

**BOARD OF DIRECTORS MEETING
IN-CAMERA SESSION**

Thursday, January 29, 2026
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 – November 27, 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 112 2.5 Quality Safety Risk Committee In-Camera Report – M. Kitzul * Pg 161	
3.	Approval of Agenda	
4.	Presentation – Done in the Open Session	
5.	Business Arising There was no business arising.	
6.	Strategic Discussion: No discussion this month (Ethical Decision-Making Framework – standing attachment *) Pg 199	
7.	New Business 7.1 Chief of Staff Report –Medical Staff Privileges - Dr. L. Keffer * Pg 201 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: February 26, 2026	
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, January 29, 2026

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 and 2026 terms 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: November 27, 2025

Time of Meeting: 5:45 pm

Location of Meeting: Webex / LVGH Board Room

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

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

REGRETS: Dr. K. Arnesen

GUESTS: K. Byrick (Item 4.0) *

1. CALL TO ORDER:

D. Clifford called the meeting to order at 5:45 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:

D. Pierroz and D. Clifford declared a conflict with Item 2.4 specific to the Non-Union/Management Wage Increase briefing note.

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: M. Kitzul

THAT the Board approve the Agenda as circulated.

CARRIED.

4. PRESENTATION – Health Care and Transparency – BLG – Katharine Byrick

D. Clifford welcomed Katharine Byrick, BLG Lawyer, to the meeting, who provided a presentation on Health Care and Transparency. The following was highlighted:

- K. Byrick shared BLG has been RHC lawyers for approximately 15 years. All information in this presentation is based off of the OHA – Guide to Good Governance.
- Overview of the presentation was discussed.
- Legal Framework: What is a hospital corporation
- Hospital Liability
- Director's Fiduciary Duties
- Understanding Your Hospital's Legal Accountabilities

- Legal Context Setting
- Hospital Stakeholders
- Ontario Health & Ministry of Health
- MOH & OH as Funder
- Connecting Care Act, 2019: SAA Funding Basics
- SAA – Not the Usual Arm's Length Negotiation
- Accountability: Broader Public Sector Executive Compensation Act
- Accountability: Broader Public Sector Accountability Act
- Hospital Transparency
- Transparency
- Public Disclosure of Key Information
- Open & Transparent Processes. The Patient Ombudsman was discussed in detail.
- Transparency & Privacy: What you Need to Know
- Engaging Hospital Stakeholders
- Engaging Stakeholders: Legislative Requirements – Connecting Care Act, Excellent Care for All Act
- Hospital's Role in an Integrated Health System
- Patient/Provider Relationships Today
- Accountability for Integrated Care: Connecting Care Act
- Integration Spectrum
- Implication of Connecting Care Act: Enlightened Self Interest
- The Role of the Board in Integrated Care – Key Considerations for Boards
- Discussion took place regarding circumstances around the hospital not agreeing with the SAAs. Henry noted it comes down to money. Many hospitals are in deficit positions, and it puts hospitals in a position to push back however, if they don't sign the SAA, they are in breach of the agreement. K. Byrick reported there isn't a lot of room for negotiations with these agreements. Henry shared if hospitals don't sign, they threaten to stop flowing dollars. K. Byrick noted there's not much choice to sign or not. Henry shared he has heard of other hospitals refusing to sign however, in the end they end up signing.
- Henry noted RHC reaches across the entire district, and he has asked OH and the OHT committees to ensure there is proper representation at these tables. The perception is that we are cut off however, we feel we have a right to sit at those tables and questioned how our Board has a voice. K. Byrick shared it's strategic. She noted the OHA has pivoted to an advocacy role, Small Rural Hospital is always on the list to discuss. K. Byrick noted engaging with the OHA where appropriate. OH, would be challenging. Fighting for health care in rural areas is a topic that she suggests go to the OHA and recommended to not go alone. Having partners as well would be beneficial. Henry noted we need to get partners collectively to form a voice. Leadership and Boards need to be active with this.
- Discussion took place regarding municipalities.
- K. Byrick reported there is a role for OH, however, we have our role to advocate for hospital. Need to be strategic and build relationships and have conversations and dialogue with the same people and find a way to have these discussions.
- Further discussion took place regarding the Patient Ombudsman and whether they can entertain a complaint and go above the college. K. Byrick confirmed they deal with policies and anything to do with practice is referred to the college.
- Conversation ensued around insurance; what our coverage entails and what Board members are covered for and limits. Henry shared the coverage is substantial (approximately \$20 million). He reported HIROC provides a presentation to the Audit & Resources Committee annually in January regarding our coverages. The Board member needs to perform in good faith. If the member is negligent than that's different. Henry recalled HIROC will discuss the policy in January however confirmed Board members have very robust coverage.
- Discussion took place around the acronym in the banking world, HUMS (Hospitals, Universities, and Municipalities) and what happens if a hospital claims bankruptcy. K. Byrick confirmed the Ministry will assign someone to come in and take over including the Board.
- Henry noted there is a lot of dialogue circulating now regarding privatization.

D. Clifford thanked K. Byrick for attending and providing this presentation. K. Byrick exited the meeting.

ACTION: Brooke will upload the Health Care and Transparency presentation to the Board portal.

5. BUSINESS ARISING:

There was no business arising.

6. STRATEGIC DISCUSSION: Hospital Stabilization Planning

Henry provided a presentation noting the confidential nature of the materials therefore this was not pre-circulated. The following was highlighted:

