

**BOARD OF DIRECTORS MEETING**  
**OPEN SESSION**  
 Thursday, January 29, 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 – November 27, 2025 * Pg 4 2.2 Board Chair & Senior Leadership General Report – D. Clifford, H. Gauthier, D. Harris, C. Larson, J. Ogden, Dr. L. Keffer * Pg 8 2.3 Governance Committee Report – B. Norton 2.4 Audit & Resources Committee Report – B. Norton * Pg 10 2.5 Quality Safety Risk Committee Report – M. Kitzul * Pg 15 2.6 Auxiliary Reports * Pg 17	
3.	Motion to Approve the Agenda	
4.	Presentation – Lab and Diagnostic Imaging – A. Faragher * Pg 18	
5.	Patient / Resident Safety Moment	
6.	Business Arising - None	
7.	New Business - None	
8.	Opportunity for Public Participation	
9.	Move to In-Camera	
10.	Other Motions/Business	
11.	Date and Location of Next Meeting: February 26, 2026	
12.	Termination	

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



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

**Thursday, January 29, 2026**

3.	Motion to Approve the Agenda	THAT the RHC Board of Directors approve the Agenda as circulated/amended
9.	Move to In-Camera	THAT the RHC Board of Directors move to in camera session at (time)
10.	Other Motions/Business	
12.	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:** November 27, 2025

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

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

<b>PRESENT:</b>	H. Gauthier	M. Kitzul	Dr. L. Keffer	D. Clifford
	K. Lampi	E. Bodnar	D. Pierroz	D. Loney
	M. Jolicoeur	B. Norton	A. Beazley*	
	*via Webex			

**STAFF:** B.Booth, C. Larson, D. Harris, J. Ogden

**REGRETS:** Dr. K. Arnesen

**GUESTS:** K. Byrick \*

**1. CALL TO ORDER:**

D. Clifford called the meeting to order at 5:30 pm. B. Booth recorded the minutes of this meeting. B. Norton read the Indigenous Acknowledgment and the Mission Statement. D. Clifford welcomed K. Byrick to the meeting and reminded all of the virtual meeting etiquette. Round table introductions took place.

**1.1 Quorum**

D. Clifford shared there were no 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: K. Lampi

SECONDED BY: E. Bodnar

THAT the Board approves the Agenda as circulated.

CARRIED.

**4. Patient / Resident Safety Moment**

J. Ogden shared the following highlighting the “Shine the Light Campaign” this month. She shared the following story on behalf of staff member J. Loerzel, regarding Healing, Growth, and the Power of Comprehensive Mental Health Care:

As we recognize Shine the Light, the annual campaign dedicated to raising awareness about violence against women, we are reminded that behind every statistic is a person carrying real pain, real history, and real hope. This month calls us not only to acknowledge the profound impact of violence, but also to honour the strength, resilience, and recovery of those who have survived it. In that spirit, we are sharing two powerful success stories that reflect the courage of survivors and the meaningful impact of our mental health and addictions services.

The first is an older woman who carried the weight of severe and prolonged childhood abuse throughout her life. She lived for decades with intrusive trauma memories, PTSD, dissociative symptoms, and a profound sense of disconnection from herself. When she first came to us, she described feeling voiceless and fragmented, fleeing for hours when triggered, unable to feel grounded in her body or her life.

Today, having nearly completed her treatment, she no longer experiences trauma flashbacks or dissociation. She reports, for the very first time, feeling whole, steady, grounded, and empowered. She has found her voice again and is actively engaging in areas of life she once believed were forever out of reach.

Our second story is that of a young woman in her twenties who grew up in an environment marked by neglect, abuse, and instability. She entered our services with severe self-injury behaviors, frequent emergency visits, significant suicide risk, and intense difficulties with emotion regulation and relationships. Over the course of her treatment, she not only stabilized but transformed her life. She completed a university degree, is now thriving in a professional field, and has developed strong, healthy relationships and strong community ties. She is no longer self-injuring, currently no longer at risk for suicide, and is living with a level of emotional balance and confidence that once seemed impossible to her.

These two individuals have endured extraordinary adversity, yet their journeys highlight what becomes possible with compassionate, trauma-informed, culturally aware, and relationship-focused care. Their resilience, courage and capacity for growth are inspiring—and we are incredibly proud and profoundly grateful to have walked alongside of them on this path to healing.

As we mark Shine the Light, their stories affirm the importance of our services and stand as powerful reminders that healing, safety, and transformation are not only possible—they are happening here, every day.

D. Harris shared the following on behalf of staff member C. Vandenbrand regarding an LTC residents' admission. She highlighted the following:

When Mr. X arrived at long-term care, he came with little more than a hospital transfer summary and a handful of belongings in a plastic bag. During his hospital stay, he experienced significant mental-health challenges, including symptoms consistent with a possible personality disorder. In the midst of confusion, behavioral changes, and multiple care transitions, he lost contact with his family. Connections were lost, phone numbers did not exist, and no one seemed to know if he had any children or family. When he was admitted to LTC, he had no identified POA, no emergency contact, and no one who could speak to the life he led before his illness began to progress.

From the beginning, Mr. X was guarded. He rarely came to activities, he was angry, defensive and often withdrawing from staff and other residents. Offers of assistance were met with suspicion. Some days he accepted minimal care; other days he declined everything. He spent most of his time in his room, convinced that others were watching him or talking about him. As his mental health continued to decline, paranoia shaped even the simplest interactions, knocking on his door, offering a warm meal, or asking if he wanted to join an activity.

Without any family connections to guide the team, caring for him required slow, careful observation. Each staff member, recreation, behavioral support, shared what they noticed: what triggered fear, what eased it, which approaches felt safe for him. Progress was measured in inches, not miles. With no one to advocate for him, it truly took an entire village to ensure his basic well-being.

But everything changed the day we discovered a distant name on an old chart: a family member. The phone number was outdated, but through persistence and multiple attempts, including calling alternative numbers and checking community resources, contact was finally made. When the family member answered, they were surprised but relieved; as they had been trying to reconnect with Mr. X but had lost track of him during his hospitalizations.

The family members' involvement became a turning point. During their first conversation, they shared stories about the man he used to be: provided essential background information. With this new knowledge, the care team could finally build a truly individualized care plan. Staff also now had someone to call when important decisions needed to be made, as well as someone who could advocate for his wishes and values. Most importantly, Mr. X once again had a family member he could reach out to. His family member became a consistent source of reassurance, helping him feel less alone. Even on days when he remained withdrawn, knowing there was someone who cared about him made a difference.

Mr. X's story shows the profound impact of family connections—how a single person's involvement can change the course of care for someone who feels isolated and misunderstood. It highlights the importance of collaboration, persistence, and comprehensive care planning, especially for residents living with mental-health challenges and no known supports. When family cannot be present, the care team becomes the resident's community, but when a connection is restored, the resident gains something irreplaceable: a voice, a history, and a sense of belonging.

Discussion took place regarding keeping a collection of these stories. It was confirmed these stories are recorded in minutes and this would be our reference source. J. Odgen shared these stories are a great opportunity to hear from people we may not typically hear from at the Board table.

D. Clifford thanked both J. Ogden and D. Harris 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: B. Norton

SECONDED BY: M. Jolicoeur

THAT the Board go in-camera at 5:45 pm.

CARRIED.

**9. OTHER MOTIONS/BUSINESS:**

There was no other motions/business.

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

January 29, 2026

**11. TERMINATION:**

It was,

MOVED BY: M. Kitzul

THAT the meeting be terminated at 8:45 pm.

CARRIED.

