

BOARD OF DIRECTORS MEETING
OPEN SESSION
Thursday, September 25, 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 – June 17, 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 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 6.1 Board Member Consolidated Confidentiality, Accountability & Roles & Responsibility Statement – Annual Signing * Pg 16	
7.	Opportunity for Public Participation	
8.	Move to In-Camera	
9.	Other Motions/Business	
10.	Date and Location of Next Meeting: October 30, 2025	
11.	Termination	

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

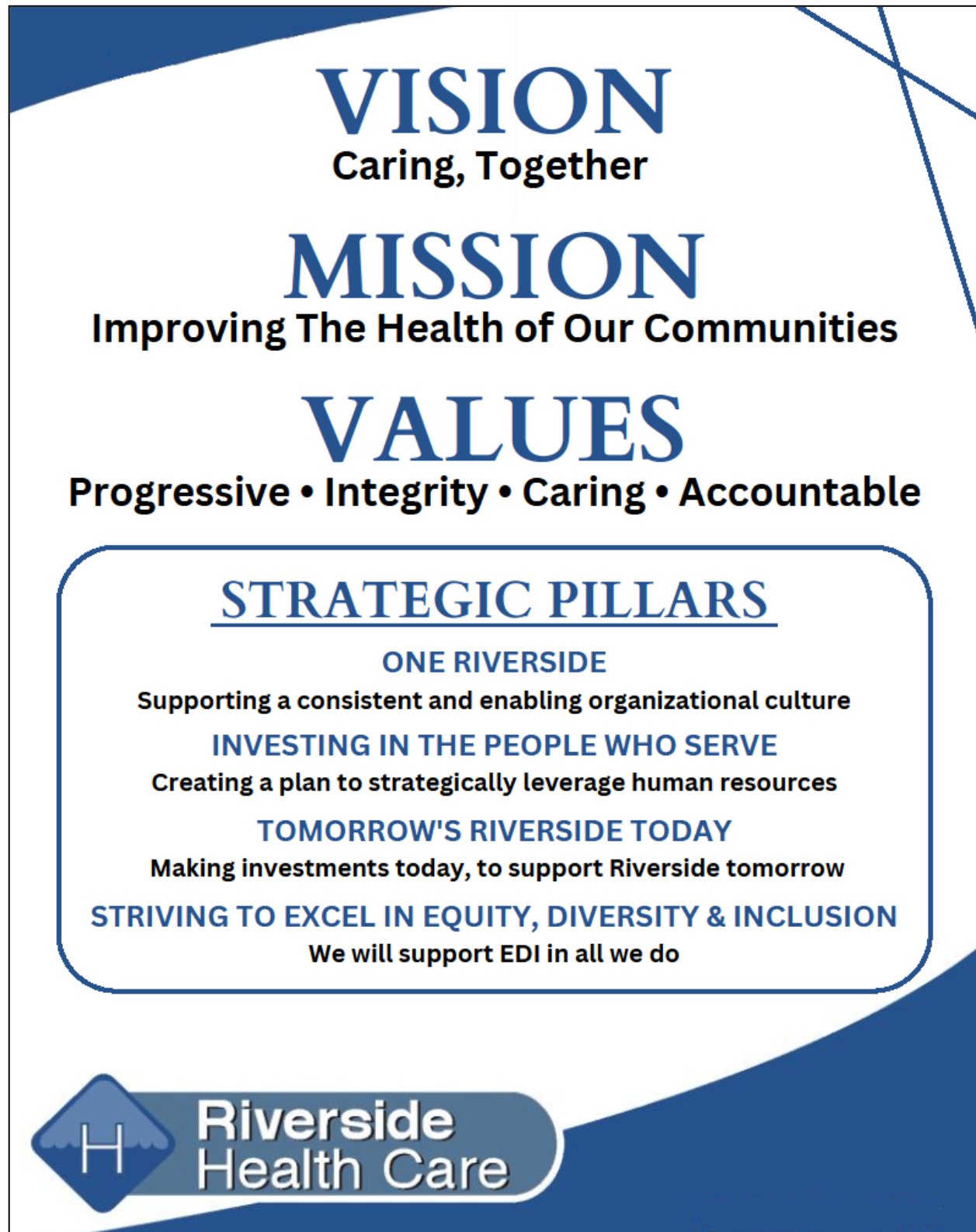
**BOARD OF DIRECTORS MEETING
ANTICIPATED MOTIONS – OPEN SESSION**

Thursday, September 25, 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. It lists the organization's vision, mission, and values, followed by a rounded rectangle containing five strategic pillars. At the bottom left is the Riverside Health Care logo, which includes a blue diamond with a white 'H' and the text 'Riverside Health Care' in a blue pill-shaped box.

