BOARD OF DIRECTORS MEETING

IN-CAMERA SESSION

Thursday, October 30, 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 – September 25, 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 8 2.3 Governance Committee In-Camera Report – B. Norton * Pg 12 2.4 Audit & Resources Committee In-Camera Report – B. Norton * Pg 26 2.5 Quality Safety Risk Committee In-Camera Report – M. Kitzul	
3.	Approval of Agenda	
4.	Presentation – Rainy River District Ontario Health Team (RRDOHT) Overview – Jackie Park * Pg 35	
5.	Business Arising There was no business arising.	
6.	Strategic Discussion: No discussion this month (Ethical Decision-Making Framework – standing attachment *) Pg 70	
7.	New Business 7.1 Chief of Staff Report –Medical Staff Privileges - Dr. L. Keffer * Pg 72 7.2 Audit & Resources Committee – Verbal Update	
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: November 27, 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, October 30, 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.
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: September 25, 2025 **Time of Meeting**: 6:01 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	A. Beazley*
	D. Pierroz	D. Loney*	M. Jolicoeur	*via Webex

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

REGRETS: B. Norton

GUESTS: C. Vandenbrand (Item 4.0), S. LaBelle (Item 4.0)

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1. CALL TO ORDER:

D. Clifford called the meeting to order at 6:01 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. There were no conflicts declared.

2. CONSENT AGENDA:

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

3. APPROVAL OF AGENDA:

It was,

MOVED BY: A. Beazley SECONDED BY: D. Loney

THAT the Board approve the Agenda as circulated.
CARRIED.

4. PRESENTATION – Activation & Enhancements – Callie Vandenbrand and Stacy LaBelle

D. Clifford welcomed Callie Vandenbrand, Resident Experience & Activation Coordinator and Stacy LaBelle, Director of Care, to the meeting, who provided a presentation on Activation & Enhancements.

H. Gauthier discussed when Raincrest was closed to admissions in 2018 noting how far Rainycrest has come in regard to the reputation it once had and the improvements today. He acknowledged the staff and management for this positive change. This presentation today is also a confirmation of how far we have come.

D. Clifford also acknowledged the Rainycrest staff for their hospitality during the “Pushing Up Daisies” event today.

C. Vandenbrand highlighted the following:

- Activation and the plan moving forward.

- What is your nightly ritual – round table discussion took place.
- Daily reality – what if you didn't have anything to do.
- Activation Department and surrounding areas can really make an impact and provide residents with a purpose.
- Types of Dementia – Callie defined noting regular exercise can reduce the risk of developing dementia by 28%.
- Activation Redevelopment Plan and Cost Summary was discussed. Callie noted the goal is to make both sides of Rainycrest (East and West) to be identical.
- The current space was discussed noting we want to make it more of a home. Make the "Home" a home.
- Benefits of Life Stations in LTC were highlighted: cognitive, emotional, physical, social, memory.
- The Life Stations would be accessible to residents at any time.
- Baby/Pet Therapy – Callie distributed and displayed 2 babies for the use of baby therapy and discussed the benefits.
- Bus Station – many residents experience exit seeking behaviours. The Rainycrest bus stop was displayed. Callie noted staff will receive training on how to redirect residents.
- Rendever – Virtual Reality for Seniors and how it works was discussed.
- A home like atmosphere is the goal.
- Snoezlen Room was highlighted noting this helps calm residents.
- Rainycrest movie theatre is in the works as well. A popcorn machine is being purchase as well.
- Callie thanked Leadership for the funding to move forward with these enhancements.
- Henry noted this will lift off at Rainycrest however, the hope is to have this at the other sites as well.
- Discussion took place regarding the number of Indigenous residents at Rainycrest. A. Beazley discussed a potential Recreation Therapy Program and a potential partnership with Seven Generations and Rainycrest. Henry noted there will be a growing need for these types of programs and supports and could be a great opportunity.

  ACTION: Brooke will connect Aimee and Callie to discuss potential partnership opportunities.
- Further discussion took place regarding IPAC measures with all the tools discussed. Callie confirmed IPAC has been engaged, and this has been looked into, and all can be cleaned and disinfected.

D. Clifford thanked Callie and Stacy for attending and providing this presentation. Stacy and Callie invited all to feel free to stop at Rainycrest for a tour anytime.

C. Vandenbrand and S. LaBelle exited the meeting.

5. <u>BUSINESS ARISING</u>:

There was no business arising.

6. <u>STRATEGIC DISCUSSION: Rainy River</u>

D. Harris recalled due to the decision regarding the change in leadership in Rainy River, she is covering as Administrator and Rebecca Brooks is site leader. Diana noted we are working and focusing on stabilization. She discussed the last compliance visit noting we received a compliance order which stemmed a fine. The compliance issues are small things that are easily fixed. Diana shared we are also focusing on standardization across the corporation and will be following best practice. Residents are receiving good care; however, we need to ensure documentation is up to Ministry standards. Diana confirmed we continue to access agency staff. Diana shared the hope is to recruit someone in to help with change management. She noted she is also working with Tara Morelli, Administrator at Rainycrest as well. The hope is to have permanent staff in Rainy River.

H. Gauthier reported him and Dr. Keffer have stepped off of the Rainy River Clinic Board and J. Ogden, and D. Harris have stepped on. Diana will oversee the Rainy River Clinic. There is a lot of change management needed. There are cultural challenges in Rainy River that need work and will take time.

D. Clifford thanked D. Harris for her work. D. Harris thanked everyone for the engagement she receives and noted seeing staff/departments/leadership flow through Rainy River helps.

H. Gauthier shared the NP working at the Rainy River Clinic is interested in being there permanently. Henry discussed recent Facebook posts regarding a decrease in services in Rainy River and assured people this is not the case. Services have actually increased and are better than they ever have been. Henry confirmed a full time NP has been added at Rainy River as well and wanted all aware that what you read isn't necessarily factual. Henry discussed issues with Rainy River leadership which needed to be dealt with.

D. Clifford recalled that we meet quarterly with the Municipalities and meetings will be held next week. Diane confirmed these have been productive engagements.

D. Clifford referenced the circulated Ethical Framework noting this is included with our strategic discussions in the circumstance it is needed with decision making.

7. NEW BUSINESS

7.1 Chief of Staff Report – Medical Staff Privileges

Dr. Keffer recalled the privileges are vetted through the Medical Advisory Committee. He provided the following update:

- We had a bit of a scare regarding potential LVGH ER closure over the summer due to a locum cancelling 19 shifts due to a family emergency. Dr. Keffer acknowledged all those who helped rectify this situation. D. Clilfford thanked all involved for their work with keeping the ER open.
- Dr. Mansour is a new physician who has joined our team locally. She is working with Dr. Keffer currently.
- There are 2 international doctors who have signed contracts with us as well and another is coming for a tour.
- Dr. Keffer discussed the PRO program noting we are an assessment site. This program allows the foreign physician to do a 3-month assessment program which helps them work towards obtaining an Ontario license.
- Discussion took place on how people without a family physician can get on a waitlist.

7.1.1 Privileges – Medical Staff

2025 Appointment and Reappointment Applications for Privileges

It was,

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

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.

Medical Learners

It was,

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

THAT the Board of Directors approves medical learner privileges for the listed attached for the 2025 term, as reviewed and recommended by the MAC.

CARRIED.

7.2 Audit & Resources Verbal Update

E. Bodnar provided an update highlighting the following:

- The financial report up until the end of August was reviewed:
  Hospital deficit – roughly $3.9 million
  LTC deficit – approximately $2.1 million
  Overall we are sitting with a roughly $6 million deficit.
- Contributors were discussed noting we budgeted for a 4% increase from the Ministry however only received 3%, agency costs, Rainycrest increased OT, the Ministry keeps implementing new positions however does not provide funding to support, staffing shortages in Emo/Rainy River covered by agency, all play a large role in the deficit.
- All hospitals in the North are in deficit positions.
- Master Plan – Colliers has been hired to do a Master Services plan and then a Master Plan. Julie Loveday has been brought back to work with Colliers.
- The Audit & Resources terms of reference and committee work plan were reviewed.
- Stabilization Plan – the notional plan was reviewed. This is an unrealistic plan. Henry noted we would never move forward with it and confirmed this is in line with what others have submitted. We only submitted as we had to.
- Cash Flow – we have a $5 million line of credit. After payroll, we are roughly $3 million in the red. Carla is predicting a cash flow failure in 3 weeks. Henry confirmed we will go through the cash advance process. Carla noted we have asked for a $8 million cash advance considering the delays with this process.
- Henry discussed the utilization of programs and the importance of this, so we do not loose important programming. He provided the example of the Specialty & Diagnostic (S&D) Bus and the need to promote this program. Joanne explained the process of the MSPT role in transporting people from the west end of the district to Fort Frances to head to Thunder Bay for appointments on the S&D bus.

D. Clifford thanked E. Bodnar for the update.

7.3 Board Meeting Schedule – June 2026 Meeting Date Change

D. Clifford reviewed the circulated noting the proposed change to the June 2026 meeting.

It was,

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

THAT the Board of Directors approves the revised Board meeting schedule as circulated.
CARRIED.

8. OTHER BUSINESS

8.1 For the Good of the Board

J. Ogden shared information regarding primary care and enhancing services, attaching patients to physicians, NP's and access to care. She discussed the following:

- Roughly 3 ½ years ago we started a plan with our Emo site to change to a Community Health Center (CHC). Joanne noted the services would be mobile. This plan went for review, back and forth twice to Ontario Health (OH).
- Last year when we had physician issues in Rainy River, we decided to look at expanding the CHC model to Rainy River.
- OH, has now directed our RRDOHT to lead primary care. Ther RRDOHT submitted a plan for the "P9A" area however, this was denied, and another plan went in to include the whole district.

- Joanne shared GHAC is putting in an application for primary care as well.
- Henry provided a history regarding the Emo Health Centre and changing it to a CHC model and introducing transportation. We spoke with the Ministry about this. We needed to be PR wise on how to manage this and when to engage partners and the public, as it is sensitive information and needed to be handled in a specific way.
- In the midst of this, then the OHT was moving forward with primary care for the west end.
- Joanne confirmed we will be submitting an application which is due in November. We have a current proposal that will need to be refined.
- OH, has come out with a charter of what primary care is to look like. We don't know if we will be part of the path of the primary care model in the west end of the district or if OH will expect someone else to lead this.
- We received an urgent meeting invite from OH, in 2 weeks, to discuss primary care. We are interested in what the physician model will look like as well.
- Henry discussed the RNPGA agreements noting they are different in Emo versus Rainy River. The model needs to be looked at and needs to be centralized.
- Joanne noted our original proposal was supported by GHAC and even though they are putting in their own proposal, they supported us.
- Henry noted we will hopefully know more after the OH meeting.

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:

October 30, 2025

10. TERMINATION OF THE IN-CAMERA SESSION:

It was,

MOVED BY: A. Beazley

THAT this meeting terminates and return to the Open Session at 8:38 pm.
CARRIED.

_____ _____

Chair Secretary/Treasurer

Riverside Health Care

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

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **Succession Planning**
  The CEO recently completed the CHA Learning LEADS INSPIRED LEADERSHIP program to evaluate its effectiveness. While this program addresses the core elements of leadership it does so in a way that focuses on reflection. As a result, this program has been selected to support the development of local leaders and to supplement Harvard Mentor Manager (HMM) training that focuses more specifically on management accountabilities.

  RHC is currently developing a program that will be offered to potential and existing leaders on a select basis to advance succession planning across the organization. Initially there will be approximately 10 individuals offered the opportunity to complete this program set – all leaders are already offered HMM training. These investments do not require these individuals to join or advance within the management fold, nor do they commit RHC to moving them into a leadership role. However, this does provide an opportunity to evolve knowledge and understanding amongst a core group of potential leaders to expedite addressing our significant succession planning gaps.
- **Keffer Medicine Clinic Space**
  The final draft lease has been presented to Keffer Medicine – the schedule outlining the scope of work remains to be further summarized. Once the agreement has been established, project planning will get underway. Preparation of loan documents with the TD Bank has also been advanced with CEO and Board Chair sign off and submitted to the bank. The loan is for $2.25 million, will be converted from a construction loan to a 10-year term loan, and the interest rate will be fixed.
- **Management Meeting**
  Our Core Leadership meeting was held on October 2, 2025. This was a lunch meeting with our team and included an open agenda – effectively a go round discussion to encourage middle management leading the discussion. There was valuable discussion among the team regarding a number of initiatives and the challenges within the RHC environment.
- **New Board Member Orientation**
  Board orientation for new members was held on October 10, 2025. The orientation provided an overview of:
  - Governance;
  - Administration;
  - Acute Care;
  - Long Term Care;
  - Community & Transportation;
  - Quality & Accreditation;
  - Risk Management; and
  - LVGH Site Tour.
- **Leadership Engagements**
  Each month coordinators, supervisors, managers, directors, executive assistants and senior leaders have a 30-minute meeting booked with the CEO. The purpose of this engagement is to provide opportunity for the broader leadership group to have dedicated time to meet with the CEO to raise any issues/concerns or discuss current challenges.