- Financial Leaders Network – November 17, 2025, a meeting occurred regarding notional reductions
- Provincial Environment and Government Priorities; hospitals are not a priority
- 2025-2026 year end forecast HSAA Surplus/Deficit by Peer Group – All northern hospitals are in deficit positions. Hospitals in the north are struggling
- Including amortization revenues and expenses chart displayed. The government is not adjusting the funding to offset
- Liquidity & Cash Flow – hospitals applied for extended line of credits; 10 out of 44 hospitals were denied. Hospitals report they do not have sufficient credit to meet the 2025-26 requirements
- Potential Estimated 3 year – Total Cumulative Savings by Risk Small Community Hospitals – serious consequences for the population
- Small Hospital – unique challenges discussed
- Top 5 Unfunded/Underfunded Expenditures – approximately \$1.5 billion; what this includes and cited examples was discussed
- NW Regional Working Group – met 2 weeks prior
- Planning & Performance: Work Ahead at a glance reviewed
- Henry noted the problem with small hospitals is the need to decide whether to work together or be cookie cutter apart
- NW Regional Hospital Working Group – November 3 meeting – Initiative Profile (OH Northwest Hospital) – serious consequences for small hospitals
- Regional Opportunities & Challenges discussed
- HSSP – Planning & Performance – detailed process; risk assessment and expectations discussed
- Henry reinforced the confidentiality of this information stating he wanted all aware of how OH is moving forward. He confirmed he will share additional information when he knows more
- Henry reported he had a meeting with the Ministry and OH and Emo and Rainy River were discussed. We will not be closing Emo as OH changed the direction of how they are moving forward. We only considered it when it was being replaced with a CHC; and this is not the case now. Henry confirmed he doesn't see us closing Emo; they will have to bring someone in to do it if that's what they choose to do
- Privatization is a common topic discussed currently
- Discussion took place around when the Ministry will finally listen. Henry noted as per K. Byrick it is very strategical. We need to make sure what we say will be impactful
- Henry reported he doesn't feel we can lead this change and will need someone else to lead and then we follow. We will wait to see how things mature
- Further discussion took place around whether we have ever had MPP's attend a meeting. Henry confirmed yes, we have and there was no progress
- Conversation ensued around First Nation/Chiefs backing and support at the table. Henry stated this would change everything however, this has been challenging to get them to the table
- Henry shared we need the municipalities in the west end to step up as well. We have a meeting scheduled in January and this will be an opportunity to discuss. Henry confirmed this meeting is with all municipalities
- It was noted the Foundation business has played a role politically

Diane thanked Henry for providing this information noting it's not new and healthcare has been political for a

long time unfortunately. Henry stated we do the best we can and look at opportunities that arise.

7. NEW BUSINESS

7.1 Chief of Staff Report – Medical Staff Privileges

Dr. Keffer provided the following update:

- We continue to recruit physicians through the PRO program. We have three new physicians signing on and have more to interview. We are looking at space restraints, however, do not want to turn anyone away. This is the most recruitment we have seen in the last 5 years. Dr. Keffer confirmed they sign on with a 3-year return of service agreement.
- Rainy River staffing is the best it's been. This has stabilized for Rainy River ER and clinic.

7.1.1 Privileges – Medical Staff

2025 Appointment and Reappointment Applications for Privileges

It was,

MOVED BY: D. Loney

SECONDED BY: D. Pierroz

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: B. Norton

SECONDED BY: K. Lampi

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

B. Norton provided an update highlighting the following:

- Overall Deficit - \$9.1 million.
- Hospital Deficit is approximately \$5.8 million.
- LTC Deficit is roughly \$3.2 million. This deficit position will worsen in Q4 due to the nurse call system that needs to be replaced on an urgent basis.
- There are recruitment and retention issues across the Board. Unfunded positions also contribute to the deficit.
- OT & Sick is not improving. Action plans are being worked on to address this. B. Norton discussed initiative to improve.
- Discussion took place on whether we have a line of credit. Carla confirmed we do.

8. OTHER BUSINESS

8.1 For the Good of the Board

Carla shared we have a large list of projects/initiatives currently. These are all in the span of a year; some over 3 years. She shared; we have pulled together a team to lead some of these initiatives. Carla discussed

the team leads/project managers in place to assist pushing these projects forward. This is a massive undertaking. Henry discussed the domino effect of all these initiatives and the need to have the right people involved to coordinate things forward. Discussion took place regarding having the proper expertise in place. Further discussion occurred regarding the Meditech Expanse project and the lack of expertise regionally.

Diana shared a scenario regarding a staff member breaching the media policy, who claimed they were not an employee. Diana confirmed the individual will receive a letter from HR confirming their resignation. This is an example of wasted focus and efforts and a need to clean up our casual lists. Henry confirmed HR is actively looking at these lists.

Henry recalled all voting Board members received a meeting invite to the Ethics Committee on January 7, 2026. This meeting is to discuss OHT behaviours, and the hope is to find a clear direction on how to move forward. Henry shared we have had 7 members that have sat at the OHT table and experienced issues. He encouraged all to attend the meeting, if possible, to move this path forward.

Diane thanked all staff for their commitment and all they do.

Diane acknowledged Dean Bruyere, previous Board member, who passed away today. We are thinking of his family and sending condolences.

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:

January 29, 2026

10. TERMINATION OF THE IN-CAMERA SESSION:

It was,

MOVED BY: K. Lampi

THAT this meeting terminates and return to the Open Session at 8:44 pm.
CARRIED.

Chair

Secretary/Treasurer



Board Chair, Chief of Staff & Senior Leadership Report – January 2026 In Camera Session

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **Rainycrest Vacant Space**
RHC has been approved to utilize space at Rainycrest to relocate management for transportation, community and support services as well as Home and Community Care. This relocation is part of the plan to redevelop the pharmacy on the 3rd floor and will also be impacted by the plan to develop a new Keffer Medicine on the 3rd floor at LVGH.
- **OHT**
 - Request from OHT RAAM Consultant to meet with partners to create and sign an MOU at the January 28, 2026, leadership meeting.
 - RHC OHT lead has deferred to allow for expansion of SUD program to be reflected in MOU.
 - RHC is recruiting a RAAM coordinator and expanding Addiction Medicine NP services through EHN Canada.
 - These additions will expand RAAM services and supports from 4 hours a week to 14 hours - 2 day a week to 5 day a week RAAM access.
 - A contracted program manager has been hired and a kick-off meeting with partners will transpire soon.

One Riverside - Promoting a Consistent and Empowering Culture

- **Privacy**
RHC Privacy Lead is serving as Regional Meditech Privacy Lead as part of an arrangement between RHC and BridgeNorthWest. Presence of RHC Privacy Lead will ensure ongoing issues regarding privacy audit system will be addressed.
- **Regional Pharmacy**
TBRHSC ended its Regional Pharmacy program to redirect resources to the Meditech Expanse project. Hospital corporations, including Marathon, NOSH (Manitouwadge/Schreiber), Nipigon, Red Lake, and RHC (LVGH, Emo, RR) have contracted two former regional pharmacists to continue to provide services. While this solution is more cost effective, it more importantly ensures service continuity over the next few years. RHC will be the employer for these individuals and recover partner costs.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **Foundation Audit**
MNP provided the final draft audited statements for the Foundation. The audited statements are expected to be approved on January 26, 2026, by the Foundation. After which time our legal counsel will initiate the issuance of Demand Letters to the Foundation's legal counsel.
- **Notice of Performance Factor under HSAA**
On December 5, 2025, RHC received a Notice of Performance Factor under HSAA for failing to provide 60 to 90 days notice regarding a cash advance request.

