

**BOARD OF DIRECTORS MEETING**  
**OPEN SESSION**  
 Thursday, April 30, 2026  
 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 – March 26, 2026 * Pg 4 2.2 Board Chair & Senior Leadership General Report – D. Clifford, H. Gauthier, D. Harris, C. Larson, J. Loveday, Dr. L. Keffer * Pg 7 2.3 Governance Committee Report – B. Norton 2.4 Audit & Resources Committee Report – B. Norton * Pg 8 2.5 Quality Safety Risk Committee Report – M. Kitzul 2.6 Auxiliary Reports * Pg 11	
3.	Motion to Approve the Agenda	
4.	Patient / Resident Safety Moment	
5.	Business Arising - None	
6.	New Business - None	
7.	Opportunity for Public Participation	
8.	Move to In-Camera	
9.	Other Motions/Business	
10.	Date and Location of Next Meeting: May 28, 2026	
11.	Termination	

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



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

**Thursday, April 30, 2026**

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**



“Resident 1” has been living in this space for well over 3 years and most would consider her the life of the party. She is the unofficial tour guide who introduces new residents to the who’s who. In this case, it isn’t prestige that gets you on the list, actually there is no list. Just her knowledge of likes, mobility needs, activity interests. During this conversation “Resident 1” offered advice on how to get newspaper services, how to find lost clothes, and encouragement on speaking up because “you can have an opinion and say something, they take suggestions”. While these are covered in resident orientation, if the need is verbalized, she is able to guide you.

With the support of her newfound friend, “Resident 2” shared her journey into long-term care which included a fall. Her fall resulted in her requiring more support after hip surgery. “Resident 2” is grateful to the physician who supported her with accepting that living alone was no longer in her best interest. The doctor’s advocacy led her to accept the transition that life was presenting. After over 4 scores and 12 years (92), she knew the time had come to accept support from others. Hers has been an impressive life: a volunteer who dedicated over 35 years supporting others in the Rainy River District. She was able to do all this with the support of “a good man, my partner for over 61 years”. Her eyes sparkled as she shared stories of her husband and their adventures reflecting “I had a good marriage”. He is no longer with her. While she misses him and thinks of him often, her newfound friends are making the transition smoother.

Providing person-centered care can be challenging when staffing shortages, leadership turnover, and environmental changes are occurring, but administrative staff and leadership play a significant role in promoting a culture where the patient’s experience is shared. The two residents gave 5-star ratings for Rainy River Health Centre’s staff, food services, environmental services, and activation for “keeping us busy”. Social meaning and personal experiences applied to older adults will support a sense of belonging. The quality of our social interactions matters.

D. Harris thanked the residents for sharing space with her and for sharing their lived experience.

J. Ogden shared a story on behalf of the new hospital social worker regarding “Bridging the Gap: Medical Instability and Barriers to Specialized Eating Disorder Care”. The following was highlighted:

This female patient presented to hospital with abdominal pain, significant nausea, and severely reduced oral intake. On further history, she reports eating approximately once per week due to persistent nausea and food avoidance. She carries a prior diagnosis of an eating disorder and a personality disorder. Her current presentation raised significant concern for malnutrition and high risk of refeeding syndrome, prompting medical admission for stabilization. During admission, she was initiated on nasogastric (NG) tube feeding to ensure adequate nutritional intake, while being supported to gradually reintroduce oral intake. The primary goal of hospitalization has been medical stabilization and mitigation of refeeding risk.

Prior to admission, the patient had been in contact with the Thunder Bay Eating Disorder Program and was scheduled to go to their day treatment program. However, she was deemed too medically unstable to participate at that level of care. The Thunder Bay Program suggested a referral to inpatient eating disorder programs in Toronto and Ottawa, with the understanding that these centers accept hospital-to-hospital transfers. This was later found to be incorrect, as both programs triage referrals based on date rather than clinical acuity, and do not prioritize or expedite admission based on inpatient status. The medical team was advised that the patient should be discharged home, complete outpatient intake after several days, and then wait for an available bed through standard processes. Given the severity of her nutritional compromise and limited intake, the team expressed significant concern regarding the safety and appropriateness of this plan. In response, alternative options were explored. The team contacted Homewood Health Centre, a private facility offering specialized eating disorder treatment. An intake assessment has been scheduled. While acceptance into the program is not yet confirmed, initial communication suggested no clear exclusion criteria that would prevent her admission.