  Each month the leadership team meets with key back-office areas such as engineering, IST, finance, HR/staff health/OH&S, and security to discuss current challenges and opportunities and ensure continued alignment between visioning and change management tactical efforts given the importance of these areas to sustaining and advancing care.

One Riverside - Promoting a Consistent and Empowering Culture

- **Balanced Scorecard Summary Review**
  The Balanced Scorecard is updated monthly (still working on some financial processes for data) and coding is behind for ER Wait times.
  1. System navigator activity has tripled in relation to last year.
  2. Performance conversations at 48% completion rate.
  3. Mandatory Education is up but currently 37% complete.
  4. Employee retention is down slightly but still above goal.
  5. Agency staffing costs are up this month 23.26% vs last month 17.57%.
  6. OT hours at Rainycrest continue to trend upwards and this month they are higher than last year end.

7. Rainycrest Activation Program is 50% completed, ahead of schedule.
8. ALC admissions are trending above targeted goal (and flu season has not begun).
9. Medication reconciliation is trending up to target.
10. Medication incidents are trending over target.
11. QI reports are on point and follow up with patient experience surveys being reviewed by departments.
12. Follow up audits in ER (CTAS and Time seen documentation) and VTE planned for early November.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **OHT Consultants (follow up to Open Session report)**
  WMC noted that so far partners believe the OHT and OH have not been effective. From RHC's perspective, there is a lack of effective transformation visioning and planning, quality engagement, promotion of healthy relationship building and an eye to cultural alignment.
- **Ontario Health - RHC Financial Management**
  - $7 million cash advance received from OH in October: $1 million due back every 15 days between December 15, 2025, and March 15, 2026.
  - It is anticipated that clinic funding, one time relief funding for hospitals, and one time relief funding for LTC will be received during this time to enable RHC to refund the advance.
  - Multiple hospitals received requests for additional information from their balanced budget submissions. We have requested deferral of our resubmission to October 31, 2025, to allow ample time to review.
- **Foundation**
  - BLG has submitted a letter to the Foundation's legal counsel responding to their inquiries including.

Topic	Note
Capital requests	RHC paying for independent accounting services and audit will advance. RHC finance staff not permitted to advance year end due to false allegations.
Moneris account	Equipment received and account closed.
Allegations of attempts to access Foundation Bank Account and Donor Database	Confirmed no evidence of either. Forensic audit confirms.
Particulars of Foundation's publication of false or misleading information	Related to primarily to Emo Fair pamphlet and included financial reporting, meeting attendance, van purchase, attempting to force Foundation into relationship agreement, and lack of transparency. 1. Quarterly reporting is adequate, failure to report overstated, Foundation contributed to reporting challenges, and Foundation has responsibility to hire alternate service provider if not satisfied with in-kind services. 2. CEO not required to attend meetings of Foundation. CEO not asked to attend specific meetings for a specific purpose where he didn't attend. Foundation didn't identify that the RHC Board rep attended vast majority of meetings. 3. Foundation approved van over 100 days after initial request and after RHC had already approved van purchase. 4. Foundation materially delayed response to RHC and didn't attempt to negotiate relationship agreement. 5. RHC meeting transparency requirements.
Foundation Name Change	• Requesting timeline on name change. • Requesting why Auxiliary members remain in bylaws of Foundation. • Asking Foundation to remove 'RHC staff' from their bylaws (ie. CEO).
Ongoing community support	• RHC never applied donor funds to operations as suggested by the Foundation. • Foundation efforts to air its version of grievances with RHC publicly prevent RHC from considering request to allow Foundation to collect funds on RHC's behalf for MRI.

Other	• RHC again asks if Foundation has accepted funds intended for RHC equipment since April 1, 2025. • RHC asks why the previous Foundation Chair spoke at MRI announcement given termination of relationship with RHC.

- **RR Clinic Board Meeting**

  A meeting of the RR Clinic Board was held on October 14, 2025. At this meeting it was identified that OH would only support expansion of the FHT model across the district and that a district wide physician contract structure like Kenora was not viable at this time. As a result, the Town of Rainy River and GHAC are aware that RHC will not be pursuing its CHC model for the west end of the district or partnering, as planned, with GHAC for the provision of these services.

  RHC notified the clinic partners that it would continue to work with them to oversee the RR Clinic while we awaited transition to the new primary care leadership (ie. Fort Frances FHT).

  Both GHAC and The Town of RR were disappointed in the decision made by OH to go in an alternate direction than what has been tabled over the past 3 years. OH, indicated the MoH had no appetite for this model in the district since there was no desire to change the RNPGA physician arrangement and this model didn't line up with a CHC.

- **Expression of Interest (EOI) – Primary Care**

  OH, have asked that the Fort Frances Family Health Team (FF FHT) work with the OHT to submit an EOI for primary care that includes expansion in Fort Frances as well as west of Fort Frances to Rainy River. Representatives from the FF FHT, GHAC, Town of Rainy River, OHT, OH, and RHC met on October 22, 2025, to discuss the path forward. The EOI must be submitted by November 14, 2025, and the primary care leads will inevitably replace the Rainy River Clinic operation. RHC will continue to manage the RR Clinic until such time. It was agreed at the meeting that the FF FHT was not prepared to expand west of Fort Frances; instead wanting to focus on stabilizing and expanding the service in Fort Frances initially.

- **Capital Projects**

  The following are preliminary timelines for upcoming projects and subject to further amendment. The summary does not include RC roof project or minor projects. However, this is intended to provide insight regarding potential go-live dates.

Project	Project Manager	Site	Estimated Completion Date
HVAC	Ed Cousineau	RC	Dec-25
HIRF Other	Ed Cousineau	Hospitals	Mar-26
Radiology	Andrea Faragher	LVGH	Apr-26
Radiology	Andrea Faragher	RR	Apr-26
Generator	Ed Cousineau	LVGH	Jun-26
Keffer Medicine Clinic	Gabrielle Lecuyer	LVGH	Nov-26
MRI	Andrea Faragher	LVGH	Jan-27
NAPRA Compliant Pharmacy	Heid Loney	LVGH	Mar-27

- **Quality of Care Reviews**
  - Several Quality-of-Care reviews are in process – 1 for RR & 3 for LVGH.
  - Deceased patient charts show no notable exceptions for September.
  - Met with Paramedic lead over concerns with PTAC/transfer on specific cases.

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

- **Substance Use Disorders (SUD)**

  Consultation has occurred with both GHAC and DRRSB as partners in the rollout of the SUD program. CMHA did identify a desire to partner, but only after they were absent for the pre-budget planning sessions. CMHA is still able to support this program via peer support funding.

- **Rapid Access to Addictions Medicine (RAAM) Clinic**
  A meeting was held with a contracted clinical consultant hired to review the OHT RAAM clinic program. With the additional expansion of the SUD program the consultant acknowledged RHC's leadership role for this program.

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 – October 2025

2.3.1 Minutes: Governance Committee
October 14, 2025 – not yet reviewed by the Committee *

2.3.2 Accreditation Update *

2.3.3 Board Meeting Effectiveness Survey Results – September 2025 *

RIVERSIDE HEALTH CARE FACILITIES INC.
BOARD GOVERNANCE COMMITTEE
MINUTES

Date of Meeting: October 14, 2025 **Time of Meeting:** 4:00 pm

Location of meeting: LVGH – Board Room / Webex

PRESENT: D. Clifford H. Gauthier E. Bodnar
K. Lampi* *via Webex

REGRETS: B. Norton, D. Pierroz, Dr. L. Keffer

1. CALL TO ORDER:

E. Bodnar called the meeting to order at 4:01 pm. B. Booth recorded the minutes of the meeting.

1.1 Confidentiality Reminder:

E. Bodnar reminded members of the confidentiality of the session.

2. ADOPTION OF AGENDA:

ADD: 5.5 CHC Model & Rainy River Clinic
Renumber 5.6 In Camera with CEO

It was,

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

THAT the agenda be approved as amended.
CARRIED.

3. MINUTES OF THE LAST MEETING: September 9, 2025

It was,

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

THAT the minutes of the September 9, 2025, meeting be approved as circulated.
CARRIED.

4. MATTERS ARISING FROM THE MINUTES:

4.1 President & CEO Evaluation Results

D. Clifford shared this is complete and the results have been received. Her, Edith and Ben will be meeting to review and then meet with Henry to discuss.

ACTION: Bring back results to the next meeting.

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

Henry shared there is hesitation to make this change currently. He discussed risks noting we reached out to

BLG to see how common this was; however, no response received to date. Discussion took place around possibly tightening up the policy language. Further discussion took place regarding issues with legal and delays in responding and taking action on items. Henry noted a discussion will need to take place around possibly changing legal firms as it seems BLG does not have the time for what we need. Conversation ensued around it being acceptable to approach BLG to note the above and share if they are too busy and don't have the time for us, we will look for another firm.

ACTION: The policy is on hold and will stay as is.

ACTION: Henry will look at alternate solutions for accessing timely legal services. Bring update back to next meeting.

5. NEW BUSINESS:

5.1 Accreditation Quarterly Update

Henry reviewed the circulated noting Accreditation will take place October 2027. The process has changed and is now ongoing. He recalled our appeal was rejected unfortunately from the last round however, we are still very pleased with our outcome. Diane confirmed we have a Board accreditation team for this round, and we are reviewing the standards currently.

5.2 Board Meeting Effectiveness Survey Results – September 2025

Edith reviewed for information highlighting all comments were positive.

Henry shared the New Board Member Orientation went well.

5.3 COS Succession Plan

Henry shared there is no formal plan currently other than the goal is to keep Dr. Keffer in the role as long as we can. He noted from a succession plan perspective he would suggest Dr. Arnesen or Dr. Jeff Gustafson. The physician group is growing and maturing, and the hope is that in a few years one of these physicians will be ready for the COS role.

5.4 Municipality Meetings

Henry shared meetings occurred a couple weeks ago and went well. He provided an overview noting the Rainy River meeting went well, however shared one member spoke about the transportation service noting they would not use the service. Henry noted the other members quickly shut this down stating the service was a great option for those that didn't have other means to get to necessary appointments. Henry shared the Emo meeting was interesting and there are still connections with Foundation members there. The Fort Frances meeting went well, noting Mike Behan seems to be a good advocate. Henry shared that Mike suggested having 1 meeting with all 3 groups instead of separate meetings. Henry confirmed we will try this at the next meetings and have a 2-hour meeting with all groups then the last hour will be to discuss individual municipal issues.

5.5 CHC Model & Rainy River Clinic

Henry provided an update sharing him and Joanne met with OH and were told that RHC needs to "play nice in the sandbox" and that we should not be leading primary care. OH, wants to promote a Family Health Team (FHT) model and wants the FHT to lead it. OH, does not want us to move forward with our CHC model. Henry shared we told OH that was fine and to do what they need to do to plan and move forward with this. Henry stated there was mention of closing the Emo Health Centre in order to balance our budget however, Henry noted to OH, he would not be here when and if that happens. Henry noted if they are going to run

primary care, he told OH they will need to find someone to run the RR Clinic before March 31, 2026. Henry stated we called an emergent RR Clinic Board meeting today and they are opposed to a FHT model. Henry stated if OH is running primary care then they can run it however, shared that OH wants us involved but we want out. He confirmed we would keep RR Clinic functioning until someone takes it over. Henry shared an email received from OH regarding a meeting request which we declined as we wouldn't be involved with the change management piece. He reviewed the draft response back to OH. Henry reported we will not pursue our CHC model and will continue to run the RR Clinic until they roll out the FHT plan and absorb the RR Clinic. He confirmed we would assist with the transitioning over. The hope is this will occur by March 31, 2026. It was noted that OH wants RHC to do everything and then step away. Henry noted we are already stretched thin as it is therefore, OH can do the planning and change management, and we will be apart of the transitioning over of the RR Clinic when the time comes. Henry confirmed that the outcome from the RR Clinic Board meeting today was that RHC is no longer pushing primary care however, GHAC and the RR Municipality need to be involved. Henry noted moving forward we will focus on what we can do and do it well.