RHC failed to meet the OH and MoH 60–90-day minimum notice period on September 12, 2025, when it submitted an urgent cash advance request to OHN. This significant cash flow shift occurred during summer vacation and was exacerbated by the absence of RR Clinic funding.

A follow up meeting was held on January 16, 2026, with OH to review our comprehensive cash flow management Performance Improvement Plan. The most critical aspect of this plan includes a 100+ day cash flow projection and clearly identifies designates when senior leaders are absent for any extended time period.

- **Northwest Regional Working Group (NWRWG)**
The NWRWG consists of Regional CEOs and OH representatives. The focus of the discussion includes the provincial mandate to look at efficiencies and other opportunities to improve service delivery. A NWRWG meeting was held in December with the next meeting scheduled for January 22, 2026.

Hospitals are required to implement low risk savings initiatives. In addition, the province has identified initiatives that will be (1) hospital led, (2) led by NWRWG group of CEOs and OHN, and (3) led by PPAT (NW represented by TBRHSC CEO and OHN CRO).

Board Chair, Chief of Staff & Senior Leadership Report – January 2026 In Camera Session

- **Balanced Scorecard Trends**
 - Specialist and Diagnostic numbers continue to increase. Survey results from clients are requesting M-F service.
 - Incident reporting has surpassed the goal for this year of 1200 reports submitted.
 - Flu vaccine uptake for staff at 53.2% which will improve as the outbreaks encourage staff compliance.
 - We have added a collection line to the Falls report as the QSR board requested to isolate the number of falls with moderate/severe/death injuries. We are collecting baseline and a total of 13 have been identified to the end of December.
 - Great progress in daily restraint use in Rainy River Eldcap as they have reduced rates from 30.10% to 20.7% at end of second quarter. Ontario benchmark is 1.8%.
 - All 3 milestones of the Activation project at Rainycrest are at 75% completion and are expected to be 100% before year end.
 - Number of workplace violence incidents reported has already met target for this fiscal.
 - ER Registration to Triage times now have to input at Registration and ER thus slowing the process times. This process will be automatic with the new EMR (Expanse), so the times tracked currently are higher only because of this change, not for the patients being seen.
- **Funding Announcements**
 1. December 17, 2025, OH letter – Hospitals - \$5.83 million ONE TIME funding to support stability at hospital at risk of cash failure.
 2. December 17, 2025, OH letter – Hospitals - \$4.5 million BASE FUNDING for small and northern hospital structural adjustment for 2025-26.
 3. January 6, 2026, OH email – Substance Use Disorder Integrated Care Pathways funding of \$650k for 25-26.
 4. December 19, 2025, MoH ADM letter – Primary Care - \$2.87 million to fund RR Clinic for 25-26.

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

- **Quality Initiatives**
 - We have one new quality of care review in progress.
 - Chart audits have been conducted for all recent deaths, with no concerns noted.
 - Venous Thromboembolism (VTE) audits have been completed and show marked improvement at LVGH and minimal improvement in Rainy River.
 - 40 chart reviews conducted for both Rainy River and LVGH - summary forwarded to management.
 - Random audit of AEMs reports as noted trend of charting inconsistencies. In addition, site leadership request for follow up received.
 - All QI reports submitted as per schedule and a brief executive summary will be included at future QSR working group meetings for ease of review and tracking.

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

January 21, 2025

Risk / Legal Update for Governance

Patient related:

1. Obstetrical Case with rare diagnosis including medication error to infant. Civil lawsuit filed with Statement of Claim naming RHC, several nurses and one Physician in the suit. An attempt to settle suit by all parties held in August and unable to reach an agreement. Discovery took place in November 2025 by RHC Nurses, Director of Risk, and Physician. Currently waiting on transcripts of the discovery statements for an opportunity to correct or add more detail. BLG anticipates this case will settle without going to a trial but could still take 6 months to a year.
2. Patient who was in an MVC with initial trauma sent to TBRHSC had several subsequent visits to LVGH for ongoing complaints over 4 month period. Last visit was referred to TBRHSC for specialty consult. Patient went out of town prior to this consult and passed away. Civil Lawsuit filed with Statement of claim received July 2025 naming RHC, two nurses and several physicians. Proposed dates for discovery are July 2026. Director of Risk Management will represent RHC.
3. Obstetrical patient transferred from RRHC to LVGH with delivery of babe at LVGH then transferred the baby and mom to Winnipeg. Several requests from Plaintiff counsel received for chart contents. All have been submitted. Recent request for placental slides, however the placenta was not sent out as a specimen. Simone is drafting a reply for this request.
4. Patient of the Emo Clinic slipped in parking lot sustaining an injury. Civil lawsuit filed with Statement of Claim naming RHC and ML Judson Trucking received November 2024. Copy of statement of defense from ML Judson received in March 2025. Dates for discovery are April 28, 2026, Director of Capital Planning will represent RHC in discovery. Preparatory meeting for this is set for March 24, 2026.

Employee related:

1. RHC employee terminated in August 2025 and a Statement of Claim has been received on January 6, 2026 for wrongful dismissal.

Human Rights Tribunal:

1. A Patient who was verbally abusive to a RHC staff member was issued a no trespass order in December 2022 as an aspect of the safety plan for our employee. No trespass order was lifted December 2024 as it came up for review at 2 years and employee has since retired. An application was filed with the Human Rights Tribunal in March 2023. RHC responded in May 2023. In February 2024 remediation was recommended to which the patient declined. RHC Legal counsel advised it could be another year before a hearing date and that in the meantime the Tribunal could issue a case direction or schedule a case conference.
2. Visitor with patient in Emergency Dept at LVGH filed an application with the Human Rights Tribunal alleging discrimination against RHC in January 2025. By decision in August 2025 the Tribunal dismissed the application because it fell outside of the Tribunal jurisdiction. This was appealed and in November 2025 the Tribunal declined this request. On January 14, 2026 RHC received notice of application of divisional court for judicial review based on the Tribunal decision being unreasonable.

