BOARD OF DIRECTORS MEETING
OPEN SESSION
Thursday, November 27, 2025
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 – October 30, 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 7 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 13 2.6 Auxiliary Reports * Pg 15	
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: January 29, 2026	
11.	Termination	

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

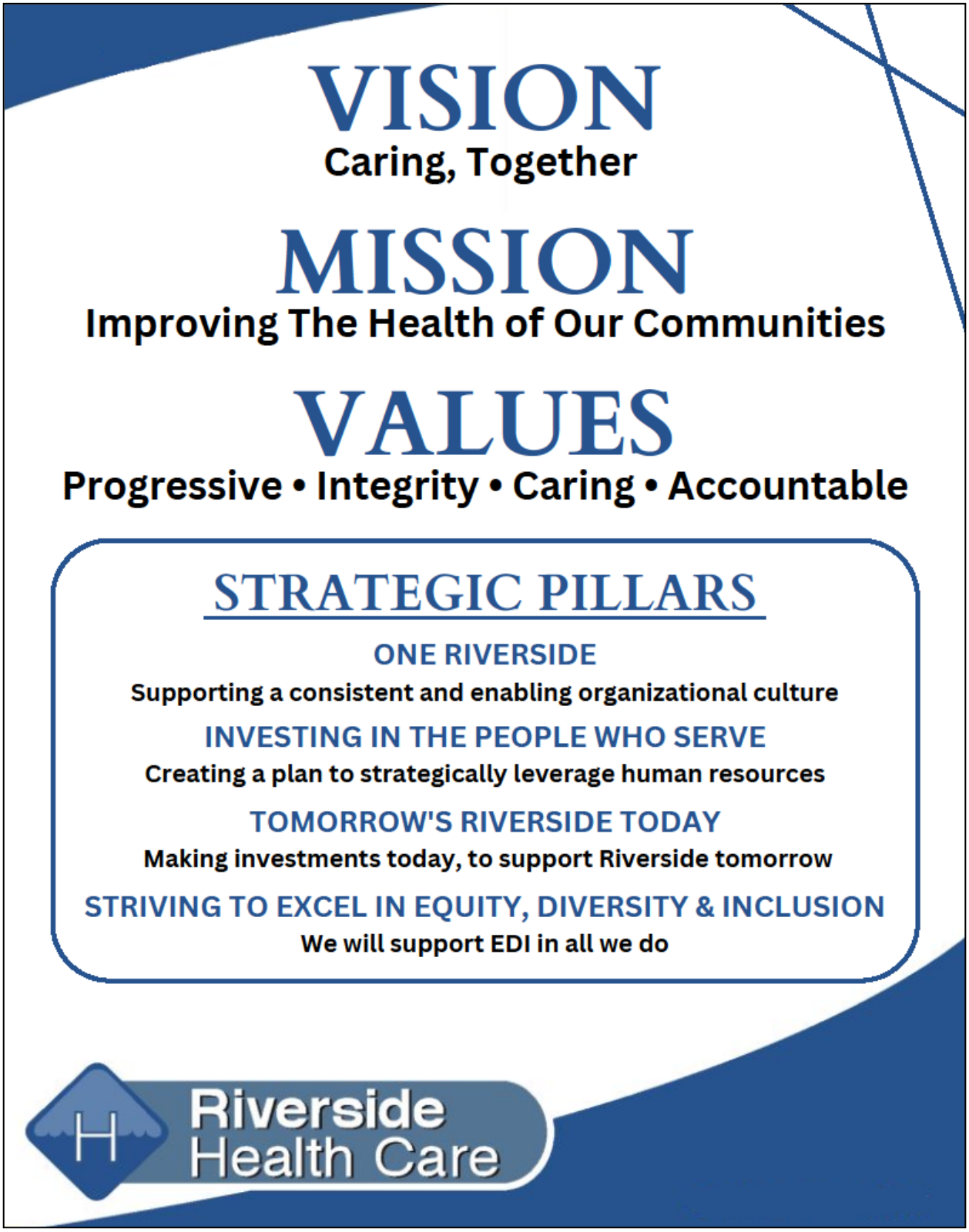
BOARD OF DIRECTORS MEETING
ANTICIPATED MOTIONS – OPEN SESSION

Thursday, November 27, 2025

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.



RIVERSIDE HEALTH CARE FACILITIES INC.
MINUTES
OPEN SESSION

Date of Meeting: October 30, 2025 **Time of Meeting:** 5:30 pm

Location of Meeting: Webex / LVGH Board Room

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

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

REGRETS: A. Beazley, Dr. K. Arnesen

GUESTS: J. Park

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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. B. Norton read the Indigenous Acknowledgment and the Mission Statement. D. Clifford welcomed J. Park and the Board and reminded all of the virtual meeting etiquette. D. Clifford Round table introductions took place.

1.1 Quorum

D. Clifford shared there was 1 regret. 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: D. Loney SECONDED BY: K. Lampi

THAT the Board approves the Agenda as circulated.