5.6 In Camera with CEO

The 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.
- Henry to look at alternate solutions for accessing timely legal services – Bring back to next meeting.

6.2 Meeting Summary: October Board Meeting Agenda Items

Discussion took place around what items are to appear on the Open and In-Camera agendas for the October 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
- 5.1 Accreditation Update
- 5.2 Board Meeting Effectiveness Survey Results – September 2025

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

7. DATE AND TIME OF NEXT MEETING:

November 12, 2025 – Exception date due to November 11, 2025, being a statutory holiday.

8. TERMINATION:

The meeting terminated at 5:45 pm.

_____ _____

Chair Recording Secretary

Accreditation Update

October 7, 2025

- In October 2023, Riverside Health Care was successfully Accredited with Commendation. 98.0% of the standards we were evaluated on were met (2307 met, 47 unmet & 63 not applicable)
- Of the 47 unmet criteria, 1 was a Required Organizational Practice (ROP) and 7 were high priority.
- Following this outcome, Riverside appealed the decision on the 1 ROP that was deemed unmet. We were unsuccessful in our appeal.
- In follow up to the 2023 Accreditation, additional evidence was provided in March 2024 for the ROP and High Priority criteria. 5 standards remain unmet and our next deadline for evidence submission is February 2026.
- Meanwhile, Riverside continues to prepare for the 2027 Accreditation Canada on-site visit.
- There are 18 Accreditation teams working through their self-assessments and developing action plans to address any unmet requirements (see full list below)
- In 2026, Riverside will be deploying the HSO Global Workforce Survey instrument to staff for their evaluation of the organization on quality of worklife and quality of care. This instrument replaced the previous WorkLife Pulse Survey and Canadian Patient Safety Culture Survey.
- In 2026 the HSO Governing Body Assessment will be sent to the Riverside Board of Directors for their evaluation of their effectiveness as a board. This assessment replaces the previous Governance Functioning Tool.
- Following these assessments, an action plan will be developed for any areas for improvement identified.
- As part of the new Accreditation Canada on-going quality improvement program, throughout 2006-2027 Riverside will provide attestations and evidence on a portion of the criteria. The remainder of the criteria will be evaluated during the Accreditation Canada onsite visit anticipated in Q3 of 2027-2028.

Organizational Teams (Standard Section)	Locations
Acute inpatients & obstetric (Inpatient Services)	EHC, RRHC, LVGH
Ambulatory Care (Ambulatory Care Services)	LVGH
Mental Health & Addictions (Mental Health & Addictions Services)	Community
Diagnostic Imaging (Diagnostic Imaging Services)	LVGH
Emergency and Disaster Management	All
Emergency Services (Emergency Department)	EHC, RRHC, LVGH
Governance (Governance)	All
Home Care/Home Support	Community
Infection Prevention & Control (Infection Prevention and Control Standards)	All
Laboratory – Biomedical, Point of Care Testing Transfusion Services	All

Leadership (Leadership)	All
Long Term Care (Long Term Care Services)	EHC, RRHC, RC
Medication Management (Medication Management Standards)	LVGH, EHC, RRHC, RC
Obstetrics Services (Obstetrics Services)	LVGH
Perioperative Services (Perioperative Services and Invasive Procedures)	LVGH
Telehealth (Telehealth)	All
Service Excellence	All
Sterile Processing & Delivery (Reprocessing of Reusable Medical Devices)	LVGH

Respectfully submitted

Simone LeBlanc
Director of Health Informatics & Privacy

7/9 Completed

Q1 What was the date of the meeting?

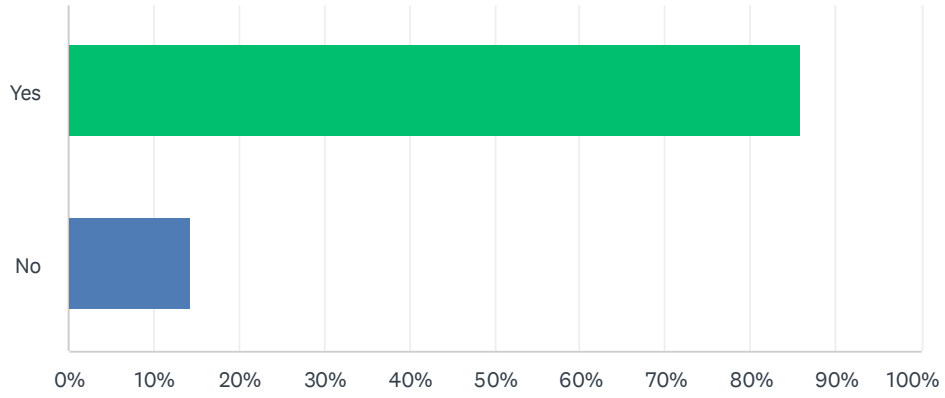
Answered: 7 Skipped: 0

ANSWER CHOICES	RESPONSES	
The RHC Board of Directors meeting took place on:	100.00%	7

#	THE RHC BOARD OF DIRECTORS MEETING TOOK PLACE ON:	DATE
1	09/25/2025	10/2/2025 9:45 PM
2	09/25/2025	10/1/2025 5:51 PM
3	09/25/2025	9/28/2025 8:48 PM
4	09/25/2025	9/26/2025 7:06 PM
5	09/25/2025	9/26/2025 12:29 PM
6	09/25/2025	9/26/2025 10:58 AM
7	09/25/2025	9/26/2025 7:17 AM

Q2 Did you attend this meeting?

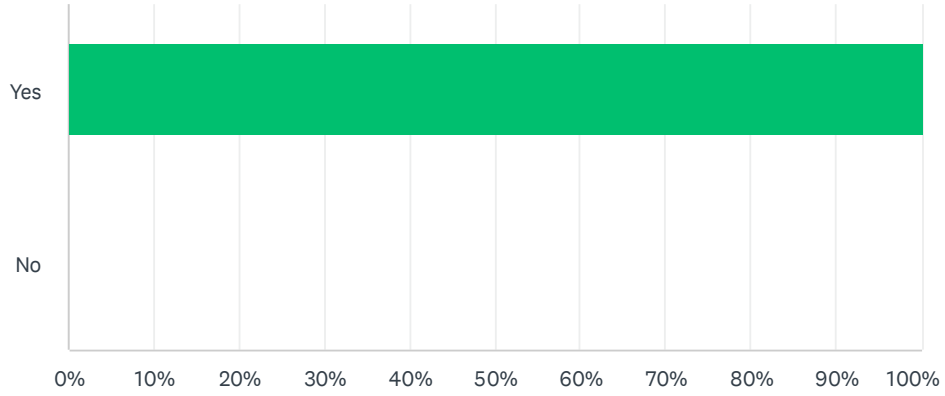
Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	85.71%	6
No	14.29%	1
TOTAL		7

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

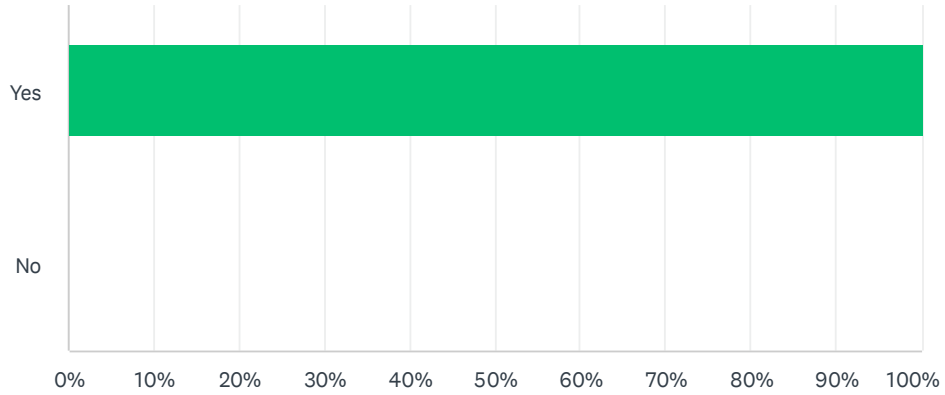
Answered: 6 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
TOTAL		6

Q4 Were relevant materials provided?

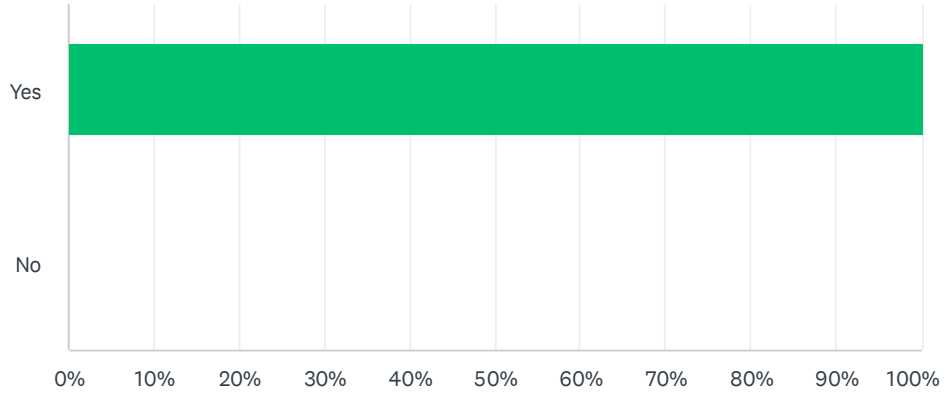
Answered: 6 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
TOTAL		6

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

Answered: 6 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
TOTAL		6

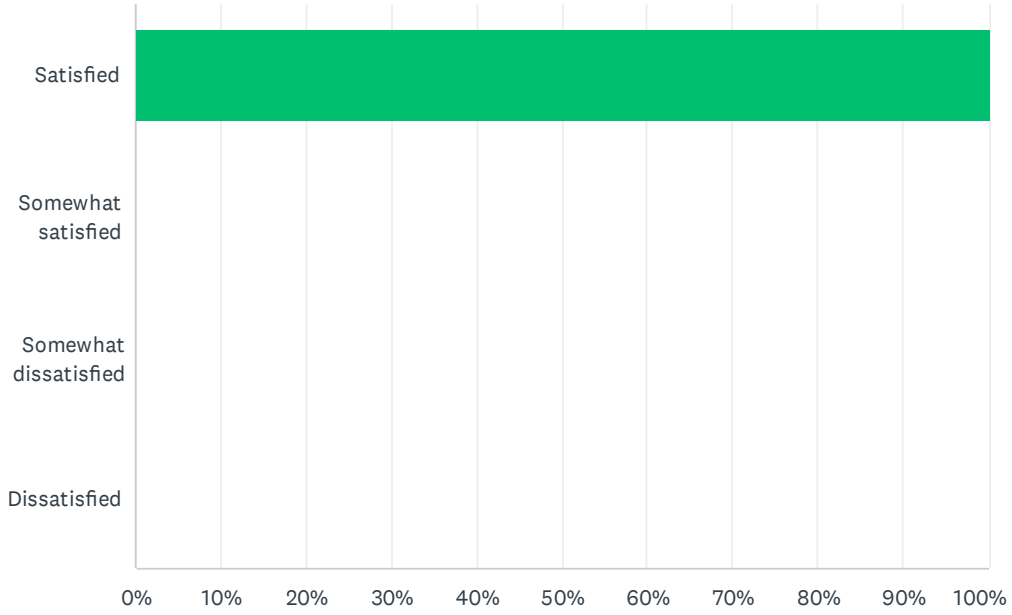
Q6 Please add any comments here:

Answered: 2 Skipped: 5

#	RESPONSES	DATE
1	Lots of material to collate on time	9/28/2025 8:53 PM
2	Brooke does a great job!	9/26/2025 12:30 PM

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

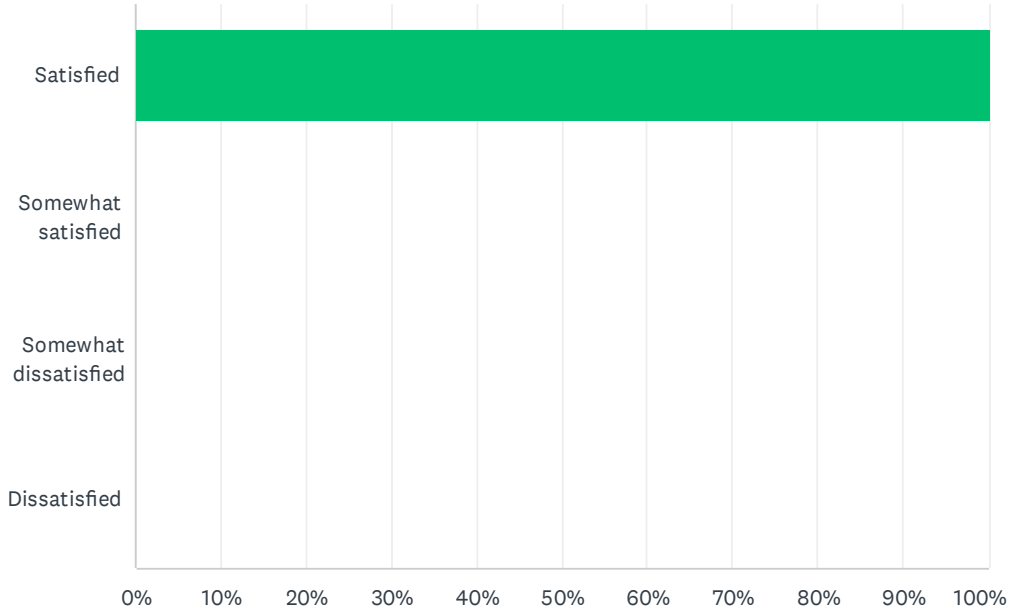
Answered: 6 Skipped: 1



ANSWER CHOICES	RESPONSES	
Satisfied	100.00%	6
Somewhat satisfied	0.00%	0
Somewhat dissatisfied	0.00%	0
Dissatisfied	0.00%	0
Total Respondents: 6		

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

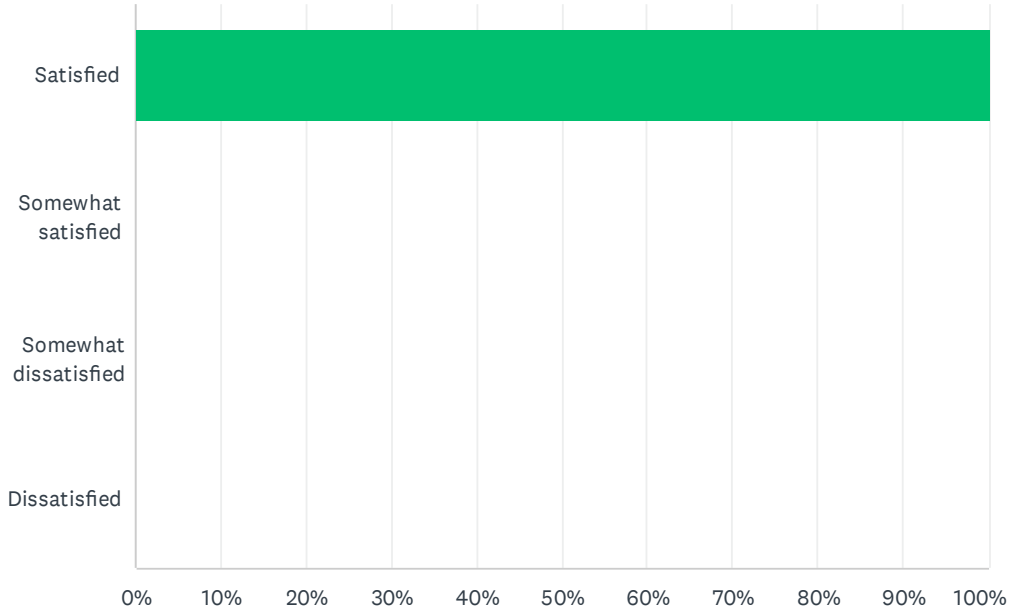
Answered: 6 Skipped: 1



ANSWER CHOICES	RESPONSES	
Satisfied	100.00%	6
Somewhat satisfied	0.00%	0
Somewhat dissatisfied	0.00%	0
Dissatisfied	0.00%	0
Total Respondents: 6		

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

Answered: 6 Skipped: 1



ANSWER CHOICES	RESPONSES	
Satisfied	100.00%	6
Somewhat satisfied	0.00%	0
Somewhat dissatisfied	0.00%	0
Dissatisfied	0.00%	0
Total Respondents: 6		

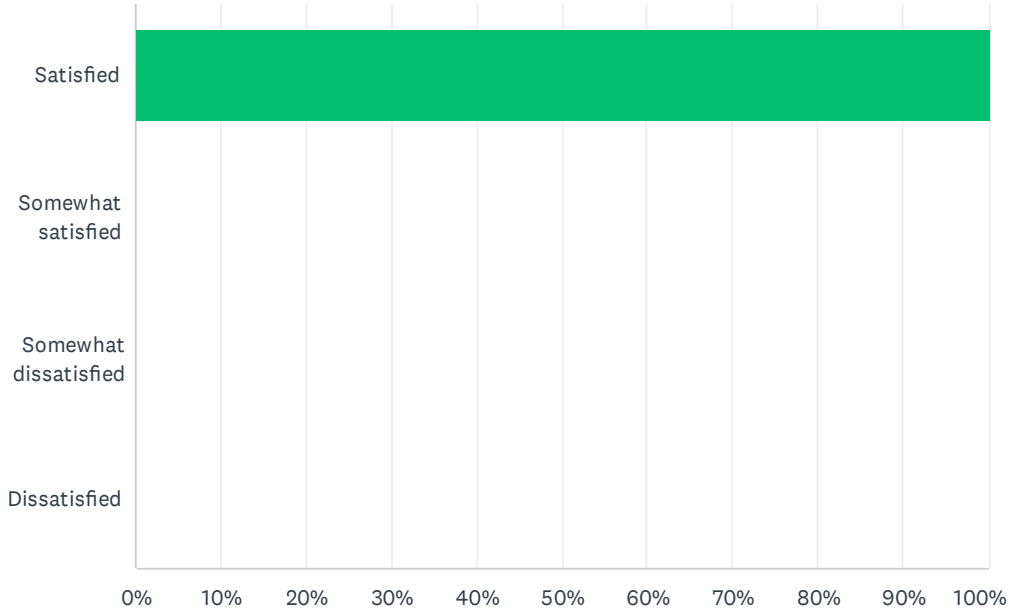
Q10 Please add any comments here:

Answered: 2 Skipped: 5

#	RESPONSES	DATE
1	Organized and effective environment	9/28/2025 8:53 PM
2	Dianne always makes sure everyone is has a chance to speak	9/26/2025 12:30 PM

Q11 Were you satisfied with what the board accomplished?

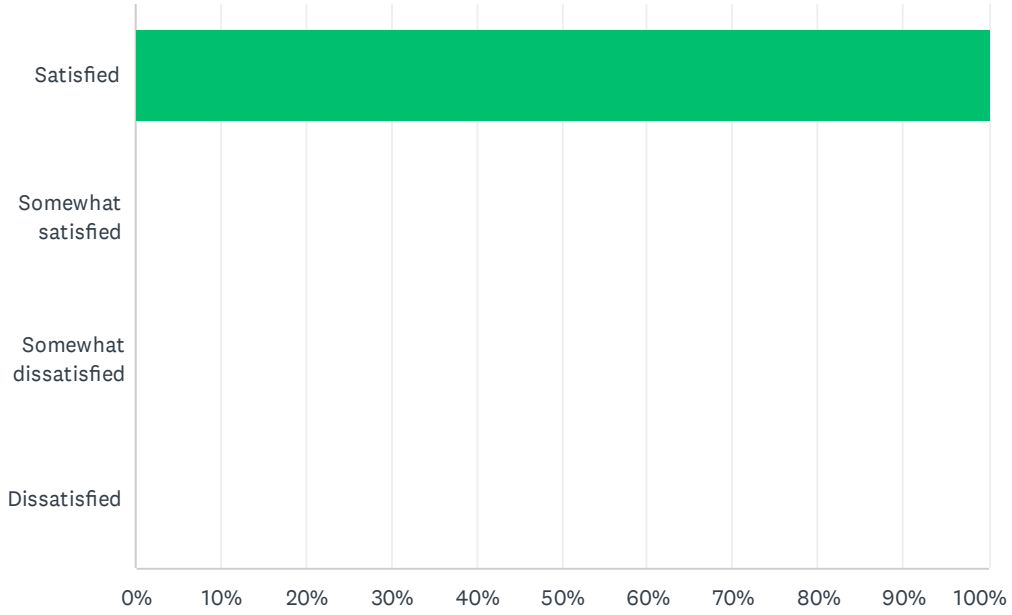
Answered: 6 Skipped: 1



ANSWER CHOICES	RESPONSES	
Satisfied	100.00%	6
Somewhat satisfied	0.00%	0
Somewhat dissatisfied	0.00%	0
Dissatisfied	0.00%	0
Total Respondents: 6		

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

Answered: 5 Skipped: 2



ANSWER CHOICES	RESPONSES	
Satisfied	100.00%	5
Somewhat satisfied	0.00%	0
Somewhat dissatisfied	0.00%	0
Dissatisfied	0.00%	0
Total Respondents: 5		

Q13 Please add any comments here:

Answered: 4 Skipped: 3

#	RESPONSES	DATE
1	good discussion around financial struggles organization is facing. Board is kept well apprised of important issues, ongoing and upcoming projects that will advance health care in the district.	10/2/2025 9:54 PM
2	The two presentations were great!	10/1/2025 5:52 PM
3	Pleased at this early stage of the new board year. May never be possible to assemble everyone in person for the meeting but that would be ideal.	9/28/2025 8:53 PM
4	The patient/resident stories were excellent and the presentation from Callie and Stacy regarding activation at Rainycrest was awesome. Really like the focus on improving care and services for the residents of our district.	9/26/2025 7:08 PM

Riverside Health Care

In Camera Audit & Resources Committee Report – October 2025

2.4.1 Minutes: Audit & Resources Committee *
September 18, 2025 – reviewed and approved by the Committee

2.4.2 Performance Conversations *

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

Date of Meeting: September 18, 2025 **Time of Meeting:** 4:00 pm

Location of meeting: LVGH – Board Room / Webex

PRESENT:	E. Bodnar	H. Gauthier	D. Pierroz
	C. Larson	M. Jolicoeur	*via Webex

REGRETS: M. Kitzul, B. Norton

1. WELCOME AND ROUND TABLE CHECK IN:

E. Bodnar called the meeting to order at 4:04 pm. B. Booth recorded the minutes of the meeting.
E. Bodnar welcomed the new members and round table introductions took place.

1.1 Confidentiality Reminder

E. Bodnar reminded members of the confidentiality of the session.

2. ADOPTION OF AGENDA:

It was,

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

THAT the agenda be approved as circulated.
CARRIED.

3. REVIEW OF MEETING MINUTES: June 12, 2025:

It was,

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

THAT the minutes of the previous meetings held on June 12, 2025, be approved as circulated.
CARRIED.

4. BUSINESS ARISING:

There were no matters arising.

5. STANDING ITEMS:

5.1 Financial Report – April 2025 – August 2025

Carla reviewed the circulated in detail highlighting the following:

- Carla noted this year's opening budget was with the assumption there were no agency pressures, however we do have agency pressures. Carla highlighted the budget.
- Overall, at the end of August we are in a deficit position of approximately $6 million. This is even with the budget adjusted for the continuation of agency cost pressures. This is roughly $1.4 million more than anticipated.
- Contributors to the deficit position were discussed noting we only received a 3% global budget increase versus a 4% increase, benefit costs, unfunded ED premium top up, agency costs on the hospital side and OT costs all contribute. Carla noted some of the costs are one time and will smooth out the financial deficit by the end of the year.
- Hospital – is roughly a $3.9 million deficit position
  LTC – is approximately $2.1 million deficit position

- Rainy River is now on a separate line. Carla shared we have not received confirmation from the MOH on funding for Rainy River costs as of yet.
- Henry noted there are also positions included that are unfunded and discussed the particulars. He confirmed the Ministry has not given us permanent funding for these positions.
- Carla discussed changes to funding over the years (ie.) global, one-time funding, activity-based funding. There is much more activity based versus global now.
- It was noted that all 48 hospitals are in deficit positions.
- Discussion took place on whether the deficit position roles over to the next year. Carla confirmed this was the case as of late.