OPP Criminal Charges:

1. Rainycrest resident abuse: RHC investigation found allegation was substantiated with 1 staff member and 1 agency personnel. OPP investigated and both were charged with Assault. Agency personnel have left the country and the crown requested this case be dismissed. The former RHC employee continues to appear in court with the next date set for a pre-judicial trial on February 10, 2026
2. A person making threats against an RHC physician was charged. The person remains in custody due to a breach of the bail release conditions. Next court appearance is pre-judicial trial on February 10, 2025

Arbitrations:

1. Employee terminated with union claiming wrongful dismissal. Arbitration date March 19, 2026. If union successful estimate could be 25 weeks of pay through Employment Standards Act.
2. Employee terminated with union claiming wrongful dismissal. Arbitration date March 27, 2026. If union successful estimate is \$1,000.00

Respectfully Submitted,

Cindy Cole
Director of Risk Management



In Camera Governance Committee Report – January 2026

- 2.3.1 Minutes: Governance Committee
January 13, 2026 – not yet reviewed by the Committee *
- 2.3.2 New Governance Policy – Board Composition Policy *
- 2.3.3 Governance Functioning Tool *
- 2.3.4 Bylaw Review – For information only
- 2.3.5 Strategic Communication Plan
- 2.3.6 50/50 Jackpots and Holiday Appeals
- 2.3.7 Risk Register

**RIVERSIDE HEALTH CARE FACILITIES INC.
BOARD GOVERNANCE COMMITTEE
MINUTES**

Date of Meeting: January 13, 2026

Time of Meeting: 4:00 pm

Location of meeting: LVGH – Board Room / Webex

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

REGRETS: Dr. L. Keffer, B. Norton, E. Bodnar

1. **CALL TO ORDER:**

D. Clifford called the meeting to order at 4:11 pm. B. Booth recorded the minutes of the meeting.

1.1 Confidentiality Reminder:

D. Clifford reminded members of the confidentiality of the session.

2. ADOPTION OF AGENDA:

It was,

MOVED BY: K. Lampi

SECONDED BY: D. Pierroz

THAT the agenda be approved as circulated.

CARRIED.

3. MINUTES OF THE LAST MEETING: November 12, 2025

It was,

MOVED BY: D. Pierroz

SECONDED BY: K. Lampi

THAT the minutes of the November 12, 2025, meeting be approved as circulated.

CARRIED.

4.

MATTERS ARISING FROM THE MINUTES:

4.1 New Governance Policy – Board Composition Policy

Henry reviewed the circulated. Discussion took place regarding the number of Directors noted in the Bylaws; concerns were raised around the span of 6-16 Directors being even numbers and it was questioned whether this should be an uneven number. Henry clarified, noting this is just the minimum and maximum number of Directors and does not mean that we would appoint an even number of Directors to the Board. The Bylaws reflect ONCA standards and were vetted through legal. The Board decides the number of Directors through policy which is why we are recommending this new policy. He shared it is easier to change the policy at any time versus Bylaws. Henry confirmed that the current number of voting Directors is 9 and has been at this number for quite a while.

Further discussion took place regarding Bylaw revisions and engaging legal on this when required.

It was,

MOVED BY: D. Pierroz

SECONDED BY: K. Lampi

THAT the Governance Committee recommend that the Board of Directors approve the new Board Composition policy as circulated.

CARRIED.

5. NEW BUSINESS:

5.1 Goals & Objectives / Strat Plan Update

Deferred.

5.2 Accreditation Update

Henry provided an update noting area's/teams are self-leading. They are currently working on their self-assessments. He shared the QSR Working Group met today, and discussion occurred around the team's providing a synopsis to Leadership on where they are at with their assessments and whether flags have been identified. The purpose of this is to ensure we are prepared and not caught off guard. Henry confirmed this will be the goal moving forward.

5.3 Governance Functioning Tool

Diane reviewed the circulated HSO Governing Body Assessment (formerly known as the Governance Functioning Tool). Discussion took place around Simone attending a Board meeting to conduct a table-top exercise and review the assessment questions. It was noted all Board members need to complete the Governing Body Assessment. Further discussion took place regarding having a separate meeting to review this as there are 45 questions and this may take more time than an average Board presentation. It was suggested that Simone attend the February Board meeting and provide a presentation on Accreditation which would also include information on the HSO Governing Body Assessment (ie. What it is and its use).

ACTION: Brooke will follow up with Simone regarding an Accreditation presentation to the Board in February.

ACTION: Brooke to schedule a separate meeting with Board members and Senior Leadership to review and complete the HSO Governing Body Assessment.

5.4 Bylaw Review

Diane reviewed the circulated. Discussion took place regarding the Professional Staff section, Article 28 (1)(a)(iii), and it was noted there is not a timeframe listed on when College disciplinary proceedings need to be communicated. Henry provided clarification and referenced Article 15(1), noting immediate action is required. Henry noted the Professional Staff Bylaws, and the Rules & Regulations need to be looked at and confirmed legal will need to be engaged in this.

Further discussion took place regarding the minimum and maximum number of Directors being 6-16 and possibly changing this to a non-even number. Conversation ensued around the timing around this and looking at this for the 2027 Annual meeting. Henry recalled the new Board Composition policy will set the number of Directors on the Board. Henry noted the Professional Staff Bylaws, and the Rules & Regulations are the priority.

ACTION: Henry to engage legal regarding the Professional Staff Bylaws and the Rules & Regulations. The plan is to have the approval of these going to the 2027 Annual meeting.

5.5 Strategic Communications Plan Review

Henry reviewed the circulated highlighting the Communications & Community Engagement Action Plan document. He highlighted the goals on track, completed, and in progress. Diane commended the work done on this. Henry noted this shows organizational growth and is a snapshot of achievements and the progress made.

5.6 50/50 Jackpots and Holiday Appeals

Henry reviewed, highlighting the progress made. He shared this is solely contributed to Holly's great work and determination. Despite the issues we have experienced, Holly has persevered and it is clear she is doing a great job and moving in the right direction. Henry shared we will also be supporting 3 bursaries for students this year as well.

5.7 Risk Register

Henry referenced the circulated Risk Register sharing this normally goes to the Quality Safety Risk (QSR) Committee. He shared occasionally there will be sensitive information on the Risk Register which may not be appropriate for all the QSR members to know, as there are staff on the QSR Committee as well as Board members. Henry noted conversation occurred today at the QSR Working Group and it was decided that the Risk Register will continue to be reported on at the QSR Committee, however, when there is sensitive information, this information will be extracted from the Risk Register and reported on here at the Governance Committee. Henry wanted all aware of this moving forward.