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Chair

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Secretary/Treasurer



## Board Chair, Chief of Staff & Senior Leadership Report – January 2026

### Open Session

#### Strategic Pillars & Directions

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

- **UKG Scheduling & Payroll Implementation**
  - Scheduling post go-live improvements continue.
  - Payroll - conducted targeted parallel testing - all variances within acceptable parameters. UKG payroll anticipated to go live April 1, 2026.
- **Quality Initiatives**
  - Physician Work Life Pulse survey had 12 participants – vast improvement from participation in recent years. Presented at Medical Advisory Committee and feedback received. Pathway of communication reviewed with attendees, emphasizing Chief of Staff is the key for communication to and from both senior management and the physicians.
  - Accreditation Work Life Pulse survey questions have been posted to surge with almost 50 responses in 2 weeks. It will remain open until May 1, 2026. This survey has the mandatory questions requested of Accreditation Canada in compliance with our 2027 accreditation review.
  - LTC survey responses for both residents and family are down this year. Activation coordinator has requested extension to allow increased participation.

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

- **Project Updates**

Weekly meetings held for all Project Managers providing oversight for competing capital projects to ensure aligned effort.

MRI	Site readiness assessment ongoing. Vibration testing occurred on January 21, 2026.
Radiology – LVGH	Minor renovation plans being developed.
Radiology – RR	Extent or renovations under assessment
Pharmacy – LVGH	Core focus on expediting project given March 31, 2026, deadline.
Drs. Clinic – LVGH	Awaiting approval from OH and MoH capital division to proceed.
10% roof upgrade – Rainycrest	In progress.
Nurse Call System – Rainycrest	RFP process advancing.
HVAC upgrades – Rainycrest	Near completion.

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

- **Colliers Project Leaders – Project Status Report (December 2025)**
  - During the month of December, the Project Team progressed work to consolidate and formalize information received from RHC team members.
  - Prior to the commencement of the holiday period, Clubine Consulting completed the draft Long-Term Care Home service delivery document, which is currently undergoing internal review.
  - Engagement with external stakeholders continued through December 24, 2025, immediately before the holiday break. In parallel, Colliers maintained ongoing outreach to external partners to support the scheduling of future engagement activities in the new year.
  - The Master Capital Planning Team was engaged to initiate a review of heat mapping drawings for each facility.
  - Throughout the holiday period, Colliers and RHC worked collaboratively to refine and enhance the heat mapping for all facilities, providing improved clarity and a comprehensive overview for Cumulus Architects and WSP.
  - The Project Team is planning to review the draft Present Service Delivery Document with RHC during an upcoming Project Status Update meeting. The objective of this review is to obtain feedback from RHC to further align expectations and confirm assumptions.
  - Progress toward completion of the Stage Service Delivery Model Report continues, with minor schedule adjustments anticipated due to summer vacation periods.
- **Annual Meeting – Strategy and Transformation Lead**  
 The annual meeting for each NW CEO with the Regional Strategy and Transformation Lead was held on January 19, 2026. The focus of the meeting included Meditech Expanse, Regional Lab, Regional Pharmacy, and road mapping/visioning of other opportunities for the region.



## Board Chair, Chief of Staff & Senior Leadership Report – January 2026

### Open Session

- **Hospital Service Accountability Agreement (HSAA)**
  - All Hospitals projecting a negative total margin for 25-26 are required to submit a financial forecast for 25-26, 26-27, and 27-28 as part of their current HSAA. This is due along with the Q3 submission by February 7, 2026.
  - The HSAA extension letter for 26-27 will be issued to hospitals on March 1, 2026,
  - In Q4 of 25-26 a draft HSAA performance schedule will be provided to each hospital.
  - By March 31, 2026, HSAA extensions must be executed by the hospital and returned to OH.
  - In Q1 of 26-27 the HSAA will be amended to reflect the initial allocation plus revised performance expectations.

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

- **Municipal Meetings**

Our first municipal meeting of 2026 was held on January 21, 2026. The meeting addressed many key priorities, including mental health, addictions, capital redevelopment, fundraising, transportation, and both physician and staff recruitment and retention.
- **MOU with GHAC**

RHC and GHAC have contributed to a draft MOU. BLG is currently reviewing the structure of the MOU and a few key terms.
- **OHT**
  - No update yet regarding Primary Care application submitted by FF FHT to support west end of district.
  - RHC has requested agenda packages at least one week in advance to ensure informed meeting engagement.