This case underscores significant and ongoing inequities in access to eating disorder care for patients living in Northwestern Ontario. Despite clear medical instability, this patient faces prolonged delays and limited access to appropriate inpatient treatment, largely due to geographic location and rigid triage systems that prioritize waitlist timelines over clinical severity. Patients from regions in Northwestern Ontario are disproportionately impacted by a lack of specialized local services and limited pathways to

higher levels of care. This results in situations where medically vulnerable individuals remain hospitalized without clear disposition or are considered for discharge despite ongoing risk. This case highlights the urgent need for more equitable, acuity-based triage processes, improved inter-hospital transfer pathways, and increased investment in specialized eating disorder services for under-served and remote communities.

Discussion took place regarding other services in the North and the new hospital social worker role. J. Ogden shared the position is full time, Monday to Friday and discussed the roles involvement with the ER, Navigator, ALC Nurse and discharge planning. Henry noted a Board presentation on MH&A, possibly in the fall would be beneficial.

D. Clifford thanked both D. Harris and J. Ogden for sharing these stories.

**5. BUSINESS ARISING:**

There was no business arising.

**6. NEW BUSINESS:**

There was no new business.

**7. OPPORTUNITY FOR PUBLIC PARTICIPATION**

There was no public participation.

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

It was,

MOVED BY: D. Loney

SECONDED BY: E. Bodnar

THAT the Board go in-camera at 5:54 pm.

CARRIED.

**9. OTHER MOTIONS/BUSINESS:**

There was no other motions/business.

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

April 30, 2026

**11. TERMINATION:**

It was,

MOVED BY: M. Kitzul

THAT the meeting be terminated at 8:02 pm.

CARRIED.

\_\_\_\_\_  
Chair

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



**Board Chair, Chief of Staff & Senior Leadership Report – April 2026  
Open Session**

**Strategic Pillars & Directions**

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

- **Advantage Long-Term Care Conference**  
The Rainycrest Administrator, Rainy River Nurse Practitioner, and the Community Manager will be attending the 2026 Advantage conference in Toronto.
- **Ontario Health Team**  
Diana Harris is the new Lead for RHC at the OHT table. Julie Loveday will serve as the alternate on an interim basis.

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

- **Rainy River Clinic**
  - Continuing with virtual and on-site MDs.
  - Training staff for Ocean documentation to support e-referrals and on-line bookings.

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

- **Substance Use Disorder Integrated Care Pathway (SUD-ICP)**
  - Initial meetings occurred with community partners, including assessments of gaps for service delivery.
  - Equipment purchased for RAAM and ED to support implementation.
  - Education courses available for frontline staff (MDs, RNs, Patient Navigator, Social Worker, and others).
- **Capital Project Update**
  - Nurse Call System at Rainycrest is being replaced on an emergent basis – ongoing dialogue with MLTC occurring as this project is unfunded.
  - Roof replacement plan from engineering requires one tenth replacement rate for Rainycrest. This year's work is over \$300k and we continue to seek funding from MLTC for this important project.
  - New flooring installed in main entrance and mill square at Rainycrest – only entrance between main doors remains outstanding. The new flooring creates a quieter and brighter environment for the residents.

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

- **Meeting with Treaty 3 Grand Chief and Representatives**  
Recent engagement with their Director of Health Services occurred to establish quarterly engagements between RHC to achieve continuous quality improvement in the delivery of health care services for Indigenous communities. Our team is working with Treaty 3 to schedule quarterly meetings similar to those held with our municipalities.

