and Confidentiality
  - Know your clients' needs
  - Communicate openly and effectively
  - Support a learning journey
- COMPASSION**
  - Be courteous
  - Be empathetic
  - Be attentive
  - Be open-minded
  - Be kind
  - Ensure a supportive, safe, and comfortable environment
- COMMITMENT**
  - Work as a team
  - Build relationships and trust
  - Understand your role and responsibilities
  - Take responsibility for your actions and for yourself
  - Making Learning your attitude

## WORKPLACE BULLYING, HARRASSMENT AND VIOLENCE – ORG-HRM-ERL-701

Riverside Health Care (RHC) recognizes the dignity and worth of everyone in our organization. We are committed to ensuring a work environment that is healthy, safe, secure and respectful of each individual. Each Director is subject to the Workplace Bullying, Harassment, and Violence Policy of the organization.

### BOARD MEMBER ROLES & RESPONSIBILITIES STATEMENT

#### ***Responsibility of the Board:***

The board is responsible for the overall governance of the affairs of Riverside Health Care (RHC).

Each Director is responsible to act honestly, in good faith and in the best interests of the organization and in so doing, to support the organization in fulfilling its mission and discharging its accountabilities.

#### ***Strategic Planning and Mission, Vision and Values:***

- The board participates in the formulation and adoption of the organization's mission, vision and values.
- The board ensures that the organization develops and adopts a strategic plan that is consistent with the organization's mission and values, which will enable the organization to realize its vision. The board participates in the development of, and ultimately approves the strategic plan.
- The board oversees organization operations for consistency with the strategic plan and strategic directions.
- The board receives regular briefings or progress reports on implementation of strategic directions and initiatives.
- The board ensures that its decisions are consistent with the strategic plan and the organization's mission, vision and values.
- The board annually conducts a review of the strategic plan as part of a regular annual planning cycle.

#### ***Quality and Performance Measurement and Monitoring:***

- The board is responsible for establishing a process and a schedule for monitoring and assessing performance in areas of board responsibility including:
  - Fulfillment of the strategic directions in a manner consistent with the mission, vision and values
  - Oversight of management performance
  - Quality of patient care and organizational services
  - Financial conditions
  - External relations
  - Board's own effectiveness
- The board ensures that management has identified appropriate measures of performance.
- The board monitors organization and board performance against board-approved performance standards and indicators.
- The board ensures that management has plans in place to address variances from performance standards indicators, and the board oversees implementation of remediation plans.

#### ***Financial Oversight:***

- The board is responsible for stewardship of financial resources including ensuring availability of, and overseeing allocation of, financial resources.

- The board approves policies for financial planning and approves the annual operating and capital budget.
- The board monitors financial performance against budget.
- The board approves investment policies and monitors compliance.
- The board ensures the accuracy of financial information through oversight of management and approval of annual audited financial statements.
- The board ensures management has put measures in place to ensure the integrity of internal controls.

***Oversight of Management including Selection, Supervision and Succession Planning for the President & CEO and Chief of Staff:***

- The board recruits and supervises the President & CEO by:
  - Developing and approving the President & CEO job description
  - Undertaking a President & CEO Recruitment process and selecting the President & CEO
  - Reviewing and approving the President & CEO's annual performance goals
  - Reviewing the President & CEO performance and determining President & CEO compensation
- The board ensures succession planning is in place for the President & CEO and senior management.
- The board exercises oversight of the President & CEO's supervision of senior management as part of the President & CEO's annual review.
- The board develops a process for selection and review of the Chief of Staff and ensures the process is implemented and followed.
- The board reviews Chief of Staff performance and sets Chief of Staff compensation.
- The board develops, implements and maintains a process for the selection of department chiefs and other medical leadership positions as required under the Corporation by-laws or the Public Hospitals Act.

***Risk Identification and Oversight:***

- The board is responsible to be knowledgeable about risks inherent in the organizations operations and ensure that appropriate risk analysis is performed as part of board decision-making.
- The board oversees management's risk management program.
- The board ensures the appropriate programs and processes are in place to protect against risk.
- The board is responsible for identifying unusual risks to the organization for ensuring that there are plans in place to prevent and manage such risks.

***Stakeholder Communication and Accountability:***

- The board identifies organizational stakeholders and understands stakeholder accountability.
- The board ensures the organization appropriately communicates with stakeholders in a manner consistent with accountability to stakeholders.
- The board contributes to the maintenance of strong stakeholder relationships.
- The board performs advocacy on behalf of the organization with stakeholders where required in support of the mission, vision and values and strategic directions of Riverside Health Care (RHC).

***Governance:***

- The board is responsible for the quality of its own governance.

- The board establishes governance structures to facilitate the performance of the board's role and enhance individual director performance.
- The board is responsible for the recruitment of a skilled, experienced and qualified board.
- The board ensures ongoing board training and education.
- The board periodically assesses and reviews its governance through periodically evaluating board structures including board recruitment processes and board composition and size, number of committees and their Terms of Reference, processes for appointment of committee chairs, processes for appointment of board officers and other governance processes and structures.

**Legal Compliance:**

- The board ensures that appropriate processes are in place to ensure compliance with legal requirements.

**Amendment:**

- This statement may be amended by the board.

I, \_\_\_\_\_, agree to comply with the Riverside Health Care (RHC) Board Confidentiality Policy, code of conduct and accountability statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Original: 09/08

Reviewed: 09/11; 01/18, 09/18, 05/19, 09/20, 09/21, 09/22, 09/23, 06/24

Revised: 05/14, 09/18, 05/19, 10/20, 09/23