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

- Goals & Objectives / Strat Plan Update – Deferred – Bring back to next meeting.
- Brooke will follow up with Simone regarding providing an Accreditation presentation to the Board in February.
- Brooke to schedule a separate meeting with Board members and Senior Leadership to review and complete the HSO Governing Body Assessment.
- Bylaws - Henry to engage legal regarding the Professional Staff Bylaws and the Rules & Regulations. The plan is to have the approval of these going to the 2027 Annual meeting.

6.2 Meeting Summary: November Board Meeting Agenda Items

Discussion took place around what items are to appear on the Open and In-Camera agendas for the January 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 New Governance Policy – Board Composition Policy

- 5.3 Governance Functioning Tool
- 5.4 Bylaw Review – For information only
- 5.5 Strategic Communication Plan
- 5.6 50/50 Jackpots and Holiday Appeals
- 5.7 Risk Register

In-Camera – Separate Item:

There were no separate items for the In Camera session.

7. DATE AND TIME OF NEXT MEETING:

February 10, 2026

8. TERMINATION:

The meeting terminated at 5:15 pm.

Chair

Recording Secretary

Scope

All Board of Directors and members of the Board of Riverside Health Care (RHC).

Purpose

To establish a set composition of voting Directors.

Policy

In Article 3.1 of the Corporate Bylaws, it notes that the Board will consist of 6 – 16 voting Directors, plus 4 ex-officio non-voting Directors.

The current composition of the Board is set at 9 voting Directors and 4 ex-officio non-voting Directors.

Responsibility

The Board of Directors can alter and amend this policy as appropriate, based on Article 3.1 of the Corporate Bylaws.

Governing Body Assessment Information

For the 2027 Accreditation

- The HSO Governing Body Assessment was formally known as “Governing Functioning Tool” that has been used by Accreditation Canada for many years
- The survey instrument reflects on and measures topics directly aligned with the Governance Standard and associated Required Organizational Practice (ROP) Accountability for Quality of Care
- The goal of the Governing Body Assessment is to enable governing bodies to guide the organization in the provision of safe, high-quality care for patients/residents/clients and to offer actionable results that can improve their role in governance.
- The Governing Body Assessment has 45 questions and takes approximately 15 minutes to complete.
- Completing the HSO Governing Body Assessment is a mandatory requirement for Accreditation Canada’s Qmentum™ programs once every accreditation cycle.
- The requirement for the administration of the HSO Governing Body Assessment is to complete the survey instrument and to achieve a target response rate of 80%.
 - To be accredited your organization must complete the survey instrument.
 - To achieve commendation or exemplary your organization must achieve the target response rate of 80%.
- The HSO Governing Body Assessment is deployed using a web-based approach that protects respondents’ privacy.
- The HSO Governing Body Assessment can be completed on computers, phones, and tablets
- Once your survey is closed, your Accreditation Coordinator will receive a notification through the Survey Instruments platform, indicating that your data results are ready for viewing



HSO Governing Body Assessment

Welcome to the HSO Governing Body Assessment

Health Standards Organization (HSO) has designed this 45-item survey instrument for governing bodies of organizations to evaluate the performance of the governing body and identify areas for improvement. The survey instrument will be used as part of Accreditation Canada's Qmentum program, primarily for the benefit of the organization that invited you to participate.

The HSO Governing Body Assessment allows individual members of governing bodies of health and social service organizations the opportunity to assess and reflect upon their own effectiveness, as well as that of the entire governing body, in enabling the organization to provide safe, high-quality care, and services for patients/residents/clients. The data collected will yield actionable results, which can enhance their role in the organization's governance.

Who will complete the HSO Governing Body Assessment?

The HSO Governing Body Assessment reflects the requirements of the CAN/HSO 1001:2022 (E) Governance standard and the associated required organizational practice, HSO 5000:2021 Accountability for Quality of Care.

Criteria 4.2.1 in the Standard states: "The governing body conducts regular (e.g., annual) evaluations of its effectiveness and that of its committees. The governing body may use Health Standards Organization's Governance Functioning Tool, along with other tools, to evaluate its effectiveness." Please note that at the time of publication of this Standard, the HSO Governing Body Assessment was the HSO Governance Functioning Tool.

The HSO Governing Body Assessment is designed to be completed by each member of an organization's governing body. HSO defines a governing body as:

The legitimate body that holds authority, ultimate decision-making power, and accountability for an organization and its services. This may be a board of directors, a council, a Chief and Council, or another decision-making body. Governing bodies may work independently or with government in jurisdictions where government is responsible for one or more governance functions.

The HSO Governing Body Assessment does not assess all criteria set out in the Governance Standard. The HSO Governing Body Assessment items measure governing body performance on 47 Governance Standard criteria. A single item in the HSO Governing Body Assessment can correspond to multiple criteria within the standard. The other criteria focus on governing body oversight and operational issues, which governing bodies should examine in their initial self-assessment, conducted prior to administering the HSO Governing Body Assessment. The HSO Governing Body Assessment will help assess the governing body's compliance with the Governance Standard.

The HSO Governing Body Assessment should take you about 15 minutes to complete, and while you may exit the survey and come back later, it is recommended that you complete the survey in one sitting.



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HSO Governing Body Assessment

Who collects and uses your Survey responses?

HSO

HSO conducts the Survey and receives your responses. Neither HSO nor your organization receive your personal identifiers (e.g. name, address, email, title, etc.) in association with your survey response. Access to individual level survey results is available only to authorized HSO staff, who are strictly prohibited from linking or attempting to link survey responses to any identifiable individual.

Your Organization

HSO will report survey results to your organization. HSO does not make individual level survey results available to your organization and only reports results where there are other respondents who share demographic characteristics.

Please do not include any personal information or identifiers in your responses to open text questions, such as names, job titles, or details about unique situations or experiences that could identify you, someone you work with or patients. Unless you include personal information or identifiers, your responses to the survey cannot be used by your organization to directly identify you.

HSO and your organization will be entitled to use and disclose survey results in limited circumstances, and always in compliance with HSO's Privacy Notice and Terms of Use applicable to our survey instruments platform.