VISION
Caring, Together

MISSION
Improving The Health of Our Communities

VALUES
Progressive • Integrity • Caring • Accountable


STRATEGIC PILLARS

ONE RIVERSIDE
Supporting a consistent and enabling organizational culture

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

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

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

 **Riverside
Health Care**

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

Date of Meeting: June 17, 2025

Time of Meeting: 5:30 pm

Location of Meeting: Webex / LVGH Board Room

PRESENT:	H. Gauthier K. Lampi A. Beazley	M. Kitzul E. Bodnar *via Webex	Dr. L. Keffer Dr. K. Arnesen	D. Clifford B. Norton
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STAFF: B.Booth, J. Ogden, C. Larson

REGRETS: D. Harris

GUESTS: J. Savage, J. Henry, M. Henry, D. McLeod

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 everyone and reminded all of the virtual meeting etiquette. D. Clifford welcomed Jeff Savage, Joyce and Moe Henry, and Delaine McLeod to the meeting.

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: M. Kitzul

SECONDED BY: K. Lampi

THAT the Board approves the Agenda as circulated.

CARRIED.

4. Presentation – Draft Financial Statements – Jeff Savage, MNP Auditor

D. Clifford welcomed Jeff Savage, MNP Auditor to the meeting who provided a presentation on the draft audited financial statements. J. Savage highlighted the following:

- The results of the audit are up to March 31, 2025, and are for the entire corporation. J. Savage defined the pieces of the corporation.
- J. Savage acknowledged C. Larson and her Finance team for all their hard work.
- The draft financial statements were reviewed in detail with the Board Audit & Resources Committee last week.
- J. Savage reviewed pages 3 and 4 of the statements stating they are issuing a clean

unqualified audit. He reported in their opinion the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at March 31, 2025, and the results of its operation and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

- J. Savage referenced and defined the “Going Concern”. He noted RHC needs continued regular funding from the Ministry to maintain its responsibilities over the next 12 months.
- The Statement of Financial Position was reviewed in detail.
Assets overall increased by approximately \$350k.
Current Assets decreased by roughly \$2.2 million.
Liabilities saw a \$379k decrease.
Current Liabilities there was a \$2 million decrease.
Net Assets increased by approximately \$729k.
- The organization goes into 2025-26 with a net debt of roughly \$8 million.
- The Statement of Operations was reviewed in detail.
The Ministry increased the hospital base funding by approximately 9%
\$8.8 million in 1-time operational funding was received which helped pay bills and make payroll.
- The hope is that the Ministry will continue to help with funding.
- Overall:
Hospital has an approximate \$2.5 million surplus
LTC & Other has an approximate \$1.2 million deficit
- C. Larson thanked J. Savage and his team for all their hard work as well.

D. Clifford thanked J. Savage for his presentation.

It was,

MOVED BY: E. Bodnar

SECONDED BY: A. Beazley

THAT the RHC Board of Directors approves the 2024-2025 audited financial statements, as reviewed and recommended by the Audit & Resources Committee.

CARRIED.

5. **Patient / Resident Safety Moment**

J. Ogden shared a patient story submitted by Carley McCormick, Manager of Patient & Client Experience & Utilization and Samantha Keown, ALC Community Nurse. J. Ogden acknowledged both C. McCormick and S. Keown for their work on this story. J. Ogden presented the story from the patient’s perspective as follows:

The Help I Didn't Know I Needed

I have been diagnosed with Schizophrenia for over 30 years. After my mother passed away, I had a mental breakdown, and I was never the same after that. I had very few adjustments to my medications over the years, perhaps because I was very compliant with my oral medications and my Case Manager through Canadian Mental Health Association was able to assist in transport to the Family Health Team for my biweekly injections. Although I was compliant with my medications and doing my best, I was also trying to not only care for myself, but others as well. This was influenced by the voices I would hear and the half human, half creature beings that lived with me. Because these creatures known as the "plebes," needed food and drinks and I didn't want them to go without, I left out food for them, pizza, cookies, canned vegetables, and coffee. Without the plebes eating the food, this caused my apartment to smell, but I thought I was doing the right thing. Bugs showed up and other things were flying around. I had Cancer before, and when I started to feel like something was wrong, I thought maybe it was the cancer coming back. I thought the best way to get rid of it was to leave the oven on and opened and this would make the cancer disappear. Because of the rotting food and the risks with me leaving the oven on I was handed my