**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  
RHC Directors, Managers & Supervisors



## Audit & Resources Committee Report – January 2026

### 2.4.1 Financial Report – November - December 2025 \*



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

	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)
<b>Fund Type 1 - OH Funded - Hospital Services</b>									
<b>REVENUE</b>									
OH- Base Funding	A-1	\$33,784,517	\$33,959,137	\$25,454,088	\$25,585,651	\$25,376,494	(\$77,594)	(\$209,157)	-0.23% -0.62%
QBP Funding	A-2	\$1,078,300	\$1,078,300	\$812,418	\$812,418	\$1,384,243	\$571,825	\$571,825	53.03% 53.03%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-3	\$2,496,065	\$2,496,065	\$1,880,597	\$1,880,597	\$1,891,051	\$10,455	\$10,455	0.42% 0.42%
OH- One Time Funding	A-4	\$625,127	\$625,127	\$470,986	\$470,986	\$563,036	\$92,050	\$92,050	14.72% 14.72%
MOHLTC - One Time Funding	A-5	\$354,426	\$354,426	\$267,033	\$267,033	\$264,092	(\$2,941)	(\$2,941)	-0.83% -0.83%
Other Revenue MOHLTC - HOCC	A-6	\$847,404	\$847,804	\$638,455	\$638,756	\$809,721	\$171,266	\$170,965	20.21% 20.17%
Paymaster	A-7	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0! #DIV/0!
Cancer Care Ontario	A-8	\$12,722	\$12,722	\$9,585	\$9,585	\$8,879	(\$706)	(\$706)	-5.55% -5.55%
Recoveries & Miscellaneous	A-9	\$2,467,200	\$2,467,200	\$1,858,849	\$1,858,849	\$1,828,026	(\$30,823)	(\$30,823)	-1.25% -1.25%
Amortization of Grants/Donations Equipment	A-10	\$731,350	\$731,350	\$551,017	\$551,017	\$560,631	\$9,614	\$9,614	1.31% 1.31%
OH/P Revenue & Patient Revenue from Other Payors	A-11	\$2,284,781	\$2,284,781	\$1,721,410	\$1,721,410	\$1,847,310	\$125,900	\$125,900	5.51% 5.51%
Differential & Copayment	A-12	\$932,877	\$932,877	\$702,853	\$702,853	\$717,148	\$14,295	\$14,295	1.53% 1.53%
<b>TOTAL REVENUE</b>	<b>A-13</b>	<b>\$45,614,769</b>	<b>\$45,789,789</b>	<b>\$34,367,291</b>	<b>\$34,499,156</b>	<b>\$35,250,632</b>	<b>\$88,340</b>	<b>\$751,475</b>	<b>1.94% 1.64%</b>
<b>EXPENDITURES</b>									
Compensation - Salaries & Wages	A-14	\$26,077,132	\$26,077,132	\$19,647,154	\$19,647,154	\$17,583,285	(\$2,063,869)	(\$2,063,869)	-7.91% -7.91%
Compensation - Purchased Service	A-15	\$572,660	\$572,660	\$431,456	\$431,456	\$6,191,951	\$5,760,495	\$4,253,646	100.92% 165.34%
Benefit Contributions	A-16	\$7,301,597	\$7,301,597	\$5,501,203	\$5,501,203	\$4,460,950	(\$1,040,253)	(\$1,040,253)	-14.25% -14.25%
Future Benefits	A-17	\$71,000	\$71,000	\$53,493	\$53,493	\$22,000	(\$31,493)	(\$31,493)	-44.36% -44.36%
Medical Staff Remuneration	A-18	\$2,604,262	\$2,604,262	\$1,962,115	\$1,962,115	\$2,456,177	\$494,062	\$494,062	18.97% 18.97%
Nurse Practitioner Remuneration	A-19	\$544,665	\$544,665	\$410,364	\$410,364	\$576,549	\$166,185	\$166,185	30.51% 30.51%
Supplies & Other Expenses	A-20	\$8,626,606	\$8,626,606	\$6,499,497	\$6,499,497	\$7,020,452	\$520,955	\$520,954	6.04% 6.04%
Amortization of Software Licenses & Fees	A-21	\$195,887	\$195,887	\$253,324	\$147,586	\$190,861	\$168,132	\$20,546	(\$22,729) 10.49%
Medical/Surgical Supplies	A-22	\$1,435,851	\$1,435,851	\$1,081,806	\$1,081,806	\$1,198,345	\$116,539	\$116,539	8.12% 8.12%
Drugs & Medical Gases	A-23	\$2,825,169	\$2,825,169	\$2,128,552	\$2,128,552	\$1,883,542	(\$245,010)	(\$245,010)	-8.67% -8.67%
Amortization of Equipment	A-24	\$1,264,810	\$1,264,810	\$952,939	\$952,939	\$951,380	(\$1,559)	(\$1,559)	-0.12% -0.12%
Rental/Lease of Equipment	A-25	\$252,174	\$252,174	\$189,994	\$189,994	\$157,345	(\$32,649)	(\$32,649)	-12.95% -12.95%
Bad Debts	A-26	\$175,000	\$175,000	\$131,849	\$131,849	\$228,322	\$96,473	\$96,473	55.13% 55.13%
<b>TOTAL EXPENSE</b>	<b>A-27</b>	<b>\$51,946,813</b>	<b>\$54,004,250</b>	<b>\$39,138,010</b>	<b>\$40,688,134</b>	<b>\$42,898,430</b>	<b>\$3,760,420</b>	<b>\$2,210,296</b>	<b>7.24% 4.09%</b>
<b>SURPLUS/(DEFICIT)</b>	<b>A-28</b>	<b>(\$6,332,044)</b>	<b>(\$8,214,461)</b>	<b>(\$4,770,718)</b>	<b>(\$6,188,977)</b>	<b>(\$7,647,799)</b>	<b>(\$2,877,080)</b>	<b>(\$1,458,821)</b>	<b>45.44% 17.76%</b>
<b>Fund Type 1 - OH Funded - Rainy River Clinic</b>									
<b>REVENUE</b>									
MOH Funding	B-1	\$2,920,208	\$2,870,100	\$2,200,157	\$2,162,404	\$2,152,575	(\$47,582)	(\$9,829)	-1.63% -0.34%
Nurse Practitioner Funding thru RHC	B-2	\$122,853	\$122,853	\$92,560	\$92,560	\$152,384	\$59,824	\$59,824	48.70% 48.70%
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>\$2,292,717</b>	<b>\$2,254,965</b>	<b>\$2,314,280</b>	<b>\$21,563</b>	<b>\$59,316</b>	<b>0.71% 1.98%</b>
<b>EXPENDITURES</b>									
Rainy River Clinic Salaries	B-5	\$295,497	\$226,681	\$222,635	\$170,787	\$215,584	(\$7,051)	\$44,797	-2.39% 19.76%
Rainy River Clinic Benefits	B-6	\$76,272	\$58,510	\$57,165	\$41,083	\$61,692	\$4,227	\$17,609	5.54% 30.10%
Physician Remuneration	B-7	\$2,095,122	\$2,262,110	\$1,578,517	\$1,704,329	\$1,842,413	\$263,896	\$138,084	12.60% 6.10%
Physician Travel	B-8	\$190,066	\$200,000	\$143,200	\$150,685	\$166,790	\$23,590	\$16,105	12.41% 8.05%
Nurse Practitioner Expenditures	B-9	\$226,026	\$226,026	\$170,294	\$170,294	\$152,384	(\$17,910)	(\$17,910)	-7.92% -7.92%
Other Sundry	B-10	\$8,112	\$6,223	\$6,112	\$4,689	\$27,082	\$20,970	\$22,393	258.51% 359.85%
Rainy River Clinic Rent	B-11	\$75,758	\$58,115	\$57,078	\$43,785	\$57,234	\$156	\$13,449	0.21% 23.14%
Rainy River Clinic Software	B-12	\$76,208	\$58,461	\$57,417	\$44,046	\$50,412	(\$7,005)	\$6,366	-9.19% 10.89%
<b>TOTAL EXPENSE</b>	<b>B-13</b>	<b>\$3,043,061</b>	<b>\$3,096,126</b>	<b>\$2,292,717</b>	<b>\$2,332,698</b>	<b>\$2,573,591</b>	<b>\$280,874</b>	<b>\$240,893</b>	<b>9.23% 7.78%</b>
<b>SURPLUS/(DEFICIT)</b>	<b>B-14</b>	<b>\$0</b>	<b>(\$103,173)</b>	<b>\$0</b>	<b>(\$77,733)</b>	<b>(\$259,311)</b>	<b>(\$259,311)</b>	<b>(\$181,578)</b>	<b>#DIV/0! 175.99%</b>