CARRIED.

4. Patient / Resident Safety Moment

H. Gauthier noted there will be two stories shared this evening by J. Ogden and D. Harris.

D. Harris shared the following from the patient perspective:

My Dad had an appointment at Gizhewaadiziwin Health Access Centre for himself. My Dad being a selfless man had been worried about how I had been doing at home. I am only in my 30's, but started having this strange rash, I had muscle pain, poor appetite and was just not feeling overly well. I had a couple ER visits for some of the same over the last year but progressively was starting to feel worse. My Dad during his appointment expressed his concern for me, and the Physician he was seeing agreed to have me come into the Emergency Department (ER) on his shift and he would assess me. I felt that this wasn't really an Emergency but was happy the Doctor agreed to see me. After extensive blood work, and an Xray, the doctor was going to admit me with probable lupus. The beds were so full, there were other patients in the Emergency Department awaiting beds on the ward, likely sicker than I was. Auto Immune

conditions aren't often admitted to hospital as much if it can be dealt with on an outpatient basis. I felt this pressure that perhaps I was adding to the bed crisis. The doctor sent a referral to Rheumatology in Winnipeg. I spent one night in the ER Department then was able to have a bed on the ward. I was so deconditioned, over the coming days I declined even more. My blood work was looking worse, liver functions, kidney functions were of growing concern. The doctor called Rheumatology on call at Thunder Bay Regional, who gave some medication recommendations, but ultimately Rheumatology cannot accept patients in transfer, but did request we call the Medical Transition Clinic Unit in Thunder Bay, which we did, and I was gratefully accepted. I spent a couple weeks in Thunder Bay, and began to improve immensely, the recommendations from the Rheumatologist worked wonders. My appetite increased and I was able to start ambulating again. I had been bedridden for almost a month. I was repatriated to Fort Frances for a bit more rehab and discharge planning. I am thriving at home, with the current medication regime as well as appropriate follow-up with specialists. I am thankful for the team at Riverside. I know it was not a typical admission diagnosis and when beds are tight for patients who require them, I am grateful I was given the opportunity to improve and get better while admitted as I am not sure how poor I would have become at home. I am also thankful to my dad for advocating for me and want to shed light on the importance of having an advocate, especially in an uncertain health care system.

D. Harris highlighted the teamwork and support received for the patient to get the care they needed and be repatriated back to Fort Frances.

J. Ogden shared the following patient story on behalf of RHC's Health Systems Navigator regarding "Compassion Beyond the Hospital Walls":

A patient was admitted to Thunder Bay Regional Health Sciences Centre (TBRHSC) three weeks ago for a planned spinal surgery. While they were away receiving care, their common-law spouse, their primary support at home, unexpectedly suffered a stroke and was admitted to TBRHSC as well.

When the patient was later repatriated to La Verendrye General Hospital (LVGH) to continue their recovery, they expressed deep concern to the attending physician, not about themself, but about their pets. The couple share a home with four cats and one dog, and with both now hospitalized, they feared the animals had been left unattended. Recognizing the distress, the care team reached out to the Health System Navigation (HSN) for support. Our HSN staff member met with the patient, who confirmed that a relative was caring for the dog, but that no one had checked on the cats in over two weeks. The patient recalled that a local cat rescue had previously helped them and provided consent for the HSN staff to contact them on their behalf. After some research, the staff connected with a local volunteer animal rescue organization. While they were willing to foster the cats short-term, they were unable to enter the home due to unsafe conditions, an issue linked to a previous animal welfare intervention at the same address. They agreed to assist if authorities retrieved the animals first. The HSN worker returned to the patient's bedside to review these options. The patient was hesitant to have the cats relocated, worried they would not adapt well to a kennel environment. The patient instead provided contact information for family members they believed were helping. However, after multiple calls and messages, it became clear that the information the patient had received from family was inaccurate and inconsistent. One relative eventually confirmed that the home was in poor condition, with feces and urine throughout, and strongly recommended contacting the Humane Society. The HSN worker discussed these findings with the patient, helping them understand the seriousness of the situation. Together, they decided to report the matter to animal welfare authorities to ensure the animals' safety and well-being. This decision, while necessary, was deeply emotional for the patient. They felt betrayed by family members they trusted and was heartbroken at the thought of their spouse, still recovering from a stroke, returning home without their beloved pets, who were described as "their babies". The HSN team continues to check in regularly, offering emotional support and updates as available. In addition to the emotional challenges, a home safety assessment will be required before the patient can be discharged, as the current living conditions may not be safe for their return.

This story illustrates the deep compassion and persistence of our staff, who recognized that healing extends beyond the physical body. It illustrates the compassion, problem-solving, and interagency collaboration that Riverside staff address when faced with a complex social situation. What began as a standard repatriation evolved into a coordinated effort to support both patient recovery and emotional well-being. Through advocacy and persistence, staff ensured animal welfare concerns were addressed,

built trust with the patient, and maintained focus on safety and dignity in discharge planning. This case also underscores the importance of holistic, patient-centered care that extends beyond medical treatment. Through empathy, advocacy, and collaboration, the staff worked to support not just the patient's health, but their peace of mind, demonstrating that true care reaches beyond hospital walls and into the heart of what matters most to our patients.