first eviction notice. This made me worry. My CMHA worker was at a loss of what to offer me, so she sent a referral to Riverside's ALC Community Nurse Sam. Within a matter of days, I had my first visit. The ALC Nurse sent a referral to Riverside Community Support Services for cleaning, this is all I would agree to. I didn't need any additional help. I was waitlisted approximately 3 months for this service, due to staffing shortages. I received the cleaning services only once, and the staff communicated back that my apartment was unlivable, and they were not comfortable cleaning it until there was a deep clean. Sam had attempted to put in Ontario Health at Home supports, but I kindly declined when the intake worker would call. I received a second eviction notice after I let someone who wasn't allowed in the building anymore into my apartment to sleep. My CMHA worker and DSSAB told me the individual wasn't a safe person to be around, and that they could put me at risk. After I received the second notice I spiraled, all my Schizophrenic behaviors exacerbated. This is when I really panicked that perhaps I would end up living on the street. Sam identified that I would be an ideal candidate for The Mental Health Rehabilitation program at St. Joseph's Care Group in Thunder Bay. I finally accepted the supports and the offer to pursue this tertiary program at St. Joe's. This program offered a safe place. This specific program allows individuals to work on themselves, with supports from a team of social workers, dietician, Psychiatry, and nurses. I heard some people stay there for months to years. Getting to the program required a collaborative approach between Riverside, St. Joe's and Lake of the Woods. Sam had reviewed my case with St. Joe's to ensure I met appropriate criteria, Sam did the prescreening, as the next steps was going to involve Physician support and admission to hospital. This was done to support a smoother care transition to ease anxiety on myself and create less strain on the health care system if the plan was to fail. To initiate the start of this referral process the ALC Nurse reached out to Patient Flo, Carly, at Riverside to discuss the plan and if supported by Carley the best way to have me admitted. Luckily, my family doctor was on call in the ER, so between Sam and Carley talking with my doctor she supported a direct admission to the ward where I could avoid the overstimulation of the ER Department especially in my current state. Riverside's Medically Stable Patient Transport picked me up from my apartment and brought me to the hospital. I was admitted May 6, 2025. This was my first admission to hospital since 1997, can you believe that? Riverside has approximately 18 mental health admissions a month, so going 28 years myself without an admission is impressive, if you ask me. Once admitted I became fixated on my bills and the ability to pay my rent as I didn't have preauthorized payments for my rent. The ALC Nurse assisted and was able to get this set up, I then felt at ease and could focus on next steps in my mental health journey. The referral was sent to St. Joe's May 8, 2025, once appropriate documentation was ready. There was a lot of back and forth about admission dates and confirmation that I was eligible for the program because it had been so long since I had an assessment by Psychiatry it took time to get my records. As part of the current process for this Mental Health Rehabilitation program is to be involved from a Schedule 1 facility, we had resistance from Lake of the Woods during this stage of the process. Organizations create referral pathways that require collaboration amongst multiple facilities and agencies, but often not everyone supports the program at the same level. This lack of support did create a greater length of stay. I was made ALC while I waited for admission to St. Joe's. I was accepted May 16, 2025, to the program but couldn't be admitted to the program until May 20, 2025, because "God Forbid" it be May long weekend! My admission to Riverside was 2 weeks long. Now, how was I going to get there? After the long weekend there were several other inpatients waiting for treat and returns and other more urgent matters, which would cause possibly days of delay if I was going to take ORNGE Air Ambulance. Patient Flo brainstormed and thought perhaps I could utilize Riverside's newest transportation program, the Specialty and Diagnostic transportation shuttle as it heads to Thunder Bay 3 times a week. There was availability however, St. Joe's was very adamant that there was a formal transfer of care, with report given. The ALC Nurse who I now had a rapport with offered to go if she could get approval from Senior Leadership, as this wasn't a typical part of her role. Of course, it was approved, and we were off! Now that I am here, I have been able to reflect on all the work that was put in to getting me here. Things are looking brighter, DSSAB is supportive in me returning to my apartment now that I have accessed this level of help and support. I am thankful for Sam the ALC Nurse, Carley Patient Flo, Dr. Halvorsen, Riverside Nurses and Riverside transportation for all the behind-the-scenes paperwork, phone calls and arrangements that were made so I didn't fall between the cracks. I still have a lot of work to do, but I am not doing it alone which makes all the difference.

D. Clifford referenced all the program involved in this story and highlighted the new Specialty and Diagnostic transportation shuttle. She thanked J. Ogden for sharing this story and the people involved in this patient's journey.

6. BUSINESS ARISING:

There was no business arising.

7. NEW BUSINESS:

There was no new business.

8. OPPORTUNITY FOR PUBLIC PARTICIPATION

D. Clifford asked those from the public in attendance whether they had any questions regarding the Open Session agenda. There were no questions or discussion.

D. Clifford thanked Joyce and Moe Henry, Delaine McLeod and Jeff Savage for attending. They exited the meeting.

9. MOVE TO IN-CAMERA:

It was,

MOVED BY: B. Norton

SECONDED BY: K. Lampi

THAT the Board go in-camera at 5:56 pm.

CARRIED.

10. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

11. DATE AND LOCATION OF NEXT MEETING:

September 2025 (Date to be determined)

12. TERMINATION:

It was,

MOVED BY: B. Norton

THAT the meeting be terminated at 7:37 pm.