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

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<b>Fund Type 1 - OH Funded - Hospital Services</b>									
<b>REVENUE</b>									
OH - Base Funding									
OH - Base Funding	A-1	\$33,784,517	\$33,959,137	\$25,454,088	\$25,585,651	\$28,751,494	\$3,297,406	\$3,165,843	9.76% 9.32%
QBP Funding	A-2	\$1,078,300	\$1,078,300	\$812,418	\$812,418	\$1,384,243	\$571,825	\$571,825	53.03% 53.03%
Other Funding (19') - Bundled Care, Hospice, Oncology Drug Reimbursement									
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OH - One Time Funding	A-4	\$625,127	\$625,127	\$470,986	\$470,986	\$4,935,536	\$4,464,550	\$4,464,550	714.18% 714.18%
MOHLTC - One Time Funding	A-5	\$354,426	\$354,426	\$267,033	\$267,033	\$264,092	(\$2,941)	(\$2,941)	-0.83% -0.83%
Other Revenue MOHLTC - HOCC									
Other Revenue MOHLTC - HOCC	A-6	\$847,404	\$847,804	\$638,455	\$638,756	\$809,721	\$171,266	\$170,965	20.21% 20.17%
Pavmaster	A-7	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0! #DIV/0!
Cancer Care Ontario	A-8	\$12,722	\$12,722	\$9,585	\$9,585	\$8,879	(\$706)	(\$706)	-5.55% -5.55%
Recoveries & Miscellaneous	A-9	\$2,467,200	\$2,467,200	\$1,858,849	\$1,858,849	\$1,828,026	(\$30,823)	(\$30,823)	-1.25% -1.25%
Amortization of Grants/Donations Equipment	A-10	\$731,350	\$731,350	\$551,017	\$551,017	\$560,631	\$9,614	\$9,614	1.31% 1.31%
OHIP Revenue & Patient Revenue from Other Payors	A-11	\$2,284,781	\$2,284,781	\$1,721,410	\$1,721,410	\$1,847,310	\$125,900	\$125,900	5.51% 5.51%
Differential & Copayment	A-12	\$932,877	\$932,877	\$702,853	\$702,853	\$717,148	\$14,295	\$14,295	1.53% 1.53%
<b>TOTAL REVENUE</b>	<b>A-13</b>	<b>\$45,614,769</b>	<b>\$45,789,789</b>	<b>\$34,367,291</b>	<b>\$34,499,156</b>	<b>\$42,998,132</b>	<b>\$8,630,840</b>	<b>\$8,498,975</b>	<b>18.92% 18.56%</b>
<b>EXPENDITURES</b>									
Compensation - Salaries & Wages	A-14	\$26,077,132	\$26,077,132	\$19,647,154	\$19,647,154	\$17,583,285	(\$2,063,869)	(\$2,063,869)	-7.91% -7.91%
Compensation - Purchased Service	A-15	\$572,660	\$2,572,660	\$431,456	\$1,938,305	\$6,191,951	\$5,760,495	\$4,253,646	1005.92% 165.34%
Benefit Contributions	A-16	\$7,301,597	\$7,301,597	\$5,501,203	\$5,501,203	\$4,460,950	(\$1,040,253)	(\$1,040,253)	-14.25% -14.25%
Future Benefits	A-17	\$71,000	\$71,000	\$53,493	\$53,493	\$22,000	(\$31,493)	(\$31,493)	-44.38% -44.38%
Medical Staff Remuneration	A-18	\$2,604,262	\$2,604,262	\$1,962,115	\$1,962,115	\$2,456,177	\$494,062	\$494,062	18.97% 18.97%
Nurse Practitioner Remuneration	A-19	\$544,665	\$544,665	\$410,364	\$410,364	\$576,549	\$166,185	\$166,185	30.51% 30.51%
Supplies & Other Expenses	A-20	\$8,626,606	\$8,626,606	\$6,499,497	\$6,499,497	\$7,020,452	\$520,955	\$520,954	6.04% 6.04%
Amortization of Software Licenses & Fees	A-21	\$195,887	\$195,887	\$253,324	\$147,586	\$190,861	\$168,132	\$20,546	(\$22,729) 10.49%
Medical/Surgical Supplies	A-22	\$1,435,851	\$1,435,851	\$1,081,806	\$1,081,806	\$198,345	\$116,539	\$116,539	8.12% 8.12%
Drugs & Medical Gases	A-23	\$2,825,169	\$2,825,169	\$2,128,552	\$2,128,552	\$1,883,542	(\$245,010)	(\$245,010)	-8.67% -8.67%
Amortization of Equipment	A-24	\$1,264,810	\$1,264,810	\$952,939	\$952,939	\$951,380	(\$1,559)	(\$1,559)	-0.12% -0.12%
Rental/Lease of Equipment	A-25	\$252,174	\$252,174	\$189,994	\$189,994	\$157,345	(\$32,649)	(\$32,649)	-12.95% -12.95%
Bad Debts	A-26	\$175,000	\$175,000	\$131,849	\$131,849	\$228,322	\$96,473	\$96,473	55.13% 55.13%
<b>TOTAL EXPENSE</b>	<b>A-27</b>	<b>\$51,946,813</b>	<b>\$54,004,250</b>	<b>\$39,138,010</b>	<b>\$40,688,134</b>	<b>\$42,898,430</b>	<b>\$3,760,420</b>	<b>\$2,210,296</b>	<b>7.24% 4.09%</b>
<b>SURPLUS/(DEFICIT)</b>	<b>A-28</b>	<b>(\$6,332,044)</b>	<b>(\$8,214,461)</b>	<b>(\$4,770,718)</b>	<b>(\$6,188,977)</b>	<b>\$99,702</b>	<b>\$4,870,420</b>	<b>\$6,288,679</b>	<b>-76.92% -76.56%</b>
<b>Fund Type 1 - OH Funded - Rainy River Clinic</b>									
<b>REVENUE</b>									
MOH Funding	B-1	\$2,920,208	\$2,870,100	\$2,200,157	\$2,162,404	\$2,152,575	(\$47,582)	(\$9,829)	-1.63% -0.34%
Nurse Practitioner Funding thru RHC	B-2	\$122,853	\$122,853	\$92,560	\$92,560	\$152,384	\$59,824	\$59,824	48.70% 48.70%
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>\$2,292,717</b>	<b>\$2,254,965</b>	<b>\$2,314,280</b>	<b>\$21,563</b>	<b>\$59,316</b>	<b>0.71% 1.98%</b>
<b>EXPENDITURES</b>									
Rainy River Clinic Salaries	B-5	\$295,497	\$226,681	\$222,635	\$170,787	\$215,584	(\$7,051)	\$44,797	-2.39% 19.76%
Rainy River Clinic Benefits	B-6	\$76,272	\$58,510	\$57,465	\$44,083	\$61,692	\$4,227	\$17,609	5.54% 30.10%
Physician Remuneration	B-7	\$2,095,122	\$2,262,110	\$1,578,517	\$1,704,329	\$1,842,413	\$263,896	\$138,084	12.60% 6.10%
Physician Travel	B-8	\$190,066	\$200,000	\$143,200	\$150,685	\$166,790	\$23,590	\$16,105	12.41% 8.05%
Nurse Practitioner Expenditures	B-9	\$226,026	\$226,026	\$170,294	\$170,294	\$152,384	(\$17,910)	(\$17,910)	-7.92% -7.92%
Other Sundry	B-10	\$8,112	\$6,223	\$6,112	\$4,689	\$27,082	\$20,970	\$22,393	258.51% 359.85%
Rainy River Clinic Rent	B-11	\$75,758	\$58,115	\$57,078	\$43,785	\$57,234	\$156	\$13,449	0.21% 23.14%
Rainy River Clinic Software	B-12	\$76,208	\$58,461	\$57,417	\$44,046	\$50,412	(\$7,005)	\$6,366	-9.19% 10.89%
<b>TOTAL EXPENSE</b>	<b>B-13</b>	<b>\$3,043,061</b>	<b>\$3,096,126</b>	<b>\$2,292,717</b>	<b>\$2,332,698</b>	<b>\$2,573,591</b>	<b>\$280,874</b>	<b>\$240,893</b>	<b>9.23% 7.78%</b>
<b>SURPLUS/(DEFICIT)</b>	<b>B-14</b>	<b>\$0</b>	<b>(\$103,173)</b>	<b>\$0</b>	<b>(\$77,733)</b>	<b>(\$259,311)</b>	<b>(\$259,311)</b>	<b>(\$181,578)</b>	<b>#DIV/0! 175.99%</b>