D. Clifford gave appreciation for these stories noting the value and importance of the patient's perspective. She further noted the goal is to have two stories shared at each meeting moving forward. Discussion took place regarding the empathy shared by the staff with our patients.

D. Clifford thanked 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: M. Kitzul SECONDED BY: B. Norton

THAT the Board go in-camera at 5:43 pm.

CARRIED.

9. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

10. DATE AND LOCATION OF NEXT MEETING:

November 27, 2025

11. TERMINATION:

It was,

MOVED BY: K. Lampi

THAT the meeting be terminated at 8:07 pm.

CARRIED.

_____ _____

Chair Secretary/Treasurer

Riverside Health Care

Board Chair, Chief of Staff & Senior Leadership Report – November 2025
Open Session

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **Staff Appreciation**
  - Staff Appreciation lunches will take place at each of our locations between November 26 and December 5, 2025. 5, 10, 15, and 20 Years of Service as well as Quarter Century Service Certificates and Recognition is being coordinated for presentation during the annual Holiday Lunches.
  - Years of Service Certificates & Recognition
    - 38 staff members – 5 years
    - 15 staff members – 10 years
    - 5 staff members – 15 years
    - 9 staff members – 20 years
    - 6 staff members – 25 years
    - 4 staff members – 30 years
    - 4 staff members – 35 years
    - 1 staff member – 40 years

One Riverside - Promoting a Consistent and Empowering Culture

- **Fundraising**
  - Director attended Lowey's Fall Market, LVGH and Emo Auxiliary Fall Teas, and Couchiching First Nation Holiday Market to support visibility of Campaign and 50/50 sales.
  - Diagnostic Imaging staff supporting tours and photo ops for donors.
  - Tim Hortons Smile Cookie Campaign supported through staff volunteers and received excellent response from local businesses with more than 2,500 cookies pre-ordered.
  - Holiday Appeal letter will be sent out soon for the Lights, Camera, Diagnosis Campaign.
  - 20,000 50/50 mailers sent out across Northwestern Ontario—including the Rainy River District, Atikokan, Kenora, Dryden, and surrounding communities to promote the raffle.
  - The Fundraising Director is in the process of developing a 5-year fundraising strategic plan.
- **Outbreaks**
  - LVGH had a respiratory outbreak (COVID-19) in September for 8 days – affected 3 patients and no staff.
  - Rainycrest had a respiratory outbreak in September for 16 days – facility wide and affected 17 residents and 3 staff. Causative agent was enterovirus.
  - Rainycrest had a respiratory outbreak in October for 9 days – affected 4 residents and no staff. Causative agent was enterovirus.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **Ontario Health Team**
  An Expression of Interest (EOI) funding submission to expand Fort Frances Family Health Team services in Fort Frances and expand them West to Rainy River has been submitted to the Ministry of Health. RHC has endorsed this proposal – the proposal includes $1.8 million to support the addition of close to 17 full-time equivalent staff, another $458k for overhead, and $92k for startup costs.
- **Substance Use Disorder**
  Our team continues to advance Substance Use Disorder (SUD) pathways in conjunction with our partners. Currently, the potential for adding virtual addiction/primary care to expand RAAM clinic coverage to Monday to Friday is being explored. While the proposal does include a direct service arrangement with both GHAC and the RRDSSAB, it also allows for fee for service funding opportunities for other partners such as CMHA to support program needs. Parminder Jawanda, who previously was assisting in Rainy River, has been contracted to serve as the Executive Lead for the SUD program. Dr. Gustafson and Julie Cousineau, Director of Nursing will be involved in the SUD program as the physician and clinical leads, respectively.
- **Meditech Expanse Project – Bridge Northwest**
  - Local Delivery Board Meeting held on October 9, 2025.
  - Meeting with Twin Site occurred on October 17, 2025.
  - Regional CEO meeting confirmed Pharmacy will transition from the Ottawa Manual to the Vancouver Island Health Authority Medication Manual – more of an acknowledgement than a decision point.
  - Documents shared with Senior Team related to projected need for 24/7 Pharmacy services – regional solution will need to be developed.
  - CEO met with Ryan O'Connor, Program Manager and Director for Meditech Expanse at TBRHSC. The following was discussed:

- Need for onsite change management resources.
- Need for snapshot of temporary and permanent staffing requirements for Expanse.
- Mechanism to bring local subject matter experts into broader solution discussion.
- Need for privacy working group.
- Scope clarity (ie. mental health, risk management).
- Concerns regarding security of Mental Health module.
- Need to summarize material process changes to enable pre-planning.