CARRIED.

Chair

Secretary/Treasurer



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

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **Rainy River (RR) Physician Locum Contract**

A Physician Locum Contract has been completed for each of the RR Clinic and the RR Health Centre (ER, Acute, LTC). These agreements that were vetted through legal, our Chief of Staff, and Quality Lead are being rolled out this month (September 2025). Previously, no agreement was established for the locums in Rainy River as the RNPGA is not active in this community at this time.

One Riverside - Promoting a Consistent and Empowering Culture

- **Activation Enhancement**

A proposal for enhancement of the activation program at Rainycrest has been approved. In addition to the addition of staff to enhance resident support there is also a blend of equipment being purchased to enhance resident experience. Some of the equipment additions include laundry and handyman life stations, VR glasses for resident use, additional companion pets, a bus stop and bench, snoozlen lights, items to enhance the 'home' atmosphere, nail salon, popcorn machine, and theatre system for Hallet Hall.

- **Substance Use Disorders Integrated Care Pathway (SUD ICP)**

Ontario Health's Mental Health and Addictions Centre of Excellence is leading an initiative to build a comprehensive and connected mental health and addictions system. As part of this initiative Riverside Health Care has been selected to host the lead role in establishing a substance use disorders (SUD) clinical program. This program's focus is to improve the health and well-being of those individuals that use substances. This improvement will be achieved through improved access to quality, compassionate care by enhancing the primary and community care services and creating increased integration across the continuum of care. The program will also be focused on development of integrated care pathways for people who use substances, beginning in emergency departments (EDs), and ensuring intervention at critical points along the journey.

The core components of care within the SUD ICP include Supportive Environments, Peer Support, Substance Use Healthcare, Harm Reduction, and Care Transitions and Navigation. Riverside anticipates annual funding of \$650k over 3 years to support this program. The funding will be utilized to support SUD in the ER, inpatient units, RAAM clinic, harm reduction or withdrawal management services and is designed as a collaboration between our organization, Northwestern Health Unit, Giishkaandago'Ikwe Health Services, and Gizhewaadiziwin Health Access Centre (GHAC) and the District of Rainy River Services Board (DRRSB).

- **Hospital to Home (H2H) Program**

RHC has submitted an application to participate in the H2H program. The program will support our organization in managing post-discharge home supports up to 16 weeks. This new program creates an increased linkage between the hospital and home care services to deliver a more integrated health care service delivery model. Our program will provide care coordination, personal support services, homemaking services, and work in collaboration with our Indigenous Health Service Partners to deliver care in the home. While our team already provides overflow home care nursing services and district wide community and assisted living services, this program will enhance our post-discharge role.

RHC has also elected to join the Remote Care Monitoring program out of the Ottawa Hospital (see previous board report). This program is fully funded through the Ottawa Hospital and will add another layer of home supports for our clients. Our RHC team that will lead the H2H initiative includes the FLO coordinator, CSS manager, Health Services Navigator and ALC Community Nurse.

Currently, the most significant ALC management issue includes clients that require higher levels of care to return home. The H2H program will enable our organization to manage delivery of required supports, ensuring the right amount of care is delivered at the right time. This approach will both enable patients to return home sooner and also support our ALC clients remaining in their homes for as long as possible.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **Ontario Health Team**

- Primary care application for the district to be submitted in next round. This will focus on unattached clients through GHAC first (due to OPAC concerns) and then to the Fort Frances Family Health Team (FFFHT) to assist in attachment.
- Consultants have been hired for next planning steps in terms of RAAM clinic evolution.

Board Chair, Chief of Staff & Senior Leadership – September 2025

Open Session

- Western Management Consultants has been hired to conduct a strategic engagement that will reflect OHT priorities. They are meeting with Riverside on October 3, 2025, after they tour some of the RHC sites. The Specialty & Diagnostic shuttle will bring them to the Rainy River site for a tour, circle past our other sites, and then go to LVGH where they will complete their tour and meet with leadership.
- **Master Program and Capital Plan**
The Master Program & Capital Planning project has been initiated with Colliers. The Colliers team is collecting historical documentation and working with our project liaison (Julie Loveday) to better understand the current service delivery model across our district and plan future stakeholder and visioning engagements.
- **ALC Supports**
Currently, RHC has an ALC Community Nurse in Fort Frances. We have applied for an ALC Community Nurse in Rainy River to balance the service delivery model and a Social Worker in Fort Frances to enhance supports to clients and patients.

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

- **Indigenous Training**
Five separate Indigenous Cultural Awareness training sessions are being held for management and full-time staff. These sessions that will supplement our existing EDI training will be provided by Robert Horton of Seven Generations. These day long sessions will be held at La Place Rendez Vous between October and December. Each session will consist of 50 staff for a total of 250 staff over the five sessions. Further sessions will be scheduled in 2026 as we continue to advance this training for the remainder of staff.