## Operating Revenue & Expense Summary April 1, 2025 to December 31, 2025

	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)
<b>Fund Type 2 - OH Funded - Counselling &amp; Non Profit Housing Programs</b> <b>Mental Health - Case Management - Housing - Addictions - Problem Gambling</b>									
<b>TOTAL REVENUE</b>	<b>C-1</b>	\$2,529,663	\$2,529,663	\$1,905,910	\$1,905,910	\$1,956,149	\$50,239	\$50,239	1.99%
<b>TOTAL EXPENSE</b>	<b>C-2</b>	\$2,529,663	\$2,529,663	\$1,905,910	\$1,905,910	\$2,021,180	\$115,270	\$115,270	4.56%
<b>SURPLUS/(DEFICIT)</b>	<b>C-3</b>	\$0	\$0	\$0	\$0	(\$65,031)	(\$65,031)	(\$65,031)	#DIV/0!
<b>Fund Type 3 - Other Ministry/Agency Funded - Non Hospital Services</b> <b>Family Violence &amp; Non Profit Supportive Housing Bricks &amp; Mortar</b>									
<b>TOTAL REVENUE</b>	<b>D-1</b>	\$684,845	\$684,845	\$515,979	\$515,979	\$335,792	(\$180,187)	(\$180,187)	-26.31%
<b>TOTAL EXPENSE</b>	<b>D-2</b>	\$684,845	\$684,845	\$515,979	\$515,979	\$404,200	(\$111,779)	(\$111,779)	-16.32%
<b>SURPLUS/(DEFICIT)</b>	<b>D-3</b>	\$0	\$0	\$0	\$0	(\$68,408)	(\$68,408)	(\$68,408)	#DIV/0!
<b>Fund Type 2 - OH Funded - RainyCrest Community Support Services</b> <b>(Home Support, Assisted Living, Adult Day, Meals on Wheels)</b>									
<b>TOTAL REVENUE</b>	<b>E-1</b>	\$3,201,384	\$3,201,384	\$2,412,002	\$2,412,002	\$2,556,981	\$144,979	\$144,979	4.53%
<b>TOTAL EXPENSE</b>	<b>E-2</b>	\$3,201,384	\$3,201,384	\$2,412,002	\$2,412,002	\$2,944,090	\$532,088	\$532,088	16.62%
<b>SURPLUS/(DEFICIT)</b>	<b>E-3</b>	\$0	\$0	\$0	\$0	(\$387,109)	(\$387,109)	(\$387,109)	#DIV/0!
<b>Fund Type 2 - OH Funded - RainyCrest</b> <b>Long Term Care</b>									
<b>TOTAL REVENUE</b>	<b>F-1</b>	\$15,330,585	\$15,330,585	\$11,550,441	\$11,550,441	\$11,477,661	(\$72,780)	(\$72,780)	-0.47%
Compensation	F-2	\$9,265,810	\$10,013,462	\$6,981,090	\$7,544,389	\$8,493,818	\$1,512,728	\$949,429	16.33%
Purchased Service	F-3	\$0	\$781,103	\$0	\$588,502	\$1,843,493	\$1,843,493	\$1,254,991	#DIV/0!
Benefits	F-4	\$2,580,947	\$2,580,947	\$1,944,549	\$1,944,549	\$1,846,303	(\$98,246)	(\$98,246)	-3.81%
Nurse Practitioner	F-5	\$149,394	\$417,394	\$112,557	\$314,475	\$306,379	\$193,822	(\$8,096)	129.74%
Medical Staff Remuneration	F-6	\$50,096	\$50,096	\$37,744	\$37,744	\$30,712	(\$7,032)	(\$7,032)	-14.04%
Supplies	F-7	\$1,669,915	\$1,669,915	\$1,258,155	\$1,258,155	\$1,356,166	\$98,011	\$98,011	5.87%
Service Recipient Specific Supplies	F-8	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!
Sundry	F-9	\$1,404,535	\$1,669,535	\$1,058,211	\$1,257,869	\$1,333,525	\$275,314	\$75,656	19.60%
Equipment	F-10	\$572,484	\$672,484	\$431,324	\$506,666	\$165,640	(\$265,684)	(\$341,026)	-46.41%
Contracted Out	F-11	\$61,561	\$61,561	\$46,382	\$46,382	\$4,442	(\$41,940)	(\$41,940)	-68.13%
Building & Grounds	F-12	\$62,735	\$217,735	\$47,266	\$164,047	\$318,807	\$271,541	\$154,760	432.84%
<b>TOTAL EXPENSE</b>	<b>F-13</b>	\$15,817,478	\$18,134,232	\$11,917,278	\$13,662,778	\$15,699,285	\$3,782,007	\$2,036,507	23.91%
<b>SURPLUS/(DEFICIT) including unfunded liabilities</b>	<b>F-14</b>	(\$486,893)	(\$2,803,647)	(\$366,837)	(\$2,112,337)	(\$4,221,624)	(\$3,854,787)	(\$2,109,287)	791.71%
Less: Unfunded Future Benefits	F-15	\$0	\$0	\$0	\$0	(\$56,808)	(\$56,808)	(\$56,808)	#DIV/0!
Less: Unfunded Amortization Expense	F-16	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!
<b>SURPLUS/(DEFICIT) excluding unfunded liabilities</b>	<b>F-17</b>	(\$486,893)	(\$2,803,647)	(\$366,837)	(\$2,112,337)	(\$4,278,432)	(\$3,911,595)	(\$2,166,095)	803.38%
Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY		(\$6,818,937)	(\$11,018,108)	(\$5,137,555)	(\$8,301,314)	(\$11,926,231)			
Total Operating Margin - Hospitals & Long Term Care ONLY		-11.19%	-18.03%	-11.19%	-18.03%	-25.52%			



## Operating Revenue & Expense Summary April 1, 2025 to December 31, 2025

	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)
<b>Fund Type 2 - OH Funded - Counselling &amp; Non Profit Housing Programs</b>									
<b>Mental Health - Case Management - Housing - Addictions - Problem Gambling</b>									
<b>TOTAL REVENUE</b>	C-1	\$2,529,663	\$2,529,663	\$1,905,910	\$1,905,910	\$1,956,149	\$50,239	\$50,239	1.99%
<b>TOTAL EXPENSE</b>	C-2	\$2,529,663	\$2,529,663	\$1,905,910	\$1,905,910	\$2,021,180	\$115,270	\$115,270	4.56%
<b>SURPLUS/(DEFICIT)</b>	C-3	\$0	\$0	\$0	\$0	(\$65,031)	(\$65,031)	(\$65,031)	#DIV/0!
<b>Fund Type 3 - Other Ministry/Agency Funded - Non Hospital Services</b>									
<b>Family Violence &amp; Non Profit Supportive Housing Bricks &amp; Mortar</b>									
<b>TOTAL REVENUE</b>	D-1	\$684,845	\$684,845	\$515,979	\$515,979	\$335,792	(\$180,187)	(\$180,187)	-26.31%
<b>TOTAL EXPENSE</b>	D-2	\$684,845	\$684,845	\$515,979	\$515,979	\$404,200	(\$111,779)	(\$111,779)	-16.32%
<b>SURPLUS/(DEFICIT)</b>	D-3	\$0	\$0	\$0	\$0	(\$68,408)	(\$68,408)	(\$68,408)	#DIV/0!
<b>Fund Type 2 - OH Funded - RainyCrest Community Support Services</b>									
<b>(Home Support, Assisted Living, Adult Day, Meals on Wheels)</b>									
<b>TOTAL REVENUE</b>	E-1	\$3,201,384	\$3,201,384	\$2,412,002	\$2,412,002	\$2,556,981	\$144,979	\$144,979	4.53%
<b>TOTAL EXPENSE</b>	E-2	\$3,201,384	\$3,201,384	\$2,412,002	\$2,412,002	\$2,944,090	\$532,088	\$532,088	16.62%
<b>SURPLUS/(DEFICIT)</b>	E-3	\$0	\$0	\$0	\$0	(\$387,109)	(\$387,109)	(\$387,109)	#DIV/0!
<b>Fund Type 2 - OH Funded - RainyCrest</b>									
<b>Long Term Care</b>									
<b>TOTAL REVENUE</b>	F-1	\$15,330,585	\$15,330,585	\$11,550,441	\$11,550,441	\$12,898,161	\$1,347,720	\$1,347,720	8.79%
Compensation	F-2	\$9,265,810	\$10,013,462	\$6,981,090	\$7,544,389	\$8,493,818	\$1,512,728	\$949,429	16.33%
Purchased Service	F-3	\$0	\$781,103	\$0	\$588,502	\$1,843,493	\$1,843,493	\$1,254,991	#DIV/0!
Benefits	F-4	\$2,580,947	\$2,580,947	\$1,944,549	\$1,944,549	\$1,846,303	(\$98,246)	(\$98,246)	-3.81%
Nurse Practitioner	F-5	\$149,394	\$147,394	\$112,557	\$112,475	\$306,379	\$193,822	(\$8,096)	129.74%
Medical Staff Remuneration	F-6	\$50,096	\$50,096	\$37,744	\$37,744	\$30,712	(\$7,032)	(\$7,032)	-14.04%
Supplies	F-7	\$1,669,915	\$1,669,915	\$1,258,155	\$1,258,155	\$1,356,166	\$98,011	\$98,011	5.87%
Service Recipient Specific Supplies	F-8	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!
Sundry	F-9	\$1,404,535	\$1,669,535	\$1,058,211	\$1,257,869	\$1,333,525	\$275,314	\$75,656	19.60%
Equipment	F-10	\$572,484	\$672,484	\$431,324	\$506,666	\$165,640	(\$265,684)	(\$341,026)	-46.41%
Contracted Out	F-11	\$61,561	\$61,561	\$46,382	\$46,382	\$4,442	(\$41,940)	(\$41,940)	-68.13%
Building & Grounds	F-12	\$62,735	\$217,735	\$47,266	\$164,047	\$318,807	\$271,541	\$154,760	432.84%
<b>TOTAL EXPENSE</b>	F-13	\$15,817,478	\$18,134,232	\$11,917,278	\$13,662,778	\$15,699,285	\$3,782,007	\$2,036,507	23.91%
<b>SURPLUS/(DEFICIT) including unfunded liabilities</b>	F-14	(\$486,893)	(\$2,803,647)	(\$366,837)	(\$2,112,337)	(\$2,801,124)	(\$2,434,287)	(\$688,787)	499.96%
<b>Less: Unfunded Future Benefits</b>	F-15	\$0	\$0	\$0	\$0	(\$56,808)	(\$56,808)	(\$56,808)	#DIV/0!
<b>Less: Unfunded Amortization Expense</b>	F-16	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!
<b>SURPLUS/(DEFICIT) excluding unfunded liabilities</b>	F-17	(\$486,893)	(\$2,803,647)	(\$366,837)	(\$2,112,337)	(\$2,857,932)	(\$2,491,095)	(\$745,595)	511.63%
									26.59%
<b>Operating Surplus(Deficit) - Hospitals &amp; Long Term Care ONLY</b>		(\$6,818,937)	(\$11,018,108)	(\$5,137,555)	(\$8,301,314)	(\$2,758,231)			
<b>Total Operating Margin - Hospitals &amp; Long Term Care ONLY</b>		-11.19%	-18.03%	-11.19%	-18.03%	-4.93%			