5.2 OT, Sick & FTE Reports – May 2025 – August 2025

Carla reviewed highlighting the following:

- There has been minimal change, and we are seeing similar trends in sick and OT across the corporation in comparison to last year.
- Emo and Rainy River sick time is being covered with agency staff.
- Almost all OT increase/variance is due to Rainycrest PSW's covering vacancies. RN and RPN's are also covering. We hope this will level off at Rainycrest towards the end of the year.
- Rainycrest sick time remains level.
- Hospital has a bit of an increase in OT due to vacancies in nursing and filling with agency staff. Henry noted at LVGH we are really short staffed for specialty nurses and therefore we are filling with agency at high costs.
- We have made a lot of headway with PSW's at Rainycrest by hiring foreign workers.
- Henry shared we are paying for education for staff to fill gaps. Henry confirmed if education is paid for, return of service agreements are signed.
- Discussion took place regarding stabilization of RPN's at Rainycrest. Carla noted they were doing well however, they have lost some people therefore a stabilization plan was implemented at Rainycrest for RPN's.
- Further discussion took place regarding our foreign workers and the struggle to keep them after 2 years. We have lost a few people to bigger centers. Henry confirmed we do help them to become stable members of our community. Discussion ensued around accommodations for foreign workers and the difficulties with this.

6. NEW BUSINESS:

6.1 Master Plan Update

Henry provided an update recalling we have contracted Colliers for the master program and master plan. He defined master program versus master plan. Colliers' expertise will hopefully set our path moving forward. Henry discussed their experience in detail sharing this is a long-term project. We are reviewing the project summary and timelines moving forward. Julie Loveday has been brought back to work and help Colliers with layout of the land, provide locals aspects and help facilitate a more credible plan. Julie knows the system and is knowledgeable and has the time to dedicate to this project. Henry noted this is a large investment and will cost us roughly $1.2 million.

6.2 Terms of Reference Review

Henry reviewed noting the highlighted revision regarding LVGH Non-Profit. The Committee agreed that the terms of reference were acceptable with the suggested revision.

6.3 Audit & Resources Committee Work Plan Review

Edith reviewed. Carla highlighted the exception dates. The Committee agreed the work plan was acceptable as circulated.

6.4 Ministry Hospital Stabilization Plan

Carla reviewed the briefing note in detail, sharing OH stated we cannot submit a deficit, and we have 3

years to fix the position. Carla shared at the regional CFO meeting all CFO's discussed their balanced budget plans and all agreed nothing in the plans is realistic or achievable. We are in the same scenario. Everyone is submitting similar plans in order to trim costs. Carla confirmed these are notional only. Part of the process is that the Ministry wants Boards to approve the balanced budget plan however, hospitals are not getting Board motions as the plan is unrealistic. Henry noted these are significant system changes. Carla reported Rainycrest is not included in this as we already have a stabilization plan in place. Carla and Henry confirmed this is for information only.

6.5 Cash Flow Update

Carla provided an update, reporting up until August 1, the cashflow was in a healthy position as a result of the one-time relief funding however, in mid-August the cash position degraded significantly due to large payments that amounted to more than $2.2 million. These payments included HIRF project payments, agency and equipment maintenance agreements. Carla recalled we have a $5 million line of credit. Today we are roughly $1.9 million below, and payroll will run at approximately $1 million, which will put us at roughly $3 million in the red. Carla noted all payouts are on hold until Carla and Henry approve. There are some large payments coming which will put us at the $5 million line of credit amount. We are expecting cash failure in 3 weeks, and we have expressed our concern to OH. Henry discussed the Rainy River Clinic and the $600k that was fronted to them as the MOH didn't flow money however, he noted this money needs to flow back to us. Carla reported we will be putting in a cash advance request to the Ministry for roughly $1.5 to $2 million. Carla confirmed our $5 million line of credit will be maxed out in the first week of October. She noted all her counterparts are also requesting cash advances. Carla shared we are still waiting for HIRF funding as well. Discussion took place regarding our overdraft and Carla noted she thought it was approximately 3-4%. Henry recalled the physicians will be moving their clinic to the 3rd floor and this will be roughly a $2 million investment. He discussed parking issues and challenges with this.

7. SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

7.1 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:

- 6.1 Financial Report – April - August 2025

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

In-Camera – Consent Agenda:

- June 12, 2025, Meeting Minutes
- 6.2 Terms of Reference
- 6.3 Audit & Resources Committee Work Plan
- 6.4 Ministry Hospital Stabilization Plan Briefing Note

In-Camera – Separate Item:

- Audit & Resources Verbal Update

8. DATE OF NEXT MEETING:

October 23, 2025

9. TERMINATION:

The meeting terminated at 5:16 pm.

_____ _____

Chair Recording Secretary
/bb

Surge Learning Monthly Update- September to October 2, 2025					
Department- Director/Supervisor	**Completed All First Month Course- Due May 1, 2025**	**Percentage of Completion of All Staff First Month**		**Number of Staff Who Have Started All Courses**	**Number of Staff Who Have Completed All Courses**
Community Services- D. Black/G.Miller (NPSH, Transportation)	28	28/29 (97%)		29	17/29 (58%)
Community Support Services- K. Bolen	68	68/70 (97%)		69	48/70 (69%)
Mental Health and Addiction- L. Belluz/J.Ogden	7	7/8(88%)		8	7/8 (88%)
Risk Management- C. Cole	3	3/3 (100%)		3	3/3 (100%)
Capital Planning and Engineering- E. Cousineau (Maintenance, Bio-Med)	12	12/13 (92%)		13	1/13 (7%)
Nursing LVGH- J. Cousineau	110	110/122 (90%)		121	38/122 (31%)
Finance- C. Cousineau	4	4/4 (100%)		4	0/4
DI and Lab- A. Faragher	23	23/24 (96%)		25	21/25 (84%)

IST- J. Gleeson	4	4/4 (100%)		4	0/4
Store/Supply Chain- T. Hamilton	4	4/5 (80%)		5	0/5
Health Informatics and Privacy- S. Leblanc	16	16/22 (73%)		21	4/22 (18%)
EVS All Sites- A. Deveau	43	43/64 (67%)		58	5/64 (8%)
FNS- All Hospital- N.Piotrowski	19	19/37 (51%)		30	6/37 (16%)
FNS RCLTC- S.Monahan	15	15/18 (83%)		18	0/18 (50%)
Payroll/Scheduling- G.Lecuyer	5	5/7 (71%)		7	2/7 (28%)
Therapeutic/Pharmacy- H.Loney	22	22/25 (88%)		25	11/25 (44%)
Nursing EHC/RRHC- R.Brooks	50	50/72 (70%)		69	11/72 (15%)
RCLTC-Nursing- T. Morelli/S.Labelle	109	109/117 (93%)		115	58/117 (50%)
Patient/Resident Exp.- C.McCormick/C.Vandenbrand	19	19/20 (95%)		19	12/20 (60%)
Professional Practice- S. Patey	5	5/5 (100%)		5	4/5 (80%)
Human Resources- K.Woods	5	5/5 (100%)		5	2/5 (40%)
Rainy River Clinic - S. Ivall	1	1/6 (17%)		4	0/6

Performance Conversations 2025- As Of October 2, 2025		
Department- Director/Supervisor	**Completed Conversation**	
Community Services- D. Black/G.Miller (NPSH, Transportation)	David- 12/15 (80%) Gwen- 12/14 (86%)	
Community Support Services- K. Bolen	55/70 (79%)	
Mental Health and Addiction- L. Belluz	8/8 (100%)	
Risk Management- C. Cole	2/3 (67%)	
Capital Planning and Engineering- E. Cousineau (Maintenance, Bio-Med)	1/13 (8%)	
Nursing LVGH- J. Cousineau	33/122 (27%)	
Finance- C. Cousineau	0/3	
DI and Lab- A. Faragher	22/25 (88%)	

IST- J. Gleeson	4/4 (100%)	
Store/Supply Chain- T. Hamilton	3/5 (60%)	
Health Informatics and Privacy- S. Leblanc	14/22 (64%)	
EVS All Sites- A. Deveau	10/64 (16%)	
FNS- All Hospital- N.Piotrowski	4/37 (11%)	
FNS RCLTC- S.Monahan	10/18 (56%)	
Payroll/Scheduling- G.Lecuyer	1/7 (14%)	
Therapeutic/Pharmacy- H.Loney	17/25 (63%)	
Nursing EHC/RRHC- R. Brooks/D.Harris	7/72 (10%)	
RCLTC-Nursing- T. Morelli/S.Labelle	41/112 (37%)	
Amdinistrator RCLTC- Tara Morelli	1/1 (100%)	
Patient/Resident Exp.- C.Vandenbrand	7/20 (35%)	
Patient/Resident Exp. C. Mcormick	1/1 (100%)	
Professional Practice- S. Patey	5/5 (100%)	

Human Resources- K.Woods	5/5 (100%)	
Rainy River Clinic - S. Ivall	0/6	
Total Number of Performance Conversations	275/677 (41%)	

Rainy River District
Ontario Health Team

WELCOME

BOOZHOO

BIENVENUE

RRDOHT Overview

OHT Development

- The Ontario government is building a connected healthcare system centred around patients, families, and caregivers.
- The goal is to strengthen local services and make it easier for patients to navigate the system and transition between providers.
- Ontario Health Teams (OHTs) are a new way of organizing and delivering care, more connected to local communities.
- OHTs aim to provide better coordinated, more integrated care for everyone in Ontario.

Rainy River District
Ontario Health Team

RRDOHT Overview

OHT Progress

- Since Winter 2021, the Rainy River District Ontario Health Team (RRDOHT) has been building a foundation for collaboration across primary care, acute care, mental health, addictions, long-term care, home care, and community care.
- Through collaboration the goal is to help people find care closer to home, regardless of the healthcare stage.
- Key partners across the district are dedicated to better outcomes for the community.

Rainy River District Ontario Health Team

Rainy River District
Ontario Health Team

Vision

Exceptional health care. Close to home.

When we say exceptional, we mean care that is:

- Accessible;
- Equitable;
- Safe;
- Timely;
- Effective;
- Efficient;
- Patient Centred;
- And that we have the capacity to provide the care (we have the people, time, ability, etc.).

We are striving to be exceptional in everything we do, now and into the future.

Rainy River District
Ontario Health Team

Mission

Connected care that is centred around you.

When we say connected, we mean...

- We have connected care pathways;
- Information, communication & technology providers are connected;
- Our decisions are collaborative and connected to the Mission, Vision and Values;
- We have a collective voice advocating for our community members;
- We collaborate to eliminate barriers to care.

Rainy River District
Ontario Health Team

Values

The RRDOHT will endorse and maintain a culture of ethical conduct embodied in the Seven Sacred Teachings, plus Forgiveness.

1. **Honesty**
2. **Truth**
3. **Respect**
4. **Bravery**
5. **Love**
6. **Humility**
7. **Wisdom**
8. **Forgiveness**

Building a Framework for Collaboration

RRDOHT Overview

Our Brand Story

- The RRDOHT logo story comes from ideas shared between partner health organizations and regional First Nations, including:

    - **The Circle:** Symbolizes partnership, unity, and balance.
    - **Interconnectedness:** Represents the connection between people and the land.
    - **Elements:** Reflects natural medicines and elements.
    - **The Drum:** Represents the four drums, keepers of the 10 district First Nation communities.

Rainy River District
Ontario Health Team

RRDOHT Overview

Our Brand Story (Continued)

- **The Circle:** The central drum symbolizes cultural diversity, with 20 shapes for 10 health organizations and 10 First Nations.
- **Colours:** Each colour reflects a natural element and traditional medicine.
- **Connection:** Joining around the drum are partners working together in unison.
- **Heartbeat:** ECG line symbolizes the patient's heartbeat and care from partner organizations.