**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  
Julie Loveday, Interim VP Community and Transportation Services  
Henry Gauthier, President & CEO  
RHC Directors, Managers & Supervisors



**Audit & Resources Committee Report – April 2026**

2.4.1 Financial Report – March 2026 \*



**Operating Revenue & Expense Summary**  
**April 1, 2025 to March 31, 2026**

		April 1, 2025 to March 31, 2026 Annual Budget	April 1, 2025 to March 31, 2026 Adjusted Annual Budget (with Agency Costs)	2025-2026 YTD Budget	2025-2026 YTD Adjusted Budget (with Agency Costs)	2025-2026 YTD Actual	Overall Change	Overall Change Adjusted Budget (with Agency Costs)	YTD Actual Percent (%) Over(Under) YTD Budget	YTD Actual Percent (%) Over(Under) YTD Adjusted Budget (with Agency Costs)
--	--	--	--	----------------------	---	----------------------	----------------	---	--	---

**Fund Type 1 - OH Funded - Hospital Services**

<b>REVENUE</b>										
OH - Base Funding	A-1	\$33,784,517	\$33,959,137	\$33,784,517	\$33,959,137	\$38,498,861	\$4,714,344	\$4,539,724	13.95%	13.37%
QBP Funding	A-2	\$1,078,300	\$1,078,300	\$1,078,300	\$1,078,300	\$1,734,218	\$655,918	\$655,918	60.83%	60.83%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-3	\$2,496,065	\$2,496,065	\$2,496,065	\$2,496,065	\$2,556,155	\$60,090	\$60,090	2.41%	2.41%
OH - One Time Funding	A-4	\$625,127	\$625,127	\$625,127	\$625,127	\$6,547,686	\$5,922,559	\$5,922,559	947.42%	947.42%
MOHLTC - One Time Funding	A-5	\$354,426	\$354,426	\$354,426	\$354,426	\$350,354	(\$4,072)	(\$4,072)	-1.15%	-1.15%
Other Revenue MOHLTC - HOCC	A-6	\$847,404	\$847,804	\$847,404	\$847,804	\$1,018,368	\$170,964	\$170,564	20.18%	20.12%
Paymaster	A-7	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Cancer Care Ontario	A-8	\$12,722	\$12,722	\$12,722	\$12,722	\$12,655	(\$67)	(\$67)	-0.53%	-0.53%
Recoveries & Miscellaneous	A-9	\$2,467,200	\$2,467,200	\$2,467,200	\$2,467,200	\$2,862,928	\$395,728	\$395,728	16.04%	16.04%
Amortization of Grants/Donations Equipment	A-10	\$731,350	\$731,350	\$731,350	\$731,350	\$744,707	\$13,357	\$13,357	1.83%	1.83%
OHIP Revenue & Patient Revenue from Other Payors	A-11	\$2,284,781	\$2,284,781	\$2,284,781	\$2,284,781	\$2,409,358	\$124,577	\$124,577	5.45%	5.45%
Differential & Copayment	A-12	\$932,877	\$932,877	\$932,877	\$932,877	\$942,986	\$10,109	\$10,109	1.08%	1.08%
<b>TOTAL REVENUE</b>	<b>A-13</b>	<b>\$45,614,769</b>	<b>\$45,789,789</b>	<b>\$45,614,769</b>	<b>\$45,789,789</b>	<b>\$57,678,276</b>	<b>\$12,063,507</b>	<b>\$11,888,487</b>	<b>26.45%</b>	<b>25.96%</b>
<b>EXPENDITURES</b>										
Compensation - Salaries & Wages	A-14	\$26,077,132	\$26,077,132	\$26,077,132	\$26,077,132	\$23,794,187	(\$2,282,945)	(\$2,282,945)	-8.75%	-8.75%
Compensation - Purchased Service	A-15	\$572,660	\$2,572,660	\$572,660	\$2,572,660	\$8,577,862	\$8,005,202	\$6,005,202	1397.90%	233.42%
Benefit Contributions	A-16	\$7,301,597	\$7,301,597	\$7,301,597	\$7,301,597	\$6,005,668	(\$1,295,929)	(\$1,295,929)	-17.75%	-17.75%
Future Benefits	A-17	\$71,000	\$71,000	\$71,000	\$71,000	\$29,200	(\$41,800)	(\$41,800)	-58.87%	-58.87%
Medical Staff Remuneration	A-18	\$2,604,262	\$2,604,262	\$2,604,262	\$2,604,262	\$3,160,661	\$556,399	\$556,399	21.36%	21.36%
Nurse Practitioner Remuneration	A-19	\$544,665	\$544,665	\$544,665	\$544,665	\$775,307	\$230,642	\$230,642	42.35%	42.35%
Supplies & Other Expenses	A-20	\$8,626,606	\$8,626,606	\$8,626,606	\$8,626,606	\$9,412,784	\$786,178	\$786,178	9.11%	9.11%
Amortization of Software Licenses & Fees	A-21	\$195,887	\$253,324	\$195,887	\$253,324	\$225,683	\$29,795	(\$27,641)	15.21%	-10.91%
Medical/Surgical Supplies	A-22	\$1,435,851	\$1,435,851	\$1,435,851	\$1,435,851	\$1,499,787	\$63,936	\$63,936	4.45%	4.45%
Drugs & Medical Gases	A-23	\$2,825,169	\$2,825,169	\$2,825,169	\$2,825,169	\$2,420,723	(\$404,446)	(\$404,446)	-14.32%	-14.32%
Amortization of Equipment	A-24	\$1,264,810	\$1,264,810	\$1,264,810	\$1,264,810	\$1,278,984	\$14,174	\$14,174	1.12%	1.12%
Rental/Lease of Equipment	A-25	\$252,174	\$252,174	\$252,174	\$252,174	\$215,320	(\$36,854)	(\$36,854)	-14.61%	-14.61%
Bad Debts	A-26	\$175,000	\$175,000	\$175,000	\$175,000	\$353,468	\$178,468	\$178,468	101.98%	101.98%
<b>TOTAL EXPENSE</b>	<b>A-27</b>	<b>\$51,946,813</b>	<b>\$54,004,250</b>	<b>\$51,946,813</b>	<b>\$54,004,250</b>	<b>\$57,749,634</b>	<b>\$5,802,821</b>	<b>\$3,745,384</b>	<b>11.17%</b>	<b>6.94%</b>
<b>SURPLUS/(DEFICIT)</b>	<b>A-28</b>	<b>(\$6,332,044)</b>	<b>(\$8,214,461)</b>	<b>(\$6,332,044)</b>	<b>(\$8,214,461)</b>	<b>(\$71,358)</b>	<b>\$6,260,686</b>	<b>\$8,143,103</b>	<b>-98.87%</b>	<b>-99.13%</b>