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 – September 2025

2.4.1 Financial Report – August 2025 *

<div>  <div> <div>Operating Revenue & Expense Summary</div> <div>April 1, 2025 to August 31, 2025</div> </div> </div>										
		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	\$14,161,729	\$14,234,926	\$13,976,281	(\$185,448)	(\$258,645)	-0.55%	-0.76%
QBP Funding	A-2	\$1,078,300	\$1,078,300	\$452,000	\$452,000	\$966,869	\$514,869	\$514,869	47.75%	47.75%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-3	\$2,496,065	\$2,496,065	\$1,046,296	\$1,046,296	\$885,576	(\$160,720)	(\$160,720)	-6.44%	-6.44%
OH - One Time Funding	A-4	\$625,127	\$625,127	\$262,040	\$262,040	\$296,170	\$34,130	\$34,130	5.46%	5.46%
MOHLTC - One Time Funding	A-5	\$354,426	\$354,426	\$148,568	\$148,568	\$140,276	(\$8,292)	(\$8,292)	-2.34%	-2.34%
Other Revenue MOHLTC - HOCC	A-6	\$847,404	\$847,804	\$355,213	\$355,381	\$403,465	\$48,252	\$48,084	5.69%	5.67%
Paymaster	A-7	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Cancer Care Ontario	A-8	\$12,722	\$12,722	\$5,333	\$5,333	\$3,518	(\$1,815)	(\$1,815)	-14.26%	-14.26%
Recoveries & Miscellaneous	A-9	\$2,467,200	\$2,467,200	\$1,034,196	\$1,034,196	\$804,561	(\$229,635)	(\$229,635)	-9.31%	-9.31%
Amortization of Grants/Donations Equipment	A-10	\$731,350	\$731,350	\$306,566	\$306,566	\$312,982	\$6,416	\$6,416	0.88%	0.88%
OHIP Revenue & Patient Revenue from Other Payers	A-11	\$2,284,781	\$2,284,781	\$957,730	\$957,730	\$1,004,333	\$46,602	\$46,602	2.04%	2.04%
Differential & Copayment	A-12	\$932,877	\$932,877	\$391,042	\$391,042	\$383,135	(\$7,907)	(\$7,907)	-0.85%	-0.85%
TOTAL REVENUE	A-13	\$45,614,769	\$45,789,789	\$19,120,711	\$19,194,076	\$19,177,166	\$56,454	(\$16,910)	0.12%	-0.04%
EXPENDITURES										
Compensation - Salaries & Wages	A-14	\$26,077,132	\$26,077,132	\$10,930,962	\$10,930,962	\$9,526,130	(\$1,404,832)	(\$1,404,832)	-5.39%	-5.39%
Compensation - Purchased Service	A-15	\$572,660	\$2,572,660	\$240,047	\$1,078,403	\$3,058,759	\$2,818,712	\$1,980,356	492.21%	76.98%
Benefit Contributions	A-16	\$7,301,597	\$7,301,597	\$3,060,669	\$3,060,669	\$2,630,173	(\$430,496)	(\$430,496)	-5.90%	-5.90%
Future Benefits	A-17	\$71,000	\$71,000	\$29,762	\$29,762	\$12,240	(\$17,522)	(\$17,522)	-24.68%	-24.68%
Medical Staff Remuneration	A-18	\$2,604,262	\$2,604,262	\$1,091,650	\$1,091,650	\$1,325,850	\$234,200	\$234,200	8.99%	8.99%
Nurse Practitioner Remuneration	A-19	\$544,665	\$544,665	\$228,312	\$228,312	\$295,967	\$67,655	\$67,655	12.42%	12.42%
Supplies & Other Expenses	A-20	\$8,626,606	\$8,626,606	\$3,616,084	\$3,616,084	\$3,693,536	\$77,452	\$77,452	0.90%	0.90%
Amortization of Software Licenses & Fees	A-21	\$195,887	\$253,324	\$82,112	\$106,188	\$90,645	\$8,533	(\$15,543)	4.36%	-6.14%
Medical/Surgical Supplies	A-22	\$1,435,851	\$1,435,851	\$601,877	\$601,877	\$724,965	\$123,088	\$123,088	8.57%	8.57%
Drugs & Medical Gases	A-23	\$2,825,169	\$2,825,169	\$1,184,249	\$1,184,249	\$1,015,025	(\$169,224)	(\$169,224)	-5.99%	-5.99%
Amortization of Equipment	A-24	\$1,264,810	\$1,264,810	\$530,181	\$530,181	\$529,561	(\$620)	(\$620)	-0.05%	-0.05%
Rental/Lease of Equipment	A-25	\$252,174	\$252,174	\$105,706	\$105,706	\$83,500	(\$22,206)	(\$22,206)	-8.81%	-8.81%
Bad Debts	A-26	\$175,000	\$175,000	\$73,356	\$73,356	\$85,000	\$11,644	\$11,644	6.65%	6.65%
TOTAL EXPENSE	A-27	\$51,946,813	\$54,004,250	\$21,774,965	\$22,637,398	\$23,071,351	\$1,296,385	\$433,953	2.50%	0.80%
SURPLUS/(DEFICIT)	A-28	(\$6,332,044)	(\$8,214,461)	(\$2,654,254)	(\$3,443,322)	(\$3,894,185)	(\$1,239,931)	(\$450,863)	19.58%	5.49%
Fund Type 1 - OH Funded - Rainy River Clinic										
REVENUE										
MOH Funding	B-1	\$2,920,208	\$2,920,208	\$1,224,087	\$1,224,087	\$1,224,087	(\$0)	(\$0)	0.00%	0.00%
Nurse Practitioner Funding thru RHC	B-2	\$122,853	\$122,853	\$51,497	\$51,497	\$44,292	(\$7,205)	(\$7,205)	-5.86%	-5.86%
Recoveries & Miscellaneous	B-3	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
TOTAL REVENUE	B-4	\$3,043,061	\$3,043,061	\$1,275,584	\$1,275,584	\$1,268,379	(\$7,205)	(\$7,205)	-0.24%	-0.24%
EXPENDITURES										
Rainy River Clinic Salaries	B-5	\$295,497	\$295,497	\$123,866	\$123,866	\$123,122	(\$744)	(\$744)	-0.25%	-0.25%
Rainy River Clinic Benefits	B-6	\$76,272	\$76,272	\$31,972	\$31,972	\$33,672	\$1,700	\$1,700	2.23%	2.23%
Physician Remuneration	B-7	\$2,095,122	\$2,095,122	\$878,229	\$878,229	\$1,062,566	\$184,337	\$184,337	8.80%	8.80%
Physician Travel	B-8	\$190,066	\$190,066	\$79,672	\$79,672	\$83,477	\$3,805	\$3,805	2.00%	2.00%
Nurse Practitioner Expenditures	B-9	\$226,026	\$226,026	\$94,745	\$94,745	\$44,292	(\$50,453)	(\$50,453)	-22.32%	-22.32%
Other Sundry	B-10	\$8,112	\$8,112	\$3,400	\$3,400	\$4,803	\$1,403	\$1,403	17.29%	17.29%
Rainy River Clinic Rent	B-11	\$75,758	\$75,758	\$31,756	\$31,756	\$22,520	(\$9,236)	(\$9,236)	-12.19%	-12.19%
Rainy River Clinic Software	B-12	\$76,208	\$76,208	\$31,945	\$31,945	\$26,424	(\$5,521)	(\$5,521)	-7.24%	-7.24%
TOTAL EXPENSE	B-13	\$3,043,061	\$3,043,061	\$1,275,584	\$1,275,584	\$1,400,876	\$125,292	\$125,292	4.12%	4.12%
SURPLUS/(DEFICIT)	B-14	\$0	\$0	\$0	\$0	(\$132,497)	(\$132,497)	(\$132,497)	#DIV/0!	#DIV/0!



