BOARD OF DIRECTORS MEETING

IN-CAMERA 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 1.1 Conflict of Interest & Confidentiality	
2.	Consent Agenda 2.1 In Camera Board Minutes – June 17, 2025 and June 24 , 2025 * Pg 3 2.2 Board Chair & Senior Leadership In-Camera Report – D. Clifford, H. Gauthier, D. Harris, C. Larson, J. Ogden, Dr. L. Keffer * Pg 11 2.3 Governance Committee In-Camera Report – B. Norton * Pg 14 2.4 Audit & Resources Committee In-Camera Report – B. Norton * Pg 35 2.5 Quality Safety Risk Committee In-Camera Report – M. Kitzul * Pg 46	
3.	Approval of Agenda	
4.	Presentation – Activation & Enhancements - C. Vandenbrand, T. Morelli, S. LaBelle * Pg 65	
5.	Business Arising There was no business arising.	
6.	Strategic Discussion: Rainy River (Ethical Decision-Making Framework – standing attachment *) Pg 83	
7.	New Business 7.1 Chief of Staff Report –Medical Staff Privileges - Dr. L. Keffer * Pg 85 7.2 Audit & Resources Committee – Verbal Update 7.3 Board Meeting Schedule – June 2026 Meeting Date Change * Pg 94	
8.	Other Business 8.1 For the Good of the Board 8.2 In-Camera with CEO 8.3 In-Camera without CEO	
9.	Date of Next Meeting: October 30, 2025	
10.	Termination	

* denotes attached in board package

**denotes circulated under separate cover

*** denotes previously distributed

BOARD OF DIRECTORS MEETING
ANTICIPATED MOTIONS – IN CAMERA SESSION

Thursday, September 25, 2025

3.	Motion to Approve the In Camera Agenda	THAT the RHC Board of Directors approve the Agenda as circulated/amended
7.1	Chief of Staff Report – Medical Staff Privileges	THAT the RHC Board of Directors approves the privileges for the listed physicians for the 2025 term as reviewed and recommended by the Medical Advisory Committee. AND THAT the RHC Board of Directors approves Medical Learner privileges for the listed learners, as reviewed and recommended by the Medical Advisory Committee.
7.3	Motion to Approve the Board Meeting Schedule	THAT the RHC Board of Directors approve the revised Board meeting scheduled as circulated.
10.	Termination	THAT the RHC Board of Directors In Camera meeting terminate and return to the Open Session at (time)

RIVERSIDE HEALTH CARE FACILITIES INC.
MINUTES
IN-CAMERA SESSION

Date of Meeting: June 17, 2025 **Time of Meeting**: 5:57 pm

Location of Meeting: Webex / LVGH Board Room

PRESENT:	H. Gauthier	M. Kitzul	Dr. L. Keffer	D. Clifford
	K. Lampi	E. Bodnar	Dr. K. Arnesen*	B. Norton
	A. Beazley	*via Webex		

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

REGRETS: D. Harris

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1. CALL TO ORDER:

D. Clifford called the meeting to order at 5:57 pm. B. Booth recorded the minutes of this meeting.

1.1 Conflict of Interest & Confidentiality

The Chair asked if there was any conflict of interest or duty with items on the agenda and reminded members of the confidentiality of the in-camera session. The following was declared:

Dr. Keffer and Dr. Arnesen declared a conflict with Item 7.4 Fort Frances Clinic.

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. APPROVAL OF AGENDA:

It was,

MOVED BY: E. Bodnar SECONDED BY: B. Norton

THAT the Board approve the Agenda as circulated.
CARRIED.

4. PRESENTATION

The presentation was don in the Open Session.

5. BUSINESS ARISING:

There was no business arising.

6. STRATEGIC DISCUSSION:

There was no strategic discussion. The Ethical Decision-Making Framework was noted as a standing attachment.

7. NEW BUSINESS

7.1 Chief of Staff Report – Medical Staff Privileges and Joint Medical Staff Elections & Appointments Org Chart

Dr. Keffer shared we are trying to get clarity on how the Fort Frances ER is funded. A meeting will hopefully be scheduled next week to gain clarity on the agreement. Henry noted if we do not hear back, we will move forward and deem costs on our own. Dr. Keffer also noted we have no idea what our funding is in Emo or Rainy River.

7.1.1 Privileges – Medical Staff

2025 Appointment and Reappointment Applications for Privileges

It was,

MOVED BY: K. Lampi SECONDED BY: A. Beazley

THAT the RHC Board of Directors approves the privileges for the listed physicians for the 2025 term as reviewed and recommended by the Medical Advisory Committee.

CARRIED.

7.2 Audit & Resources Verbal Update

Ben provided an update sharing the following:

- Jeff Savage attending the meeting and presented the draft statements in detail.
- Performance conversations were discussed; compliance is low. Henry will be following up with management/staff regarding the hard deadline of performance conversations and mandatory education requirements. Letters of expectation are being issued to those who have not met the requirements. Henry noted EDI training was due by May 1, 2025, and some did not meet this education deadline therefore letters are being issued. Henry acknowledged Stacy LaBelle at Rainycrest as she has the highest number of staff in her portfolio and her compliance was great. Henry confirmed there is work to be done here and consequences will be put in place.

7.3 Election of Directors

Diane reviewed the motion. She recalled 7 candidates were interviewed for 3 positions on the Board. Diane provided an overview of the process involved and highlighted the 3 new candidates experience and skill-based matrix.

It was,

MOVED BY: K. Lampi SECONDED BY: B. Norton

THAT the RHC Board of Directors recommends that the following be Directors:

Kathy Lampi – current term to end at the 2026 AGM.
Benjamin Norton – current term to end at the 2026 AGM.
Diane Clifford – current term to end at the 2026 AGM
Marianne Kitzul – current term to end at the 2026 AGM
Aimee Beazley – current term to end at the 2026 AGM.
Edith Bodnar – current term to end at the 2026 AGM.
Daniel Pierroz - be appointed to fill the vacancy left by Jon Begg, term ending at the 2026 AGM.
Dan Loney – be appointed to fill the vacancy left by Bob Calder, term ending at the 2026 AGM.
Mike Jolicouer – be appointed to fill the vacancy left by Dean Bruyere, term ending at the 2026 AGM.

CARRIED.

It was,

MOVED BY: E. Bodnar SECONDED BY: A. Beazley

THAT the RHC Board of Directors recommend the following individuals for leadership roles (appointment of officers) to be considered by the Board at its meeting after the 2025 AGM:

Diane Clifford – Board Chair
Benjamin Norton – Vice Chair
Edith Bodnar – Second Vice Chair

CARRIED.

7.4 FF Clinic

Dr. Keffer and Dr. Arnesen declared a conflict with this item and exited the meeting.

Henry reviewed the briefing note highlighting Appendix A. Costs of the renovations are approximately $2.2 million. Monthly payments will be roughly $22.4k, therefore the clinic rent will be $11.2k/month. Henry noted this will be over 10 years as the hope is we will be getting a new hospital eventually. Henry shared the total loan with be $2.7 million with interest. This is a $135k per year investment for the hospital. Henry noted this is a lower overhead for the physicians which will help with recruitment and retention. He shared we will also be possibly providing the doctors with free phone and IT support as well. The suggested floor plan was reviewed.

Henry shared a general surgeon, who is a friend of Dr. Shiraz's, was just here on a facility tour and he is interested in our community. We have been told he has agreed to joining the team however, we have not seen anything in writing as of yet. Henry noted this new clinic space with lower overhead for physicians will help with this recruitment and retention.

It was,

MOVED BY: B. Norton SECONDED BY: M. Kitzul

THAT the RHC Board of Directors approves the CEO proceeding with 3rd floor renovation project, completion of the tendering procurement process, establishment of the required loan (Appendix A), and taking any other reasonably required steps to advance this project. The preceding approval is dependent upon the establishment of a contract with Keffer Medicine for a 10-year period on a shared cost basis rental agreement (loan repayment amount).

CARRIED.

8.1 For the Good of the Board

Henry shared the following:

- Henry will be on an extended vacation and educational stretch for July and August. Joanne will be "in charge" and in an acting role in his absence. He confirmed they will be in contact with each other weekly.
- OH Meeting – We had a meeting with OH regarding whether we should be in the field of primary care. We were told to basically play nice with partners and OH wouldn't answer our questions.
- Foundation – Diane and Henry met with legal, and they are not suggesting a cease-and-desist order at this time. Henry noted we are going to request money from them. The Foundation will receive a bill from us for $4.3 million which includes the campaign and capital list. Henry shared a PGT complaint is being prepared by legal as well. We are moving slow and steady. The plan in motion is to first request the funds and then step two will be to issue the complaint to PGT. Henry noted he wanted the Board aware.

Henry shared our Fundraising campaign is being affected. He shared a communication that he received from Holly regarding the UNFC BBQ in support of our MRI campaign. Sheila McMahon, UNFC Director, is being questioned by her Board on why she is supporting our campaign. Sheila stated she does not get involved in the politics and this is about health care for our community. Henry acknowledged Sheila for her stance with her Board. Holly provided Shiela with information about our campaign as she has a radio interview, and she wanted information to assist her with answering questions if she gets asked. Henry noted the Foundations behaviour is becoming harassing, and they are trying to break us. Henry shared we typically only received $300-$400k per year from the Foundation however, they are sitting with roughly $2.8 million in their bank account. Discussion took place regarding the Foundation not stopping as their egos are bruised. Henry noted the Rainy River Mayor asked about the Foundation as well and Henry noted he shared with her that there were many things that built up to the ended relationship. Further discussion took place around how Holly was holding up. Henry noted Holly is a fighter, however, is frustrated. Conversation ensued regarding the Auxiliaries and Henry confirmed they will meet with Holly quarterly. Diane shared when her and Henry met with legal, it was suggested a complaint go into the Public Guardianship (PGT) to investigate the Foundation. Henry noted if they are found at fault then they are individually liable. Diane confirmed legal did not recommend a cease-and-desist order. Henry confirmed the Auxiliaries have received the capital list and the Foundation will be provided the capital list items that pertain to what they will support. Legal is doing all the communicating with the Foundation and will provide the Foundation the capital list and the costs of the MRI. Henry recalled the total that will be requested from the Foundation is $4.7 million which also includes retroactive amounts due from the Foundation. Henry shared even though the Auxiliaries have bee provided with the capital list, they don't meet again until September therefore, this won't be reviewed by them until them.

Henry confirmed if there is anything urgent that needs to be communicated to the Board over the summer, emails will be sent.

- Discussion took place regarding the compliance orders with Emo and Rainy River. Henry discussed the orders received in detail and confirmed we are on this and most are easy fixes. Further discussion took place regarding the reviews being done in Rainy River currently.
- Henry shared there is a meeting with the MLTC on Friday, and we have no intention on opening anymore beds at Rainycrest and will remain at 128 beds.

8.2 In-Camera with CEO

The Board met with the CEO.

8.3 In-Camera without the CEO

The Board met without the CEO.

9. DATE OF NEXT MEETING:

September 2025 (date to be determined)

10. TERMINATION OF THE IN-CAMERA SESSION:

It was,

MOVED BY: M. Kitzul

THAT this meeting terminates and return to the Open Session at 7:36 pm.
CARRIED.

Chair

Secretary/Treasurer

RIVERSIDE HEALTH CARE

MINUTES
SPECIAL BOARD MEETING

Date of Meeting: June 24, 2025 **Time of Meeting:** 5:45 pm

Location of Meeting: La Verendrye General Hospital – Board Room / Webex

PRESENT:

K. Lampi	H. Gauthier	B. Norton	D. Clifford
M. Kitzul	D. Loney	D. Pierroz	M. Jolicoeur *via Webex

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

ABSENT:
A. Beazley, Dr. K. Arnesen, Dr. L. Keffer, E. Bodnar

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1. CALL TO ORDER:

H. Gauthier called the meeting to order at 5:45 pm. B. Booth recorded the minutes of this meeting.

2. ADOPTION OF AGENDA:

It was,

MOVED BY: B. Norton SECONDED BY: K. Lampi

THAT the Board approve the Agenda as circulated.

CARRIED.

3. APPOINTMENT OF BOARD LEADERSHIP POSITIONS

Henry reviewed the briefing note.

It was,

MOVED BY: K. Lampi SECONDED BY: D. Loney

THAT the Board approve the appointment of Diane Clifford to Board Chair for the 2025-26 term.

CARRIED.

Diane thanked everyone for their confidence in her as Board Chair. She took over as Chair of the meeting; further referencing the briefing note.

It was,

MOVED BY: M. Kitzul SECONDED BY: M. Jolicoeur

THAT the Board approve the appointment of Ben Norton to Vice Chair for the 2025-26 term.

CARRIED.

It was,

MOVED BY: B. Norton SECONDED BY: K. Lampi

THAT the Board approve the appointment of Edith Bodnar to Second Vice Chair for the 2025-26 term.

CARRIED.

3.1

APPOINTMENT OF CHIEF OF STAFF

D. Clifford acknowledged Dr. Keffer's work and dedication.

It was,

MOVED BY: B. Norton SECONDED BY: D. Pierroz

THAT Dr. Lucas Keffer's appointment to the position of Chief of Staff be confirmed for the 2025-26 term.

CARRIED.

4. CONFLICT OF INTEREST AND CONFIDENTIALITY

No conflict of interest was declared and a reminder of the confidentiality of the in-camera session was provided.

5. NEW BUSINESS:

5.1 Representatives on Board Committees

Diane reviewed the circulated Committee Composition document for 2025-26.

It was,

MOVED BY: D. Pierroz SECONDED BY: M. Jolicoeur

THAT the Board Standing Committees be composed as follows for the 2025-26 term:

Audit & Resources
Chair: Ben Norton
Vice Chair: None
Members: Edith Bodnar, Marianne Kitzul, Dan Pierroz, Mike Jolicoeur
Ex-Officio: Henry Gauthier, Carla Larson

Nominating/Recruitment Committee
Chair: Ben Norton
Vice Chair: None
Members: Diane Clifford, Kathy Lampi, Dan Pierroz

Governance Committee
Chair: Ben Norton
Vice Chair: None
Members: Kathy Lampi, Edith Bodnar, Diane Clifford, Dan Pierroz, Henry Gauthier
Ex-Officio: Dr. L. Keffer

Quality, Safety & Risk
Chair: Marianne Kitzul
Vice Chair: None
Members: Edith Bodnar, Aimee Beazley, Dan Loney, Dr. L. Jenks, Dianna Harris

CEO Evaluation Committee
Chair: Diane Clifford
Vice Chair: None
Members: Ben Norton, Dr. L. Keffer

Policy/Workplan/Ad hoc Working Group(s)
Ben Norton
Diane Clifford
Edith Bodnar
Henry Gauthier

Representatives of Riverside Committees:

Ethics Committee
Dan Loney
Dr. L. Keffer / Dr. L. Jenks (one or the other)

CARRIED.

5.3 Board Meeting Schedule 2025-26

Diane reviewed the schedule for information. She shared we do not typically meet in July and August however if there are issues needing to be addressed a meeting may be called. Diane recalled that the Governance Committee acts as the Executive Committee over the summer months.

It was,

MOVED BY: D. Loney SECONDED BY: B. Norton

THAT the Board approve the Board Schedule for the 2025-26 term.

CARRIED.

5.4 Other Business

There was no additional business.

6. TERMINATION:

IT was,

MOVED BY: B. Norton

THAT the meeting be terminated at 5:57 pm.

CARRIED.

_____ _____

Chair Secretary/Treasurer

Riverside Health Care

Board Chair, Chief of Staff & Senior Leadership Report – September 2025
In Camera Session

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **UKG Scheduling & Payroll**
  Our UKG scheduling rollout has experienced numerous challenges as a result of implementation issues. An expert 3rd party has been brought in to audit shortcomings and assist with a rectification path. In July we kicked off our UKG PRO Suite Payroll project that we are anticipating will go-live by March 31, 2026. The addition of UKG payroll will eliminate numerous issues arising between our UKG scheduling system and ORMED payroll system.
- **Recruitment Highlights**
  - RN staffing vacancies are considerable at LVGH and RPN vacancies are high at Rainycrest (RC) – we are utilizing agency staff. Continued efforts with Foreign Recruitment and hosting college/university students for placement are intended to support a reduction in these vacancies.
  - HR is applying for 5 RNs through the LMIA process to train at LVGH and RRHC.
- **Rainy River Health Centre (RRHC)**
  The Rainy River Health Centre Administrator is no longer with RHC. Our CNE is providing Administrator services while we continue to look for a qualified external candidate that can effectively manage RRHC back to a position of cultural and performative health.
- **Physician Clinic at LVGH**
  - Anticipate final draft of Clinic Lease to be complete by end of September 2025.
  - Next steps:
    - finalization of lease agreement;
    - establish renovation timeline;
    - signature of lease agreement;
    - processing of $2.2 million loan application;
    - communication;
    - assign project lead; and
    - prepare tender documents.
- **Door Security**
  Emo, Rainy River & Rainycrest have all been upgraded to the new door reader system (Axiom V system). We are currently awaiting new circuit boards for LVGH before beginning upgrades at this location. Our new security lead is also renewing the door access system management to create a more streamlined and central management approach.