**Fund Type 1 - OH Funded - Rainy River Clinic**

<b>REVENUE</b>										
MOH Funding	B-1	\$2,920,208	\$2,870,100	\$2,920,208	\$2,870,100	\$2,870,100	(\$50,108)	\$0	-1.72%	0.00%
Nurse Practitioner Funding thru RHC	B-2	\$122,853	\$122,853	\$122,853	\$122,853	\$224,863	\$102,010	\$102,010	83.03%	83.03%
Recoveries & Miscellaneous	B-3	\$0	\$0	\$0	\$0	\$9,321	\$9,321	\$9,321	#DIV/0!	#DIV/0!
<b>TOTAL REVENUE</b>	<b>B-4</b>	<b>\$3,043,061</b>	<b>\$2,992,953</b>	<b>\$3,043,061</b>	<b>\$2,992,953</b>	<b>\$3,104,284</b>	<b>\$61,223</b>	<b>\$111,331</b>	<b>2.01%</b>	<b>3.72%</b>
<b>EXPENDITURES</b>										
Rainy River Clinic Salaries	B-5	\$295,497	\$226,681	\$295,497	\$226,681	\$273,548	(\$21,949)	\$46,867	-7.43%	20.68%
Rainy River Clinic Benefits	B-6	\$76,272	\$58,510	\$76,272	\$58,510	\$77,991	\$1,719	\$19,481	2.25%	33.30%
Physician Remuneration	B-7	\$2,095,122	\$2,262,110	\$2,095,122	\$2,262,110	\$2,346,682	\$251,560	\$84,572	12.01%	3.74%
Physician Travel	B-8	\$190,066	\$200,000	\$190,066	\$200,000	\$213,497	\$23,431	\$13,497	12.33%	6.75%
Nurse Practitioner Expenditures	B-9	\$226,026	\$226,026	\$226,026	\$226,026	\$224,863	(\$1,163)	(\$1,163)	-0.51%	-0.51%
Other Sundry	B-10	\$8,112	\$6,223	\$8,112	\$6,223	\$30,655	\$22,543	\$24,432	277.90%	392.61%
Rainy River Clinic Rent	B-11	\$75,758	\$58,115	\$75,758	\$58,115	\$68,987	(\$6,771)	\$10,872	-8.94%	18.71%
Rainy River Clinic Software	B-12	\$76,208	\$58,461	\$76,208	\$58,461	\$71,974	(\$4,234)	\$13,513	-5.56%	23.11%
<b>TOTAL EXPENSE</b>	<b>B-13</b>	<b>\$3,043,061</b>	<b>\$3,096,126</b>	<b>\$3,043,061</b>	<b>\$3,096,126</b>	<b>\$3,308,197</b>	<b>\$265,136</b>	<b>\$212,071</b>	<b>8.71%</b>	<b>6.85%</b>
<b>SURPLUS/(DEFICIT)</b>	<b>B-14</b>	<b>\$0</b>	<b>(\$103,173)</b>	<b>\$0</b>	<b>(\$103,173)</b>	<b>(\$203,913)</b>	<b>(\$203,913)</b>	<b>(\$100,740)</b>	<b>#DIV/0!</b>	<b>97.64%</b>