Applicable Terms and Policies

Before completing the Survey, you must review and agree to the HSO Terms of Use and Privacy Notice associated with our survey instruments platform.

☐

I have read and accept HSO's Terms of Use and Privacy Notice. I hereby authorize HSO and my organization to collect, use, disclose, reproduce and publish my survey responses in compliance with and for the purposes described above and in the Terms of Use and Privacy Notice.

HSO Governing Body Assessment

Section A: Your Role

How much do you agree or disagree with the following statements about **your role** on the governing body?

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1.	I have a clear understanding of my role on the governing body.	☐	☐	☐	☐	☐
2.	I am confident in raising difficult issues during governing body meetings.	☐	☐	☐	☐	☐
3.	I can get the information I need to make informed decisions at governing body meetings.	☐	☐	☐	☐	☐
4.	I fully understand the organization's mission, vision, and values.	☐	☐	☐	☐	☐
5.	I have a clear understanding of what quality means for the organization.	☐	☐	☐	☐	☐
6.	I can monitor the organization's actions to improve the quality of care and services for patients/residents/clients.	☐	☐	☐	☐	☐
7.	I was provided with comprehensive new member orientation when I joined this governing body.	☐	☐	☐	☐	☐

HSO Governing Body Assessment

Section B: Education and Feedback

In the past **12 months** have you received education or participated in continuous learning on any of the following topics as a member of this governing body? If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

	Yes	No	N/A	Don't Know
8. How this organization is addressing systemic racism.	☐	☐	☐	☐
9. The importance of the cultural safety in the organization's approach to addressing Indigenous-specific systemic racism.	☐	☐	☐	☐
10. How to interpret quality and patient/resident/client safety performance information.	☐	☐	☐	☐
11. How to be an effective member of this governing body.	☐	☐	☐	☐
12. How the organization takes a people-centered care approach to providing care and services.	☐	☐	☐	☐
13. Have you received constructive feedback from the chair on your contributions as a governing body member in the past 12 months ?				
	Yes	No	Not Applicable	Don't Know
	☐	☐	☐	☐

HSO Governing Body Assessment

Section C: Your Organization and Its Governing Body

How much do you agree or disagree with the following statements about the organization and the governing body you participate on? If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A	Don't Know
14.	Our meetings are conducted in the spirit of open, constructive discussions.	☐	☐	☐	☐	☐	☐	☐
15.	At our meetings, governing body members show respect to each other.	☐	☐	☐	☐	☐	☐	☐
16.	We ensure that all governing body members participate in decision making.	☐	☐	☐	☐	☐	☐	☐
17.	We have an effective quality sub-committee.	☐	☐	☐	☐	☐	☐	☐
18.	We ensure that the organization's executive leader(s) who report to the governing body have accountability for the quality of care in their performance objectives.	☐	☐	☐	☐	☐	☐	☐
19.	We actively engage internal stakeholders in reviewing the organization's performance.	☐	☐	☐	☐	☐	☐	☐
20.	We actively engage external stakeholders in reviewing the organization's performance.	☐	☐	☐	☐	☐	☐	☐

HSO Governing Body Assessment

Section C: Your Organization and Its Governing Body Continued

How much do you agree or disagree with the following statements about the organization and the governing body you participate on? If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A	Don't Know
21.	We ensure that the organization's quality-of-care action plan is co-developed with internal and external stakeholders.	☐	☐	☐	☐	☐	☐	☐
22.	We support the organization's executive leader(s) to develop a strategy for improving cultural safety for Indigenous patients/clients/residents.	☐	☐	☐	☐	☐	☐	☐
23.	We support the organization's executive leader(s) on a strategy to address Indigenous-specific racism.	☐	☐	☐	☐	☐	☐	☐
24.	We support the organization's executive leader(s) to publicly review the organization's quality and safety performance annually.	☐	☐	☐	☐	☐	☐	☐
25.	We support the organization to reduce its carbon footprint.	☐	☐	☐	☐	☐	☐	☐
26.	We regularly review data documenting the experiences of patients/residents/clients and their families.	☐	☐	☐	☐	☐	☐	☐

HSO Governing Body Assessment

Section C: Your Organization and Its Governing Body Continued

How much do you agree or disagree with the following statements about the organization and the governing body you participate on? If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A	Don't Know
27.	We regularly review data from the organization's workforce documenting their health, safety, and overall work experiences.	☐	☐	☐	☐	☐	☐	☐
28.	We regularly review data showing the organization's performance.	☐	☐	☐	☐	☐	☐	☐
29.	We regularly evaluate how we can improve our effectiveness as a governing body.	☐	☐	☐	☐	☐	☐	☐
30.	We do not become directly involved in the day-to-day operations of the organization.	☐	☐	☐	☐	☐	☐	☐
31.	We have a collaborative relationship with the organization's senior leaders.	☐	☐	☐	☐	☐	☐	☐
32.	We have a collaborative relationship with the organization's clinical management.	☐	☐	☐	☐	☐	☐	☐

HSO Governing Body Assessment

Section D: Your Governing Body

These questions ask for your assessment of the governing body's focus on the organization's quality performance over the past **12 months**. If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

	Never	In a few meetings	In most meetings	In every meeting	N/A	Don't Know
33. How frequently was the organization's quality performance on the governing body's agenda?	☐	☐	☐	☐	☐	☐

	<10%	10-20%	21-30%	31-40%	>40%	N/A	Don't Know
34. Approximately what percentage of the governing body's meeting time was spent on the organization's quality performance?	☐	☐	☐	☐	☐	☐	☐

Section E: Overall Assessment

How would you rate the governing body's impact on the following? If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

	Poor	Fair	Good	Very Good	Excellent	N/A	Don't Know
35. Improving the quality of care?	☐	☐	☐	☐	☐	☐	☐
36. Improving patient/resident/client safety?	☐	☐	☐	☐	☐	☐	☐
37. Improving occupational health and safety?	☐	☐	☐	☐	☐	☐	☐
38. Addressing systemic racism in the organization?	☐	☐	☐	☐	☐	☐	☐
39. Addressing Indigenous-specific systemic racism in the organization?	☐	☐	☐	☐	☐	☐	☐

HSO Governing Body Assessment

Section E: Overall Assessment Continued

How would you rate the governing body's impact on the following? If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

		Poor	Fair	Good	Very Good	Excellent	N/A	Don't Know
40.	Ensuring the security of the organization's information management systems?	☐	☐	☐	☐	☐	☐	☐
41.	Improving the sharing of patient/resident/client information with them and their care providers?	☐	☐	☐	☐	☐	☐	☐

Section F: Demographics

Please provide the following information about yourself. We will aggregate results for all organizations using the HSO Governing Body Assessment, comparing the experiences of different groups of governing body members. Demographic breakdowns will not be provided for specific organizations.