- **Security**
  - Door security is now managed through the Axiom V software at Rainycrest, Rainy River, and Emo. Photo IDs and FOB key access are now combined onto the same card at these locations. Transition to the new system at LVGH is expected to be complete by mid-December.
  - Lakeland Security notified of planned transition from contract to RHC in-house security starting April 1, 2026. RHCF has been registered and approved as an Employer of in-house Security Guards. Training curriculum is being reviewed. Policies and procedures are being developed for in-house security.
  - Security and Supply Chain Leadership tasked with completing an overhaul of the key system for RHCF. Process and policy development to occur around:
    - Requests Cutting of keys / repining locks
    - Authorization
    - Control
    - Distribution
    - Door labeling / wayfinding

- **Master Program and Capital Plan Project**

  As part of the Master Program and Capital Plan initiative, Colliers Project Leaders visited RHC sites November 12-14, 2025, to engage with staff, leadership, and key stakeholders. These sessions are designed to ensure that voices from across the organization are reflected in shaping the future of RHC's facilities and services.

  The Master Program outlines Riverside Health Care's service delivery framework, defining care levels, departmental relationships, and future service, staffing, and space needs to support long-term goals. The Master Plan translates the strategic and operational objectives outlined in the Master Program into a facility and capital development roadmap, aligning infrastructure planning with organizational priorities and provincial health strategies to ensure sustainable and adaptable growth.

  The Colliers team met with RHC's team members, conducted site tours, and hosted engagement sessions across multiple locations to gather feedback, insights, and ideas that will inform the next stage of the planning process. The planned itinerary at each site included site tours, engagement sessions with staff/management, informal meet and greets and meetings with senior leadership. These sessions help shape the future of RHC's infrastructure and services.

  Considerable engagement remains outstanding (ie. stakeholders).

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

- **Indigenous Regional Director**

  Meeting held with Indigenous Regional Director from St. Joseph's Health Care Group on November 14, 2025. Sara Wright, originally from Couchiching First Nation, is the new director. Our team looks forward to working with Sara to advance awareness and continuing to advance culturally safe health care for our Indigenous patients, residents, clients, and families.
- **Indigenous Liaison**
  - Monthly huddles with Indigenous HSPs to continue our collective efforts to enhance cultural safety and improve hospital to home supports.
  - Participating in complaints/concerns engagement with patients and family – "feeling they are seen and heard at RHC is very important".
  - Continued training sessions with Robert Horton at the Rendezvous – extensive positive feedback.
  - Engaging with Health Records as part of Self-Identification workflow review through TBRHSC.

Board Chair, Chief of Staff & Senior Leadership Report – November 2025
Open Session