Operating Revenue & Expense Summary
April 1, 2025 to August 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)
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	\$1,060,379	\$1,060,379	\$963,361	(\$97,018)	(\$97,018)	-3.84%	-3.84%
TOTAL EXPENSE	C-2	\$2,529,663	\$2,529,663	\$1,060,379	\$1,060,379	\$999,029	(\$61,350)	(\$61,350)	-2.43%	-2.43%
SURPLUS/(DEFICIT)	C-3	\$0	\$0	\$0	\$0	(\$35,668)	(\$35,668)	(\$35,668)	#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	\$287,072	\$287,072	\$186,864	(\$100,208)	(\$100,208)	-14.63%	-14.63%
TOTAL EXPENSE	D-2	\$684,845	\$684,845	\$287,072	\$287,072	\$189,147	(\$97,925)	(\$97,925)	-14.30%	-14.30%
SURPLUS/(DEFICIT)	D-3	\$0	\$0	\$0	\$0	(\$2,283)	(\$2,283)	(\$2,283)	#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	\$1,341,950	\$1,341,950	\$1,341,950	(\$0)	(\$0)	0.00%	0.00%
TOTAL EXPENSE	E-2	\$3,201,384	\$3,201,384	\$1,341,950	\$1,341,950	\$1,419,018	\$77,068	\$77,068	2.41%	2.41%
SURPLUS/(DEFICIT)	E-3	\$0	\$0	\$0	\$0	(\$77,068)	(\$77,068)	(\$77,068)	#DIV/0!	#DIV/0!