## Quality, Safety, Risk Committee Report – January 2026

### 2.5.1 Board Quality Metrics \*

# BOARD OF DIRECTORS - QUALITY METRICS - 2025-2026



## 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 every 3rd meeting.
- 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%	100%	#DIV/0!	93%	75%	18%									
2. Participation B	71%	82%	80%	#DIV/0!	78%	75%	3%									
3. Reflection A	78%	#DIV/0!	78%	100%	-22%											
4. Reflection B										#DIV/0!			#DIV/0!	100%	#DIV/0!	
5. Decision Making	100%	100%	100%	#DIV/0!	100%	90%	10%									
6. Education A	100%	100%	100%	#DIV/0!	150%	100%	50%	min of 1 session/mtg								
7. Education B	100%	100%	100%	#DIV/0!	100%	100%	0%	min of 2 items/mtg								
8. Composition							#DIV/0!						#DIV/0!	89%	#DIV/0!	0/18 met (in green zone) - due to Board vacancies
9. Compliance	100%	#DIV/0!	#DIV/0!										#DIV/0!	90%	#DIV/0!	Board Orientation took place in September 2024



## Auxiliary Report – January 2026

### **Emo**

No Report.

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### **La Verendrye General Hospital**

No meeting held in January. No Report.

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### **Rainycrest**

No Report.

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### **Rainy River**

The Rainy River Health Centre Auxiliary met in January with the following highlights:

- Our auxiliary selected an angel from the Christmas giving tree and honored the request for a long-term care patient.
- The Auxiliary acknowledged the work of Tammy McNally and Lisa Jodin.
- Because our Christmas bazaar was successful, we will be remitting all funds required to purchase the vital signs machine for our hospital. Our next fundraising items will be determined after input from staff and Holly Kaemingh.
- Our Tuck Shop will be participating in another Vendor's Market at the Rainy River Legion on February 7<sup>th</sup>.
- The annual Tuck Shop inventory will be completed this month, and new merchandise will be ordered.



# RIVERSIDE HEALTH CARE DIAGNOSTIC SERVICES: ENHANCING PATIENT CARE



LABORATORY AND DIAGNOSTIC IMAGING

# DELIVERING EXCELLENCE IN PATIENT- CENTERED DIAGNOSTICS

- OUR VISION, MISSION AND VALUES
- OVERVIEW OF SERVICES
- CLINICAL LABORATORY SERVICES
- DIAGNOSTIC IMAGING SERVICES



# OUR VISION, MISSION AND VALUES

Improving the health of our communities by delivering timely, accurate and high-quality diagnostic results to support patient care. Our Vision is to be the leading provider of diagnostic services through innovation, safety and patient care. Our core values are accuracy, compassion, innovation, collaboration, integrity and excellence.





# CLINICAL LABORATORY SERVICES



# ABOUT US

Our Laboratory Department is comprised of 1 Charge Technologist/Quality Lead, 2 Senior Lab Technologists, 2 Medical Lab Technologists, 2 Medical Lab Technicians and 1 Lab Assistant

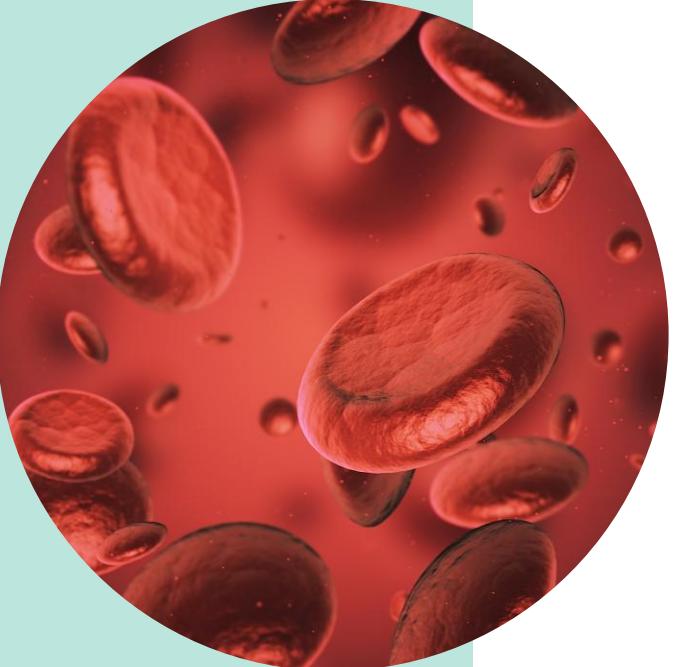




# CLINICAL LABORATORY SERVICES OFFERED AT RIVERSIDE

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- HEMATOLOGY
- CLINICAL CHEMISTRY
- MICROBIOLOGY
- COAGULATION
- TRANSFUSION MEDICINE
- POINT OF CARE SERVICES
- PATHOLOGY/CYTOLGY
- REFERRED OUT TESTING



# HEMATOLOGY

- HEMATOLOGY IS THE PART OF THE CLINICAL LAB THAT STUDIES BLOOD AND BLOOD-RELATED CONDITIONS. CBC (COMPLETE BLOOD COUNT) STUDIES:
- RED BLOOD CELLS – WHICH CARRY OXYGEN
- WHITE BLOOD CELLS – WHICH FIGHT INFECTION
- PLATELETS – WHICH HELP WITH CLOTTING

THIS HELPS FIND PROBLEMS LIKE:

- ANEMIA (LOW RED BLOOD CELLS)
- INFECTIONS, BLOOD CANCERS (HIGH OR LOW WHITE BLOOD CELLS)
- BLEEDING DISORDERS (LOW PLATELETS)