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

Riverside Health Care

Audit & Resources Committee Report – November 2025

2.4.1 Financial Report – October 2025 *

Operating Revenue & Expense Summary
April 1, 2025 to October 30, 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)
Fund Type 1 - OH Funded - Hospital Services										
REVENUE										
OH - Base Funding	A-1	$33,784,517	$33,959,137	$19,807,909	$19,910,289	$19,680,002	($127,907)	($230,287)	-0.38%	-0.68%
QBP Funding	A-2	$1,078,300	$1,078,300	$632,209	$632,209	$1,048,607	$416,398	$416,398	38.62%	38.62%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-3	$2,496,065	$2,496,065	$1,463,446	$1,463,446	$1,432,676	($30,770)	($30,770)	-1.23%	-1.23%
OH - One Time Funding	A-4	$625,127	$625,127	$366,513	$366,513	$443,739	$77,226	$77,226	12.35%	12.35%
MOHLTC - One Time Funding	A-5	$354,426	$354,426	$207,800	$207,800	$187,601	($20,199)	($20,199)	-5.70%	-5.70%
Other Revenue MOHLTC - HOCC	A-6	$847,404	$847,804	$496,834	$497,069	$598,913	$102,079	$101,844	12.05%	12.01%
Paymaster	A-7	$0	$0	$0	$0	$0	$0	$0	#DIV/0!	#DIV/0!
Cancer Care Ontario	A-8	$12,722	$12,722	$7,459	$7,459	$7,180	($279)	($279)	-2.19%	-2.19%
Recoveries & Miscellaneous	A-9	$2,467,200	$2,467,200	$1,446,523	$1,446,523	$1,146,545	($299,978)	($299,978)	-12.16%	-12.16%
Amortization of Grants/Donations Equipment	A-10	$731,350	$731,350	$428,791	$428,792	$437,351	$8,560	$8,559	1.17%	1.17%
OHIP Revenue & Patient Revenue from Other Payors	A-11	$2,284,781	$2,284,781	$1,339,570	$1,339,570	$1,433,241	$93,671	$93,671	4.10%	4.10%
Differential & Copayment	A-12	$932,877	$932,877	$546,947	$546,947	$547,912	$965	$965	0.10%	0.10%
TOTAL REVENUE	**A-13**	**$45,614,769**	**$45,789,789**	**$26,744,001**	**$26,846,616**	**$26,963,767**	**$219,766**	**$117,151**	**0.48%**	**0.26%**
EXPENDITURES										
Compensation - Salaries & Wages	A-14	$26,077,132	$26,077,132	$15,289,058	$15,289,058	$13,523,139	($1,765,919)	($1,765,919)	-6.77%	-6.77%
Compensation - Purchased Service	A-15	$572,660	$2,572,660	$335,751	$1,508,354	$4,780,617	$4,444,866	$3,272,263	776.18%	127.19%
Benefit Contributions	A-16	$7,301,597	$7,301,597	$4,280,936	$4,280,936	$3,556,824	($724,112)	($724,112)	-9.92%	-9.92%
Future Benefits	A-17	$71,000	$71,000	$41,627	$41,627	$17,120	($24,507)	($24,507)	-34.52%	-34.52%
Medical Staff Remuneration	A-18	$2,604,262	$2,604,262	$1,526,882	$1,526,882	$1,883,789	$356,907	$356,907	13.70%	13.70%
Nurse Practitioner Remuneration	A-19	$544,665	$544,665	$319,338	$319,338	$437,864	$118,526	$118,526	21.76%	21.76%
Supplies & Other Expenses	A-20	$8,626,606	$8,626,606	$5,057,791	$5,057,791	$5,109,888	$52,097	$52,097	0.60%	0.60%
Amortization of Software Licenses & Fees	A-21	$195,887	$253,324	$114,849	$148,524	$129,389	$14,540	($19,135)	7.42%	-7.55%
Medical/Surgical Supplies	A-22	$1,435,851	$1,435,851	$841,841	$841,841	$914,395	$72,554	$72,554	5.05%	5.05%
Drugs & Medical Gases	A-23	$2,825,169	$2,825,169	$1,656,400	$1,656,400	$1,472,796	($183,604)	($183,604)	-6.50%	-6.50%
Amortization of Equipment	A-24	$1,264,810	$1,264,810	$741,560	$741,560	$742,007	$447	$447	0.04%	0.04%
Rental/Lease of Equipment	A-25	$252,174	$252,174	$147,850	$147,850	$117,885	($29,965)	($29,965)	-11.88%	-11.88%
Bad Debts	A-26	$175,000	$ 175,000	$102,603	$102,603	$115,000	$12,397	$12,397	7.08%	7.08%
TOTAL EXPENSE	**A-27**	**$51,946,813**	**$54,004,250**	**$30,456,488**	**$31,662,766**	**$32,800,713**	**$2,344,226**	**$1,137,947**	**4.51%**	**2.11%**
SURPLUS/(DEFICIT)	**A-28**	**($6,332,044)**	**($8,214,461)**	**($3,712,486)**	**($4,816,150)**	**($5,836,946)**	**($2,124,460)**	**($1,020,796)**	**33.55%**	**12.43%**
Fund Type 1 - OH Funded - Rainy River Clinic										
REVENUE										
MOH Funding	B-1	$2,920,208	$2,920,208	$1,712,122	$1,712,122	$1,900,296	$188,174	$188,174	6.44%	6.44%
Nurse Practitioner Funding thru RHC	B-2	$122,853	$122,853	$72,029	$72,029	$101,105	$29,076	$29,076	23.67%	23.67%
Recoveries & Miscellaneous	B-3	$0	$0	$0	$0	$9,321	$9,321	$9,321	#DIV/0!	#DIV/0!
TOTAL REVENUE	**B-4**	**$3,043,061**	**$3,043,061**	**$1,784,151**	**$1,784,151**	**$2,010,722**	**$226,571**	**$226,571**	**7.45%**	**7.45%**
EXPENDITURES										
Rainy River Clinic Salaries	B-5	$295,497	$295,497	$173,250	$173,250	$173,920	$670	$670	0.23%	0.23%
Rainy River Clinic Benefits	B-6	$76,272	$76,272	$44,718	$44,718	$49,584	$4,866	$4,866	6.38%	6.38%
Physician Remuneration	B-7	$2,095,122	$2,095,122	$1,228,373	$1,228,373	$1,457,477	$229,104	$229,104	10.94%	10.94%
Physician Travel	B-8	$190,066	$190,066	$111,436	$111,436	$131,561	$20,125	$20,125	10.59%	10.59%
Nurse Practitioner Expenditures	B-9	$226,026	$226,026	$132,519	$132,519	$101,105	($31,414)	($31,414)	-13.90%	-13.90%
Other Sundry	B-10	$8,112	$8,112	$4,756	$4,756	$17,223	$12,467	$12,467	153.68%	153.68%
Rainy River Clinic Rent	B-11	$75,758	$75,758	$44,417	$44,417	$40,105	($4,312)	($4,312)	-5.69%	-5.69%
Rainy River Clinic Software	B-12	$76,208	$76,208	$44,681	$44,681	$39,747	($4,934)	($4,934)	-6.47%	-6.47%
TOTAL EXPENSE	**B-13**	**$3,043,061**	**$3,043,061**	**$1,784,151**	**$1,784,151**	**$2,010,722**	**$226,571**	**$226,571**	**7.45%**	**7.45%**
SURPLUS/(DEFICIT)	**B-14**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**#DIV/0!**	**#DIV/0!**