One Riverside - Promoting a Consistent and Empowering Culture

- **Clinical Audits**
  - A VTE chart audit was completed. VTE stands for Venous Thromboembolism. 40 charts reviewed with a score of 85%. Most issues with direct admission and lack of VTE sheet on chart or incomplete.
  - Deceased patient charts reviewed monthly as received - no concerns of note to date.
- **Ontario Health Team**
  - At the September 10, 2025, OHT meeting our Executive Lead was challenged by the AGH CEO as to why the OHT was unaware of primary care plans for the west end of the district. The OHT was advised that this was addressed several times at the OHT table as well as shared with the executive lead. It was further noted that process, planning and community engagement needed to be coordinated in a sequential matter.
  - Our OHT Executive lead raised the matter of the OHT PFAC member soliciting negative and false accusations regarding Riverside as a priority.
- **LTC Inspections**

Inspection	Site	No. of Written Notifications	Note
September/25	Rainycrest	2 (housekeeping)	Annual Inspection – Amazing Result. Kudos to RC Team.
September/25	Rainy River	4 (falls, housekeeping)	Action Plan Developed
April-June/25	Rainy River	11 (family council, temperature, doors, nursing, wound care, nutrition, positing, pain management, IPAC, etc.)	Action Plan Developed

June/25	Emo	21 (family council, temperature, doors, nursing, wound care, nutrition, positing, pain management, IPAC, etc.)	Action Plan Developed

- **PFAC**
  Our renewed PFAC program is preparing to go-live in the coming weeks. New policies and terms of reference for this committee have been prepared. The team is actively working to engage potential PFAC committee representatives.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **RR Clinic**
  At the September 2025 RR Clinic Board meeting new RHC representatives will join the RR Clinic Board. Joanne Ogden will join the Board as the new Chairperson and Diana Harris will join as the 2nd RHC representative on the Board. The remainder of the board is comprised of the mayor and CAO of the Town of Rainy River, and the permanent and interim executive leads from GHAC.

  Operationally, the clinic manager will now report to Diana Harris, RHC CNE. This approach will create a wrap around effect between our two clinical senior leaders and the RR health care continuum. Our Chief of Staff will continue to provide support as it relates to the physician group in Rainy River.

- **MRI & Radiology Units Schedule**

MRI	
Milestone	**Date**
P.O. issued to Siemens for MRI & Radiology Units (as per RFP process through Mohawk Medbuy)	August 28, 2025
MRI - tender expected to go out for both custom and cassette renovation options	January 15, 2026
MRI - tender expected to be awarded	March 1, 2026
Radiology units - LVGH & RR Go-Live	April 1, 2026
MRI - construction anticipated to start	April 15, 2026
MRI - construction anticipated to reach completion	November 1, 2026
MRI - anticipated to arrive	November 5, 2026
MRI - installed	November 15, 2026
MRI -acceptance testing to reach completion	December 31, 2026
MRI - go-live	January 5, 2027

- **New Pharmacy**
  In early September 2025 we were awarded $3.8 million through the Hospital Infrastructure Renewal Fund. $3.2 million is earmarked for the development of a new NAPRA compliant pharmacy on the 3rd floor of the hospital. This project approval is critical to sustaining chemotherapy mixing services in our district and improving safety for our pharmacy staff.
- **Fundraising**
  Despite the negativity resulting from the Foundation public campaign, we are quickly approaching our goal of $1.6 million to support the MRI and new radiology units in Fort Frances and Rainy River. This has been made possible through the FDC Foundation that notified us in August they would provide $1 million of the $1.6 million campaign as long as we raised the other $600k. As a result, we have now raised over $1.2 million – 75% of our goal. A two-page advertisement was in the FF Times on September 24, 2025, outlining progress to date on the Lights, Camera, Diagnosis campaign.
- **Cash Flow**
  As of September 2025, our cash flow has reached a critical point. Applications for cash advances are being made to the LTC Branch and the Hospital Branch. The LTC Branch previously accepted our stabilization plan and is acutely aware of our projected financial shortfall. Equally, the hospital branch is aware of the projected financial deficit position. Finally, in this

fiscal year we have yet to receive any funding for the RR Clinic - a request for funding has been submitted accordingly and a meeting occurred on September 16, 2025, to discuss the urgency for funding to sustain this program.

- **Balanced Budget Plan**
  Ontario Health required a Balanced Budget submission by September 12, 2025 – the plan bridges the 25-26 to 27-28 years.

	Year 1 (25-26)	Year 2 (26-27)	Year 3 (27-28)
Opening Deficit (includes unfunded Meditech Expanse costs)	-$11,018,508.92	-$	-$ 12,612,660.24
Rainy River Closure			$ 4,049,897.79
Emo Closure			$ 2,337,319.70
Emo/RR Admin Reduction			$ 656,805.00
Eliminate 1 finance leadership role		$	$ 180,560.64
Eliminate HR 0.5 FTE increase			$
Eliminate Sr. IT Director		$	$ 185,328.00
Specialty & Diagnostic Transportation		$	$ 151,496.22
Specialty & Diagnostic Transportation Coordinator		$	$
Emo IPAC			$
Rainy River IPAC			$
Eliminate Scheduling Coordinator re: Emo and RR			$
Eliminate Contract Communications		$	$
Hospitalist			$ 150,000.00
Inpatient Bed Reduction - Fort Frances - From 40 to 20 beds			$ 2,960,500.00
	-$11,018,508.92	**-$10,752,770.64**	**-$1,531,080.60**

It is important to stress that we do not intend to implement these balanced budget plan measures. However, they provide a clear picture to the MoH and Ontario Health of what the extent of reductions would look like should they elect to require cost cutting measures rather than take a funding infusion approach.

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

- **Tikinagan Children & Family Services**
  A letter of support was provided to Tikinagan Child & Family Services to apply for a license to operate a Children's Residence through the Ministry of Children, Community and Social Services. This residence will be located in the Township of Chapple at #2700 Highway 615, Emo. There are considerable service gaps in servicing youth in our district and the addition of an eight-bed unit supporting First Nation youth in need of temporary residential placement is much needed. The program intends to create a wellness environment where primary care needs are addressed, and secondary community services are utilized to augment the support system while ensuring culturally relevant care.

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

In Camera Governance Committee Report – September 2025

2.3.1 Minutes: Governance Committee
September 9, 2025 – not yet reviewed by the Committee *

2.3.2 Board Meeting Effectiveness Evaluation Results – May 2025*

2.3.3 Terms of Reference *

2.3.4 Committee Workplan*

2.3.5 Goals & Objectives / Strategic Plan Quarterly Update *

2.3.6 2024-25 Board Professional Development *

2.3.7 FIPPA Delegation of Authority *

RIVERSIDE HEALTH CARE FACILITIES INC.
BOARD GOVERNANCE COMMITTEE
MINUTES

Date of Meeting: September 9, 2025 **Time of Meeting:** 4:00 pm

Location of meeting: LVGH – Board Room / Webex

PRESENT: D. Clifford, H. Gauthier, E. Bodnar, B. Norton*, Dr. L. Keffer*, K. Lampi*
*via Webex

REGRETS: D. Pierroz

1. CALL TO ORDER:

B. Norton called the meeting to order at 4:03 pm. B. Booth recorded the minutes of the meeting.

1.1 Confidentiality Reminder:

Ben reminded members of the confidentiality of the session.

2. ADOPTION OF AGENDA:

It was,

MOVED BY: K. Lampi SECONDED BY: E. Bodnar

THAT the agenda be approved as circulated.
CARRIED.

3. MINUTES OF THE LAST MEETING: June 3, 2025

It was,

MOVED BY: D. Clifford SECONDED BY: E. Bodnar

THAT the minutes of the June 3, 2025, meeting be approved as circulated.
CARRIED.

4. MATTERS ARISING FROM THE MINUTES:

4.1 Board Meeting Effectiveness Evaluation – May 2025

Ben reviewed the results for information. A reminder was provided that the Board meeting effectiveness surveys will be done at every third meeting instead of every second meeting, moving forward.

4.2 President & CEO Evaluation Results

Deferred.

Diane shared her, Ben and Edith will be meeting to go through the process. The hope is to have something to report at the next meeting.

5. NEW BUSINESS:

5.1 Terms of Reference Review

Ben reviewed. All agreed the Governance Terms of Reference were approved; no revisions required.

5.2 Committee Work Plan Review

Ben reviewed. All agreed the Governance Committee work plan is approved as circulated.

5.3 Goals & Objectives / Strategic Plan Quarterly Update

Henry reviewed in detail noting there are a lot of large projects on the go. Many #1 priorities. Henry highlighted the future of the Emo CHC is a priority and there will hopefully be more information regarding this for the Board meeting.

Henry shared we have received one-time funding for the new pharmacy on the third floor. This is good news and will allow us to be in compliance with NAPRA standards.

5.4 Governance Policy Review – GOV-G&S-015 – Open Meeting Section – Steps to Remove Requests For Public Presentations

Henry noted the governance policies aren't due for review until September 2026, however, referenced policy GOV-G&S-015 specific to the Open Meeting section and steps to remove requests for public participation. Discussion took place regarding timing of this and being transparent. Henry shared a meeting occurred with legal regarding open meeting requests for presentation and legal reported some organizations are not allowing this. The public can still attend Open sessions however they are not allowed to speak or present. Henry reported he has another meeting scheduled with legal tomorrow and will question how common this is. Diane also suggested seeing what the Guide to Good Governance and the OHA states. She further noted it would be acceptable to gather more information on this prior to making a decision on how to move forward. Henry confirmed he will speak to legal tomorrow.

ACTION: Bring back to next meeting.

5.5 2024-25 Board Professional Development

Ben reviewed for information.

5.6 2025-26 Board Education / Development Presentation Topic Discussion

Discussion took place regarding potential future Board education/presentations.

Henry suggested BLG attend an In Camera session and provide a presentation on Health Care and Transparency. He noted this could be vetted through In Camera first and possibly go to an Open Session if appropriate to educate the public.

It was noted the Conflict-of-Interest presentation previously provided by BLG was a great session and suggested this be done again In Camera, as it would be great information for new board members. Diane shared with three new board members additional topics may come up as the term progresses. It was noted presentations are confirmed for the September and October Board meetings; therefore, we can look at one of the topics discussed possibly for November.

5.7 FIPPA Delegation of Authority

Ben reviewed the briefing note. Henry noted this is required annually.

It was,

MOVED BY: K. Lampi SECONDED BY: E. Bodnar

THAT the Governance Committee recommend to the Board of Directors approval of the delegation of FIPPA authority from the Board Chair to the Director, Health Informatics & Privacy for the fiscal year 2025-26.

CARRIED.

5.8 In Camera with CEO

The Committee Board members met with the CEO only.

6. OTHER BUSINESS:

6.1 SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- President & CEO Evaluation Results – Bring back to next meeting.
- Governance Policy Review – GOV-G&S-015 – Open Meeting Section – Steps to Remove Requests For Public Presentations – Bring back to next meeting.

6.2 Meeting Summary: September Board Meeting Agenda Items

Discussion took place around what items are to appear on the Open and In-Camera agendas for the September Board meeting. It was decided by consensus that the items appear as follows:

Open Session – Consent Agenda:
There were no items for the open consent agenda.

Open Session – Separate Agenda Item:
There were no separate items for the Open session.

In-Camera - Consent Agenda:

- Draft Meeting Minutes
- 4.1 Board Meeting Effectiveness Evaluation Results – May 2025
- 5.1 Terms of Reference
- 5.2 Committee Workplan
- 5.3 Goals & Objectives / Strategic Plan Quarterly Update
- 5.5 2024-25 Board Professional Development
- 5.7 FIPPA Delegation of Authority

In-Camera – Separate Item:
There were no separate items for the In Camera session.

7. DATE AND TIME OF NEXT MEETING:

October 14, 2025

8. TERMINATION:

The meeting terminated at 5:30 pm.

_____ _____

Chair Recording Secretary

Q1 What was the date of the meeting?

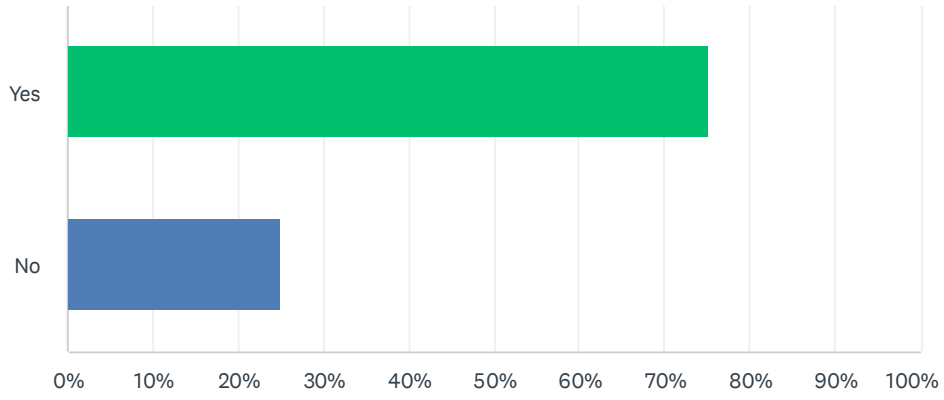
Answered: 4 Skipped: 0

ANSWER CHOICES	RESPONSES	
The RHC Board of Directors meeting took place on:	100.00%	4

#	THE RHC BOARD OF DIRECTORS MEETING TOOK PLACE ON:	DATE
1	05/29/2025	6/2/2025 3:06 PM
2	05/29/2025	6/2/2025 7:18 AM
3	05/29/2025	5/31/2025 6:08 PM
4	05/29/2025	5/30/2025 6:54 AM

Q2 Did you attend this meeting?

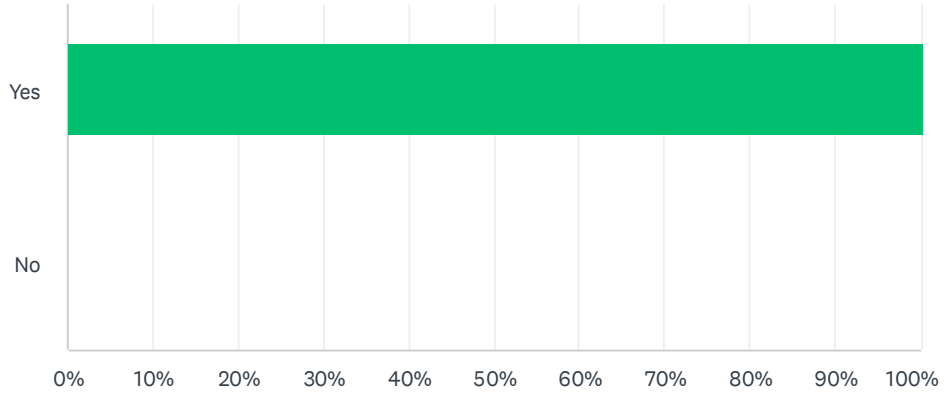
Answered: 4 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	75.00%	3
No	25.00%	1
TOTAL		4

Q3 Did you receive the materials in sufficient time for you to prepare for the meeting?

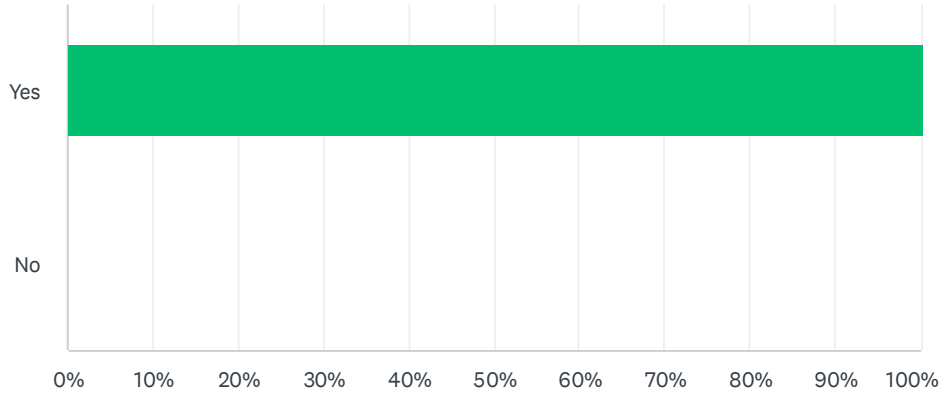
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	100.00%	3
No	0.00%	0
TOTAL		3

Q4 Were relevant materials provided?

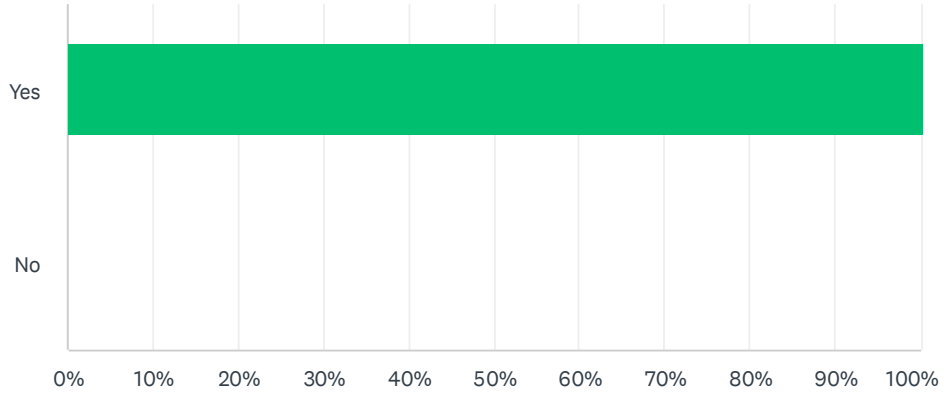
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	100.00%	3
No	0.00%	0
TOTAL		3

Q5 Were the materials sufficient to assist you in forming an opinion or decision made by the Board?

Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	100.00%	3
No	0.00%	0
TOTAL		3

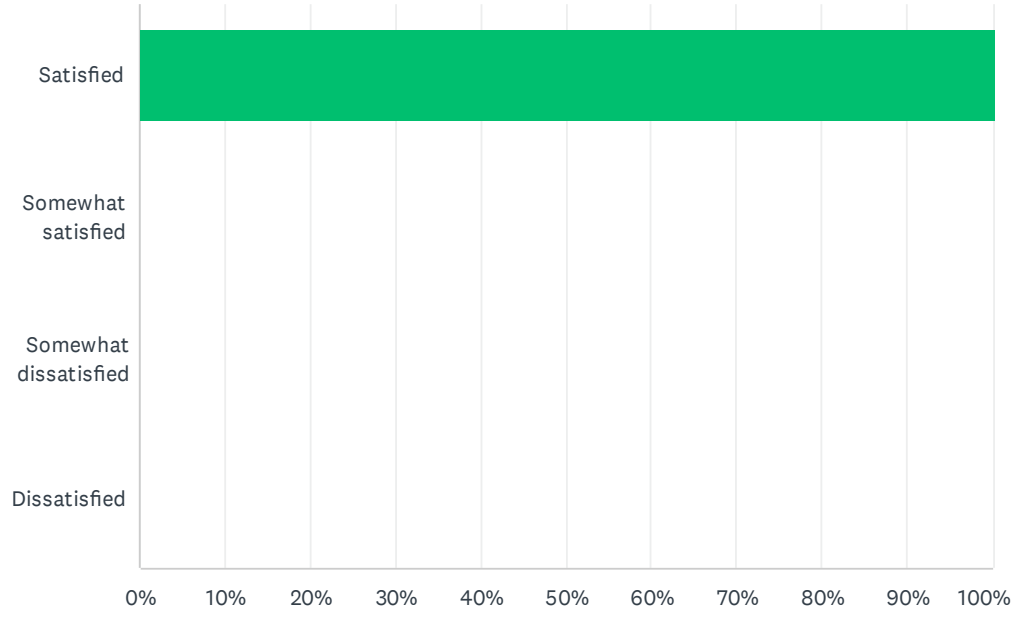
Q6 Please add any comments here:

Answered: 1 Skipped: 3

#	RESPONSES	DATE
1	Great job Brooke	5/30/2025 6:55 AM

Q7 Were you satisfied with your opportunity to participate in the debate/discussion?

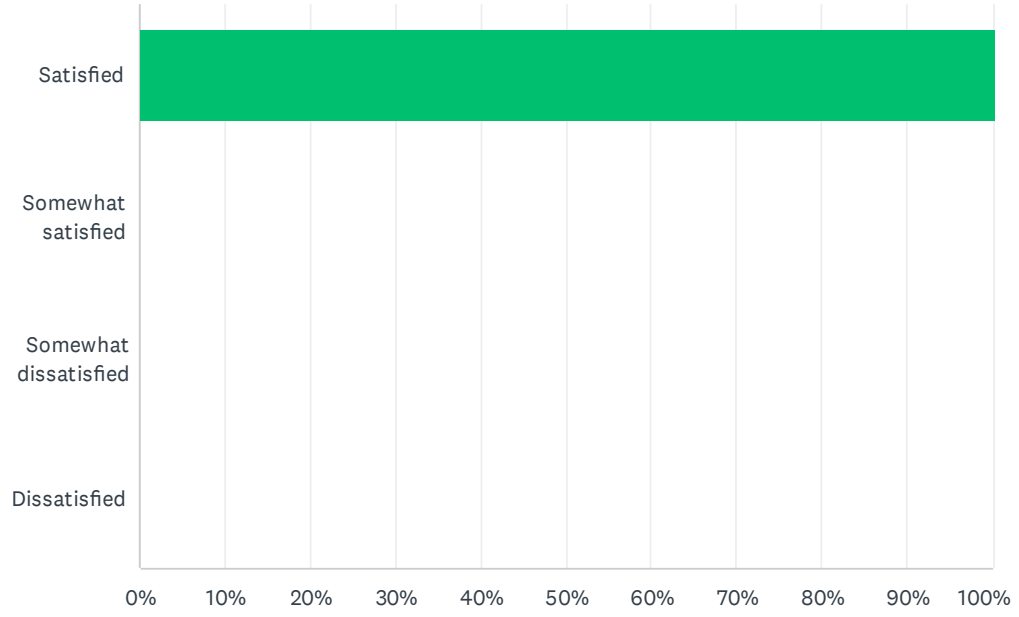
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Satisfied	100.00%	3
Somewhat satisfied	0.00%	0
Somewhat dissatisfied	0.00%	0
Dissatisfied	0.00%	0
Total Respondents: 3		

Q8 Were you satisfied with the manner in which other board members contributed to the debate/discussion?

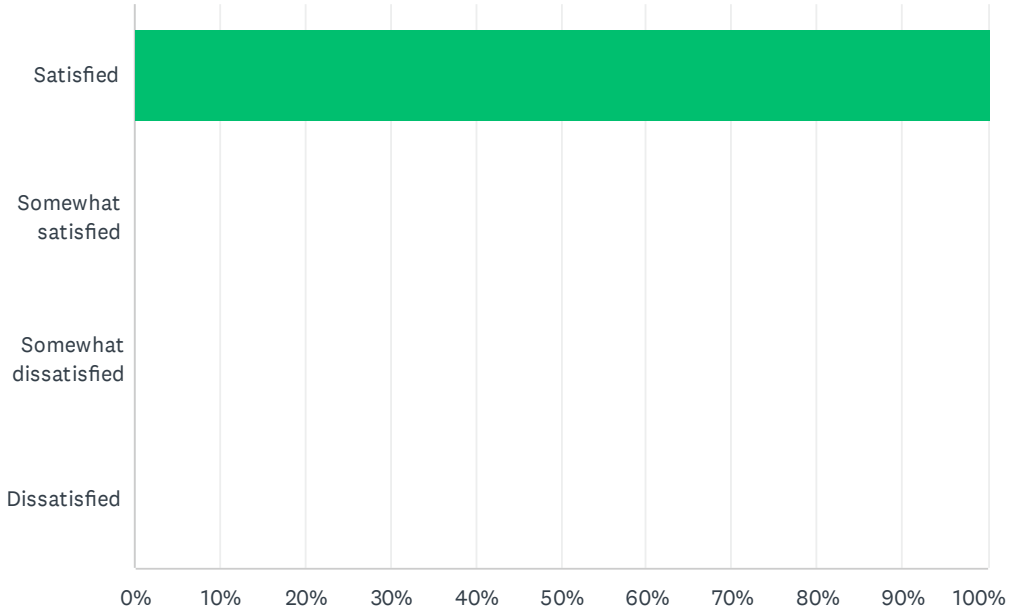
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Satisfied	100.00%	3
Somewhat satisfied	0.00%	0
Somewhat dissatisfied	0.00%	0
Dissatisfied	0.00%	0
Total Respondents: 3		

Q9 Was the chair effective in allowing all sides/members to be heard while bringing the matter to a decision?

Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Satisfied	100.00%	3
Somewhat satisfied	0.00%	0
Somewhat dissatisfied	0.00%	0
Dissatisfied	0.00%	0
Total Respondents: 3		

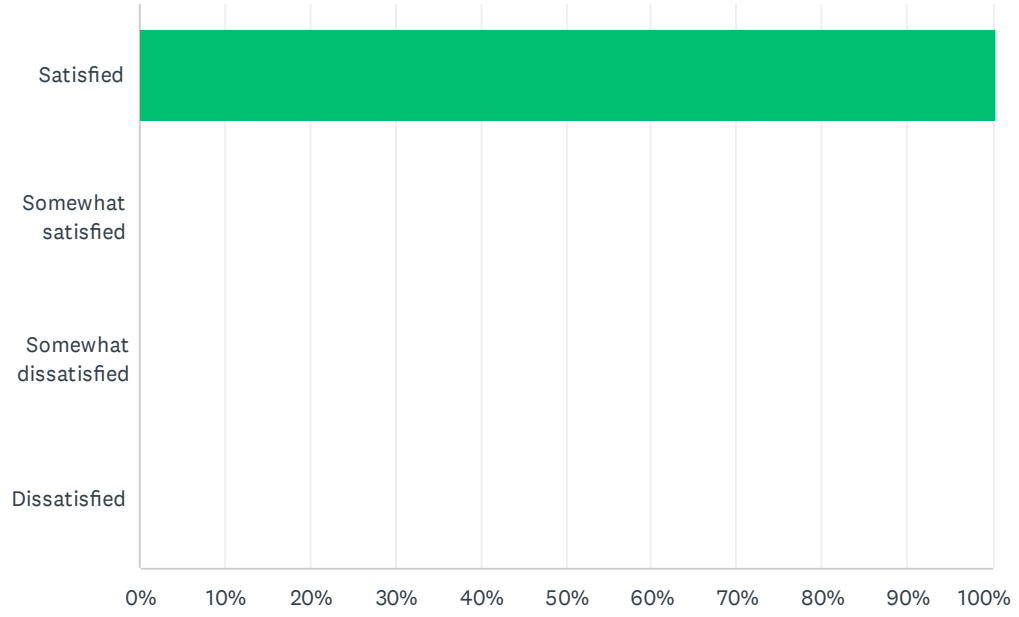
Q10 Please add any comments here:

Answered: 1 Skipped: 3

#	RESPONSES	DATE
1	Yes Diane is always making sure everyone has a chance to speak	5/30/2025 6:55 AM

Q11 Were you satisfied with what the board accomplished?

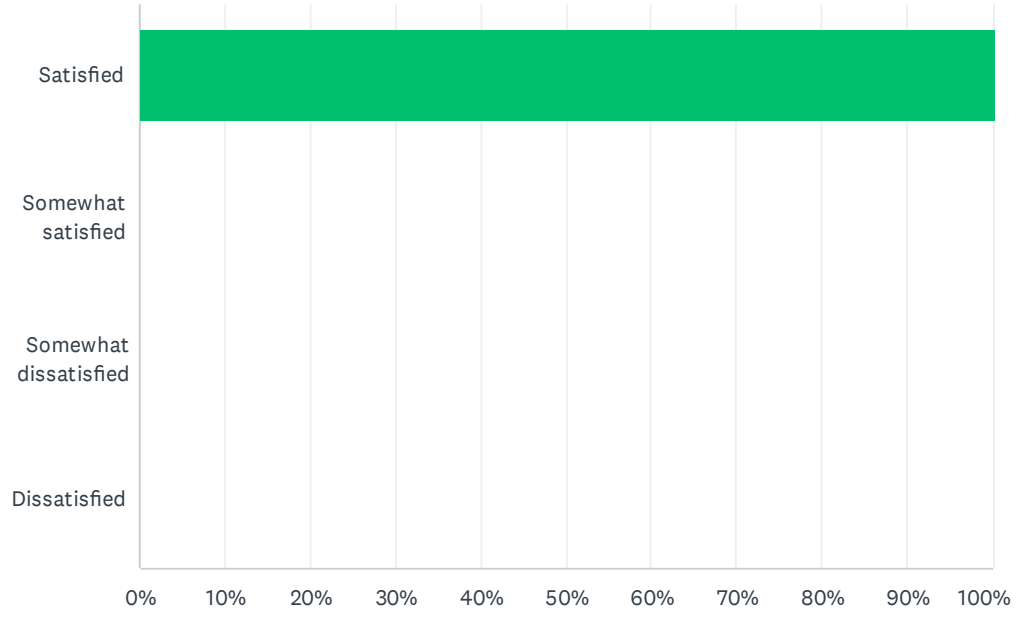
Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Satisfied	100.00%	3
Somewhat satisfied	0.00%	0
Somewhat dissatisfied	0.00%	0
Dissatisfied	0.00%	0
Total Respondents: 3		

Q12 Were you satisfied with the board's overall performance?

Answered: 3 Skipped: 1



ANSWER CHOICES	RESPONSES	
Satisfied	100.00%	3
Somewhat satisfied	0.00%	0
Somewhat dissatisfied	0.00%	0
Dissatisfied	0.00%	0
Total Respondents: 3		

Q13 Please add any comments here:

Answered: 1 Skipped: 3

#	RESPONSES	DATE
1	Great discussions tonight	5/30/2025 6:55 AM

RIVERSIDE HEALTH CARE FACILITIES INC.
Emo, Fort Frances, Rainy River
BOARD OF DIRECTORS

BOARD GOVERNANCE COMMITTEE

MANDATE:

To ensure the continued accountability of the Board of Directors. This will be achieved through designing and recommending policy to the Board on matters relating to Board effectiveness: Board development; Board structures; Board recruitment, Board Self-evaluation and retention policies and governance practices to continually improve Board performance. The committee shall serve as an executive committee in matters of Board urgency - exercising the full powers of the Board and reporting its actions at the next meeting of the Board

ACCOUNTABILITY:

The Governance Committee will report to the Board of Directors.

TERMS OF REFERENCE:

The role of the Board Governance Committee is to ensure the continued accountability of the Board of Directors. Key elements include:

- Board Structure
- Board Effectiveness
- Board Development and Education
- Governance Procedures
- Board Evaluations
    - Board Committees
    - Board Chair

POLICY AGENDA:

Board Structure

- Board process & meeting format - openness to public/media
- Advisory Committees to the Board (community, employee, professional)
- Corporation members on standing organizational committees
- Conjoint meetings with the organizations management and staff - planning/information
- Review and make recommendations to the Board concerning board composition, board size, board structure, governance policies, and by-law amendments.

Board Effectiveness

- Outline of Roles / Expectations for Board Chair, Board Members
- Powers of Committees versus powers of the Board
- Definition of management versus governance
- Process and development of Board Workplan and recommend to the Board
- Establish and implement an Evaluation framework to monitor and measure success of individual board members, the board as a whole, Board Chair, Board Committees and Committee Chairs
- Exit Interviews
- Governing Body Standards & Philosophy
- Risk Management - To address such items as: Items respecting legal proceedings & reputational risk. Annual or Ad-hoc reporting as required.
- Executive Management
- Quarterly Accreditation Update
- Monitor the Board of Directors performance as it relates to expectations of government, public, and Accreditation bodies
- Establish Board Evaluation Protocol and Metrics to conduct on-going evaluations of the Board's effectiveness as it relates to its structure, attendance, processes, and goal attainment

Board Development

- Orientation process for new board members
- Budget for board professional development activities
- Process for identifying information requirements
- Continuous Quality Improvement of board processes
- Oversee board education to ensure board receives periodic education on governance, industry issues and the organization's operations
- Methods to attract and identify board member skills and characteristics
- Board member recruitment and selection methods
- Nominations
- Recommend for approval Board orientation and development plans
- Organize, with the input of the CEO and Chair, the Board's annual retreat.

Governance Procedures

- Ensure a strategic planning process is undertaken with Board involvement and eventual approval by the board
- Manage the budget assigned to the Board of Directors
- Review and recommend revisions to the Corporate By-Laws at regular intervals
- Recommend to the Board strategies to deal with intra-hospital and other Board-to-Board relationships across the community
- Liaise with Ontario Health
- Develop a process to oversee performance & compensation of President & Chief Executive Officer and Chief of Staff, and report to the Board
- Oversee Chief Executive Officer recruitment, selection and succession planning
- Review and recommend to the Board, the CEO's annual objectives

- Provide advice and support to the Chair, CEO and Committee Chairs as required

Board Chair

- Ensure succession planning for the office of board chair
- Oversee and implement the Board's process for selecting a board chair and recommend an individual for election by the board as Chair; and
- Make recommendations to the board for Vice-Chairs and other board officers

Board Committees

- Ensure periodic review and evaluation of committee performance and terms of reference, and make recommendations to the board as required, and
- Recommend to the Board, with the input of the Chair, nominees for all board committees and committee chairs.

Administrative Lead	**Administrative Support**
Chief Executive Officer	Senior Management member as required.
Meetings	**Committee Composition**
Quarterly and as required	Board Chair Board Vice-Chair Board Secretary-Treasurer Chief of Staff Three (3) directors to ensure composition includes a representative from each catchment area, wherever possible

Reviewed: *09/03*; *07/06; 09/09; 11/15, 09/16, 09/17, 09/18, 09/19, 12/19, 09/20, 11/20, 10/21, 09/22, 09/23, 09/24, 09/25*
Revised: *05/08, 09/16, 12/19, 09/20, 11/20, 09/22*

RIVERSIDE HEALTH CARE FACILITIES, INC.

