

BOARD OF DIRECTORS MEETING
OPEN SESSION
 Thursday, April 24, 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 – March 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 7 2.3 Governance Committee Report – B. Norton 2.4 Audit & Resources Committee Report – B. Norton * Pg 9 2.5 Quality Safety Risk Committee Report – M. Kitzul 2.6 Auxiliary Reports – Moved to In Camera	
3.	Motion to Approve the Agenda	
4.	Patient / Resident Safety Moment – Moved to In Camera	
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 29, 2025	
11.	Termination	

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

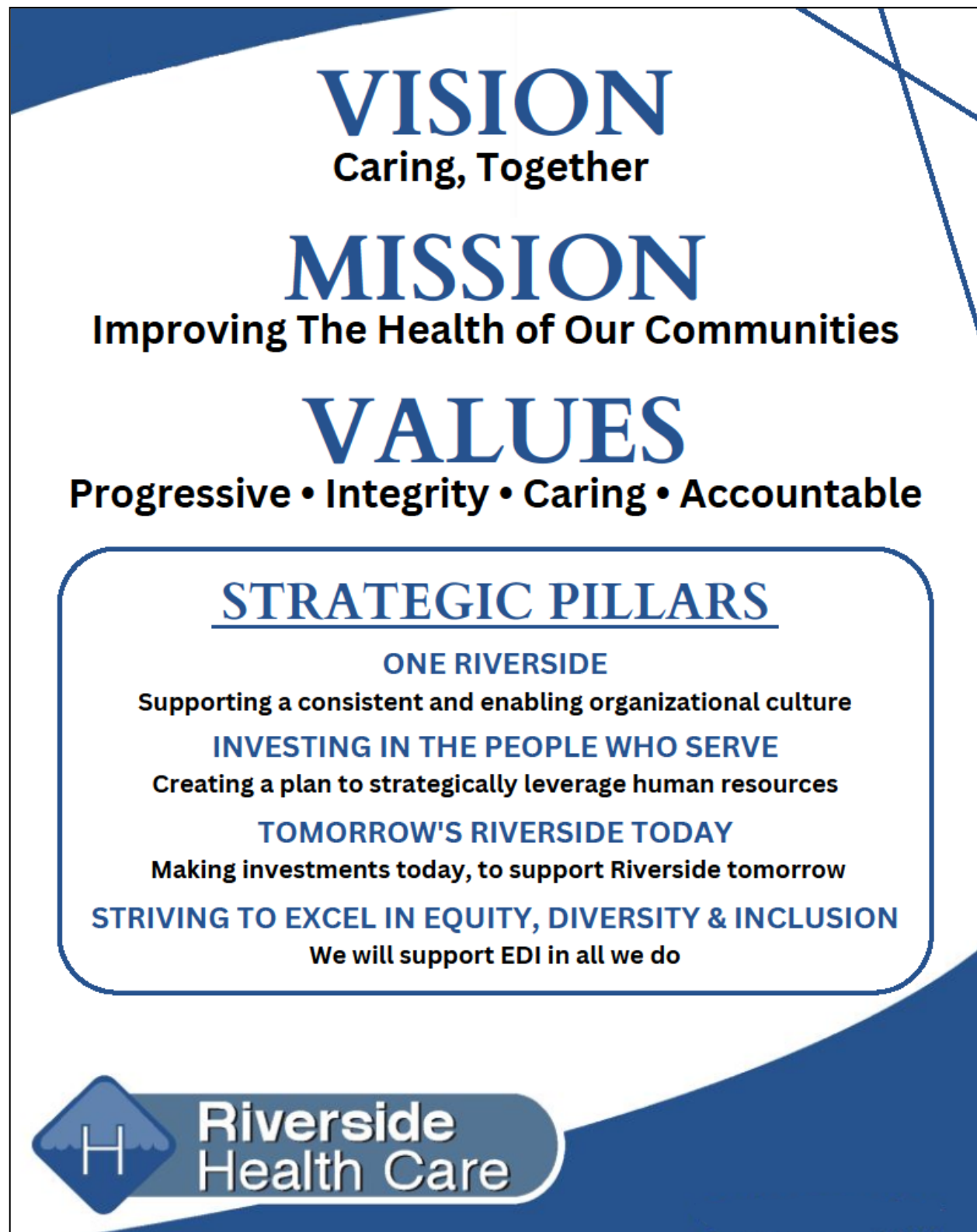
**BOARD OF DIRECTORS MEETING
ANTICIPATED MOTIONS – OPEN SESSION**

Thursday, April 24, 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.