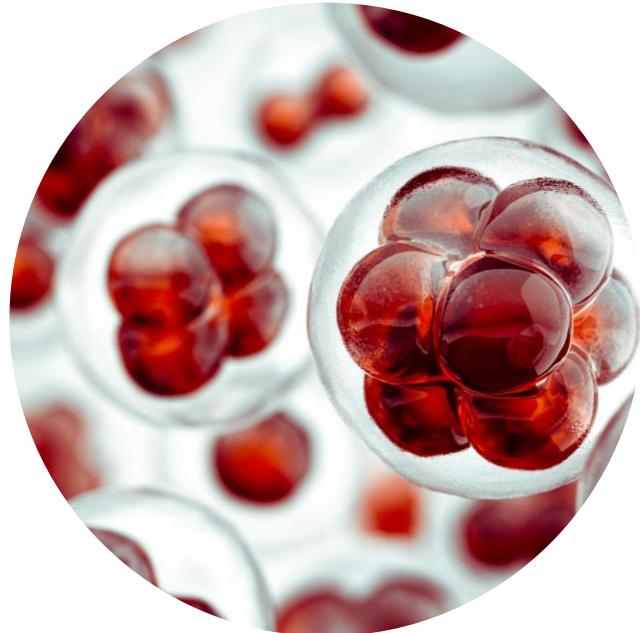
# CLINICAL CHEMISTRY

- CLINICAL CHEMISTRY IS A PART OF THE HOSPITAL LABORATORY THAT TESTS YOUR BLOOD AND OTHER BODY FLUIDS TO HELP PRACTITIONERS UNDERSTAND HOW YOUR BODY IS WORKING. THESE TESTS LOOK AT THINGS LIKE:
- BLOOD SUGAR (TO CHECK FOR DIABETES)
- CARDIAC MARKERS (TO CHECK HEART HEALTH)
- ELECTROLYTES LIKE SODIUM AND POTASSIUM (TO SEE IF YOU'RE HYDRATED OR YOUR KIDNEYS ARE WORKING WELL)
- ENZYMES AND PROTEINS (TO CHECK YOUR LIVER, HEART, AND OTHER ORGANS)
- THE RESULTS FROM CLINICAL CHEMISTRY TESTS HELP YOUR DOCTOR DIAGNOSE ILLNESSES, MONITOR ONGOING CONDITIONS, OR CHECK HOW WELL YOUR TREATMENT IS WORKING.



# MICROBIOLOGY

- CLINICAL MICROBIOLOGY IS THE PART OF HEALTHCARE THAT LOOKS AT TINY ORGANISMS—LIKE BACTERIA, VIRUSES, FUNGI, AND PARASITES—THAT CAN CAUSE INFECTIONS IN THE BODY.
- WHEN YOU'RE SICK, WE MAY TAKE SAMPLES LIKE BLOOD, URINE, OR A SWAB, AND SEND THEM TO THE LAB. THERE, MICROBIOLOGISTS LOOK FOR SIGNS OF INFECTION TO HELP YOUR PRACTITIONER FIGURE OUT:
  - WHAT'S MAKING YOU SICK
  - HOW SERIOUS THE INFECTION IS
  - WHAT TREATMENT WILL WORK BEST, LIKE WHICH ANTIBIOTIC OR ANTIFUNGAL MEDICINE IS RIGHT FOR YOU.



# COAGULATION

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- **CLINICAL COAGULATION** REFERS TO HOW YOUR BODY FORMS BLOOD CLOTS TO STOP BLEEDING — AND HOW WE, AS HEALTHCARE PROFESSIONALS, TEST AND MONITOR THAT PROCESS.
- **COMMON COAGULATION TESTS** YOU MIGHT HEAR ABOUT:
- **PT/INR:** MEASURES HOW LONG IT TAKES YOUR BLOOD TO CLOT (OFTEN USED IF YOU'RE ON WARFARIN)
- **APTT:** ANOTHER TEST THAT LOOKS AT CLOTTING TIME, ESPECIALLY IF YOU'RE ON HEPARIN
- **PLATELET COUNT:** CHECKS THE CELLS THAT HELP FORM CLOTS
- **D-DIMER:** CAN HELP DETECT ABNORMAL CLOTTING, LIKE IN BLOOD CLOTS



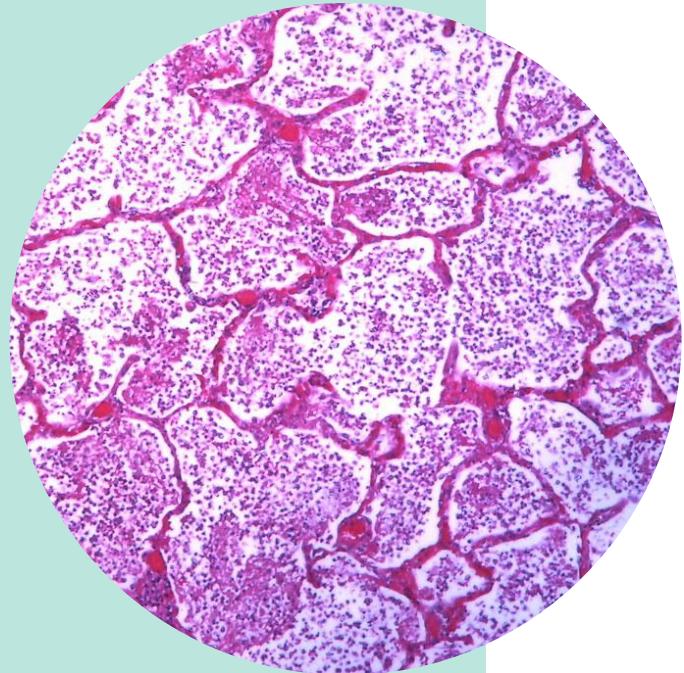
# TRANSFUSION MEDICINE

- TRANSFUSION MEDICINE IS A PART OF HEALTHCARE THAT FOCUSES ON GIVING PATIENTS BLOOD OR BLOOD PRODUCTS WHEN THEY NEED THEM. THIS MIGHT INCLUDE:
  - WHOLE BLOOD
  - RED BLOOD CELLS
  - PLATELETS
  - PLASMA
- THESE ARE USED TO TREAT THINGS LIKE BLOOD LOSS FROM SURGERY OR INJURY, CERTAIN MEDICAL CONDITIONS LIKE ANEMIA, BLEEDING DISORDERS, OR CANCER TREATMENTS.
- BEFORE ANY TRANSFUSION, WE DO CAREFUL TESTING TO MAKE SURE THE BLOOD IS SAFE AND MATCHES YOUR BLOOD TYPE. OUR GOAL IS TO GIVE YOU THE RIGHT PRODUCT AT THE RIGHT TIME TO HELP YOUR BODY HEAL AND STAY HEALTHY



# POINT OF CARE

- **POINT-OF-CARE TESTING MEANS DOING CERTAIN MEDICAL TESTS RIGHT WHERE YOU'RE GETTING CARE, RIGHT AT YOUR BEDSIDE — INSTEAD OF SENDING YOUR SAMPLES TO A LAB AND WAITING DAYS FOR RESULTS.**
- **COMMON EXAMPLES:**
- **BLOOD SUGAR (GLUCOSE) CHECKS**
- **STREP A TESTING**
- **PREGNANCY TESTS**
- **CARDIAC AND CHEMISTRY TESTING**
- **HEMATOLOGY TESTING**
- **URINE DIPSTICKS**



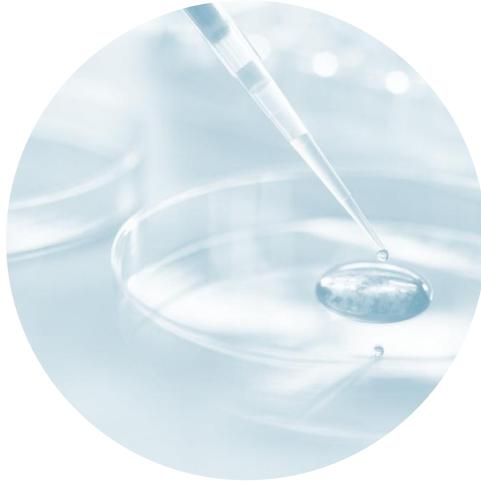
## PATHOLOGY/CYTOLOGY

- WHEN YOUR PRACTITIONER TAKES A SAMPLE FROM YOUR BODY — LIKE A LUMP, A MOLE, OR PART OF AN ORGAN — IT GETS SENT TO A **PATHOLOGIST**. THE PATHOLOGIST LOOKS AT THE SAMPLE UNDER A MICROSCOPE TO FIND OUT:
  - WHAT KIND OF CELLS ARE IN IT
  - WHETHER THE CELLS ARE NORMAL, INFLAMED, OR CANCEROUS
  - HOW ADVANCED A DISEASE IS (IF PRESENT)
- **CYTOLOGY IS THE STUDY OF INDIVIDUAL CELLS.** IT'S A PART OF PATHOLOGY, BUT INSTEAD OF LOOKING AT A BIG TISSUE SAMPLE, CYTOLOGISTS LOOK AT **JUST THE CELLS** — LIKE IN A PAP SMEAR OR A FLUID SAMPLE (E.G., URINE, OR FLUID AROUND THE LUNGS).