Fund Type 2 - OH Funded - RainyCrest Long Term Care										
TOTAL REVENUE	F-1	\$15,330,585	\$15,330,585	\$6,426,245	\$6,426,245	\$6,234,702	(\$191,543)	(\$191,543)	-1.25%	-1.25%
Compensation	F-2	\$9,265,810	\$10,013,462	\$3,884,025	\$4,197,424	\$4,624,724	\$740,699	\$427,300	7.99%	4.27%
Purchased Service	F-3	\$0	\$781,103	\$0	\$327,421	\$973,626	\$973,626	\$646,204	#DIV/0!	82.73%
Benefits	F-4	\$2,580,947	\$2,580,947	\$1,081,877	\$1,081,876	\$1,007,312	(\$74,565)	(\$74,564)	-2.89%	-2.89%
Nurse Practitioner	F-5	\$149,394	\$417,394	\$62,623	\$174,962	\$167,104	\$104,481	(\$7,858)	69.94%	-1.88%
Medical Staff Remuneration	F-6	\$50,096	\$50,096	\$20,999	\$20,999	\$14,809	(\$6,190)	(\$6,190)	-12.36%	-12.36%
Supplies	F-7	\$1,669,915	\$1,669,915	\$699,992	\$699,992	\$709,582	\$9,590	\$9,590	0.57%	0.57%
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	\$588,750	\$699,832	\$624,452	\$35,702	(\$75,381)	2.54%	-4.52%
Equipment	F-10	\$572,484	\$672,484	\$239,973	\$281,891	\$43,749	(\$196,224)	(\$238,142)	-34.28%	-35.41%
Contracted Out	F-11	\$61,561	\$61,561	\$25,805	\$25,805	\$1,411	(\$24,394)	(\$24,394)	-39.63%	-39.63%
Building & Grounds	F-12	\$62,735	\$217,735	\$26,297	\$91,270	\$142,948	\$116,651	\$51,678	185.94%	23.73%
TOTAL EXPENSE	F-13	\$15,817,478	\$18,134,232	\$6,630,340	\$7,601,473	\$8,309,717	\$1,679,377	\$708,244	10.62%	3.91%
SURPLUS/(DEFICIT) including unfunded liabilities	F-14	(\$486,893)	(\$2,803,647)	(\$204,095)	(\$1,175,227)	(\$2,075,015)	(\$1,870,920)	(\$899,787)	384.26%	32.09%
Less: Unfunded Future Benefits	F-15	\$0	\$0	\$0	\$0	(\$31,606)	(\$31,606)	(\$31,606)	#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)	(\$204,095)	(\$1,175,227)	(\$2,106,621)	(\$1,902,526)	(\$931,393)	390.75%	33.22%

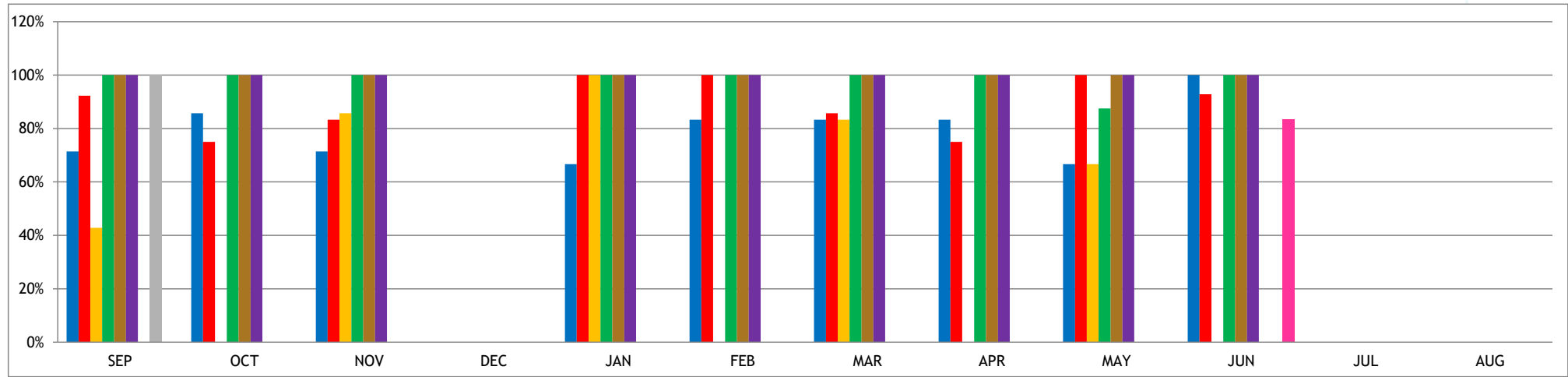
Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY		(\$6,818,937)	(\$11,018,108)	(\$2,858,349)	(\$4,618,549)	(\$6,000,806)	
Total Operating Margin - Hospitals & Long Term Care ONLY		-11.19%	-18.03%	-11.19%	-18.03%	-23.61%	