Governance Committee of the Board

Annual Reporting Schedule - Workplan for 2025-26

September	**October**	**November**	**December**
Terms of Reference Review Committee Workplan Review Goals & Objectives/Strategic Plan Quarterly Update Governance Policy Review Board Professional Development Update Board Development Topics FIPPA Delegation of Authority	New Board Member Orientation Evaluation Results Governance Policy Review Accreditation Quarterly Update Board Meeting Evaluation Results COS Succession Plan	Governance Policy Review	No Meeting
January	**February**	**March**	
Goals & Objectives/Strategic Plan Update Governance Policy Review Accreditation Update By-Law Review Strategic Communications Plan Review Board Meeting Evaluation Results Governance Functioning Tool/Audit Review (Members Complete Gov. Functioning Tool again if needed)	Nominations/Recruitment Committee Update CEO/COS Performance Review Process Board Retreat Plan Board Meeting Evaluation Results Governance Policy Reporting Schedule	Freedom of Information Report (PHIPPA & FIPPA Breaches) Annual Meeting Date/ Process Goals & Objectives/Strategic Plan Update Board Chair/Vice-Chair Succession Planning Nom/Recruitment Update	
April	**May**	**June**	
Review/revise Board Evaluation Tools Nom/Recruitment Update Board Meeting Evaluation Results	Nomination/Recruitment Committee Report Governance Policy Review Board Orientation Review	Nom/Recruit Com Update Board Chair Evaluation Board Comm Evaluations Board Workplan Review Exit Interview Results Board Self Evaluation Survey Results Goals & Objectives/Strategic Plan Update Board Mtg Eval. Results Board Attendance Review CEO Evaluation CoS Evaluation Bd Role & Resp. Review	

2025-26 Riverside Health Care Senior Leadership Goals

Description	Priority	Status Update	Senior Leader Assigned To
DI Campaign	1	Raised approximately $1 million to date. Ongoing.	Henry Gauthier
Rainy River Clinic	1	Joanne and Diana to assume Board Positions. Diana to assume oversight of clinic. Lucas will still provide physician admin support.	Diana Harris
HRIS Development	1	Payroll implementation planned for Jan 2026. Scheduling experiencing numerous issues - 3rd party audits from independent experts being utilized to address.	Carla Larson
Meditech Expanse Implementation	1	CIO left TBRHSC. Project continues to evolve. MH&A module being evaluated.	Henry Gauthier
Budget Management (savings vs funding)	1	In progress - due Sept. 12.	Carla Larson
Balanced Scorecard	1	Developed.	Joanne Ogden
Approval Authority Policy Updates	1	In Progress.	Carla Larson
Master Plan - LVGH, RC, Emo, Helipad	1	Working with Colliers to complete current state assessment.	Henry Gauthier
Security Enhancements	1	Follow up required.	Henry Gauthier
Focused Quality Audits	1	VTE, death, and physician care complaint audits complete - CQI plans in progress.	Joanne Ogden
Practice Redesign - Nursing	1	Next step is models of care review. Delayed due to other priorities.	Diana Harris
Remote Support Monitoring Program	1	Program anticipated to be active by end of Oct./26	Diana Harris
RAAM Program Expansion	1	Advancing new modelling at OHT table.	Joanne Ogden
LVGH Physician Clinic	1	Lease advancing.	Henry Gauthier
Pharmacy Redevelopment	1	Funding announced for $3.1 million to support new NAPRA pharmacy.	Henry Gauthier
Meeting Rooms Update	1	Samples being review. Expansion opportunities discussed.	Henry Gauthier
MOU with GHAC for ICC Services	1	On hold.	Henry Gauthier
Indigenous Health Services Table Established	1	Prior efforts have not been succesful. Looking for opportunities to work with Indigenous communities to build trust. Indigenous Liaison is critical part of this long term initiative.	Henry Gauthier
MRI & LVGH/RR Radiology Capital Projects	1	Progressing through process with MoH and Ministry of Northern Economic Development and Growth.	Henry Gauthier & Carla Larson
Performance Conversations Compliance	1	Ongoing review.	Henry Gauthier
Mandatory Education Compliance	1	Ongoing review.	Henry Gauthier
Major IT projects	1	Wifi and phone under consideration.	Carla Larson
Medium IT projects	1	Temperature alarms for rooms and fridges, meeting room smart boards, remote access, backup internet servcies, and kiosks.	Carla Larson
RR Clinic Management	1	Diana to assume oversight in October better align overall service delivery model	Diana Harris
RR Health Centre	1	Recruit interim change management leadership to address numerous deficiencies in Rainy River - Administrative and Clinical	Diana Harris
Emo CHC	2	Draft proposal updated - waiting for OHT engagement from primary care committee. Charter confirms that physician agreement changes are not part of the solution.	Joanne Ogden
IP Mental Health & Detox Beds	2	OH now requires capital process to be completed in advance.	Joanne Ogden
Transportation Expansion	2	No progress - awaiting OTIF.	Joanne Ogden
Implement Enhanced Seniors Care Program, including Elder Care Program	2	No progress.	Diana Harris
Pendant Alarms & Camera Systems (LVGH, Emo, RR, upgrade to RC)	2	On hold - pending reallocation to security oversight.	Henry Gauthier
Hospitalist	2	Providing heavy and light support model.	Henry Gauthier
Circle of Heroes	2	Follow up required with communications and fundraising.	Henry Gauthier
Policy Standardization	2	Addressed approval process.	Henry Gauthier
Back Office Staff Developmenmt	2	Ethics training for Scheduling, Payroll, and Finance.	Carla Larson
Housing Expansion	3	Working with RRDSSAB to create a combined capital and service expansion plan. AL expansion being submitted to OH. Also reviewing RC surplus space for AL.	Joanne Ogden

Board of Directors Professional Development Tracking
2024-25 Term

Date	Board Member	Name of the Session	Where was the session held
26-Sep-24	Diane Clifford	Human Resource Information System – Carla Larson	LVGH / Virtual
	Ben Norton		LVGH / Virtual
	Marianne Kitzul		LVGH / Virtual
	Edith Bodnar		LVGH / Virtual
	Kathy Lampi		LVGH / Virtual
30-Oct-24	Diane Clifford	Conflict of Interest – BLG – Holly Ryan	LVGH / Virtual
	Ben Norton		LVGH / Virtual
	Marianne Kitzul		LVGH / Virtual
	Edith Bodnar		LVGH / Virtual
	Kathy Lampi		LVGH / Virtual
	Aimee Beazley		LVGH / Virtual
28-Nov-24	Diane Clifford	Surgical Services – Julie Cousineau, Carly Whalen, Heather Wright	LVGH / Virtual
	Ben Norton		LVGH / Virtual
	Marianne Kitzul		LVGH / Virtual
	Edith Bodnar		LVGH / Virtual
	Kathy Lampi		LVGH / Virtual
30-Jan-25	Diane Clifford	Meditech Expanse - Carla Larson	LVGH / Virtual
	Ben Norton		LVGH / Virtual
	Aimee Beazley		LVGH / Virtual
	Marianne Kitzul		LVGH / Virtual
27-Feb-25	Diane Clifford	HIROC – Insurance Review – Miranda Ng and Richard Gelbard	LVGH/Virtual
	Aimee Beazley		LVGH/Virtual
	Marianne Kitzul		LVGH/Virtual
	Edith Bodnar		LVGH/Virtual
	Kathy Lampi		LVGH/Virtual
27-Mar-25	Diane Clifford	2025-2026 QIP – Joanne Ogden	LVGH/Virtual
	Ben Norton		LVGH/Virtual
	Marianne Kitzul		LVGH/Virtual
	Edith Bodnar		LVGH/Virtual
	Kathy Lampi		LVGH/Virtual

24-Apr-25	Diane Clifford	Community Support Services & Patient Story – David Black, Heidi Loney and Carley McCormick	LVGH/Virtual
	Ben Norton		LVGH/Virtual
	Marianne Kitzul		LVGH/Virtual
	Edith Bodnar		LVGH/Virtual
	Kathy Lampi		LVGH/Virtual
29-May-25	Diane Clifford	Public Presentation – Board Membership – Melanie Murray	LVGH/Virtual
	Marianne Kitzul		LVGH/Virtual
	Edith Bodnar		LVGH/Virtual
	Kathy Lampi		LVGH/Virtual
17-Jun-25	Diane Clifford	Presentation – Draft Financial Statements – Jeff Savage, MNP Auditor	LVGH/Virtual
	Ben Norton		LVGH/Virtual
	Marianne Kitzul		LVGH/Virtual
	Edith Bodnar		LVGH/Virtual
	Kathy Lampi		LVGH/Virtual
	Aimee Beazley		LVGH/Virtual

BRIEFING NOTE

TO: RHC Governance Committee

FROM: **Henry Gauthier, President & CEO**

DATE: September 9, 2025

RE: **Freedom of Information and Protection of Privacy Act (FIPPA) Delegation of Authority**

SUMMARY

- Pursuant to FIPPA, the Board Chair of a public hospital is accountable for most of the hospital's decisions under the Act. The Board Chair also bears the responsibility for overseeing the administration of FIPPA within that hospital. While the Board Chair is ultimately accountable, FIPPA permits the Board Chair to *delegate* (a) the authority to exercise his or her powers under FIPPA, and (b) the responsibility for carrying out the duties imposed on the Board Chair by FIPPA.

- Delegation means empowering an officer so that he or she has control over how a duty is carried out or whether and how a power is exercised. Delegation can be made to one or more officers of the hospital. Once delegated, the Board Chair need not be involved in any later decision to exercise a delegated power or undertake a delegated duty. The main compliance activity under FIPPA focuses on the annual report RHC submits to the Office of the Information and Privacy Commissioner *of* Ontario. This activity is identified in the annual Governance Work Plan.

- Noteworthy is that this is an exception with regards to the statement “the CEO is the Board’s only employee.”

RECOMMENDATION

THAT the Governance Committee recommend to the Riverside Health Care Board of Directors approval of the delegation of FIPPA authority from the Board Chair to the Director, Health Informatics & Privacy for the fiscal year 2025-26.

Riverside Health Care

In Camera Audit & Resources Committee Report – September 2025

2.4.1 Minutes: Audit & Resources Committee *
June 12, 2025 – reviewed and approved by the Committee

2.4.2 Terms of Reference *

2.4.3 Audit & Resources Committee Work Plan *

2.4.4 Ministry Hospital Stabilization Plan *

RIVERSIDE HEALTH CARE FACILITIES INC.
BOARD AUDIT & RESOURCES COMMITTEE MINUTES

Date of Meeting: June 12, 2025 **Time of Meeting:** 4:00 pm

Location of meeting: LVGH – Board Room / Webex

PRESENT: M. Kitzul, E. Bodnar, H. Gauthier, D. Clifford, B. Norton, *via Webex

REGRETS: C. Larson

GUEST: J. Savage (Item 3.0)

1. WELCOME AND ROUND TABLE CHECK IN:

B. Norton called the meeting to order at 4:06 pm. B. Booth recorded the minutes of the meeting.

1.1 Confidentiality Reminder

B. Norton reminded members of the confidentiality of the session.

2. ADOPTION OF AGENDA:

It was,

MOVED BY: E. Bodnar SECONDED BY: D. Clifford

THAT the agenda be approved as circulated.
CARRIED.

3. PRESENTATION – MNP – Draft Financial Statements – Jeff Savage

Ben welcomed Jeff Savage, MNP Auditor, to the meeting who presented the draft audited financial statements. The following was highlighted:

- Jeff recognized the tight timelines for the audit noting there are still a few questions pending. However, he is comfortable with the drafts tonight.
- Ministry cash flow notices were discussed in detail.
- Jeff noted there was roughly $1.3 million in expenses that went towards the Rainy River Clinic. There is a debt and credit or $1.7 million and Jeff noted he has some questions around this. Henry provided clarification regarding legitimate expenses and what would be payable. Henry noted this is an easy fix. Detailed discussion took place regarding $600k loaned to the Rainy River Clinic and Henry stated he believes this needs to flow back however, we still owe them for Rainy River physician payments. Henry and Jeff will discuss this further after the meeting.
- Statement of Financial position reviewed in detail. Jeff referenced pages 5 and 6 of the statements, noting these are the main statements.
- Jeff reviewed the responsibility of management confirming this requires signatures.
- Jeff reported they are issuing a clean audit, and, 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 operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.
- Jeff discussed the Going Concern in detail.
- Working Capital Deficit is approximately $545k, which still provides some evidence that there are financial issues.
- Statement of Financial Position – Assets, Liabilities, and Net Assets reviewed.
- Jeff proposed removing the $1.7 million for Rainy River Clinic from Note 5 & 9. Henry noting that basically all of Rainy River Clinic was rolled into RHC. However, confirmed Rainy River

Clinic is its own entity. Henry reported we may need a separate receivable sheet later and Jeff confirmed that would be doable. Discussion took place. Henry recommended taking Rainy River off the books to reflect their own entity. Jeff agreed to remove the $1.7 million and confirmed he will send Brooke updated statements.

- Statement of Operations reviewed.
- Financial Position – we are seeing an increase. Jeff noted taking over Non-Profit contributes a bit to this.
- Note 5 was reviewed – Accounts Receivable is roughly $10.5 million (Jeff confirmed the $1.7 million will be removed from here).
- Inventories reviewed, noting these are fairly consistent from last year.
- Total Current Assets are approximately $14.6 million.
- Capital Assets are roughly $35 million.
- Construction in progress is approximately $711k. Jeff noted this is the new Meditech project.
- Overall Assets – roughly $50.4 million which is an increase from last year.
- Liabilities & Net Assets reviewed. Jeff confirmed the $1.7 million for Rainy River Clinic will be removed from Note 9.
  Current – approximately $15.2 million.
  Net Assets reviewed noting a roughly $396k deficit.
- Statement of Operations reviewed in detail highlighting revenues and expenses.
  Hospital - $2.5 million surplus.
  Rainycrest and Fund Type 2's are in a deficit.
  Overall Operating Surplus is $1.5 million – this is due to Ministry 1-time funding, and they increased the base funding provided this year.
- Henry reported we are dependent on 1-time funding from the Ministry. The system is in chaos and the government needs to look at a redesign. Discussion took place.

  ACTION: Jeff to make the edit and remove the $1.7 million as per the above and send new drafts to Brooke.

Ben thanked Jeff for attending. Jeff confirmed he will attend the Board meeting to present the statements to the Board as well. Jeff exited the meeting.

It was,

MOVED BY: E. Bodnar SECONDED BY: M. Kitzul

THAT the Audit & Resources Committee recommends that the Board of Directors approves the 2024-25 audited financial statements.

CARRIED.

4. REVIEW OF MEETING MINUTES: May 22, 2025:

It was,

MOVED BY: D. Clifford SECONDED BY: M. Kitzul

THAT the minutes of the previous meetings held on May 22, 2025, be approved as circulated.

CARRIED.

5. BUSINESS ARISING:

There were no matters arising.

6. STANDING ITEMS:

6.1 Financial Report – April 2025

Deferred.

6.2 OT, Sick & FTE Reports – May 2025

Deferred.

7. NEW BUSINESS:

7.1 Performance Conversations Update

Henry reviewed the circulated, noting compliance is low. He shared detailed discussion took place at the Core Leadership meeting and expectations were very clear, this is to be set as a priority. The deadline is the end of December, and this is a hard deadline. Henry highlighted the new template/process for completing performance conversations, confirming this new process just started approximately 3 months ago and will take some time. Henry confirmed that Senior Leadership will continue to push this priority with the leadership group.

7.2 Investments Update

Henry reviewed the briefing note for information.

7.3 Master Plan Update

Henry discussed the MRI implementation noting that the vendor selection must be completed by the end of June and Mohawk Medbuy is being negotiated.

A meeting was held with OH yesterday and Henry shared we offered to share our master service plan as an add-on so that the scope could be increased to cover the balance of the service continuum.

8. SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- Jeff Savage to make the discussed edits to the financial statements and send new drafts to Brooke.
- Financial Report – April 2025 - Deferred
- OT, Sick & FTE Reports – May 2025 - Deferred

8.1 Meeting Summary: June Board Meeting Agenda Items

Discussion took place around what items are to appear on the Open and In-Camera agendas for the June Board meeting. It was decided by consensus that the items appear as follows:

Open Session – Consent Agenda:
There were no items for the Open Session Consent agenda.

Open Session – Separate Agenda:
- MNP – Draft Financial Statements – Jeff Savage – Open Session Presentation

In-Camera – Consent Agenda:
- May 22, 2025, Meeting Minutes
- 7.1 Performance Conversations Update
- 7.2 Investments Update

In-Camera – Separate Item:

- Audit & Resources Verbal Update

9. DATE OF NEXT MEETING:

September 2025

10 TERMINATION:

The meeting terminated at 5:30 pm.

_____ _____

Chair Recording Secretary

/bb

Audit & Resources Committee
Terms of Reference

Purpose

The Audit & Resources Committee (Committee) will provide oversight on behalf of the Board of Directors through the review of relevant financial, human and capital resource reports and engagement of Senior Management. The Committee will be involved in matters pertaining to financial policies, resource allocation, financial performance, compliance and risk exposure.

Scope

The Committee is responsible for key activities identified for Riverside Health Care.

Accountability

The Committee shall report to the Board of Directors.