42. How long have you been a member of this organization's governing body?

- | | |
|---|--|
| ☐ Less than 1 year | ☐ 3-5 years |
| ☐ 1-2 years | ☐ More than 5 years |

43. What is your gender?

- | | |
|---------------------------------|--|
| ☐ Male | ☐ Neither applies to me |
| ☐ Female | ☐ Prefer not to answer |

44. Do you identify as an Indigenous Person (First Nations, Inuk/Inuit and/or Métis?)

- | | |
|--|--|
| ☐ Yes | ☐ Prefer not to answer (Skip to 45) |
| ☐ No (Skip to 45) | |

If you identified as an Indigenous Person and you wish to provide details, please select the box(es) that apply to you. (Check all that apply)

- | | |
|--|---|
| ☐ First Nations | ☐ Don't Know |
| ☐ Inuk/Inuit | ☐ Prefer not to answer |
| ☐ Métis | |



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HSO Governing Body Assessment

Section F: Demographics Continued

Please provide the following information about yourself. We will aggregate results for all organizations using the HSO Governing Body Assessment, comparing the experiences of different groups of governing body members. Demographic breakdowns will not be provided for specific organizations.

45. Do you identify as a member of a visible minority group?

☐

Yes

☐

Prefer not to answer

☐

No

If you identified as a member of a visible minority group and you wish to provide details, please select the box(es) that apply to you. (Check all that apply)

☐

Black (African, African Canadian, Afro-Caribbean descent)

☐

South Asian (South Asian descent e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan)

☐

East Asian (Chinese, Japanese, Korean, Taiwanese descent)

☐

Southeast Asian (Cambodian, Filipino, Indonesian, Thai, Vietnamese, or other Southeast Asian descent)

☐

Indigenous (First Nations, Inuk/Inuit, Métis descent)

☐

Other Visible Minority Group
Please specify here. _____

☐

Latin American (Hispanic or Latin American descent)

☐

Don't know

☐

Middle Eastern (Arab, Persian, West Asian descent e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish)

☐

Prefer not to answer

Thank You!

Thank you for completing the survey. We greatly appreciate you sharing your opinions on your role in your organization's governing body.

Should you have any questions, or if you have any difficulty accessing HSO's policies, please email support@healthstandards.org or call **1-866-333-3346** or **1-613-247-3056** Monday-Friday 8:30 a.m. to 4:30 p.m. ET.



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RIVERSIDE HEALTH CARE FACILITIES INC.

FORT FRANCES, ONTARIO

CORPORATE BY-LAWS

BE IT ENACTED that all corporate by-laws of the Corporation heretofore enacted be cancelled and revoked and that the following corporate by-laws be adopted for regulating the activities and affairs of the Corporation.

Article 1

INTERPRETATION

1.1 Definitions

In the by-laws of the Corporation:

- (a) **“Act”** means the *Not-for-profit Corporations Act* (Ontario);
- (b) **“Articles”** means any instrument that incorporates the Corporation or modifies its incorporating instrument, including articles of incorporation, restated articles of incorporation, articles of amendment, articles of amalgamation, articles of arrangement, articles of continuance, articles of dissolution, articles of reorganization, articles of revival, letters patent, supplementary letters patent, or a special act;
- (c) **“Board”** means the governing body of the Corporation;
- (d) **“Chair”** means the chair of the Board;
- (e) **“Chief Nursing Executive”** means the senior nurse employed by the Corporation, who reports directly to the President/Chief Executive Officer and is responsible for nursing services provided in the Health Centres;
- (f) **“Chief of Staff”** means the medical staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act* and the Medical and Dental Staff By-law;
- (g) **“Corporation”** means Riverside Health Care Facilities Inc.;
- (h) **“day”** means a clear calendar day;
- (i) **“Director”** means a member of the Board;
- (j) **“ex-officio”** means membership “by virtue of office”, and includes all rights, responsibilities, and power to vote unless otherwise specified;
- (k) **“Health Centres”** means La Verendrye Hospital, Emo Health Centre, Rainy River Health Centre, and Rainycrest Long-Term Care Facility;

- (l) **“Medical and/or Dental Staff”** means the Board-appointed medical and/or dental staff of the Health Centres;
- (m) **“Medical and Dental Staff By-law”** means the by-law of the Corporation concerning the Medical and Dental Staff made in accordance with the *Public Hospitals Act*;
- (n) **“Members”** means the members of the Corporation;
- (o) **“President/Chief Executive Officer”** means, in addition to “administrator” as defined in the *Public Hospitals Act*, the president and chief executive officer of the Corporation who, subject to the authority of the Board, is responsible for the administration, organization, and management of the activities and affairs of the Corporation;
- (p) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario);
- (q) **“Secretary”** means the secretary of the Board;
- (r) **“Special Business”** means all business transacted at a special Members’ meeting and all business transacted at an annual Members’ meeting except for the following:
 - (i) consideration of the financial statements;
 - (ii) consideration of the audit report, if any;
 - (iii) election of directors; and
 - (iv) reappointment of the incumbent auditor;
- (s) **“telephonic or electronic means”** means any means that uses the telephone or any other electronic or other technological means to transmit information or data, including telephone calls, voice mail, fax, e-mail, an automated touch-tone telephone system, computer, or computer networks; and
- (t) **“Vice Chair”** means the vice chair of the Board.

1.2 Interpretation

In the by-laws of the Corporation, unless the context otherwise requires and other than as specifically defined in the by-law, all terms contained in the by-law that are defined in the Act shall have the meanings given to the terms in the Act; words importing the singular shall include the plural and *vice versa*; and headings are used for convenience of reference and do not affect the interpretation of the by-law. Any reference to a statute in the by-law includes, where the context requires, the regulations made under it, all as amended or replaced from time to time.