Quality, Safety, Risk Committee Report – September 2025

2.5.1 Board Quality Metrics *

BOARD OF DIRECTORS - QUALITY METRICS - 2024-2025



- 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 bi-monthly.
 - 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	71%	86%	71%	#DIV/0!	67%	83%	83%	83%	67%	100%	#DIV/0!	#DIV/0!	79%	75%	4%	
2. Participation B	92%	75%	83%	#DIV/0!	100%	100%	86%	75%	100%	93%	#DIV/0!	#DIV/0!	90%	75%	15%	
3. Reflection A	43%	#DIV/0!	86%	#DIV/0!	100%	#DIV/0!	83%	#DIV/0!	67%	#DIV/0!	#DIV/0!	#DIV/0!	75%	100%	-25%	
4. Reflection B										83%			83%	100%	-17%	
5. Decision Making	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	88%	1	#DIV/0!	#DIV/0!	99%	90%	9%	
6. Education A	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	100%	1	#DIV/0!	#DIV/0!	113%	100%	13%	min of 1 session/mtg
7. Education B	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	100%	1	#DIV/0!	#DIV/0!	100%	100%	0%	min of 2 items/mtg
8. Composition							0%						0%	89%	-89%	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 – September 2025

Emo

No Report.

La Verendrye General Hospital

A brief summary of LVGH Auxiliary activities submitted by M. Cumming, LVGH Auxiliary President:

- First major fundraiser of the year is a fall luncheon - *Pumpkins & Plaid* - that will be held Sunday, October 26th at the Legion. Save the date. Ticket information will be out soon. Hope to see a table (or 2!) filled with RHCF Board and staff!!
- Held our quarterly "*Coffee & Conversation*" to update membership on Auxiliary activities and to brainstorm ideas/volunteer for aspects of the *Pumpkins & Plaid* event.
- In the tradition of supporting each of the major Riverside fundraising campaigns, LVGHA has made a very significant pledge of **\$100,000** towards the Lights, Camera, DIAGNOSIS campaign. This is certainly very ambitious, but we are confident that our members and the community will continue to support the work of the Auxiliary as they have for the past 70+ years. Our plan is to fulfill the pledge by our next AGM.

Rainycrest

No Report.

Rainy River

The Rainy River Health Centre Auxiliary met on September 3, 2025, with the following highlights:

- A membership drive is taking place this fall with mailbox inserts, posters and social media posts.
- The capital equipment list was reviewed by members and three items discussed. It was decided that more information is needed, therefore, the decision is being tabled until the October meeting.
- Members will be selling quilt tickets at the Post Office one day per week for the quilt draw taking place in December.
- We have two tables reserved for the 2025 Walleye Tournament, taking place on September 19th and 20th, where we will be selling quilt tickets, Nevada tickets and Tuck Shop items.
- The Senior Active Living Fair will be taking place on October 30th in Rainy River. Our auxiliary has one table booked where we will be selling Tuck Shop merchandise. We will also be donating a door prize item for the Fair.
- We continue to provide welcome gifts for long term care patients from our Tuck Shop inventory.



BOARD MEMBER CONSOLIDATED CONFIDENTIALITY, ACCOUNTABILITY AND ROLES AND RESPONSIBILITIES STATEMENT

BOARD MEMBER CONFIDENTIALITY STATEMENT

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

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

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

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

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

Responsibility

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

Confidential Matters

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

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

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

Public/Media Statement

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

BOARD MEMBER ACCOUNTABILITY STATEMENT

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

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


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

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

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

BOARD MEMBER CODE OF CONDUCT

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



PRINCIPLES OF CONDUCT

CARE

- Treat others as you would like to be treated
- Uphold Privacy and Confidentiality
- Know your clients' needs
- Communicate openly and effectively
- Support a learning journey

COMPASSION

- Be courteous
- Be empathetic
- Be attentive
- Be open-minded
- Be kind
- Ensure a supportive, safe, and comfortable environment

COMMITMENT

- Work as a team
- Build relationships and trust
- Understand your role and responsibilities
- Take responsibility for your actions and for yourself
- Making Learning your attitude

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

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

BOARD MEMBER ROLES & RESPONSIBILITIES STATEMENT

Responsibility of the Board:

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

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

Strategic Planning and Mission, Vision and Values:

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

Quality and Performance Measurement and Monitoring:

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

Financial Oversight:

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

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

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

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

Risk Identification and Oversight:

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

Stakeholder Communication and Accountability:

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

Governance:

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

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

Legal Compliance:

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

Amendment:

- This statement may be amended by the board.

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

Signature

Date

Original: 09/08

Reviewed: 09/11; 01/18, 09/18, 05/19, 09/20, 09/21, 09/22, 09/23, 06/24, 06/25

Revised: 05/14, 09/18, 05/19, 10/20, 09/23, 06/25