Our Journey

- Click here to go to the historical timeline

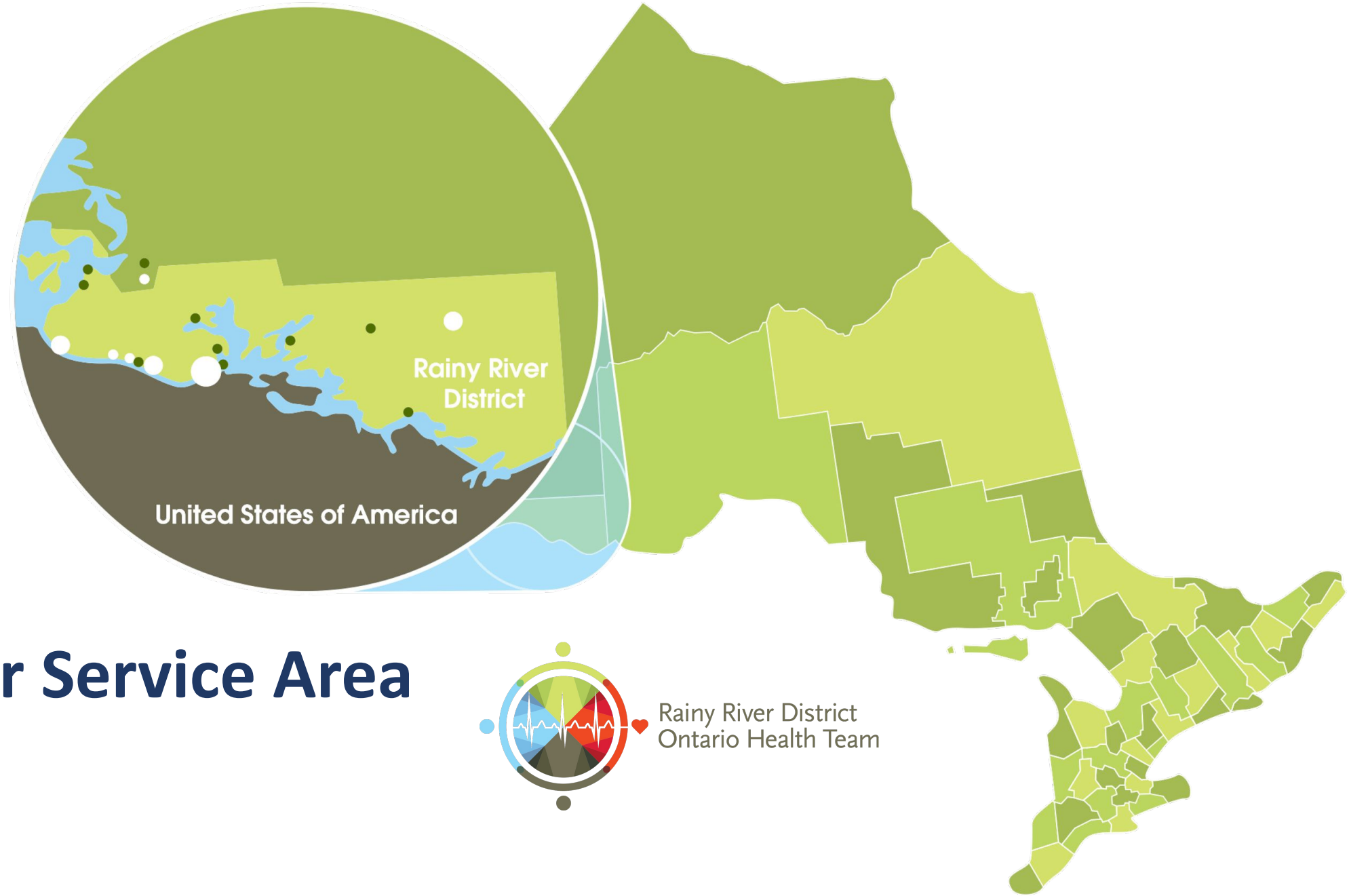
Rainy River District Ontario Health Team

RRDOHT Overview

Our Partners

- Atikokan Health and Community Services
- Canadian Mental Health Association - Fort Frances
- District of Rainy River Services Board
- Giishkaandago'Ikwe Health Services
- Fort Frances Family Health Team
- Riverside Health Care
- Gizhewaadiziwin Health Access Centre
- Northwestern Health Unit
- Rainy Lake Chiefs Secretariat

Rainy River District
Ontario Health Team



Our Service Area

Rainy River District
Ontario Health Team

Unique Rainy River District Factors

- Diverse population across a vast and unique region, located about 1,700km from Toronto and spanning 250km along Highway 11, encompassing 15,400 sq km.

- This district, which includes 10 municipalities and 10 First Nation communities, is home to a vibrant Anishinaabe population, comprising 22.3% of residents compared to 2.8% for Ontario as a whole. Despite the rich cultural tapestry and strong social cohesion, the district faces significant health and economic challenges.

- Higher rates of chronic illness, opioid use and injury-related hospitalizations, as well as limited access to health care, broadband, and essential services contribute to health and economic vulnerabilities, especially in remote areas. Additionally, issues such as poor road conditions, food insecurity, homelessness, and a lack of affordable housing impact quality of life.

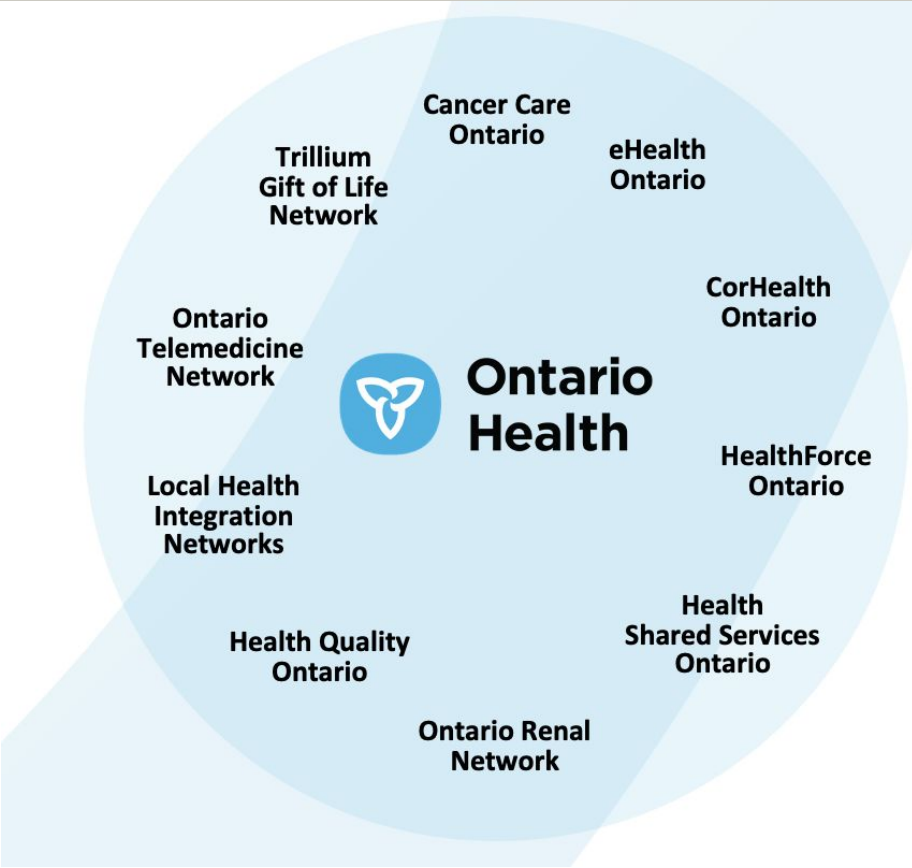
Rainy River District
Ontario Health Team

Rainy River District
Ontario Health Team

ONTARIO HEALTH CONNECTION

About Ontario Health

The RRDOHT is funded by the Ministry of Health with reporting responsibilities to Ontario Health to share efforts in improving health care and system navigation across the district.



OH Mandate: Connecting Care

To better coordinate and connect Ontario's health care system, to make it more efficient and support the delivery of the best-possible centred care.