Mandate & Key Activities

The Committee shall:

- Oversee the integrity of the organization's financial affairs;
- Develop an annual work plan of goals and objectives that fulfil the Committee's mandate;
- Review, guide and/or recommend to the Board on Financial matters pertaining to:
    - Board financial policies;
    - capital and operating plan;
    - accountability agreements;
    - financial planning (budgeting);
    - review of investment planning and performance;
    - financial stewardship principles;
    - corporate insurance;
    - financial statements (minimum quarterly); and
    - revenue generating opportunities;
- Review, guide and/or make recommendations to the Board concerning all audit matters including:
    - review of audited financial statements (annually);
    - evaluation and appointment of auditor (annually);
    - auditor's management letter (annually);
    - audit fees (annually);
    - internal audits;
    - fraud detection;
    - review and ensure independence of other services provided by the external auditors; and
- Review, guide and/or recommend to the Board on Human Resource matters pertaining to:
    - labour demographics & succession planning;
    - recruitment & retention strategies;
    - professional and leadership development;
    - performance management system;
    - cultural competencies;
    - physician recruitment;
    - staff satisfaction surveys;
    - workplace safety
- Review, guide and/or recommend to the Board on Capital matters pertaining to:

  - capital equipment requirements;
  - land or property acquisition; and
  - capital development/redevelopment processes.
- Conduct in-camera meetings with auditors excluding senior leadership and with senior leadership excluding auditors;
- Advise the Board of Directors of any material financial risks to the corporation identified.

Membership

Membership of the Committee will consist of:

Membership	Role
• Board Member (4)	• Voting Member
• Chair or Vice-Chair of the Board	• Voting Member
• President & CEO	• Non-Voting Ex-Officio Member
• Chief Financial, Technology & Information Officer	• Non-Voting Ex-Officio Member
• Executive Assistant	• Non-Voting Ex-Officio Member

Other Attendees

The inclusion of other representation at Committee meetings will be determined on an Ad-hoc basis.

Quorum

Greater than 50% of the voting members are required to obtain quorum.

Chair

The Chair of the Committee will be appointed by the Board annually.

Chair's Duties and Responsibilities

The primary function of the Chair is to ensure the effective functioning of the Committee. The specific duties and responsibilities are to:

- Approve the agenda and associated materials for meetings;
- Preside as Chair over meetings ;
- Determine who should attend meetings;
- Ensure that all items to be reported and all recommendations are appropriately tabled;
- Ensure that all members of the Committee actively participate during the meeting;
- Conduct an annual evaluation of Committee performance and act on opportunities for improvement;
- Carry out other duties and responsibilities as may be requested by the Committee or the Board of Directors.

Decision Making

Decisions will be made by motion with majority rule.

Administrative support

The President & Chief Executive Officer and the Chief Financial, Technology & Information Officer will prepare required agenda materials. The Executive Assistant will prepare meeting invitations, book meeting rooms and take minutes of the meetings.

Meetings

The Committee shall meet at least seven times per year between September and June or additionally at the call of the Chair.

Meeting materials

Every effort will be made to ensure that the majority of agenda materials are distributed electronically at least five business days in advance.

Confidentiality

Many issues being discussed will be of a confidential nature. The issue of confidentiality will be raised at the time of discussion; however, if the issue of confidentiality is unclear, it should be raised at the meeting and a decision made before leaving the meeting.

Document control

Initial Approval by Committee	October 2012
Initial Approved by Board of Directors	October 2012
Projected Review Date	September 2025
Reviewed by Committee	September 18, 2025
Approved by Board of Directors	**September 25, 2025**

Audit & Resource Committee

2025-26 Annual Work plan Schedule

JUNE Meeting – None Distribution – None	JULY Meeting – None Distribution – None	AUGUST Meeting – None Distribution – None
• Financial & OT/Sick reports distributed September 12, 2025	• Financial & OT/Sick reports distributed September 12, 2025	• Financial & OT/Sick reports distributed September 12, 2025
SEPTEMBER **Meeting - September 18** **Distribution - September 12** **Exception - Financial Report distributed September 15**	**OCTOBER** **Meeting - October 23** **Distribution - October 17**	**NOVEMBER** **Meeting - November 20** **Distribution - November 14** **Exception - Financial Report distributed November 17**
• April to August 2025 Financial Report • OT, Sick & FTE Reports • Master Plan Update • Terms of Reference Review • A&R Committee Work Plan Review	• April to September 2025 Financial Report • OT, Sick & FTE Reports • Performance Conversations	• April to October 2025 Financial Report • OT, Sick & FTE Reports • Board & Management Travel • Budget Planning • CEO Compliance • Operational Reviews
DECEMBER **Meeting - None** **Distribution – No Report**	**JANUARY** **Meeting – January 22** **Distribution - January 16**	**FEBRUARY** **Meeting - February 19** **Distribution - February 13**
• Financial & OT/Sick reports distributed January 16	• April to December 2025 Financial Report • OT, Sick & FTE Reports • Budget • Insurance Review (HIROC Presentation) • Talent Management • Bad Debts	• April 2025 to January 2026 Financial Report • OT, Sick & FTE Reports • Declaration of Compliance – LSAA • Master Plan Update • Capital Equipment Approval

MARCH Meeting – March 19 Distribution – March 13	APRIL Meeting – April 23 Distribution – April 17 Exception - Financial Report distributed April 20	MAY Meeting – May 21 Distribution – May 15 Exception - Financial Report distributed May 18
• April 2025 to February 2026 Financial Report • OT, Sick & FTE Reports • HSAA extension • MSAA extension • LSAA extension • Non-Union Wage Review • Line of Credit • Review BDO Engagement Letter • Approve QIP and Goals and Objectives for Senior Leadership Performance Based Compensation for Senior Staff (% allotments) • Previous Fiscal QIP Executive Compensation	• April 2025 to March 2026 First Draft Financial Report • OT, Sick & FTE Reports • Performance Conversations • BDO Audit Engagement Board & Management meeting(s) • Talent Management • Operational Reviews	• 2025-2026 Financial Report (draft unaudited year end) • OT, Sick & FTE Reports • Attestation – BPSAA • Use of Consultants – BPSAA • BDO Board & Management meeting(s) – Auditors Present the Audit Plan without Management present • Bad Debts • Declaration of Compliance – HSAA • Declaration of Compliance - MSAA • Compliance Attestation – CritiCall • Board & Management Travel • CEO Compliance
JUNE **Meeting - June 16** **Distribution - June 12** **Board Meeting – June 18** **AGM – June 23** **Exception - Financial Report distributed June 15**		

• Financial Report
  ○ **Prior Year Audited Statements (Auditors presentation)**
  ○ **Current Year April Financial Report**
• OT, Sick & FTE Reports
• Performance Conversations
• Investments Update
• Master Plan Update		

BRIEFING NOTE

TO: Board of Directors

FROM: Carla Larson, Chief Financial, Information & Technology Officer

DATE: September 17, 2025

SUBJECT: **Ontario Health & Ministry Balanced Budget Plan**

SUMMARY

On July 14, 2025, the Ministry and Ontario Health announced to all hospitals a new multi year planning process for achieving financial and operational stability for the hospital sector, to enable continued high quality, connected, and accessible care. To kick off the multi year planning exercise, all hospitals were required to submit a balanced budget plan by September 12, 2025. The plan bridges the 2025-2026 to 2027-2028 years.

	Year 1 (2025-2026)	Year 2 (2026-2027)	Year 3 (2027-2028)
Projected Deficit Prior to Efficiencies (includes Meditech Expanse)	**-$11,018,509**	**-$11,429,200**	**-$12,612,700**
Rainy River Closure			$4,049,900
Emo Closure			$2,337,320
Emo/Rainy River Admin Reduction			$656,800
Eliminate 1.0 FTE Finance Leadership Role		$180,560	$180,600
Eliminate 0.5 FTE HR role			$51,000
Eliminate 1.0 FTE Senior IT Director		$185,400	$185,400
Eliminate Specialty & Diagnostic Transportation Program positions		$151,500	$151,500
Eliminate 1.0 FTE Specialty & Diagnostic Transportation Coordinator positions		$89,200	$89,200
Eliminate 0.5 FTE Emo IPAC position			$50,100
Eliminate 0.5 FTE Rainy River IPAC position			$50,100
Eliminate 1.0 FTE Scheduling Coordinator position			$99,700
Eliminate Contract Communications position		$69,900	$69,900
Eliminate Hospitalist			$150,000
Inpatient Bed Reduction – LaVerendrye – from 40 to 20 beds			$2,960,500
	-$11,018,509	**-$10,752,640**	**-$1,530,680**

Information Only

The Ministry has requested, as part of its multi year planning process, that the Board of Directors approve RHCs notional multi year 2025-2026 to 2027-2028 Balanced Budget Stabilization Plan; but in alignment with some other hospital sites, we are not asking the Board to formally approve the notional plan.

Riverside Health Care

In Camera Quality Safety Risk Committee Report – September 2025

2.5.1 Minutes: Quality Safety Risk Committee
September 11, 2025 – not yet reviewed by the Committee*

2.5.2 Critical Incident Report (Q1) *

2.5.3 Maple Online Doctor QI Report *

2.5.4 Terms of Reference *

2.5.5 2025-26 QSR Board Committee Workplan & QI Report Schedule *

RIVERSIDE HEALTH CARE FACILITIES INC.

MINUTES
QUALITY SAFETY RISK COMMITTEE

Date of Meeting: September 11, 2025 **Time of Meeting:** 12:00 pm

Location of Meeting: Webex/LVGH – Board Room

PRESENT:	M. Kitzul	S. LeBlanc	J. Ogden	Dr. L. Jenks
	D. Black	D. Harris	E. Bodnar	T. Morelli*
	H. Gauthier	D. Loney*	*via Webex	

REGRETS: J. Cousineau, C. Cole, A. Beazley, C. Larson

GUEST: K. Woods (Item 4.0)

1. CALL TO ORDER:

M. Kitzul called the meeting to order at 12:07 pm. B. Booth recorded the minutes of the meeting. Marianne reviewed the virtual meeting etiquette and welcomed everyone. Marianne welcomed D. Loney to the committee. Round table introductions took place.

1.1 Confidentiality Reminder

M. Kitzul reminded members of the confidentiality of the session.

2. CONSENT AGENDA

M. Kitzul asked if there were any items to be removed from the consent agenda to be discussed individually. There were no items removed.

3. ADOPTION OF THE AGENDA:

It was,

MOVED BY: D. Black SECONDED BY: Dr. L. Jenks

THAT the agenda be accepted as circulated.

CARRIED.

4. PRESENTATION: Maple Online Doctor QI Report – Kelly Woods

Marianne welcomed Kelly Woods, Director of Human Resources, who provided an overview of the Maple Online Doctor QI report. The following was highlighted:

- What is Maple? Kelly defined and provided clarification.
- What can our staff use Maple for was discussed.
- What can be expected from Maple was highlighted.
- This service is for all full time and part time employees and their families. The Maple app is downloaded, and staff can set up an account to access the service.
- This was implemented on February 1, 2025. As of July 31, 2025, 34 plan members accessed the service.
- Discussion took place regarding patients accessing Maple physicians frequently and whether they see the same physician. Kelly provided clarification, noting this would not be the case.

- Further discussion took place around Maple physicians having privileges to order diagnostic tests. Kelly noted this needs to be worked on.
- Conversation ensued around how Maple doctors are paid. It was confirmed payment does not go through OHIP and is private. Further discussion took place regarding patients who have a family physician being dropped from the family doctors' roster if they see a Maple physician. Dr. Jenks noted this would not be the case if they were private. She shared if the visit is billed to the MOH then it potentially could be caught which may lead to the patient being dropped from the family physician's roster.
- Discussion took place on where results would go when ordered by a Maple physician. Kelly confirmed the results would go to the requesting physician which would be the Maple doctor.
- This service is helpful for many people who do not have a family physician.
- Kelly noted the service costs $5.60/per person each month. We would like to see the usage increase.
- Kelly confirmed the Maple physician will refer patients to the ER if they feel it's necessary.
- Discussion took place regarding Maple being province wide. Kelly reported this service is offered through our benefit plan and is an additional service for staff. Henry confirmed it's offered through our insurance company.
- Kelly noted staff who do not have OHIP, do not qualify for benefits. She shared that our foreign workers can apply and obtain OHIP right away. Kelly stated all staff are educated about Maple when hired. She confirmed patient medical record/history is available on the app as well for each individual when they log into their account.

Marianne thanked Kelly for her presentation. Kelly exited the meeting.

5. MATTERS ARISING FROM THE MINUTES:

There were no matters arising.

6. UPDATES AND REPORTS:

6.1 Quality Reports – Summary Spreadsheet

Joanne reported there were no summaries to review this month as we are caught up. The deadline for September submissions is the end of September therefore these will come to the next meeting for review.

6.2 Accreditation

Simone provided an update highlighting the following:

- Accreditation is scheduled for October 2027.
- There are a few outstanding items being worked on from the 2023 accreditation. Evidence will be provided.
- Teams are working on their current standards. Some standards have changed.
- Meetings are scheduled with teams on how to move forward with the ROP's. Simone shared there are a few challenges with some ROP's (ie: suicide prevention) and what the expectations are.
- Simone shared Meditech Expanse is scheduled to role out the summer of 2027 as well, then the accreditors will be here. Timing is not convenient; however, we will move along and get through everything.
- Discussion took place regarding some of the standards brought forward and where we are at with meeting the standards. Simone confirmed we are in a good position,

however, there are a few still being worked on and we will be submitting our documentation February 2026. Simone confirmed meetings are scheduled to address these.

6.3 Risk Register

Deferred.

6.4 QIP Quarterly Update (Q1)

Deferred. Joanne shared this is deferred as the data needs to flow through the working group prior to coming to this committee.

6.5 Experience Surveys (Q1)

Joanne provided the following update:

- There have been some challenges. The kiosks are implemented, however, there have been some system issues with logging out automatically. This is a technical issue with the reset and is being worked on. Joanne recalled the kiosks are used for the short survey.
- The long survey had issues with the QR code which is also being addressed.
- The hope is to have more to report at the next meeting.
- Joanne confirmed she reviews all results from the surveys and appropriate follow-up with the leads occur. She noted that when information comes to this committee, issues and follow-ups are usually addressed and resolved.
- Joanne shared this is new and we will be monitoring.

7. NEW BUSINESS:

7.1 Terms of Reference Review

Marianne reviewed the circulated in detail. The committee agreed that the Quality, Safety & Risk Committee terms of reference were approved as circulated.

7.2 2025-26 QSR Board Committee Workplan & QI Report Schedule

Joanne reviewed the circulated workplan in detail. She noted some previous items were removed as they are captured in the scorecard. Some items were moved to different months to accommodate reporting deadlines. Joanne noted the scorecard will allow us to follow trends more closely. She shared all items/reports flow through the working group prior to coming to this committee. The risk register is a new item, and Cindy owns and will report on this. Joanne noted annually the Work Life Pulse survey results are reported on in January, however she shared these results will potentially be seen at this committee in March or June. Joanne highlighted the Training update is also new and reported on in June.

The Committee agreed the Committee Work Plan and the QI Reporting Schedule were approved as circulated.

7.3 November Presentation & Department Walk-Around

Joanne discussed previous QI reports highlighting the Psychiatry Access report noting it would not be appropriate for a presentation on this at this time.

The Committee decided there would not be a presentation at the November meeting as there were no reports to review this meeting.

8. OTHER/FUTURE BUSINESS:

8.1 SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- Risk Register – Deferred to next meeting.
- QIP Quarterly Update (Q1) – Deferred to next meeting.
- There is no presentation for the November meeting.

8.2 Meeting Summary – September Board Meeting Agenda Items

Discussion took place on what items are to appear on the Consent Agenda and In-Camera agendas for the September Board Meeting. It was decided by consensus that the items appear as follows:

Open session – Consent Agenda

- 2.3 Board Quality Metrics

Open Session – Separate Agenda Items:
There were no separate agenda items for the Open Session.

In – Camera – Consent Agenda

- Draft Minutes
- 2.4 Critical Incident Report (Q1)
- 4.0 Maple Online Doctor QI Report
- 7.1 Terms of Reference
- 7.2 2025-26 QSR Board Committee Workplan & QI Report Schedule

In – Camera – Separate Agenda Items:
There were no separate agenda items for the In Camera Session.

9. DATE OF NEXT MEETING:

November 13, 2025

10. TERMINATION:

It was,

MOVED BY: E. Bodnar

THAT the Quality Safety Risk Committee Meeting terminated at 1:03 pm.
CARRIED.

/bb

2025/2026 Q1 Critical Incident Summary

Long Term Care Critical Incident Summary

(This includes incidents at Rainycrest, EHC and RRHC)

A total of 15 critical incidents were submitted to the MOHLT Critical Incident System.

13 were no harm incidents and 2 were harmful incidents.

1 - Falls – 1- Harmful

6- Outbreaks – 4-Enteric, 2- Respiratory (1-Norovirus, 1-Covid-19)
1-Harmful, 5-No harm

3 - Abuse/Neglect: Staff to Patient – 3- Unsubstantiated, 3- No Harm

4- Aggression - Resident to Resident – Substantiated – 4- No Harm

1- Elopement less than 3 hours, No Harm

All incidents were fully investigated and closed. Corrective actions were put into place and included multidisciplinary meetings with families, staff education, reinforcement of policies and procedures and steps of discipline.

Acute Care Critical Incident Summary

There were no critical events in Acute Care that resulted in harm.

Actions / Improvements

Falls:

- Encourage participation in PT program and support patients/residents through physiotherapy program for strengthening and improved mobility.
- Ensure 4P's are addressed every time prior to leaving room – comfort rounds

Outbreaks:

- Instructions for specimen collection kits updated along with restocking of collection containers.
- Education and reinforcement of outbreak measures and proper wearing of PPE for family and visitors.
- Daily huddles with staff throughout the outbreak reinforcing all best practices.