# REFERRED OUT TESTING



- "Referred out testing" means that we send your sample (like blood, urine, or tissue) to a different lab outside of our hospital for specific tests that we don't perform here. These outside labs have the specialized equipment or expertise needed to do those tests. It may take a little longer to get the results, but your ordering practitioner will follow up once results are back.
- Our hospital uses other laboratories to compliment our testing capabilities
- We send samples 6 days a week to Lifelabs, Thunder Bay Regional, Ontario Public Health Lab, Lake of the Woods hospital and Children's Hospital of Eastern Ontario



THE LAB IS LIKE A DETECTIVE TEAM WORKING BEHIND THE SCENES. THEY DON'T ALWAYS SEE PATIENTS FACE-TO-FACE, BUT THEIR WORK GIVES YOUR PRACTITIONER THE CLUES NEEDED TO TAKE THE BEST CARE OF YOU.



#LABORATORYSCIENCE





# ABOUT US

Our Diagnostic Imaging Department consists of 15 Technologists

1 Charge Technologist/Quality Lead, Radiologic Technologists: 13, CT Technologists: 11, Ultrasound Technologists (Sonographers): 4, Mammography Technologists: 6,  
MRI 2 (3/4)

# DIAGNOSTIC IMAGING SERVICES OFFERED AT RIVERSIDE

- Diagnostic imaging, or medical imaging, refers to tests health professionals can use to look inside the human body to help diagnose your health. At Riverside Health Care, we offer general radiography (x-ray), ultrasound, echocardiograms (spring 2027), mammograms and CT (computer tomography) services. MRI coming spring 2027!





## RADIOGRAPHY/X-RAY

- RADIOGRAPHY IS WHAT MOST PEOPLE KNOW AS AN X-RAY. IT'S A QUICK, PAINLESS WAY TO TAKE PICTURES OF THE INSIDE OF YOUR BODY—LIKE YOUR BONES OR CHEST—TO HELP PRACTITIONERS SEE WHAT'S GOING ON. YOU JUST NEED TO STAY STILL WHILE THE IMAGE IS TAKEN, AND IT ONLY TAKES A FEW SECONDS.
- RADIOGRAPHY USES A SMALL AMOUNT OF RADIATION TO CREATE STILL IMAGES OF THE INSIDE OF YOUR BODY. IT'S COMMONLY USED TO CHECK FOR BROKEN BONES, OR LUNG INFECTIONS



# ULTRASOUND

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- AN ULTRASOUND IS A SAFE, PAINLESS TEST THAT USES SOUND WAVES TO CREATE PICTURES OF THE INSIDE OF YOUR BODY. IT DOESN'T USE ANY RADIATION LIKE AN X-RAY DOES.
- A SMALL DEVICE CALLED A *TRANSDUCER* IS MOVED OVER YOUR SKIN, AND IT SENDS SOUND WAVES INTO YOUR BODY. THESE WAVES BOUNCE OFF YOUR ORGANS, TISSUES, OR A BABY IF YOU'RE PREGNANT, AND THOSE ECHOES ARE USED TO CREATE REAL-TIME IMAGES ON A SCREEN.
- IT HELPS US CHECK THINGS LIKE BLOOD FLOW, ORGANS, MUSCLES, OR A BABY'S GROWTH DURING PREGNANCY. MOST ULTRASOUNDS TAKE ABOUT 15 TO 45 MINUTES, AND THERE'S USUALLY NO SPECIAL PREPARATION NEEDED—THOUGH SOMETIMES WE MIGHT ASK YOU TO DRINK WATER BEFOREHAND OR AVOID EATING FOR A FEW HOURS, DEPENDING ON THE AREA WE'RE LOOKING AT.

# ECHOCARDIOGRAM



- AN ECHOCARDIOGRAM, OR 'ECHO' FOR SHORT, IS A TEST THAT USES SOUND WAVES—SIMILAR TO ULTRASOUND—to CREATE PICTURES OF YOUR HEART. IT LETS US SEE HOW YOUR HEART IS BEATING AND HOW WELL IT'S PUMPING BLOOD. WE CAN ALSO CHECK IF THE HEART VALVES ARE WORKING PROPERLY AND LOOK FOR ANY SIGNS OF HEART PROBLEMS.
- IT'S A SAFE, PAINLESS TEST THAT DOESN'T INVOLVE ANY RADIATION. WE USUALLY PLACE A SMALL DEVICE CALLED A PROBE OR TRANSDUCER ON YOUR CHEST, AND IT SENDS OUT SOUND WAVES THAT BOUNCE OFF YOUR HEART. A COMPUTER THEN TURNS THOSE SOUND WAVES INTO LIVE IMAGES THAT WE CAN SEE ON A SCREEN.
- THE WHOLE TEST USUALLY TAKES ABOUT 30 TO 60 MINUTES, AND YOU CAN GO BACK TO YOUR NORMAL ACTIVITIES AFTERWARD

# MAMMOGRAPHY

- A mammogram is a special type of X-ray that takes detailed pictures of the inside of your breasts. It's used to look for early signs of breast cancer, often before you feel any lumps or symptoms.
- The process is quick—usually about 20 minutes—and while it may feel a bit uncomfortable when the breast is gently pressed between two plates, it shouldn't be painful.
- Mammograms can help catch breast cancer early, when it's easiest to treat.



# CT SCAN (COMPUTED TOMOGRAPHY)

- A **CT scan** is a special type of X-ray that takes detailed pictures of the inside of your body. Instead of just one image like a regular X-ray, it takes many pictures from different angles and combines them to give a much clearer view of what's going on inside — like a 3D image.
- It helps practitioners see bones, organs, blood vessels, and any possible problems more clearly. It's quick, painless, and you'll just need to lie still for a few minutes while the machine moves around you.





## MRI (MAGNETIC RESONANCE IMAGING)

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- MRI STANDS FOR MAGNETIC RESONANCE IMAGING. IT'S A TYPE OF SCAN THAT LETS US TAKE VERY DETAILED PICTURES OF THE INSIDE OF YOUR BODY, ESPECIALLY SOFT TISSUES LIKE YOUR BRAIN, MUSCLES, JOINTS, AND ORGANS.
- IT USES A STRONG MAGNET, RADIO WAVES, AND A COMPUTER TO CREATE IMAGES. THERE'S NO RADIATION INVOLVED, SO IT'S DIFFERENT FROM X-RAYS OR CT SCANS



**THE DIAGNOSTIC IMAGING DEPARTMENT HELPS  
HEALTHCARE PROFESSIONALS SEE WHAT'S HAPPENING  
INSIDE YOUR BODY WITHOUT NEEDING SURGERY. THESE  
ARE IMPORTANT DIAGNOSTIC TESTS THAT CAN BE THE  
KEY TO DIAGNOSIS.**



#RADIOLOGY