**Operating Revenue & Expense Summary**  
**April 1, 2025 to March 31, 2026**

	April 1, 2025 to March 31, 2026 Annual Budget	April 1, 2025 to March 31, 2026 Adjusted Annual Budget (with Agency Costs)	2025-2026 YTD Budget	2025-2026 YTD Adjusted Budget (with Agency Costs)	2025-2026 YTD Actual	Overall Change	Overall Change Adjusted Budget (with Agency Costs)	YTD Actual Percent (%) Over(Under) YTD Budget	YTD Actual Percent (%) Over(Under) YTD Adjusted Budget (with Agency Costs)
--	--	--	----------------------	---	----------------------	----------------	---	--	---

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

TOTAL REVENUE	C-1	\$2,529,663	\$2,529,663	\$2,529,663	\$2,529,663	\$2,999,493	\$469,830	\$469,830	18.57%	18.57%
TOTAL EXPENSE	C-2	\$2,529,663	\$2,529,663	\$2,529,663	\$2,529,663	\$3,014,434	\$484,771	\$484,771	19.16%	19.16%
SURPLUS/(DEFICIT)	C-3	\$0	\$0	\$0	\$0	(\$14,941)	(\$14,941)	(\$14,941)	#DIV/0!	#DIV/0!

**Fund Type 3 - Other Ministry/Agency Funded - Non Hospital Services**  
**Family Violence & Non Profit Supportive Housing Bricks & Mortar**

TOTAL REVENUE	D-1	\$684,845	\$684,845	\$684,845	\$684,845	\$479,685	(\$205,160)	(\$205,160)	-29.96%	-29.96%
TOTAL EXPENSE	D-2	\$684,845	\$684,845	\$684,845	\$684,845	\$520,924	(\$163,921)	(\$163,921)	-23.94%	-23.94%
SURPLUS/(DEFICIT)	D-3	\$0	\$0	\$0	\$0	(\$41,239)	(\$41,239)	(\$41,239)	#DIV/0!	#DIV/0!

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

TOTAL REVENUE	E-1	\$3,201,384	\$3,201,384	\$3,201,384	\$3,201,384	\$3,445,999	\$244,615	\$244,615	7.64%	7.64%
TOTAL EXPENSE	E-2	\$3,201,384	\$3,201,384	\$3,201,384	\$3,201,384	\$4,106,805	\$905,421	\$905,421	28.28%	28.28%
SURPLUS/(DEFICIT)	E-3	\$0	\$0	\$0	\$0	(\$660,806)	(\$660,806)	(\$660,806)	#DIV/0!	#DIV/0!