Rainy River District Ontario Health Team

Ontario Health Teams by Region

NORTHWEST

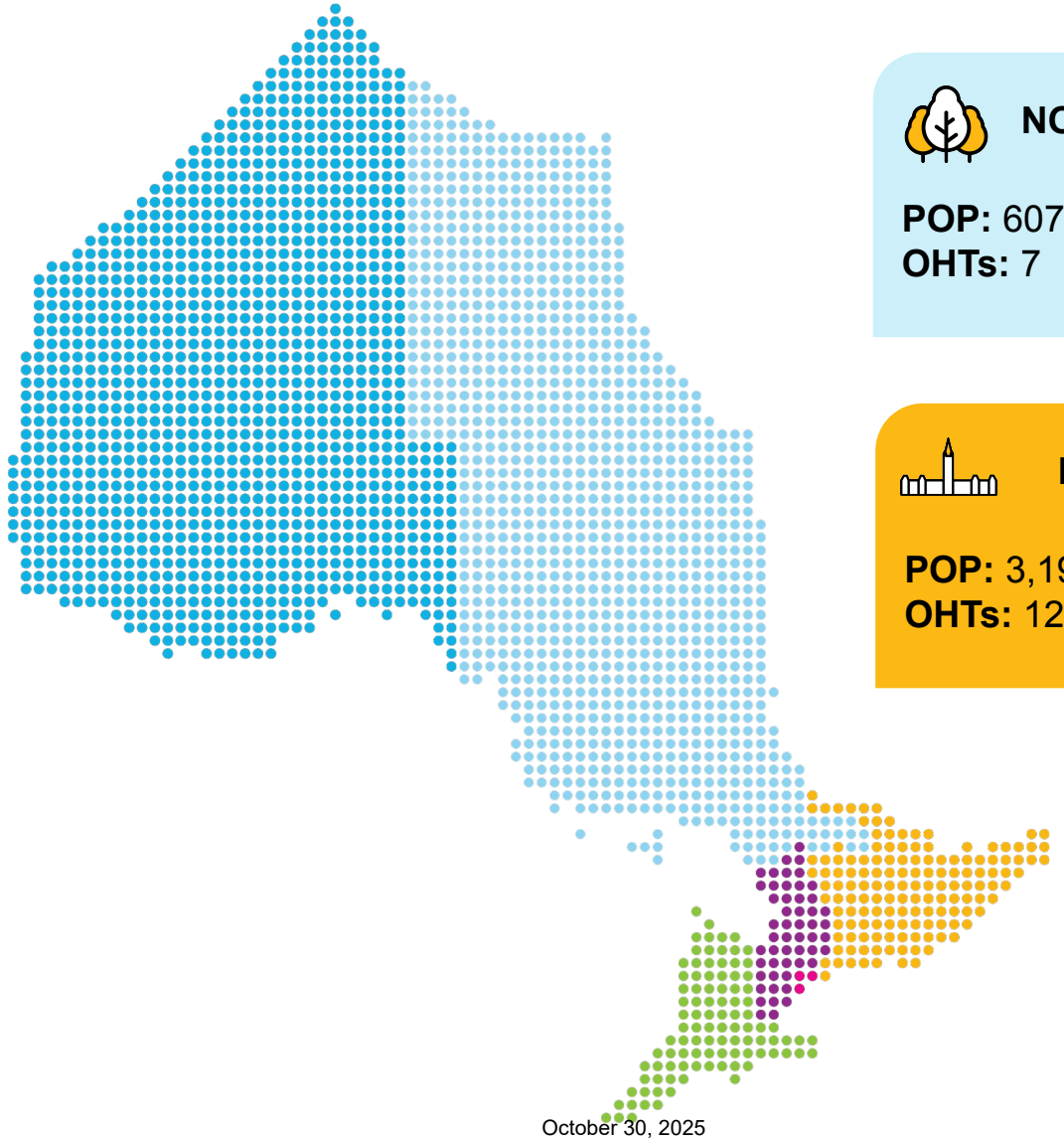
POP: 242,194
OHTs: 4

CENTRAL

POP: 4,241,713
OHTs: 12

WEST

POP: 4,499,291
OHTs: 15



NORTH EAST

POP: 607,171
OHTs: 7

EAST

POP: 3,199,234
OHTs: 12

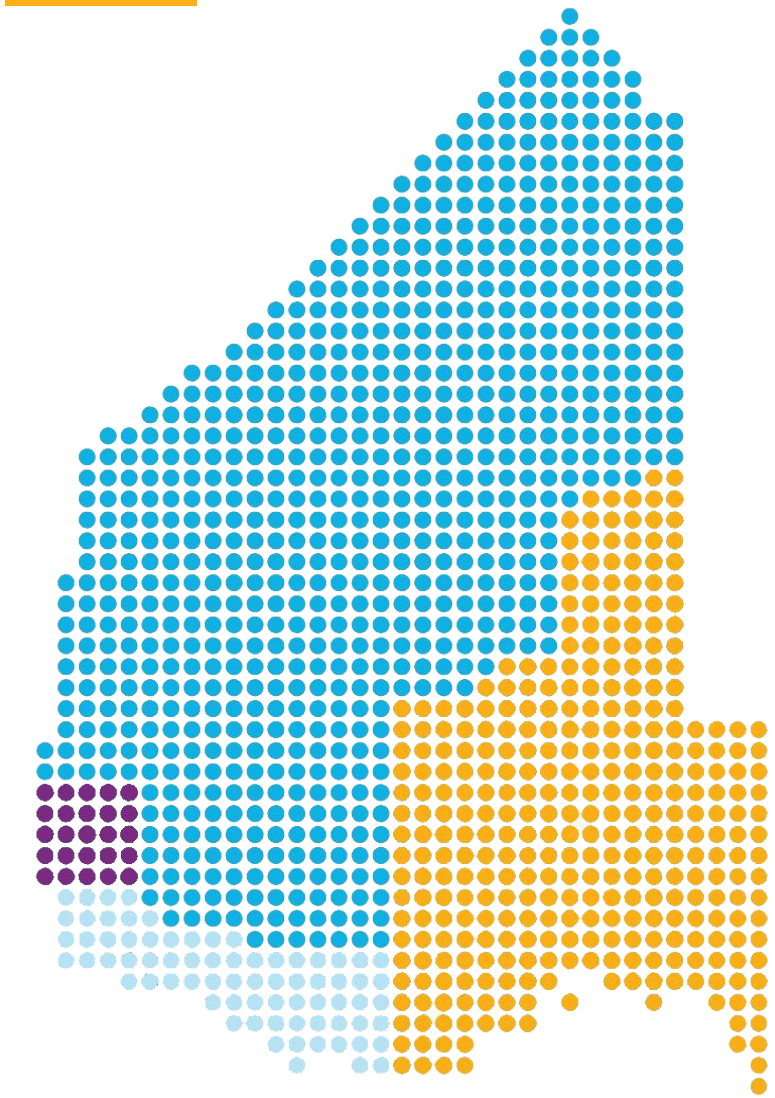
TORONTO

POP: 3,321,360
OHTs: 8

QUICK FACTS

58 approved OHTs
OHTs by Cohort:
Cohort 1 – 29
Cohort 2 – 13
Cohort 3 – 9
Cohort 4 – 3
Cohort 5 - 4

Northwest Region OHTs



This map demonstrates the attributed population for each OHT in the North West. Signatory organizations are separate from this.

All Nations Health Partners

Noojmawing Sookatagaing

Kiiwetinoong Healing Waters

Rainy River District

NORTH WEST

242,194
(population)

Projected population growth over next ten years	Projected population over age of 65 in ten years	Number of approved Ontario Health Teams
2.9%	23.9% (21.3% currently)	4

24.5%
Identify as Indigenous

2.4%
Identify as Francophone

4.9%
Identify as Racialized Group

7.4%
Immigrant Population

103
Service Accountability Agreements

2
Designated French-Language Service Areas

HEALTH SERVICE PROVIDERS

Community Mental Health and Addictions Providers	Community Support Service Providers	Community Health Centres	Public Hospitals	Indigenous Primary Health Care Organizations	Long-Term Care Homes
41	58	2	12	6	19

Family Health Teams	Nurse Practitioner-Led Clinics	Designated Agencies for French Language Services	Regional Renal Programs	Regional Cancer Centres	Transplant Centres
14	1	0	1	1	0

The Northwest CRISIS

Rainy River District Ontario Health Team

Understanding the Rainy River District & Regional Impacts

OPIOID DEATHS

The district's opioid mortality rate is **4 times** higher than the provincial rate.

LOWER LIMB AMPUTATION

The region's lower limb amputation rate is **7 times** higher than the Greater Toronto Area (GTA).

PARAMEDICINE & HHR

Currently experiencing a **30% paramedic staffing shortage** across the district; approximately 14 full-time equivalents for our 4-base model.

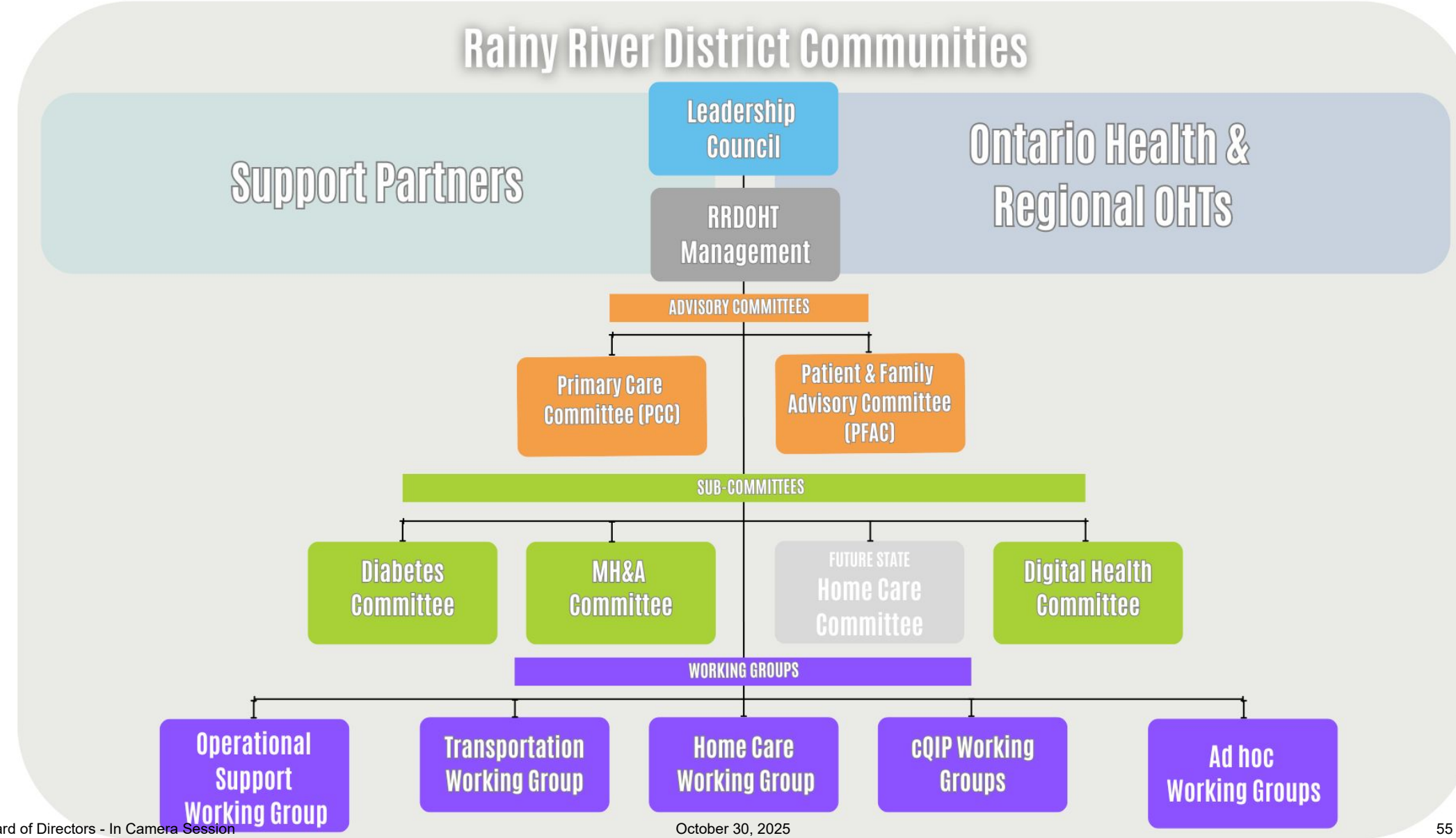
PRIMARY CARE

1,000 childeren under 17 are without Primary Care attachment.

Rainy River District
Ontario Health Team

OHT Structure

RRDOHT Structure



Rainy River District
Ontario Health Team

Leadership Council

Leadership Council Overview

- The Leadership Council is the collaborative decision-making body of the RRDOHT.
- The group brings vision and a focus on identifying priority goals to the table.
- They are committed to making important decisions, guiding the work done by sub-committees in community project planning, design, and implementation. It includes members of the district's health care organizations as well as our First Nation partners with an innovative, collaborative and holistic approach to health care improvement.
- It is guided by two volunteer Co-Chairs on rotating terms.

Rainy River District
Ontario Health Team

Leadership Council Representatives

Joanne Ogden

Quality Assurance Auditor &
OHT Executive Lead
Riverside Health Care

Kayla Caul-Chartier

Chief Executive Officer
Giishkaandago'Ikwe Health Services
(Formerly Tribal Area Health Services)
RRDOHT Co-Chair

Tara Tolley

Executive Director
Fort Frances Family Health Team

Nakita Ali

Executive Director
Gizhewaadiziwin Health Access
Centre

Jennifer Learning

President & CEO
Atikokan Health and Community
Services
RRDOHT Co-Chair

Charlene Strain

Chief Executive Officer
CMHA Fort Frances
RRDOHT Mental Health & Addictions
Committee Lead

Charene Gillies

CAO
District of Rainy River Services
Board

Dr. Jeff Gustafson

Chair
Primary Care Committee

Tammy Ryll

Executive Director/Chiefs
Coordinator
Pwi-Di-Goo-Zing Ne-Yaa-Zhing
Advisory Services / Chiefs
Secretariat

**Many beyond the individuals listed above have taken part in bringing the RRDOHT and its projects to life.*

Rainy River District
Ontario Health Team

Management Team

RRDOHT Management Team

JACKIE PARK
Executive Lead

807-621-9244
jackiepark@rrdoht.ca

AMANDA ROY
Communications Lead

587-896-4602
amandaroy@rrdoht.ca

SAMANTHA GILL
Coordinator

403-973-6760
coordinator@rrdoht.ca

Rainy River District
Ontario Health Team

Indigenous Engagement

NEW Indigenous Advisor Role

- Introducing new Indigenous Advisor role to support the RRDOHT – recruitment starting shortly.
  - The Advisor will help guide us in working respectfully with Indigenous communities in the Rainy River District.
  - They will provide advice to help ensure Indigenous voices are included in health services and recommend ways to improve the healthcare system to support truth and reconciliation.

Rainy River District
Ontario Health Team

Rainy River District
Ontario Health Team

MATURE STATE ENGAGEMENT PLAN

Indigenous Advisory Council

- Rainy Lake Chiefs Secretariat
- PFAC
- 2x Elders
- Ojibways of Onigaming
- Naicatchewenin First Nation
- Mitaanjigamiing First Nation
- Anishinaabeg of Naogashiing
- Couchiching First Natiion
- Rainy River First Nations
- Nigigoonsiminikaaning First Nation
- Gakijiwanong Anishinaabe Nation
- Seine River First Nation
- Mishkosiminiziibiing First Natiion

Representatives
14

10x First Nation Communities
2x Elders
1x PFAC Advisory Committee Member
1x Rainy Lake Chiefs Secretariat Appointee

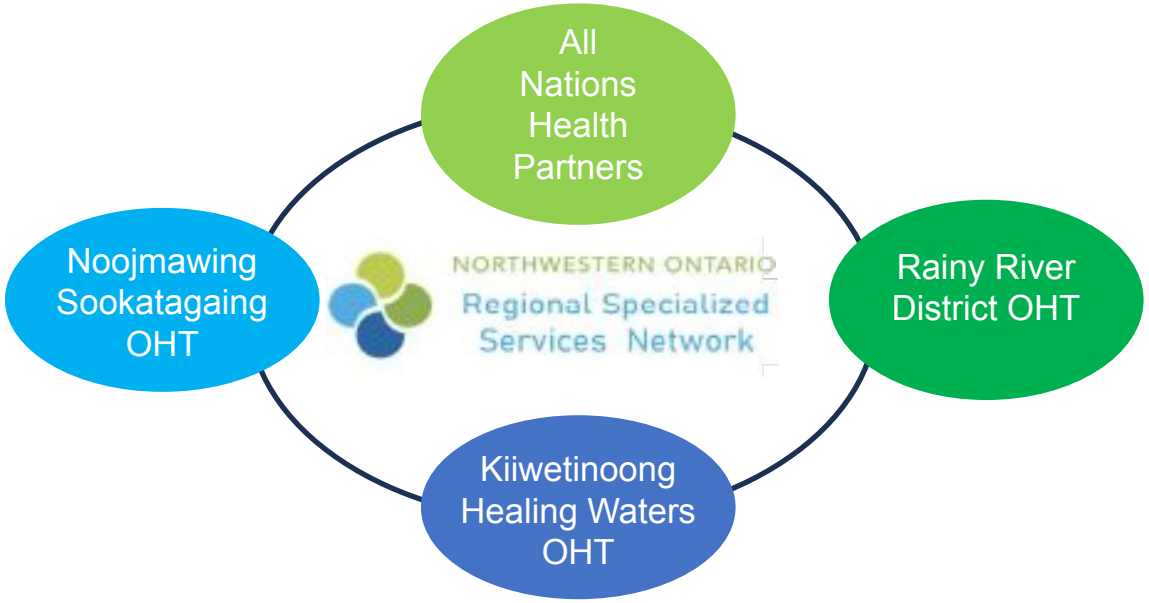
Rainy River District
Ontario Health Team