Operating Revenue & Expense Summary
April 1, 2025 to October 30, 2025

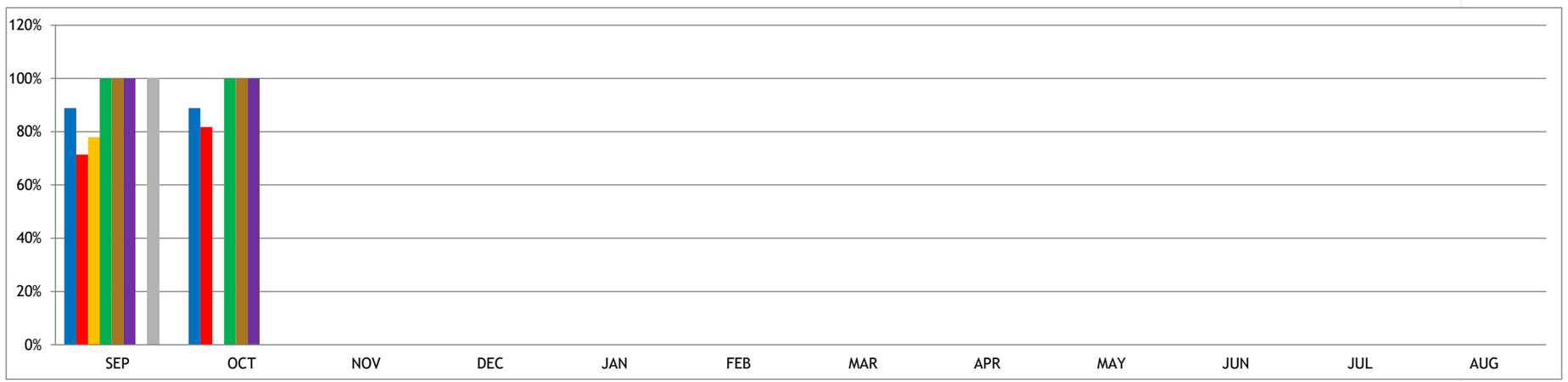
		April 1, 2025 to March 31, 2026 Annual Budget	April 1, 2025 to March 31, 2026 Adjusted Annual Budget (with Agency Costs)	2025-2026 YTD Budget	2025-2026 YTD Adjusted Budget (with Agency Costs)	2025-2026 YTD Actual	Overall Change	Overall Change Adjusted Budget (with Agency Costs)	YTD Actual Percent (%) Over(Under) YTD Budget	YTD Actual Percent (%) Over(Under) YTD Adjusted Budget (with Agency Costs)
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	$1,483,145	$1,483,145	$1,440,678	($42,467)	($42,467)	-1.68%	-1.68%
TOTAL EXPENSE	C-2	$2,529,663	$2,529,663	$1,483,145	$1,483,145	$1,509,827	$26,682	$26,682	1.05%	1.05%
SURPLUS/(DEFICIT)	C-3	**$0**	**$0**	**$0**	**$0**	**($69,149)**	**($69,149)**	**($69,149)**	**#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	$401,526	$401,526	$261,317	($140,209)	($140,209)	-20.47%	-20.47%
TOTAL EXPENSE	D-2	$684,845	$684,845	$401,526	$401,526	$269,451	($132,075)	($132,075)	-19.29%	-19.29%
SURPLUS/(DEFICIT)	D-3	**$0**	**$0**	**$0**	**$0**	**($8,134)**	**($8,134)**	**($8,134)**	**#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	$1,876,976	$1,876,976	$1,858,496	($18,480)	($18,480)	-0.58%	-0.58%
TOTAL EXPENSE	E-2	$3,201,384	$3,201,384	$1,876,976	$1,876,976	$2,065,302	$188,326	$188,326	5.88%	5.88%
SURPLUS/(DEFICIT)	E-3	**$0**	**$0**	**$0**	**$0**	**($206,806)**	**($206,806)**	**($206,806)**	**#DIV/0!**	**#DIV/0!**
Fund Type 2 - OH Funded - RainyCrest Long Term Care										
TOTAL REVENUE	F-1	**$15,330,585**	**$15,330,585**	**$8,988,343**	**$8,988,343**	**$8,811,087**	**($177,256)**	**($177,256)**	**-1.16%**	**-1.16%**
Compensation	F-2	$9,265,810	$10,013,462	$5,432,557	$5,870,906	$6,504,155	$1,071,598	$633,249	11.57%	6.32%
Purchased Service	F-3	$0	$781,103	$0	$457,962	$1,571,003	$1,571,003	$1,113,041	#DIV/0!	142.50%
Benefits	F-4	$2,580,947	$2,580,947	$1,513,213	$1,513,213	$1,440,406	($72,807)	($72,807)	-2.82%	-2.82%
Nurse Practitioner	F-5	$149,394	$417,394	$87,590	$244,719	$244,819	$157,229	$100	105.24%	0.02%
Medical Staff Remuneration	F-6	$50,096	$50,096	$29,371	$29,371	$22,808	($6,563)	($6,563)	-13.10%	-13.10%
Supplies	F-7	$1,669,915	$1,669,915	$979,073	$979,073	$1,049,672	$70,598	$70,598	4.23%	4.23%
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	$823,481	$978,851	$870,039	$46,558	($108,812)	3.31%	-6.52%
Equipment	F-10	$572,484	$672,484	$335,648	$394,278	$99,710	($235,938)	($294,568)	-41.21%	-43.80%
Contracted Out	F-11	$61,561	$61,561	$36,093	$36,093	$2,815	($33,278)	($33,278)	-54.06%	-54.06%
Building & Grounds	F-12	$62,735	$217,735	$36,782	$127,658	$229,660	$192,878	$102,002	307.45%	46.85%
TOTAL EXPENSE	F-13	**$15,817,478**	**$18,134,232**	**$9,273,809**	**$10,632,125**	**$12,035,087**	**$2,761,278**	**$1,402,962**	**17.46%**	**7.74%**
SURPLUS/(DEFICIT) including unfunded liabilities	F-14	**($486,893)**	**($2,803,647)**	**($285,466)**	**($1,643,782)**	**($3,224,000)**	**($2,938,534)**	**($1,580,218)**	**603.53%**	**56.36%**
Less: Unfunded Future Benefits	F-15	$0	$0	$0	$0	($44,207)	($44,207)	($44,207)	#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)**	**($285,466)**	**($1,643,782)**	**($3,268,207)**	**($2,982,742)**	**($1,624,425)**	**612.61%**	**57.94%**
Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY		**($6,818,937)**	**($11,018,108)**	**($3,997,952)**	**($6,459,932)**	**($9,105,153)**				
Total Operating Margin - Hospitals & Long Term Care ONLY		**-11.19%**	**-18.03%**	**-11.19%**	**-18.03%**	**-25.45%**				