Abuse/Neglect:

- Reviewing care plans and ensure all up to date and behaviour triggers and interventions up to date for those displaying responsive behaviors or aggression.
- Audited green bar/band identification.
- Staff annual education on surge learning assigned to increase and refresh awareness of Abuse & Neglect policy, procedure and education.

Elopement:

- Referral for CMHA,
- Relocation to SCU
- Medication review

Riverside Quality Improvement Report

Project Information				
Program/Team	Human Resources	**Date**	April 8, 2025	
Project Name	Maple – Online Doctor			
Strategic Alignment				
Does this project align with a Departmental Goal or Objective?	Yes		No	X
If yes, what was the SMART goal this project is trying to achieve:	This was not a SMART goal, it is a new initiative			

Which of Riverside's Strategic Pillars does this project align with? (*check all that apply*)		
One Riverside	*Supporting a consistent & enabling organizational culture*	
Investing in the People Who Serve	*Creating a plan to strategically leverage human resources*	X
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*	

Which of Accreditation Canada's Quality Dimensions does this project align with? *(check all that apply)*					
Population Focus	*Work with my community to anticipate and meet our needs*		**Client-Centred Service**	*Partner with me and my family in our care*	X
Accessibility	*Give me timely and equitable services*		**Continuity of Services**	*Coordinate my care across the continuum*	X
Safety	*Keep me safe*	X	**Appropriateness**	*Do the right thing to achieve the best results*	X
Worklife	*Take care of those who take care of me*	X	**Efficiency**	*Make the best use of resources*	X

Measurement		
What will you measure?	**We will measure the usage of the service**	
How will you measure this? *(please describe your measurements)*	**Quantitative data** - *data in the form of counts or numbers where each data set has a unique numerical value. (eg incident counts, survey question percentages, financial reports)*	**Qualitative data** – *non-numerical data that can be observed and recorded. (eg comments, responses, observation)*
	Receive quarterly reports from MBC on usage.	
What is the benchmark or pre-determined standard? (if applicable)	This is a new service to staff. We don't have a benchmark at this point. We want to see the usage increase from quarter to quarter.	

Indicator Type *(check all that apply)*	**Process** *(measuring improvement in how the service is provided)*		**Structure** (measuring i*mprovement in physician environment, raw materials, facilities etc)*		**Outcome** *(measuring improvement in health status, final product or results)*		**Balancing** *(measuring potential unintended consequences to project)*

Project Details

Briefly describe who was involved in this Quality Improvement initiative.

Currently it is the HR team. Benefits will be moving to payroll Mat 1, 20025. However, HR and staff health will continue to promote the online service to our staff.

Who was on your project team?	**Kelly Woods, Andrea Curtis, Laureen Luchka, Candace Greengrass, Dwight Stang and Sandra Gosselin**			
How were Frontline staff involved?	**NA**			
At what stages were frontline staff involved? *(check all that apply)*	Planning		Sustaining change	
	Implementing the change		Staff were not involved *(provide reason below)*	
	Evaluating			
Were patient/resident/client and/or families involved in this QI initiative?	**NO**			
At what stages were patients/ residents/ clients and/or families involved?*(check all that apply)*	Planning		Sustaining change	
	Implementing the change		Clients were not involved *(provide reason below)*	
	Evaluating			

PLAN: Briefly describe the project. What is the problem to be fixed? What was the aim (goal) of this QI indicator/project?

Riverside Quality Improvement Report

Timeframe for the PLAN phase:

Description:Maple is an online Physician platform that was implemented February 1, 2025 to all Full-Time staff and Retiree's who have benefits through MBC. We are currently working on extending Maple to all Part Time staff. Casual staff will not have access to Maple. This could be reevaluated later. Given the shortage of family physicians in the Rainy River District and the current ER wait times, Maple provides a free online medical service to our staff. Staff are required to register through the MBC app on their phone and they have access to a physician 24 hours per day and 7 days per week.

We received a report from MBC showing usage for February/March. The numbers are very low for the first quarter, however our goal is to increase promotion and awareness to see a steady climb over 2025 and beyond. Feb 1 – March 30, there were 14 registrants, 78.57% were female and the average age was 40-49. The average wait time for the service was 13 minutes.

DO: What did you do and how did you measure what you did?

Timeframe for the DO phase:

Description:Initial advertisements were placed around all sites. The usage report is how we measured the activity

STUDY: What was the outcome?

Timeframe for the STUDY phase:

Description:Given this is a new service and the data is for 2 months, we expected low numbers. We were surprised at how low the usage was, and realize we need better advertisement and awareness.

ACT: What will you do next? Will you adopt, adapt, or abandon the change? Please explain why and next steps		
Timeframe for the ACT phase: **Description:We will push an advertisement campaign over the next few months and would like to see double the usage by the next report date in July 2025.**		
Communication		
Where were the results shared?	With Staff/Staff Meeting/ Newsletter/Staff Portal	Date:Staff Meeting April 14, 2025
	Patients/residents/clients/ families (if applicable)	Date:
	Partner organizations (if applicable)	Date:
	The public/website/social media (if applicable)	Date:
	Other_____	Date:
Follow Up		
Please provide details on what follow up there will be on this project to demonstrate the change is sustained (if applicable)		
Follow up will come from the quarterly reports.		
EVIDENCE BASE: *List additional information attached that would be to detailed to have included in the Evaluation section. This could include example of questionnaire(s), tables with quantitative or qualitative data or an evidence based matrix.*		
Submitted by:	**Kelly Woods**	
Senior Leader/Director comments:		
QSRP Review Team Review Date:		
QSR Committee of the Board Review Date:		

Partner Name is Medavie Blue Cross Partner Affiliate is Riverside Health Care Facilities Inc. Plan Name is not Medavie Discount

2025-03-30

Report Date

Registrations & Demographics

14

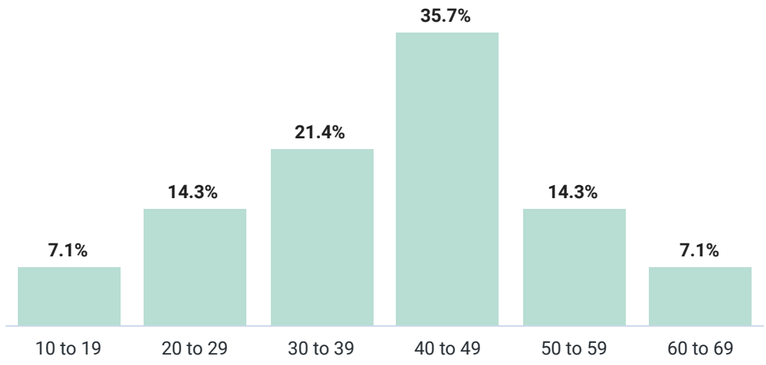
Number of Plan Members

0

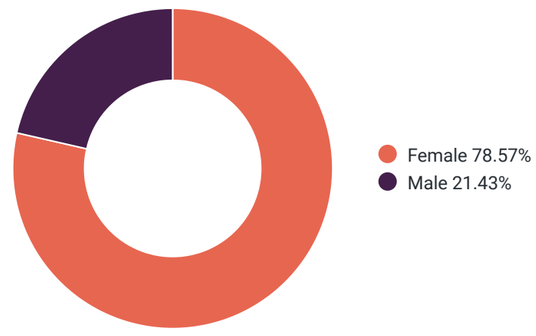
Number of Dependents

Plan Members by Location

Plan Members by Age



Plan Members by Gender



Usage & Outcomes

5

General Practitioner Consultations Completed

0

Medical Notes Written

2

Prescriptions Ordered

1

Lab Requisitions Issued

1

Specialist referrals

5

Consults Completed in the last 12 months

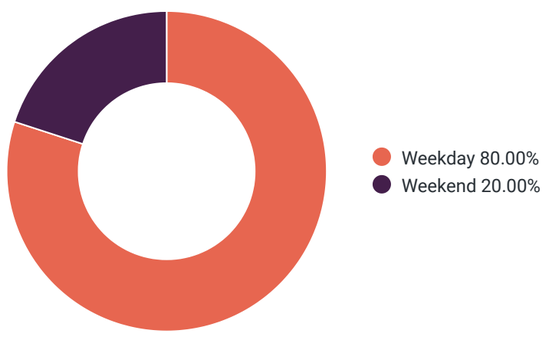
13

Average Wait Time (minutes)

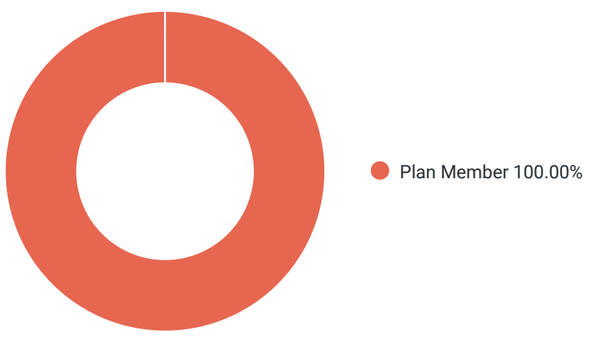
13

Average Consult Duration (minutes)

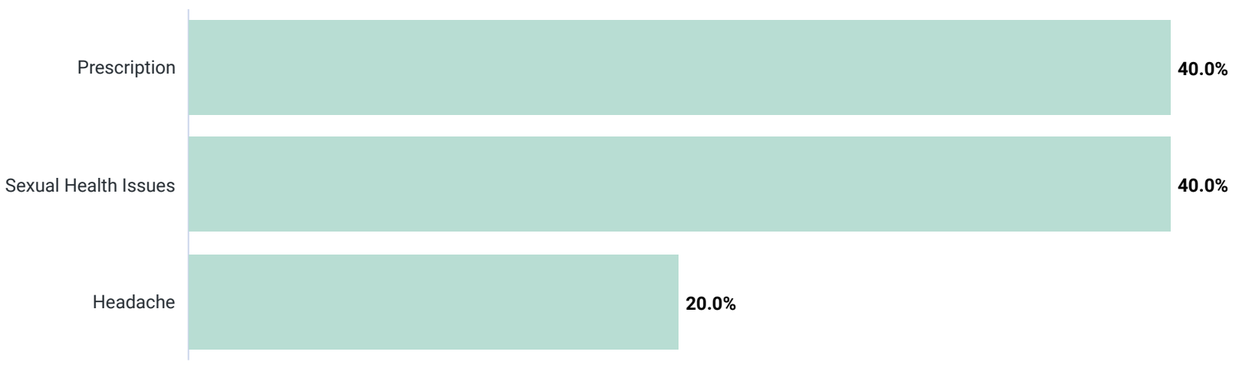
Consultations by Time of Day



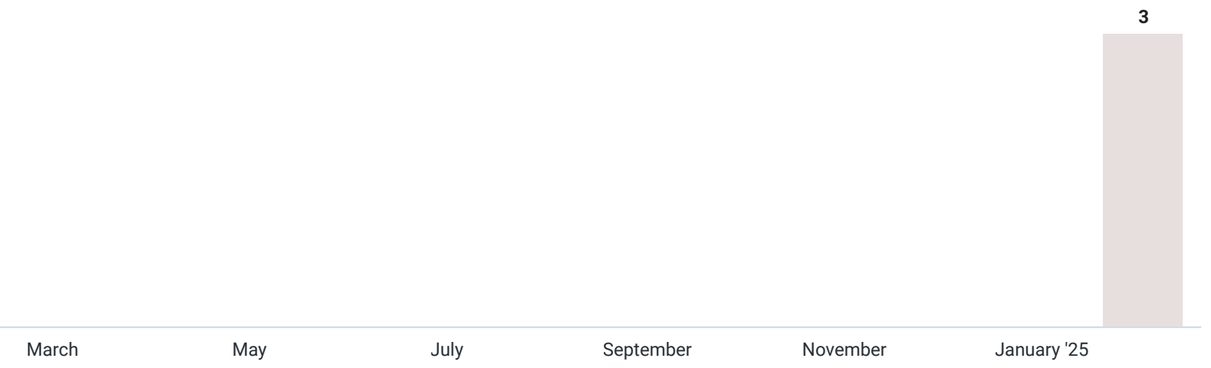
Consultations by Patient Type



Top Reasons for Visit



Monthly Completed Consultations

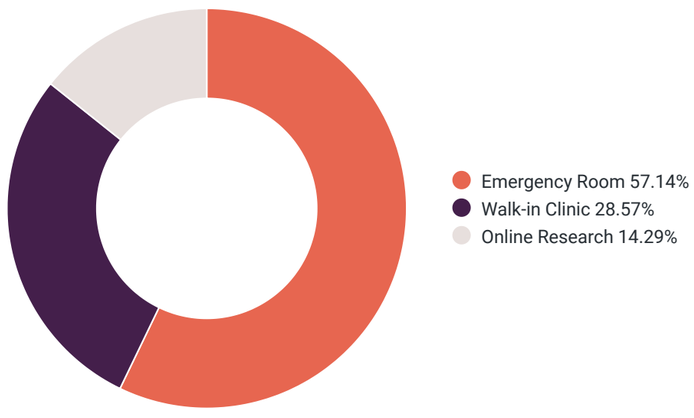


Satisfaction & Feedback

4.80

Average Satisfaction Rating (out of 5 stars)

Survey Results: Where would you have otherwise sought care?



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Riverside Health Care Facilities Inc.

Quality/Safety/Risk (QSR) Committee
Terms of Reference

Purpose

QSR Committee acts in an advisory capacity to the Board of Directors regarding quality improvement, safety and risk management activities and utilization, in support of the strategic direction and goals of Riverside Health Care and is the Quality Committee for the purposes of the Excellent Care For All Act, 2010 ("ECFAA")

Scope

The QSR Committee is responsible to assist the Board in the performance of Board's Governance role for the quality of patient/resident/client care and services and perform the functions of the Quality Committee under ECFAA

Mandate

Support educational efforts to improve organizational capacity to improve quality of care and service.

Foster and encourage the use of the ethical framework and evidence informed criteria to guide decision making.

Ensure that leading practices are maintained, shared with appropriate staff and compliance is monitored periodically in relation to strategic and/or organizational priorities.

Endorse compliance with the applicable standards outlined by Accreditation Canada and monitor action plans developed by Quality Teams to address deficiencies.

Accountability

Board of Directors

Key Activities

Monitor and report to the Board on quality issues and on the overall quality of services provided in the organization, with reference to appropriate data including but not limited to:

- *performance indicators used to measure safety, quality of care and patient experience*
- *receive semi-annual patient relations aggregate data*
- *reports received from the Medical Advisory Committee identifying and making recommendations with respect to systemic or recurring quality of care issues*
- *publicly reported patient safety indicators*
- *critical incident and sentinel event reports*
- *receive annual trends report on ethical issues and provide support as needed*

Review and make recommendations with respect to Risk Management on:

- *Riverside Health Care's standards on emergency preparedness*
- *policies for risk management related to quality of patient care and safety, and quality of work life and staff safety*

- *areas of unusual risk and Riverside Health Care's plans to protect against, prepare for, and/or prevent such risks and services*
- *Riverside Health Care liability/insurance coverage appropriateness*

Oversee the preparation and submission of annual quality improvement plans (QIP), ensuring patient and family engagement in the process.

Consider and make recommendations to the Board regarding quality, safety and risk management initiatives and policies.

As and when requested by the Board, provide advice to the Board on the implications of budget proposals and accountability agreements on the quality of care and services

Perform such other responsibilities as may be assigned by the Board or provided under regulations under ECFAA.

Voting Membership

4 Board Members
Chief Executive Officer
Chief Nursing Executive
Chief Financial Officer
Chief of Staff and/or Chair, Medical Quality Assurance Committee or delegate
Rainycrest Administrator or delegate
A staff member who is not a member of the College of Physicians and Surgeons or the College of Nurses

Other Delegates and Attendees (Non-Voting)

Director, Risk
Quality Assurance Auditor & OHT Executive Lead
Director, Nursing
Members of Corporate Quality Teams (by invitation)
Community Representative as approved by the Board

Quorum

A majority of the voting members present at all times during any meeting.

Chairperson

Board Member (Appointed by the Board)

Chairperson's Duties and Responsibilities

The primary function of the Chairperson is to ensure the effective functioning of the QSR Committee. The specific duties and responsibilities are to:

- *approve the agenda and associated materials for meetings*
- *preside as chairperson over meetings*
- *determine who should attend meetings*
- *ensure that all items to be reported and all recommendations are appropriately tabled*

- *ensure that all members of the QSR Committee actively participate during the meeting*
- *conduct an annual evaluation of QSR Committee performance and act on opportunities for improvement*

Decision Making

Decisions will be made by motion with majority rule.

Administrative support

Riverside Health Care Patient Safety, Risk Management and Quality staff with assistance from administrative support will be responsible for creating the agenda materials; administrative support will be responsible for minute taking.

Meetings

The QSR Committee will meet 5 times per year or at the call of the chair.

Meeting materials

All effort will be made to ensure that meeting material will be circulated five to seven business days before scheduled meetings.

Confidentiality

Issues being discussed may be of a confidential nature. The issue of confidentiality will be raised at the time of discussion; however, if the issue of confidentiality is unclear, it should be raised at the meeting and a decision made before leaving the meeting.