The graphic features a white central area with blue borders and decorative lines. The text is arranged in a vertical hierarchy, starting with 'VISION' in large blue letters, followed by 'Caring, Together' in black. 'MISSION' is in large blue letters, followed by 'Improving The Health of Our Communities' in black. 'VALUES' is in large blue letters, followed by 'Progressive • Integrity • Caring • Accountable' in black. A rounded rectangle contains the 'STRATEGIC PILLARS' section, which lists four pillars in blue and black text. At the bottom left is the Riverside Health Care logo, consisting of a blue diamond with a white 'H' and the text 'Riverside Health Care' in white on a blue background.

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**

without a response from the Interventional booking office. The Manager of Patient, Resident, Client Experience & Utilization, called at day 3 and the Interventional Radiologist department said the fax hadn't been received. It was re-faxed.

Once the case was escalated to the senior leadership team, a call was made to Thunder Bay Regional Health Science Centre at which point it was communicated that the reason for the delay was due to both Interventional Radiologists being out of town. After much convincing, the clerk agreed to prioritize the booking for this patient based on the pain score and risk of infection spread. After 11 days the patient received an appointment. The patient shared; "My relief was short-lived" – the radiologist requested an updated CT as I had been on antibiotics for so many days, he felt that the abscess may be smaller and maybe I didn't need the procedure". The patient had a repeat CT, and it was deemed the procedure was required. The patient noted; "I was lucky to have had a nurse escort for the trip there and back".

Things unfortunately did not improve after the procedure. There was no clear communication about the treatment plan for the patient, back to Fort Frances. This was sorted out, however, then came another bump in the road, and the patient had to go back to Thunder Bay for another drainage. Two weeks in hospital and the patient was not done. The patient shared; "I was grateful for the short passes to be able to go home". The entire process started over again for the patient and many phone calls were made by the Manager of Patient, Resident, Client Experience & Utilization and physician. Another CT was also done. Despite the advocacy by Riverside, and after a month in the hospital the patient was discharged home with an appointment time.

The patient stated, "I appreciate all the work that Riverside put in to make this happen. Thunder Bay Regional Interventional Radiology Department you need to function better. You need to have flow that offers better patient experience. I spent a month in hospital for a procedure that takes 30 minutes. Not to mention the transportation by ORNGE. By myself, without Riverside, I would be struggling alone, and I would have no idea how to begin."

Discussion took place and even though we can't impact Thunder Bay's booking procedures we can provide feedback with the hope to improve process.

D. Clifford thanked D. Harris for sharing this story.

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. Kitzul

THAT the Board go in-camera at 5:38 pm.

CARRIED.

9. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

10. DATE AND LOCATION OF NEXT MEETING:

April 24, 2025

11. TERMINATION:

It was,

MOVED BY: K. Lampi

THAT the meeting be terminated at 7:07 pm.

CARRIED.

Chair

Secretary/Treasurer



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

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **OPP Presentation**
On April 8, 2025, the OPP presented to our management team regarding the risk of active threats in hospital or other health care environments. In addition to this important discussion there was agreement on advancing a mock training system for each of our sites to ensure that staff are more acutely aware of the appropriate actions to take in the case of an active threat.
- **Seven Generations Paramedic Program**
RHC has provided the Paramedic Program Coordinator at Seven Generations Education Institute (SGEI) with a letter of support for the program. Much like physician and nursing HHR challenges across our sites, there is a critical need to educate an increasing number of paramedics to support district wide ambulance services.
- **Stress Continuum Tool**
Introduction of a Stress Continuum tool designed to build self-awareness will support staff in identifying their level of stress and prioritize practical self-care strategies. These will be posted throughout all sites in areas where staff can take a few minutes throughout the day to do a quick self-check. Plan to roll out May 1, 2025.
- **National Nursing Week**
National Nursing Week will be celebrated May 12-18, 2025. There are activities planned to honor our nursing staff that work across RHC sites. The theme this year “The Power of Nurses to Transform Health” will be celebrated at various events throughout the week.