Riverside Health Care

Quality, Safety, Risk Committee Report – November 2025

2.5.1 Board Quality Metrics *

BOARD OF DIRECTORS - QUALITY METRICS - 2025-2026



INDICATORS:

1. Participation A - # of voting board members attending board meetings monthly.
2. Participation B - # of voting board members attending committee meetings monthly.
3. Reflection A - # of completed board meeting evaluation surveys every 3rd meeting.
4. Reflection B - # of members that complete the board self-assessment questionnaire annually (June).
5. Decision Making - # of board decisions made by detailed briefing notes/supporting documentation done monthly.
6. Education A - # of education sessions at board meetings monthly.
7. Education B - # of board meeting agenda items related to integration, quality or strategy monthly.
8. Composition - # of categories in the skills based board matrix met annually (March).
9. 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%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	89%	75%	14%	
2. Participation B	71%	82%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	76%	75%	1%	
3. Reflection A	78%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	78%	100%	-22%	
4. Reflection B										#DIV/0!			#DIV/0!	100%	#DIV/0!	
5. Decision Making	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%	90%	10%	
6. Education A	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	200%	100%	100%	min of 1 session/mtg
7. Education B	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#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 Board Orientation took place in September 2024
9. Compliance	100%	#DIV/0!	#DIV/0!										#DIV/0!	90%	#DIV/0!	

Riverside Health Care

Auxiliary Report – November 2025

Emo

No Report.

La Verendrye General Hospital

- *Pumpkins & Plaid* was very positively received by the membership and community. Sellout crowd who certainly supported the LVGHA. Profit of $16,300 (at this time - donations have continued to trickle in) exceeding expectations.
- A series of 'mini fundraisers' planned for the next 2-3 months beginning with *Trim the Tree*. Ornaments may be purchased and personalized (e.g. Thank staff member, in memory) and hung on tree in the Lobby. Available at Gift Shop for $10.
- Next *Coffee & Conversation* taking place on December 8, 2025.

Rainycrest

No Report.

Rainy River

See attached.

Rainy River Hospital Auxiliary

Minutes of Meeting – November 5, 2025

Nancy called the meeting to order at 2:00 p.m. and the auxiliary prayer was read.

There were nine members present: Jeanette Armstrong, Donna McDonald, Mary Hartnell, Eleanor Wiersema, Lou Ricci, Joyce Penner, Dawn Jarvis, Nancy Schaak and Georgina Jarvis. Special presenters were Holly Kaemigh and Amanda Green from Riverside.

Minutes of the Last Meeting

Minutes of the last meeting held on October 1, 2025 were read by Georgina. There were no errors or omissions. Donna moved that the minutes be adopted as presented. Joyce seconded the motion. Carried.