Definitions:

Critical Incidents and Sentinel Events - any unintended event that occurs when a patient receives treatment in the hospital,
(a) that results in death, or serious disability, injury or harm to the patient, and
(b) does not result primarily from the patient's underlying medical condition or known risk inherent in providing treatment.
(c) captures all critical incident reportables for LTC and Community Counselling and other specialized programs.

Ethics – an approach to thinking and decision making that reflects core values and promotes a high level of professional ethics.

Quality Improvement – the ongoing, planned and systematic improvement activities that ensure the quality and safety of care provided and maintain service delivery standards.

Risk Management – the identification, analysis, and actions taken to manage risks. This must involve a totally integrated series of programs and processes which includes employee, client/resident/patient, and visitor safety, emergency planning, infection control, insurance concerns, patient relations and security.

Utilization Management – the processes and actions that improve quality of care and service through efficient use of human and financial resources.

Quality, Safety, Risk Board Committee

Annual Work Plan FY 2025/2026

September	October	November
Monthly QI Report summary Accreditation	No Meeting	Monthly QI Report summary Accreditation
Quarterly Critical Incident Report (Q1) QIP Quarterly Update (Q1) Scorecard Trends (Q1) Risk Register (Sept, March) Experience Surveys (Q1)		Quarterly Critical Incident Report (Q2) Ethics Committee Update (Nov/June) Experience Surveys (Q2)
Annually Review Terms of Reference QSR Board Committee Workplan/schedule Infection Prevention & Control Reports – Immunization rates (Previous fiscal)		Annually Alert & Recall Annual Report Annual Ethics Report Review Integrated QSR Framework
January	**February**	**March**
Monthly QI Report summary Accreditation	No Meeting	Monthly QI Report summary Accreditation
Quarterly QIP Quarterly Update (Q2) Scorecard Trends (Q2)		Quarterly Critical Incident Report (Q3) QIP Quarterly Update (Q3) Risk Register (Sept, March) Experience Survey (Q3) Scorecard Trends (Q3)
Annually Overview of Patient experience Survey List Monitor & Review QIP development (Upcoming fiscal year QIP) Review Patient Declaration of Values, Resident & Client Bill of Rights WLP Survey Results		Annually Approve RHC QIP and Performance Based Compensation for senior staff Review of Patient Complaints Review of QIP Results (last fiscal year) for Performance Based Compensation for senior Leadership – QSR (indicators) / A&R (Payouts)

Updated: August 2025

Quality, Safety, Risk Board Committee

Annual Work Plan FY 2025/2026

April	May	June
No Meeting	No Meeting (exception)	<u>Monthly</u> QI Report summary Accreditation
		<u>Quarterly</u> QIP Quarterly Update (Q3) – Final QIP Update Ethics Committee Update Critical Incident Report (Q4) Experience Surveys (Q4) Scorecard Trends (Q4)
		<u>Annually</u> Review results of satisfaction surveys (staff) Emergency Preparedness IPAC – Outbreak Report (24-25) MORE OB Report Patient Flow & Access Report Training Update (Professional Practice)

Updated: August 2025

Quality Report Schedule
2025-2026

Each Program/Department listed below is required to submit a minimum of ONE QI Report per year. The submission month is listed below. Additional QI Reports will be accepted throughout the year.

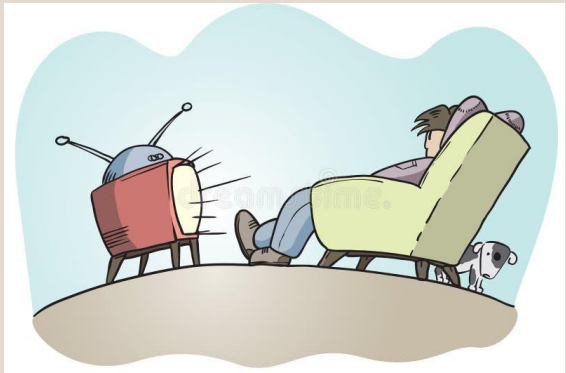
Program/Department	Contact	September	October	November	January	February	March	April	Date Submitted	Date to QSR	Follow up date
Activation	Calli Vanderbrand							x			
ALC program	Samantha Keown				*x*						
Ambulatory Care Services	Heidi Loney		x								
Chemotherapy	Julie Cousineau					x					
Communications	Kathryn Pierroz			x							
Community Support Services	Kelli Bolen				x						
Diagnostic Imaging Services	Andrea Farragher/Tiffany Dolyny					x					
EldCap - EHC & RRHC	Tammy McNally							x			
Emergency Department-LVGH	Julie Cousineau	x									
Emergency Department-RR	Rebecca Brooks					x					
Emergency Preparedness	Chandra Colling						x				
Engineering/Bio-Medical Services	Patrick Gagne			x							
Engineering/Maintenance	Ed Cousineau/Patrick Gagne							x			
Environmental Services	April Deveau		x								
Ethics	Simone LeBlanc						x				
Finance	Corey Cousineau			x							
Finance-Compliance and Reporting	Gabrielle Lecuyer							x			
Food & Nutrition Services	Nicole Piotrowski/Sheri Monahan	x									
Governance	Diane Clifford/Brooke Booth				x						
Health Records & Patient Information Services	Simone LeBlanc				x						
Human Resources	Kelly Woods						x				
Infection Prevention & Control	Jodi Jewell/Kate Stevens/Chrissa Krahn					x					

Information Systems & Technology	Jamie Gleeson						x				
Inpatients - EHC/RRHC	Rebecca Brooks		x								
Inpatients-LVGH	Janine Angus						x				
Laboratory	Andrea Farragher/Penny VanDrunen	x									
Leadership	Henry Gauthier							x			
Long Term Care Clinical (Rainycrest)	Stacey Labelle							x			
Managing Medications	Helena Guertin		x								
Medical Device Reprocessing	Heather Wright / Carly Whalen			x							
Medicine Services	Janine Angus		x								
Mental Health-Counselling	Joanne Ogden/Megan Baskie						x				
Mental Health-Addictions	Tom Glaeser/Michelle Tighe	x									
Non-Profit Supportive Housing	Gwen Miller				x						
Clinical Nurse Specialist	Stacy Patey							x			
Occupational Health & Safety	Candy Greengrass			x							
Patient Experience/Relations	Carley Romyn			x							
Privacy & FOI	Simone LeBlanc				x						
Quality	Joanne Ogden					x					
Risk	Cindy Cole			x							
Supply Chain	Tara Hamilton						x				
Surgical Services	Heather Wright / Carly Whalen							x			
Transportation	David Black			x							

Rainycrest Activation Redevelopment

Question?

What Is Your Evening Ritual?



Now What If This Was Your Daily Reality?

The Activation Department/ Surrounding Areas Can Really Make An Impact.

TYPES OF DEMENTIA

Dementia is an umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life.

- **Alzheimer's**
- **Vascular**
- **Lewy body**
- **Frontotemporal**
- **Other,** including Huntington's
- * **Mixed dementia:** Dementia from more than one cause

Regular exercise can reduce the risk of developing dementia by 28%.

- ALZHEIMER'S SOCIETY

Move your body every day!

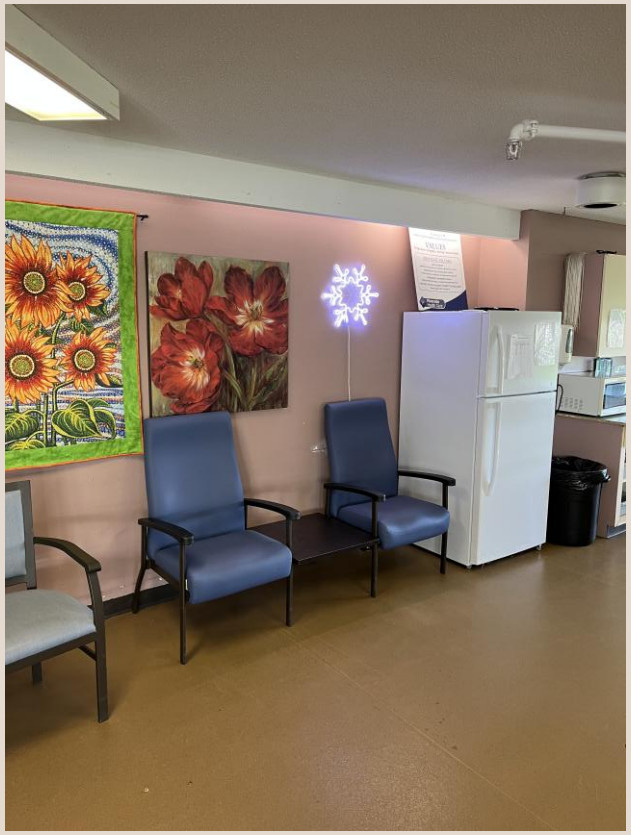
+ MOWING
+ RAKING
+ DANCING
+ SWIMMING
+ HIKING
+ BIKING

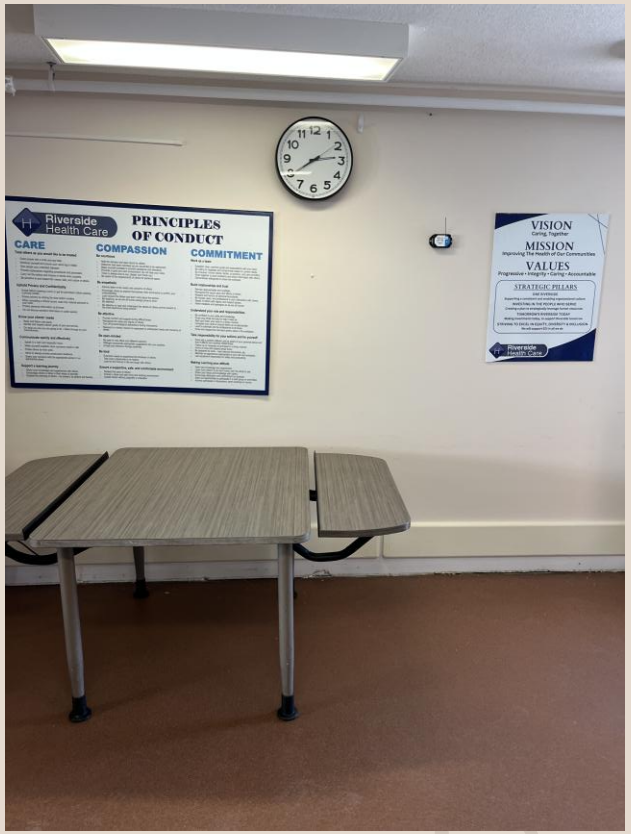
+ WEIGHTS
+ SQUATS
+ RESISTANCE
+ PUSH-UPS
+ GARDENING
+ YOGA

Activation Redevelopment Plan/Cost Summary :

Additional Resource Requests	Estimated Cost
- 2 additional full-time staff	$ 45,610.50 Annually per staff Total = 91,221.00 Annually
- Two Laundry Life stations - Two Handman Life Stations	$ 22,000.00
- One Car Mural	$853.60
- 4 virtual reality glasses and controls for staff.	$ 13,230.00
- 2 additional companion pets. - Pet beds/ food dishes/toys	$500.00
- Bus Stop and bench	$ 1,000. 00
- An array of snozlen lights	$ 2,000.00
- Additional Clocks, bookshelf, paint lamps to create a “home” atmosphere	$1,650.00
- Create a nail salon to create a village-like atmosphere, and the purpose of going out for an outing is to get a service done.	$ 2,000.00
- 1 industrial popcorn machine	$1,000.00 (Funding Secured)
- Smart Board, laptop, speakers, and all the hookups. (Create a movie theater like atmosphere in Hallet Hall to be able to show movies, sports events, and play interactive games).	$ 21,610.85 (Funding Secured)
Totals	$157,065.45

The Current Space





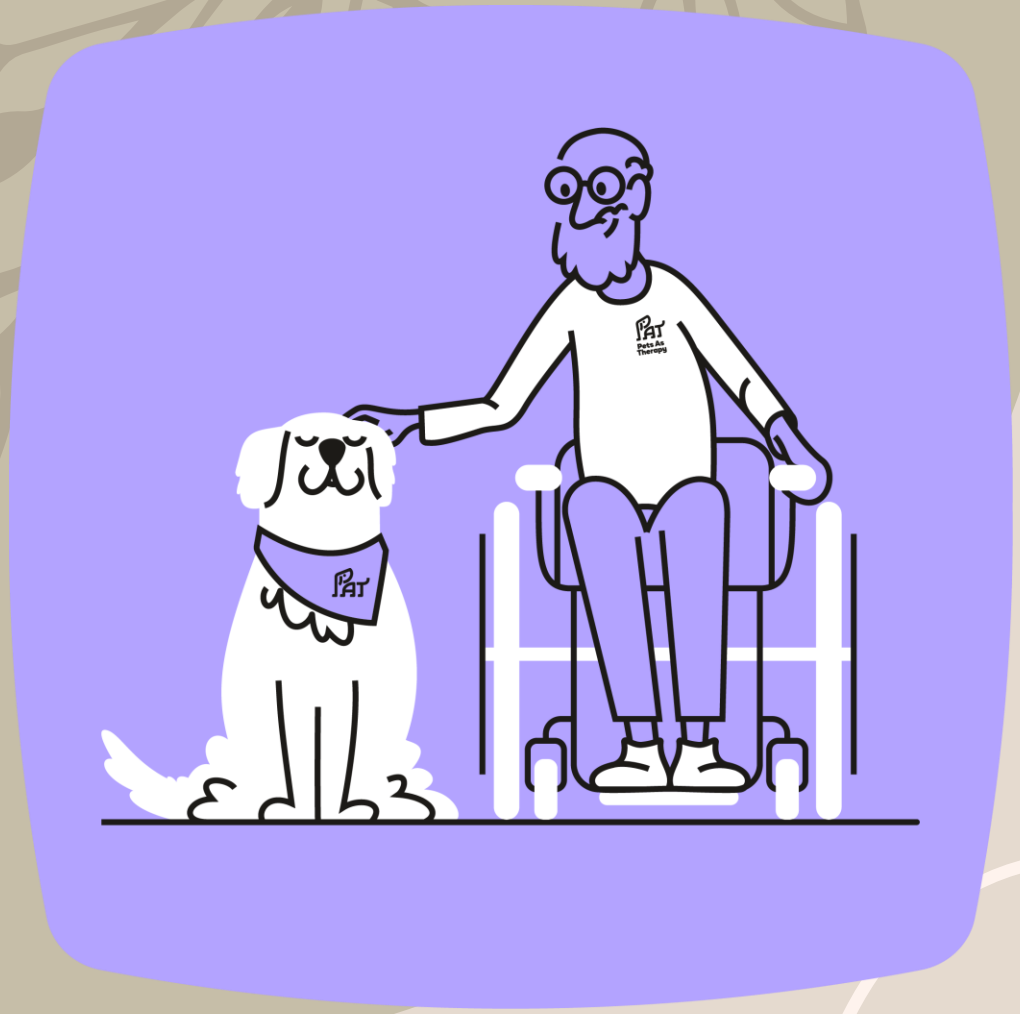
Making The “Home” a Home.

Benefits of Life Stations in Long Term Care:

1. Cognitive
   - By engaging residents in familiar, practical tasks and creating a sense of purpose
2. Emotional
   - Recreating aspects of daily life can spark memories and reduce boredom and frustration, leading to a more fulfilling environment.
3. Physical
   - Activities associated with life stations encourage movement and participation, helping residents maintain physical function.
4. Social
   - These stations can create opportunities for residents to interact with each other and with staff in a natural and familiar context.
5. Memory
   - For residents with dementia, life stations act as memory triggers, helping them access and engage with past experiences.

Life Stations:

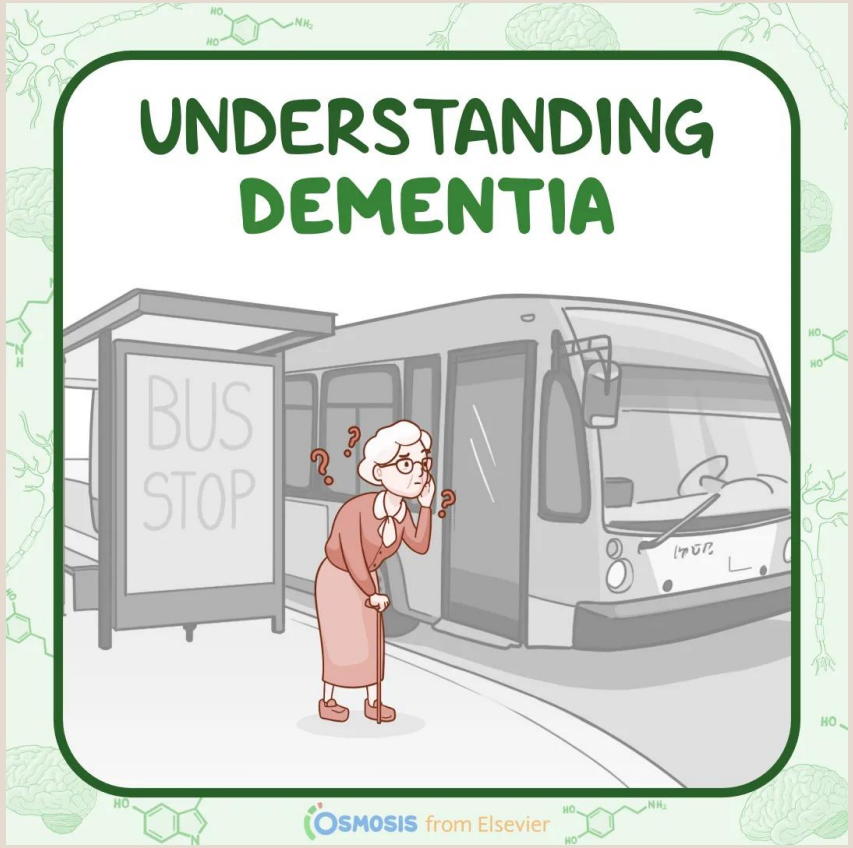
Baby/ Pet Therapy



Bus Station:

Many people living with dementia experience exit seeking behaviors which is a result of looking for familiarity and security for the resident.