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

TOTAL REVENUE	F-1	\$15,330,585	\$15,330,585	\$15,330,585	\$15,330,585	\$17,633,851	\$2,303,266	\$2,303,266	15.02%	15.02%
Compensation	F-2	\$9,265,810	\$10,013,462	\$9,265,810	\$10,013,462	\$11,224,391	\$1,958,581	\$1,210,929	21.14%	12.09%
Purchased Service	F-3	\$0	\$781,103	\$0	\$781,103	\$2,122,858	\$2,122,858	\$1,341,755	#DIV/0!	171.78%
Benefits	F-4	\$2,580,947	\$2,580,947	\$2,580,947	\$2,580,947	\$2,489,240	(\$91,707)	(\$91,707)	-3.55%	-3.55%
Nurse Practitioner	F-5	\$149,394	\$417,394	\$149,394	\$417,394	\$416,433	\$267,039	(\$961)	178.75%	-0.23%
Medical Staff Remuneration	F-6	\$50,096	\$50,096	\$50,096	\$50,096	\$44,135	(\$5,961)	(\$5,961)	-11.90%	-11.90%
Supplies	F-7	\$1,669,915	\$1,669,915	\$1,669,915	\$1,669,915	\$1,721,419	\$51,504	\$51,504	3.08%	3.08%
Service Recipient Specific Supplies	F-8	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Sundry	F-9	\$1,404,535	\$1,669,535	\$1,404,535	\$1,669,535	\$1,759,409	\$354,874	\$89,874	25.27%	5.38%
Equipment	F-10	\$572,484	\$672,484	\$572,484	\$672,484	\$785,173	\$212,689	\$112,689	37.15%	16.76%
Contracted Out	F-11	\$61,561	\$61,561	\$61,561	\$61,561	\$7,242	(\$54,319)	(\$54,319)	-88.24%	-88.24%
Building & Grounds	F-12	\$62,735	\$217,735	\$62,735	\$217,735	\$444,079	\$381,344	\$226,344	607.86%	103.95%
TOTAL EXPENSE	F-13	\$15,817,478	\$18,134,232	\$15,817,478	\$18,134,232	\$21,014,379	\$5,196,901	\$2,880,147	32.86%	15.88%
SURPLUS/(DEFICIT) including unfunded liabilities	F-14	(\$486,893)	(\$2,803,647)	(\$486,893)	(\$2,803,647)	(\$3,380,528)	(\$2,893,635)	(\$576,881)	594.31%	20.58%
Less: Unfunded Future Benefits	F-15	\$0	\$0	\$0	\$0	(\$75,400)	(\$75,400)	(\$75,400)	#DIV/0!	#DIV/0!
Less: Unfunded Amortization Expense	F-16	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
SURPLUS/(DEFICIT) excluding unfunded liabilities	F-17	(\$486,893)	(\$2,803,647)	(\$486,893)	(\$2,803,647)	(\$3,455,928)	(\$2,969,035)	(\$652,281)	609.79%	23.27%

Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY		(\$6,818,937)	(\$11,018,108)	(\$6,818,937)	(\$11,018,108)	(\$3,527,286)				
Total Operating Margin - Hospitals & Long Term Care ONLY		-11.19%	-18.03%	-11.19%	-18.03%	-4.68%				



## Auxiliary Report – April 2026

### Emo

No Report.

---

### La Verendrye General Hospital

- Programming for CCU has begun. Apparently, a couple of patients were so excited looking forward to bingo a couple of weeks ago that they could barely sleep the night before! A meeting will be held next week to map out plans for a monthly activity for the upcoming year.
  - Letters have gone out to all members and a small group of businesses soliciting pledges/donations for *Rock 'n for a Reason* to be held May 22/23, 2026, in conjunction with the Town Business Expo. Hot mini donuts (for a fee!!) will be the draw to get folks to stop by the booth.
  - *Strawberry Social* will be Thursday, June 11<sup>th</sup> with deliveries and an in-house social at the Senior Centre as we have done for the last couple of years.
- 

### Rainycrest

No Report.

---

### Rainy River

The Rainy River Health Centre Auxiliary met on April 1, 2026, with the following highlights:

- Our annual Strawberry Social is being held on May 6<sup>th</sup> this year at the Evangelical Church, as the Legion is under renovations. Plans are being made for some long-term care residents to attend the event. We will have a penny table, plant table, draw table and pie and refreshments served. All proceeds will be donated to the Digital Diagnostic Imaging campaign.
- The Auxiliary is looking into the use of the Riverside transportation van to transport long-term care residents for local outings.
- Plans have been made to acknowledge Rainy River Health Care nurses for Nurse's Week in May.
- Our Auxiliary will provide the cake for the Mother's Day celebration for the long-term care resident event.