Regional Specialized Services Network

Regional Specialized Services Network (RSSN)

- A group of **30+** system partners (cross geography, cross sectoral and cross lifespan), that work collaboratively together to coordinate across and support the four locally integrated OHTs in the Northwest

- Includes: **8** regional service provider organizations, **4** OHTs, Patient/Client/Resident representatives, Ontario Health, academic partners and provincial support partners



Rainy River District Ontario Health Team

RSSN Connection

Two core functions:

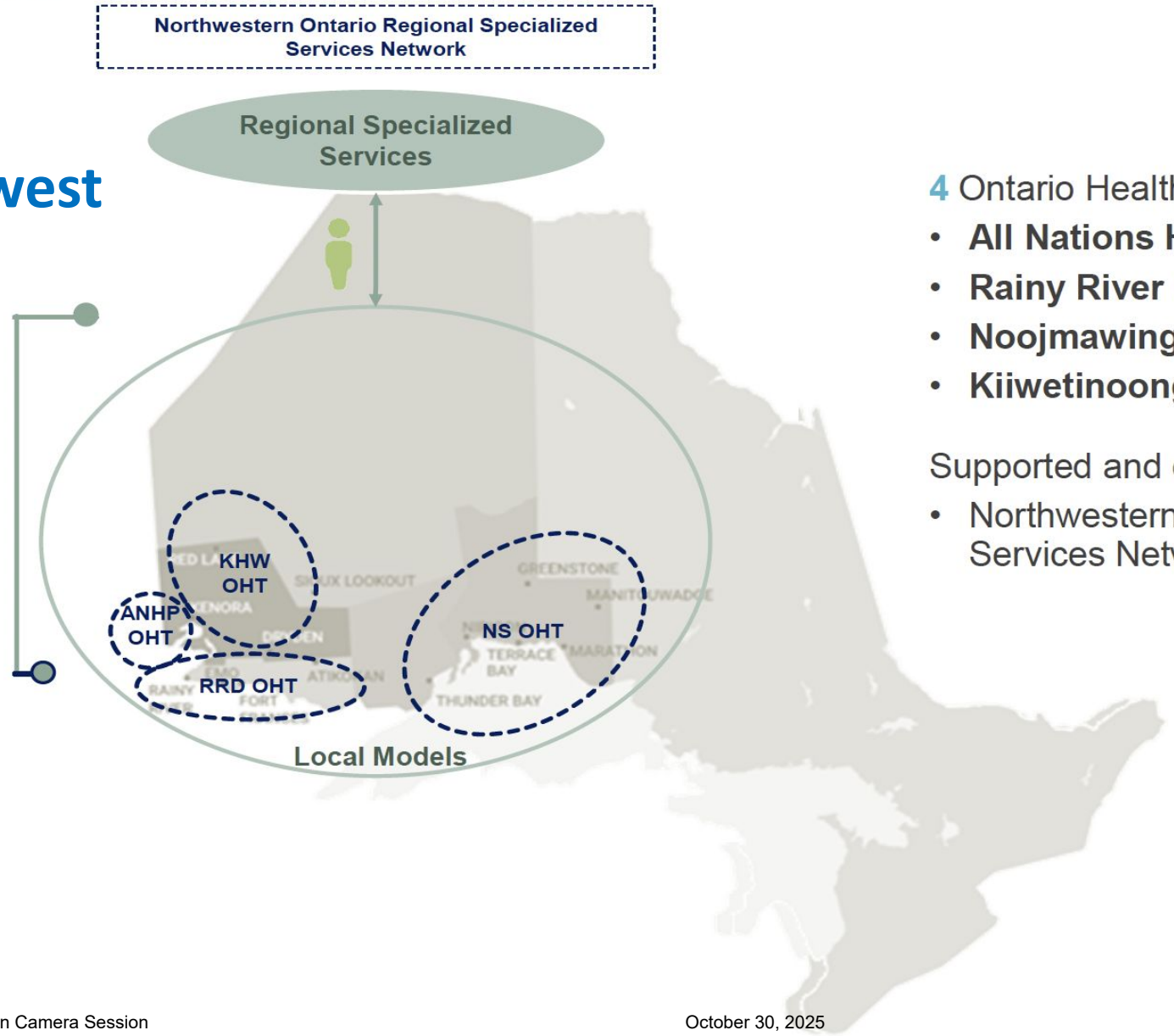
- Ensures a coordinated approach for planning and delivering ‘regional specialized services’ that is required to ensure the full continuum of care is available to the OHT population.
- Supports back office and regional enablers (i.e. digital health, population health data/management, etc.) to provide support and scale to the region for functions that are not reasonable and/or feasible to do at a local level

- This ensures coordination and consistency that better supports patient/client/resident care and ultimately improved population health and experiences. Regional funding investments are also necessary to address inequalities, rurality and population health needs.

Rainy River District
Ontario Health Team

RSSN Connection

OHTS in the Northwest



4 Ontario Health Teams:

- **All Nations Health Partners (ANHP) OHT**
- **Rainy River District (RRD) OHT**
- **Noojmawing Sookatagaing (NS) OHT**
- **Kiiwetinoong Healing Waters (KHW) OHT**

Supported and enabled by:

- Northwestern Ontario Regional Specialized Services Network

Rainy River District Ontario Health Team

Rainy River District
Ontario Health Team

Questions

THANK YOU!

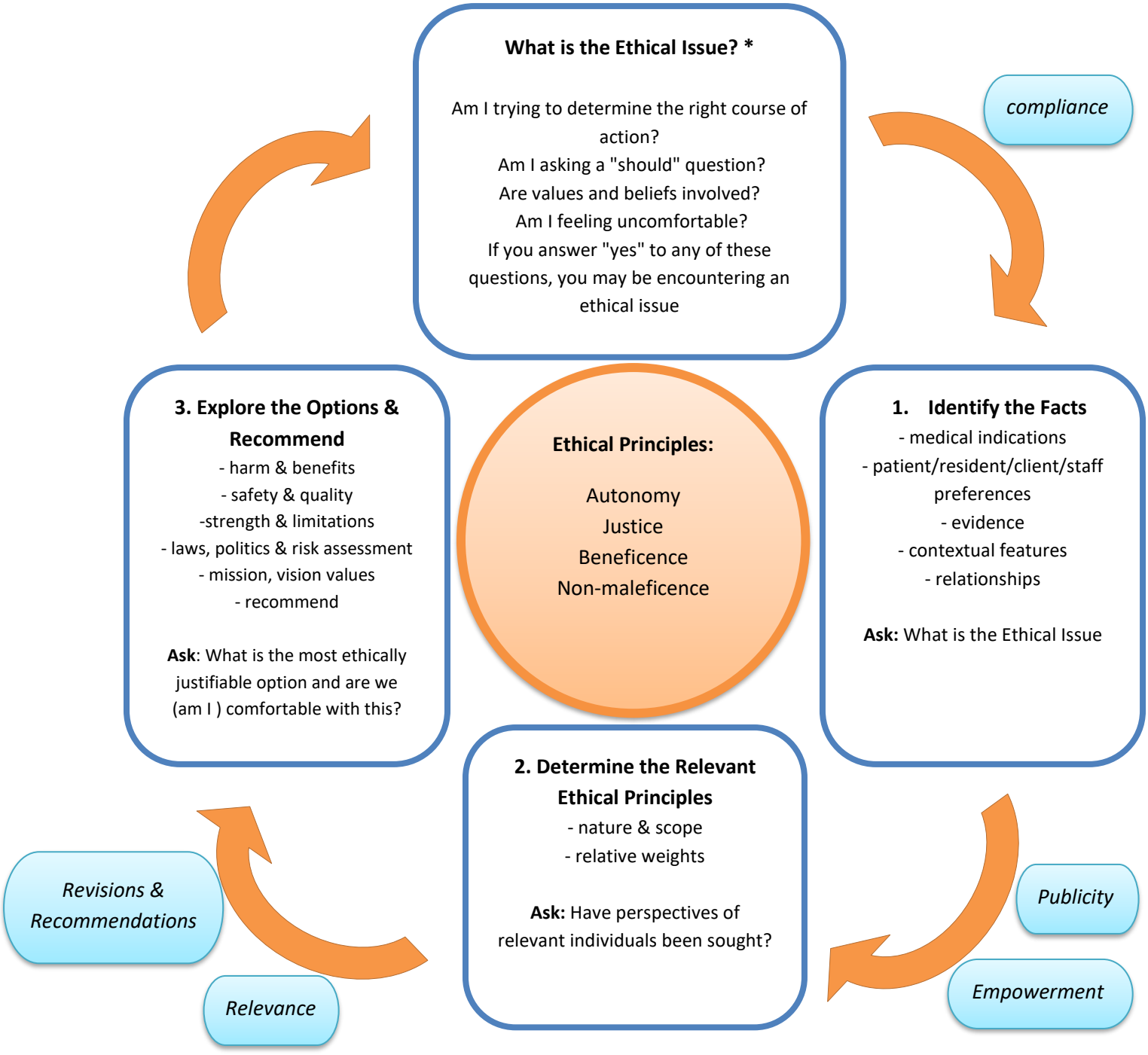
CONTACT US :

info@rrdoht.ca

www.rrdoht.ca

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 – October 2025

2025 Appointment and Reappointment Application for Privileges

See attached list.

Medical Learners

Kyle Thiessen (UGY4) – Supervisor Dr. K. Meyers – December 15, 2025 – January 11, 2026
Emily Prenovault (UGY4) – Supervisor Dr. M. Ruppenstein – November 10 – 23, 2025
Meahan Noble (UGY2) – Supervisor Dr. M. Ruppenstein – October 20 – November 2, 2025
Amy Lefebvre (UGY2) – Supervisor Dr. M. Ruppenstein – October 20 – November 2, 2025

Riverside Health Care Facilities

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-10-2025

2025

Appointment

	Staff Status		Alt Department / Primary Org	Area Of Work
Desruisseaux, Dr. Tiffany	Locum Tenens	Physician	Geraldton District Hospital	

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

* Emergency Privileges as per training and experience [T]

Gallienne, Dr. Charlotte	Courtesy	Physician	Red Lake Margaret Cochenour Memorial Hospital	

Radiology Privileges as per training and experience [T]

Kumar, Dr. Sandeep	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	

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

* Emergency Privileges as per training and experience [T]

Pearce, Dr. Spencer	Associate	Physician		

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-10-2025

	Staff Status		Alt Department / Primary Org	Area Of Work
Westgard, Dr. Bjorn	Locum Tenens	Physician	Thunder Bay Regional Health Sciences 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	10/6/2025 4:49:58 PM	Work permit valid until October 6 2026

Zaki, Dr. Mahmood Omar	Locum Tenens	Physician		

* GP Anesthesia as per training and experience [T]

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Baginski, Dr. Adam	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Barnes, Dr. Jeffrey Garrett	Regional Staff	Physician	Lake of the Woods District Hospital	
Bhatti, Dr. Sumbel	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Bouwsema, Dr. Melissa Mary	Regional Staff	Physician	Dryden Regional Health Centre	
Deacon, Dr. Perri	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Eras, Dr. Danielle Marie	Regional Staff	Physician	St. Joseph's Care Group	

* 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 - 14-10-2025

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Freedman, Dr. Danit	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Huynh, Dr. Steven	Regional Staff	Physician	Geraldton District Hospital	
Lukankin, Dr. Victor	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
McDermid, Dr. Stacy	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Nedeljkovic, Dr. Alexander Maximilian	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Nelsen, Dr. Andrea [R]	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Pyche, Dr. Jacob	Regional Staff	Physician	Geraldton District Hospital	
SMITH, Dr. Rosemary Claire	Regional Staff	Physician	Geraldton District Hospital	
Stoger, Dr. Nikka Marie	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 - 14-10-2025

2025

Reappointment

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Laird, Dr. Matthew James	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