One Riverside - Promoting a Consistent and Empowering Culture

- **Remote Care Monitoring**
On April 9, 2025, Ontario Health inquired if RHC was interested in being a pilot site in the Northwest for the Remote Care Monitoring project that has already been rolled out in areas in the Southern part of the province. After review on April 15, 2025, our Team confirmed our interest in serving as a pilot site for this initiative. We are now waiting confirmation of this pilot.

This program is part of Toronto Grace Health Centre’s Remote Care Monitoring program that includes 24/7 monitoring and call centre, client escalation pathways for alerts, province wide remote deployment as part of a Hub and Spoke model, and coordinate services with local programs and resources, including hospitals, community paramedicine, primary care, home care, and others.

The program is intended for those 60+ living in community (not LTC or without housing) and that meet a criteria list (ie. recurrent falls, acute functional decline, wandering history, medication adherence challenges). The program is focused on minimizing barriers for seniors to age in place (at home), reduce obstacles to discharge for seniors, reduce HHR requirements to support seniors living in community, reduce LTC demand, reduce ED visits, and minimize health issues for seniors living in community with chronic disease.

Types of technologies included are a Personal Alert Monitoring Pendant, Automated Medication Dispensing & Adherence Monitoring, In-Home Passive Monitoring, Chronic Disease Management with Local & Remote reporting, Documentation & Records Management Portal.

- **Registration Relocation**
On April 15, 2025, discussions occurred with the registration, maintenance, and IT departments to ensure that registration will reopen in the main entrance May 7, 2025. It has been determined that changes in staffing will require several weeks before the main entrance can return to full-time staffing Monday to Friday. However, the registration department will ensure that a clerk is present during peak hours during the transition period.
- **Rainycrest Activation**
In response to a request from leadership the activation department at Rainycrest has submitted a Business Plan to enhance resident care. The plan includes a request for additional staffing resources (net annual cost of \$92k), renovated resident lounges to support a home-like environment (one time cost of \$42k), and additional staff education to provide enhanced therapeutic care to all residents. These changes will improve resident quality of life and strengthen the opportunity for staff to establish effective therapeutic relationships with residents from any “walk of life.” Resident and

Board Chair, Chief of Staff & Senior Leadership Report – April 2025

Open Session

Family Council will be engaged, as appropriate, to further advance our relationship with these representatives. Some specific planned additions to support residents include purchase of virtual reality technology, pet shop, bus stop, and laundry equipment replicas to be located within the facility.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **Pharmacy Barcoding**

The NW Regional Pharmacy Steering Committee met recently to review a proposal to implement pharmacy barcoding as part of the Meditech Expanse rollout. The report received noted “implementation of barcoding on all the medications in a system that is fully equipped and tested for bedside medication verification will achieve closed-loop medication management and enhance patient safety & operational safety”.

RHC supports this advancement of the internal controls being rolled out as part of Meditech Expanse to improve care and increase safety.

- **Meditech Expanse**

Riverside staff attended official Kick-Off Events for Meditech Expanse:

- La Verendrye General Hospital (leadership & staff) - April 8, 2025
- Rainy River Health Centre (staff) - April 9, 2025
- Emo Health Centre (staff) - April 9, 2025
- La Verendrye General Hospital (physicians) - April 13, 2025

These sessions are intended to add clarity on how Meditech Expanse will improve workflows and patient care and provide staff with the opportunity to ask questions and share feedback. Cindy Cole is our EHR Implementation Lead.

- **Transportation**

Specialist and Diagnostic transportation is now operationally funded by Riverside. The bus made it's first trip on April 8, 2025, to Thunder Bay.

We have put forth a request for one time funding from the OHT to support MSPT in Rainy River for one year as a pilot expansion.