Redirecting residents who are trying to exit seek can sometimes be very difficult. By creating a Bus stop we are able to identify those who are wishing to go “home” earlier and distract or redirect without asking them what they are doing.



Rainycrest Bus Stop:

Staff with receive training on how to redirect residents if they see them at the bus stop.

RENDEVER: Virtual Reality for Seniors

The Solution

Shared, Immersive Technology for Seniors and Those Who Care For Them

With Rendever, residents simply put on a headset and they're immediately transported into a magical immersive experience - together.

They can travel to all corners of the world, checking off bucket list items and learning about new cultures. The entire approach is research-backed meaning the experience is incredibly powerful, particularly among older adults experiencing cognitive decline, impaired vision or mobility restrictions.

How Our Senior VR System Works | Best VR Platform

Advanced VR Solutions Designed for the Elderly | About Us

A home like Atmosphere:

Snoezlen Room :

Based on a review of literature, entitled, "***Snoezelen for Dementia***" published in the *Cochrane Database Syst Rev*, conducted by *Chung et al (2002),* Snoezelen rooms have been used as a "*therapeutic modality*" to help reduce "maladaptive behaviours" while enhancing more positive behaviours among patients with dementia.

Rainycrest Movie Theater:

Thank you!

CALLI VANDENBRAND
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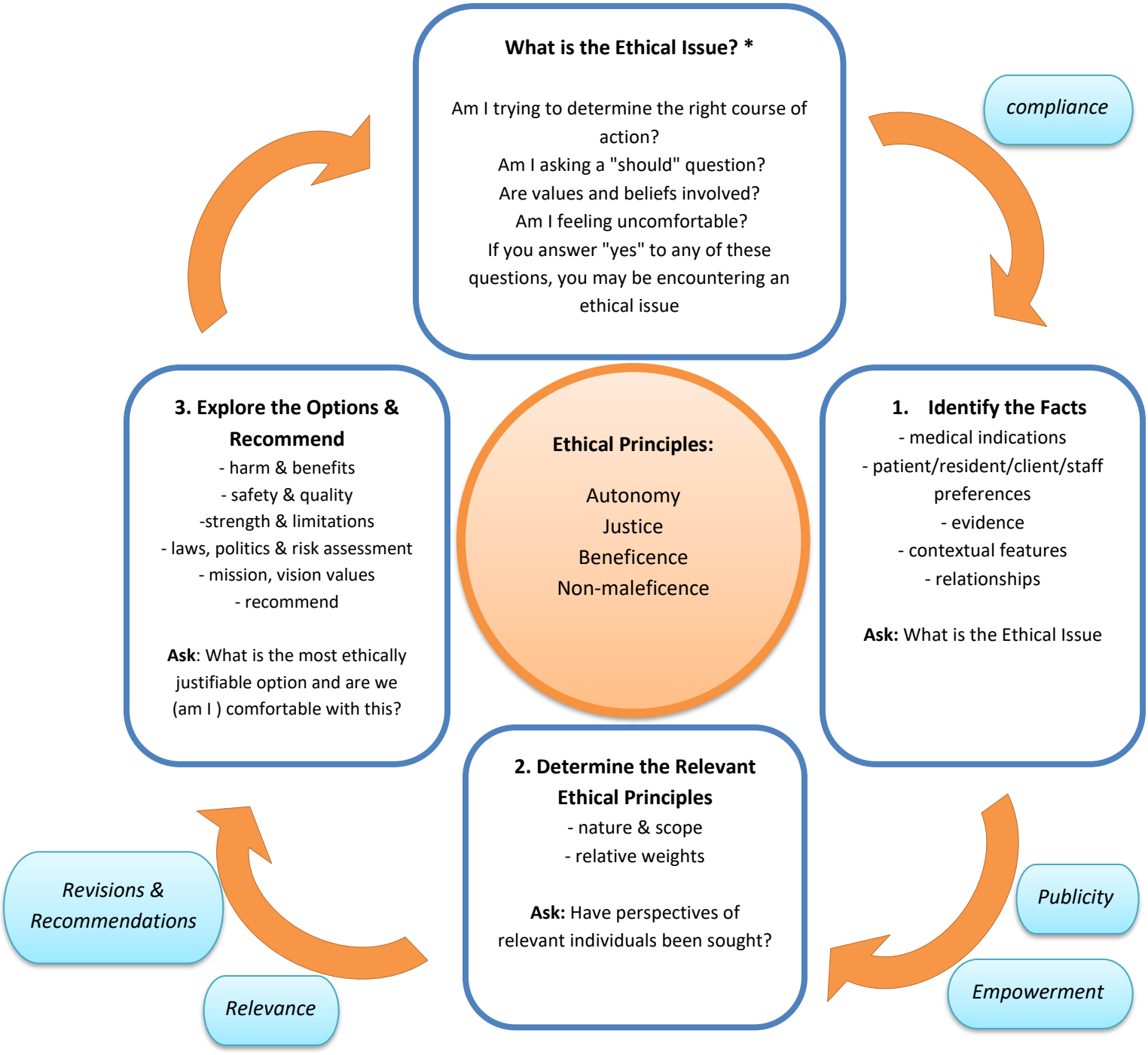
Riverside Health Care

Ethical Decision-Making Framework



*All research activity occurring within Riverside Health Care must be reviewed by the Riverside ethics committee

Adopted from the IDEA: Ethical Decision-Making Framework from the Toronto Central Community Care Access Centre Community Ethics Toolkit (2008)

Updated Sept 2022

Key Terms:

The Ethical Principles

Autonomy - Persons are rational agents capable of choosing for themselves;

Justice - Fairness and impartiality ought to prevail;

Beneficence - To promote the good and provision of benefit; and

Non-maleficence - Obliges us to refrain from inflicting harm.

The Conditions:

Empowerment: There should be efforts to minimize power differences in the decision-making context and to optimize effective opportunities for participation

Publicity: The framework (process), decisions and their rationales should be transparent and accessible to the relevant public/stakeholders

Relevance: Decisions should be made on the basis of reasons (i.e., evidence, principles, arguments) that "fair-minded" people can agree are relevant under the circumstances

Revisions and Recommendations: There should be opportunities to revisit and revise decisions in light of further evidence or arguments. There should be a mechanism for challenge and dispute resolution

Compliance: There should be either voluntary or public regulation of the process to ensure that the other four conditions are met

Deciding How To Decide

With any difficult situation, it is a good practice to have a conversation about how a decision will be made, up front and early on in the discussion. There are four key types of decision making:

1 – Consensus – Everyone involved must agree to support the decision
2 – Consult – Everyone gives input, then a subset of one or more people makes the decision. Consulting with people who will be affected and experts on the topic are helpful to the person or people responsible for making a decision or recommendation.
3 – Vote – All have a voice but majority rules
4 – Command – One person decides with little or no involvement from others. This may occur when someone has a high level of knowledge or authority within the situation

Scope:

This ethical framework applies to all Riverside activities, including as part of the IPAC program

Adopted from the IDEA: Ethical Decision-Making Framework from the Toronto Central Community Care Access Centre Community Ethics Toolkit (2008)

Updated Sept 2022

Medical Staff Privileges – September 2025

2025 Appointment and Reappointment Application for Privileges

See attached list.

Medical Learners

Youssef Mahfouz (PGY1) – Supervisor Dr. K. Droll – September 15-18, 2025
Dr. Michelle Ebere (PRO Candidate) - Supervisor Dr. K. Arnesen – August 4 – October 31, 2025 (12 week assessment/rotation)
Madyson Campbell (UGY3) – Supervisor Dr. M. Ruppenstein – Sept 2, 2025 – March 29, 2026
Angus Foster (UGY3) – Supervisor Dr. M. Ruppenstein – Sept 2, 2025 – March 29, 2026
Nicholas Ek (UGY3) – Supervisor Dr. M. Ruppenstein – Sept 2, 2025 – March 29, 2026
Jessica Maher (UGY4) – Supervisor Dr. M. Ruppenstein – Sept 15 – 28, 2025
Lauren Burella (UGY2) – Supervisor Dr. K. Meyers – October 20 – November 2, 2025

Riverside Health Care Facilities

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 09-09-2025

2025

Appointment				
	Staff Status		Alt Department / Primary Org	Area Of Work
Arsiradam, Dr. Neethia Marks	Locum Tenens	Physician		
* GP Anesthesia as per training and experience [T]				
Ghazanfari, Ms. Mahboubeh	RN EC	Nurse Practitioner		
* Family Practice Privileges as per training and experience [T]				
* Emergency Privileges as per training and experience [T]				
Diagnostic services within the legislated scope of practice for Nurse Practitioners [T]				
Mansour, Dr. Margaret Mansour Aziz	Associate	Physician		
* Family Practice Privileges as per training and experience [T]				
* Emergency Privileges as per training and experience [T]				
Riddell, Ms. Jennifer	RN EC	Nurse Practitioner		
* Family Practice Privileges as per training and experience [T]				
* Emergency Privileges as per training and experience [T]				
Diagnostic services within the legislated scope of practice for Nurse Practitioners [T]				

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 09-09-2025

	Staff Status		Alt Department / Primary Org	Area Of Work
Sandhu, Dr. Karanbir	Locum Tenens	Physician	Sioux Lookout Meno Ya Win Health Centre	

* Family Practice Privileges as per training and experience [T]
* Emergency Privileges as per training and experience [T]

Reviewer Comments:

Comment Added By	Date Added	Comment
Brooke Booth	8/13/2025 10:37:42 AM	CMPA coverage until Sept 30, 2025 - Dr. Sandhu responsible for providing updated CMPA after this date. He is aware.

	Staff Status		Alt Department / Primary Org	Area Of Work
SEM, Dr. FRANCIS Wai Chun	Locum Tenens	Physician	Lake of the Woods District Hospital	

* Family Practice Privileges as per training and experience [T]
* Emergency Privileges as per training and experience [T]

	Staff Status		Alt Department / Primary Org	Area Of Work
Wettstein, Dr. Marian Severin	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	

Consultations [T]	
Vasectomy [T]	Excision of hydrocele [T]
Circumcision (other than newborn) [T]	Other operations on external genetalia [T]
Cystoscopy [T]	Trnsurethral prostatic and bladder resections [T]
Suprapubic prostatectomy and bladder resections [T]	Open or closed removal of urinary tract calculi [T]
Nephrectomy and partial nephrectomy [T]	Cystectomy [T]

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Al-Abd Muhamad, Dr. Zainab	Regional Staff	Physician	Lake of the Woods District Hospital	

* core privilege, [R] Has medical licence restrictions,
[NR] # of Reviewers Not Recommending privilege, [T] Privilege granted temporarily

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 09-09-2025

2025

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Al-Den, Dr. Ahmed Sami	Regional Staff	Physician	Lake of the Woods District Hospital	
Almousa, Dr. Omamah	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Alvarado Bolanos, Dr. Alonso Alejandro	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Anchuri, Dr. Kavya	Regional Staff	Physician	Red Lake Margaret Cochenour Memorial Hospital	
Anderson, Ms. Karen Ann	Regional Staff	Nurse Practitioner	Geraldton District Hospital	
Arpin, Dr. Skylar Paige	Regional Staff	Physician	Dryden Regional Health Centre	
Bassuony, Dr. Mohammed	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Bollinger, Dr. Megan	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Bonacina, Dr. Javier	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Boo, Ms. Hsu-Yin Margaret	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Bozinoff, Dr. Nikki	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Campisi, Dr. Paolo	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Daubney, Ms. Katelyn	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Despotovic, Dr. Nikola	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

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[NR] # of Reviewers Not Recommending privilege, [T] Privilege granted temporarily

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 09-09-2025

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Fahey, Dr. Curtis	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Filler, Dr. Talia	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Gali, Dr. Alfiya	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Goldman, Dr. Adam	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Goulet, Dr. Kristian Bernard	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Guay, Dr. Evelyne	Regional Staff	Physician	Lake of the Woods District Hospital	
Hummel, Dr. Rachel	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Hyett, Dr. Sarah Louise	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Kalan, Dr. Mohammed MH	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Kennedy, Dr. Colton Keith	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Koury, Ms. Terri-Lynn	Regional Staff	Nurse Practitioner	Sioux Lookout Meno Ya Win Health Centre	
Lam, Dr. Amy	Regional Staff	Physician	Lake of the Woods District Hospital	
Leah, Dr. Jessica	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Lewis, Dr. Alison Bailey	Regional Staff	Physician	Dryden Regional Health Centre	

* core privilege, [R] Has medical licence restrictions,
[NR] # of Reviewers Not Recommending privilege, [T] Privilege granted temporarily

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 09-09-2025

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Lin, Dr. Vincent Yu-Wen	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Marr, Dr. Stephanie	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Mathew, Ms. Lekha	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Migabo, Dr. Jennifer	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Mikail, Dr. Christine	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Mishra, Dr. Anamika	Regional Staff	Physician	Red Lake Margaret Cochenour Memorial Hospital	
Moradi Zirkohi, Dr. Atbin	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Muhammad, Dr. Taaha	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Nadeem, Dr. Syed Muhammad Najaf Ali	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Ocampo, Ms. Cynthia Lynn	Regional Staff	Nurse Practitioner	Sioux Lookout Meno Ya Win Health Centre	
Pascoe, Ms. Jill Patricia	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Perrier, Ms. Andree V	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Pisig, Dr. Alex Umali	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Prado Miranda, Dr. Gala	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

* core privilege, [R] Has medical licence restrictions,
[NR] # of Reviewers Not Recommending privilege, [T] Privilege granted temporarily

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 09-09-2025

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Ross, Dr. Heather Lapkin tax free	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Rothstein, Dr. Joseph Edward	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Scott, Dr. Bethany Justine Joosse	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Shewfelt, Dr. Megan Carol	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Simms, Dr. Kayla	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Sprague, Dr. Celia	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Van Leeve, Dr. Karenza	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
VanDevanter, Dr. Eden	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Vijayakanthan, Dr. Anand	Regional Staff	Physician	Lake of the Woods District Hospital	
Ways, Dr. Carol (Olivia) Margaret	Regional Staff	Physician	Geraldton District Hospital	
Weissman, Dr. Shannon	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

* core privilege, [R] Has medical licence restrictions,
[NR] # of Reviewers Not Recommending privilege, [T] Privilege granted temporarily

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 09-09-2025

Reappointment

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Austin, Dr. Michael	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Bolton, Dr. Gregg	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Coomber, Dr. Michael William	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Costain, Dr. Nicholas A	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Coulombe, Ms. Normalyn	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Gilic, Dr. Filip	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Hailu, Dr. Abseret	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Klaiman, Dr. Michelle	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Lee, Mr. Jae Ho	Regional Staff	Nurse Practitioner	Sioux Lookout Meno Ya Win Health Centre	
Lin, Dr. Steve	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Mann, Dr. Gary Michael	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Maskalyk, Dr. Milton James	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Nagji, Dr. Alim	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Srivastava, Dr. Sonali	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

* core privilege, [R] Has medical licence restrictions,
[NR] # of Reviewers Not Recommending privilege, [T] Privilege granted temporarily

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 09-09-2025

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Stone, Dr. Laura	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Teklemariam, Dr. Helen Rahwa	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Thiyagaratnam, Dr. Dilusha	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Tran, Dr. Maxwell	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Wong, Dr. Catherine Chi-Fun	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Xu, Dr. Kai Man (Lily)	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Zeng, Ms. Helen	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

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[NR] # of Reviewers Not Recommending privilege, [T] Privilege granted temporarily

RIVERSIDE HEALTH CARE FACILITIES INC.

BOARD SCHEDULE - 2025/26

Date & Place Of Additional meeting (If required) (Second Monday of the Month)	Date & Place Of Regular Board Meeting (Last Thursday of the Month)	Date & Place Of other meetings, Activities
****WEBEX Virtual Connection available****		Orientation Session for new Directors – La Verendrye
	September 25 – La Verendrye	
October 14 – La Verendrye (October 13 is Thanksgiving)	October 30 – La Verendrye	
November 10 - La Verendrye	November 27 – La Verendrye	
	December – Holiday Dinner (La Verendrye) – TBD	
January 12 – La Verendrye	January 29 - La Verendrye	
February 9 – La Verendrye	February 26 – La Verendrye	
March 9 – La Verendrye	March 26 – La Verendrye	
April 13 – La Verendrye	April 30 – La Verendrye	
May 11 – La Verendrye	May 28 – La Verendrye	
	~~**June 16**~~ **change to June 18** – La Verendrye **(change from Tuesday to Thursday due to financial audit and YE reporting deadlines)**	
		June 23 – Annual General Meeting – La Verendrye