Old Business, Business Arising

- A wreath has been purchased for the Remembrance Day service.
- Donna reported on the Vendor's Market and the Senior Living Fair where tuck shop items were sold. The Vendor's Market was a success, so it was decided that it is worthwhile to participate in the November event. The Senior Living Fair did not sell as much product, but was well worth doing.

Financial Reports

Treasurer's Report: General Account and Lottery Account

- Nancy gave the financial reports for October for the general account and the lottery account. The closing October balance for the general account was $5,677.00 and the Lottery Account was $2,324.26.

HELPP Report-

- Nancy gave the HELPP financial report for October with a closing balance of $929.46

Tuck Shop Report:

- Nancy gave the Tuck Shop financial report for October with a closing balance of $1,455.67

Donna McDonald moved that the financial reports be accepted as presented. Dorothy Wiersema seconded the motion. Carried.

Committee Reports

Foundation Report- Bev was absent so no report was available.

Membership-

- Eleanor reported that dues are being collected for 2026.

Sick and Visiting-

- Nancy reported that cards were sent to Carol Pratt and Helen Kellner.

Social Report-

- Carol was absent, so no report was available.

Lou moved that the committee reports be accepted as presented. Eleanor seconded the motion. Carried.

Correspondence

There was no correspondence.

New Business

- It was decided to provide haircuts for the Long Term Care residents for Christmas gifts this year. Lou will contact Lorie Kuzyk to check prices and report back to Nancy.
- We will be having our Christmas Luncheon on December 3rd at the Evangelical Church. Dawn will contact Michelle Abraham for catering a turkey meal and the price per plate. The deadline to pay for the meal is November 24th. Jeanette will ask the bakery to collect meal money.

  Motion #2: Nancy Schaak moved that our auxiliary subsidize any additional cost on $20.00 per plate for our Christmas dinner meeting. The motion was seconded by Donna MacDonald. Carried.

  - Duties for the Christmas Bazaar are as follows:
  - Donna completed the appeal letters, Donna and Georgina will photocopy and distribute the letters.
  - Members will drop off penny table items at the hospital.
  - Nancy will ask Jody at the hospital to design and print posters.
  - Nancy will notify the town for the talker boards.
  - Jeanette will organize the pies.
  - Lou will get the servers and Mary and Karen will work in the kitchen.
  - Joyce will pick up the following supplies: 120 small plates, 50 napkins, 7 white rectangular tablecloths and 100 8 oz. cups.
  - Nancy will pick up coffee, Lou will provide tea and Jeanette will get creamer, drink crystals and cool whip.
  - Bev, Dawn, Marlene and Karen will organize and sell penny table items and tickets.
  - Georgina will sell tickets at the draw table and the Tuck Shop table with Donna and Elsie.

- Eleanor will collect membership dues and ask Cam to work at the door.
- Joyce will purchase a door prize item worth a maximum of $40.00
- Nancy, Donna and Georgina will load up items from the hospital.
- Georgina will provide a clear plastic tub for the quilt ticket draw.
- Donna and Georgina will set up the quilt ticket sales.

Holly and Amanda presented on behalf of Riverside Fundraising with the following information:

- Holly's title is Director of Fundraising.
- Riverside will provide proof of purchase to us for the donation toward the purchase of the Vital Signs Machine. Tax breaks are given in the price point and receipts should be received in a timely manner.
- Holly has her own bank accounts that are completely separate from the Riverside accounts, with her accounts being split into streams ie. Rainy River stream.
- When donating, cheques are to be made out to Riverside Health Care Fundraising.
- If in memoriam donations are made, Holly will issue donation receipts and contact Northridge to contact the families of the donations received.
- The MRI and X-Ray campaign goal is to raise 1.6 million dollars, which is the community share for equipment and capital based on construction costs. The Ontario government will provide 9 to 11 million dollars with 2 million of this for equipment. $1.2 million has been raised to date with a $1 million donation coming from a private family foundation in Toronto. Holly spoke with the foundation extensively with the arrangement being $800,000 given outright and the remaining $200,000 given when the community goal is reached. There is $380,000 left to fundraise from the community. The equipment has been ordered including two new digital radiography units for Fort Frances and Rainy River that are identical. They use less radiation, use AI and can provide full spine and limb scans. The MRI machine that has been ordered is state of the art with a larger bore opening and much speedier scans than in the past. Three full time local staff are being trained with one tech already completing the training and the other two going for training shortly.
- The new MRI infrastructure will be constructed off the current radiology units into the parking lot. No stack is required with this new MRI.
- Hopefully the addition of this new equipment will attract physicians to the district.
- A 50/50 campaign has been launched with the winner last month taking home around $11,000
- Holly and Amanda will attend our Christmas Bazaar in December.
- The Smile Cookie campaign (November 17 – 23) has been awarded to Riverside this year. Businesses have been contacted from Fort Frances to Rainy River. Holly will send Georgina the order form, with delivery of cookies taking place on Friday, November 21st.

Nancy adjourned the meeting at 3:25 p.m.