We have followed up with OH regarding our application for multi-year funding from OTIF to support a district wide model for MSPT that will reduce the burden on Paramedic services and provide transport into Fort Frances to access the Specialist and Diagnostic transportation bus.

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

- **RRDMA**

Municipal meetings for the Rainy River, Emo and Fort Frances catchment areas are scheduled for May 21, 2025.

- **Ontario Health Team**

- Still waiting on Funding agreement for the new year for the OHT
- RSSN in person meeting booked for May
- Co-Chair is now Jennifer Learning from Atikokan General Hospital

- **National Organ and Tissue Donation Awareness Week (NOTDAW)**

NOTDAW activities will include a riverside registration campaign. Community members will be allowed to register their wishes at the booths at Rainy River, Emo or on our website and other media outlets.

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 – April 2025

2.4.1 Financial Report – March 2025 *



Operating Revenue & Expense Summary

April 1, 2024 to March 31, 2025

		April 1, 2023 to March 31, 2024	2024-2025 YTD Budget	2024-2024 YTD Actual	Overall Change	YTD Actual Percent Over(Under) YTD Budget
Fund Type 1 - OH Funded - Hospital Services						
REVENUE						
OH - Base Funding	A-1	\$29,611,612	\$29,611,612	\$32,276,219	\$2,664,607	9.00%
QBP Funding	A-2	\$1,779,637	\$1,779,637	\$1,957,518	\$177,881	10.00%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-3	\$3,101,079	\$3,101,079	\$2,405,736	(\$695,343)	-22.42%
OH - One Time Funding	A-4	\$4,109,446	\$4,109,446	\$11,655,442	\$7,545,996	183.63%
MOHLTC - One Time Funding	A-5	\$196,279	\$196,279	\$230,807	\$34,528	17.59%
Other Revenue MOHLTC - HOCC	A-6	\$752,439	\$752,439	\$871,250	\$118,811	15.79%
Paymaster	A-7	\$0	\$0	\$0	\$0	0.00%
Cancer Care Ontario	A-8	\$7,686	\$7,686	\$4,795	(\$2,891)	-37.61%
Recoveries & Miscellaneous	A-9	\$2,706,776	\$2,706,776	\$2,304,548	(\$402,228)	-14.86%
Amortization of Grants/Donations Equipment	A-10	\$532,945	\$532,945	\$680,891	\$147,946	27.76%
OHIP Revenue & Patient Revenue from Other Payers	A-11	\$2,183,590	\$2,183,590	\$1,961,367	(\$222,223)	-10.18%
Differential & Copayment	A-12	\$806,126	\$806,126	\$897,832	\$91,706	11.38%
TOTAL REVENUE	A-13	\$45,787,615	\$45,787,615	\$55,246,404	\$9,458,789	20.66%
EXPENDITURES						
Compensation - Salaries & Wages	A-14	\$21,076,566	\$21,076,566	\$22,281,895	\$1,205,329	5.72%
Compensation - Purchased Service	A-15	\$5,407,034	\$5,407,034	\$5,873,913	\$466,879	8.63%
Benefit Contributions	A-16	\$6,206,412	\$6,206,412	\$6,344,975	\$138,563	2.23%
Future Benefits	A-17	\$11,300	\$11,300	\$33,900	\$22,600	200.00%
Medical Staff Remuneration	A-18	\$2,987,134	\$2,987,134	\$4,186,984	\$1,199,850	40.17%
Nurse Practitioner Remuneration	A-19	\$790,998	\$790,998	\$795,522	\$4,524	0.57%
Supplies & Other Expenses	A-20	\$7,325,804	\$7,325,804	\$8,227,052	\$901,248	12.30%
Amortization of Software Licenses & Fees	A-21	\$21,158	\$21,158	\$93,982	\$72,824	344.19%
Medical/Surgical Supplies	A-22	\$1,734,822	\$1,734,822	\$1,566,632	(\$168,190)	-9.69%
Drugs & Medical Gases	A-23	\$2,802,408	\$2,802,408	\$2,712,415	(\$89,993)	-3.21%
Amortization of Equipment	A-24	\$961,599	\$961,599	\$1,122,776	\$161,177	16.76%
Rental/Lease of Equipment	A-25	\$195,216	\$195,216	\$246,272	\$51,056	26.15%
Bad Debts	A-26	\$109,683	\$109,683	\$252,392	\$142,709	130.11%
TOTAL EXPENSE	A-27	\$49,630,134	\$49,630,134	\$53,738,711	\$4,108,577	8.28%
SURPLUS/(DEFICIT)	A-28	(\$3,842,519)	(\$3,842,519)	\$1,507,694	\$5,350,213	139.24%

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

TOTAL REVENUE	B-1	\$2,503,840	\$2,503,840	\$2,377,297	(\$126,543)	-5.05%
TOTAL EXPENSE	B-2	\$2,503,840	\$2,503,840	\$2,420,680	(\$83,160)	-3.32%
SURPLUS/(DEFICIT) - DUE To LHIN	B-3	\$0	\$0	(\$43,383)	(\$43,383)	0.00%

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

TOTAL REVENUE	C-1	\$162,419	\$162,419	\$351,765	\$189,346	116.58%
TOTAL EXPENSE	C-2	\$162,419	\$162,419	\$351,765	\$189,346	116.58%
SURPLUS/(DEFICIT) - DUE To Other	C-3	\$0	\$0	\$0	\$0	0.00%

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

TOTAL REVENUE	D-1	\$2,545,041	\$2,545,041	\$3,091,280	\$546,239	21.46%
TOTAL EXPENSE	D-2	\$2,545,041	\$2,545,041	\$3,091,280	\$546,239	21.46%
SURPLUS/(DEFICIT) - DUE To LHIN	D-3	\$0	\$0	\$0	\$0	0.00%

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

TOTAL REVENUE	E-1	\$14,120,359	\$14,120,359	\$17,436,720	\$3,316,361	23.49%
Compensation - Salaries & Wages	E-2	\$9,115,414	\$9,115,414	\$9,492,621	\$377,207	4.14%
Compensation - Purchased Service	E-3	\$1,857,345	\$1,857,345	\$2,808,507	\$951,162	51.21%
Benefit Contributions	E-4	\$2,538,836	\$2,538,836	\$1,928,970	(\$609,866)	-24.02%
Nurse Practitioner	E-5	\$351,000	\$351,000	\$391,474	\$40,474	11.53%
Medical Staff Remuneration	E-6	\$44,363	\$44,363	\$46,742	\$2,379	5.36%
Supplies	E-7	\$1,410,320	\$1,410,320	\$1,568,589	\$158,269	11.22%
Service Recipient Specific Supplies	E-8	\$0	\$0	\$0	\$0	0.00%
Sundry	E-9	\$1,310,068	\$1,310,068	\$1,564,997	\$254,929	19.46%
Equipment	E-10	\$435,807	\$435,807	\$637,707	\$201,900	46.33%
Contracted Out	E-11	\$82,445	\$82,445	\$67,974	(\$14,471)	-17.55%
Building & Grounds	E-12	\$308,775	\$308,775	\$529,027	\$220,252	71.33%
TOTAL EXPENSE	E-13	\$17,454,373	\$17,454,373	\$19,036,608	\$1,582,235	9.06%
SURPLUS/(DEFICIT) including unfunded liabilities	E-14	(\$3,334,014)	(\$3,334,014)	(\$1,599,889)	\$1,734,125	52.01%
Less: Unfunded Future Benefits	E-15	\$0	\$0	\$71,500	(\$71,500)	0.00%
Less: Unfunded Amortization Expense	E-16	\$0	\$0	\$0	\$0	0.00%
SURPLUS/(DEFICIT) excluding unfunded liabilities	E-17	(\$3,334,014)	(\$3,334,014)	(\$1,671,389)	\$1,662,625	49.87%

Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY		(\$7,176,533)	(\$7,176,533)	(\$163,695)
Total Operating Margin - Hospitals & Long Term Care ONLY		-11.98%	-11.98%	-0.23%