Article 2

MEMBERS AND MEMBERS' MEETINGS

2.1 Members

- (a) The Members shall consist of the Directors from time to time, who shall be *ex-officio* Members for so long as they serve as Directors.
- (b) Membership is not transferrable and terminates upon the Member ceasing to be a Director.
- (c) No fees shall be payable by the Members.

2.2 Meeting Location

Members' meetings shall be held at the registered office of the Corporation or at any place within the District of Rainy River as the Board may determine.

2.3 Annual Meeting

The annual Members' meeting shall be held between the 1st day of April and the 31st day of July of each year, unless otherwise approved by the Board, provided such variation is directed by the Minister of Health, all in accordance with the *Public Hospitals Act*.

2.4 Calling Meetings

- (a) The Board or Chair may call a Members' meeting at any time.
- (b) If the Board, Chair, or Members call a Members' meeting, the Board or Chair may determine that the meeting be held entirely by telephonic or electronic means or by any combination of in-person attendance and telephonic or electronic means that enables all persons entitled to attend the meeting to reasonably participate.

2.5 Quorum

A majority of the Members in attendance at a meeting shall constitute a quorum at any Members' meeting. If a quorum is present at the opening of a Members' meeting, the Members present may proceed with the business of the meeting, even if a quorum is not present throughout the meeting.

2.6 Notice

- (a) Notice of Members' meetings shall be given by one of the following methods:
 - (i) by sending it to each Member, Director, and to the auditor by one of the methods set out in section 13.1 addressed to the person at their latest

address as shown in the Corporation's records not less than ten days and not more than 50 days before the meeting; or

(ii) in any other manner permitted by the *Public Hospitals Act*.

- (b) Notice of a Members' meeting at which Special Business is to be transacted must state the nature of that business in sufficient detail to permit a Member to form a reasoned judgment on the business and state the text of any resolution to be submitted to the meeting.

2.7 Voting

- (a) Each Member in attendance at a Members' meeting shall be entitled to one vote on each matter.
- (b) At all Members' meetings, every question shall be determined by a majority of votes cast, unless otherwise specifically provided by the Act or this By-law.
- (c) If there is a tie vote at a Members' meeting, the chair of the meeting shall not have a second vote to break the tie.
- (d) Votes at all Members' meetings shall be cast by those Members in attendance at the meeting and not by proxy.
- (e) Subject to the Articles, voting at a Members' meeting shall be by show of hands unless a Member demands a ballot. For clarity, in either case such vote may be conducted by telephonic or electronic means or by a combination of telephonic and electronic means and voting in person, if the Corporation makes these means available.
- (f) A Member may demand a ballot either before or after any vote. A Member may withdraw a demand for a ballot.
- (g) Unless a ballot is demanded, an entry in the minutes of a meeting to the effect that the chair of the meeting declared a resolution to be carried or defeated is, in the absence of evidence to the contrary, proof of the fact without proof of the number or proportion of the votes recorded in favour of or against the resolution.

2.8 Chair of the Meeting

The chair of a Members' meeting shall be:

- (a) the Chair; or
- (b) a Vice Chair, if the Chair is absent, unable, or unwilling to act; or
- (c) a chair elected by the Members present if the Chair and Vice Chair(s) are absent, unable, or unwilling to act.

2.9 Adjourned Meetings

- (a) If within one-half hour after the time appointed for a Members' meeting, the meeting has not commenced because a quorum is not present, the meeting shall stand adjourned until a day to be determined by the Board.
- (b) If a Members' meeting is adjourned by one or more adjournments for an aggregate of less than 30 days, no notice of the meeting that continues the adjourned meeting is required if all of the following are announced at the time of the adjournment:
 - (i) the time of the continued meeting;
 - (ii) if applicable, the place of the continued meeting; and
 - (iii) if applicable, instructions for attending and participating in the continued meeting by telephonic or electronic means that will be made available for the meeting, including if applicable, instructions for voting by such means at the meeting.
- (c) If a Members' meeting is adjourned by one or more adjournments for an aggregate of 30 or more days, notice of the meeting that continues the adjourned meeting shall be given in accordance with section 2.6.

2.10 Written Resolution in Lieu of Meeting

Except as provided in the Act, a resolution signed by all of the Members is as valid as if it had been passed at a Members' meeting.

2.11 Telephonic or Electronic Members' Meetings

A Members' meeting may be held entirely by telephonic or electronic means or by any combination of in-person attendance and telephonic or electronic means provided such means enables all persons entitled to attend the Members' meeting to reasonably participate. A person who, through telephonic or electronic means, votes at or attends a Members' meeting is deemed to be present in person at the meeting.

Article 3

BOARD

3.1 Composition of Board

Subject to the Articles, the Board shall consist of:

- (a) six to 16 Directors, who satisfy the criteria set out in section 3.3 and who are elected by the Members in accordance with sections 3.7 and 3.8 or appointed in accordance with section 3.10; and

(b) the following four *ex-officio* non-voting Directors:

- (i) President/Chief Executive Officer;
- (ii) Chief of Staff;
- (iii) President of the Medical Staff; and
- (iv) Chief Nursing Executive.

3.2 Duties and Responsibilities

Subject to the Act, the Board shall govern and supervise the management of the activities and affairs of the Corporation and may exercise all other powers and do all other acts and things as the Corporation is, by its Articles or otherwise, authorized to exercise and do.

3.3 Qualifications of Directors

(a) No individual shall be qualified for election or appointment as a Director if the individual:

- (i) is under 18 years old;
- (ii) has been found under the *Substitute Decisions Act, 1992* or under the *Mental Health Act* to be incapable of managing property;
- (iii) has been found to be incapable by any court in Canada or elsewhere;
- (iv) has the status of a bankrupt;
- (v) is an “ineligible individual” as defined in the *Income Tax Act* (Canada) or any regulations made under it;
- (vi) is a current Medical or Dental Staff member, except as provided under the *Public Hospitals Act*;
- (vii) is a current employee or independent contractor of the Corporation or is currently providing services to the Corporation or the Corporation’s patients or residents.

(b) The individuals referred to in section 3.3(a)(vii) shall be eligible for election or appointment to the Board after a three-year break of their employment or engagement.

(c) The Board’s decision as to whether or not a candidate is qualified to stand for election shall be final.

3.4 Director's Consent to Act

An individual who is elected or appointed to hold office as a Director shall consent to the election or appointment before or within 10 days after the election or appointment, unless the Director has been elected or appointed where there is no break in the Director's terms of office. If an elected or appointed Director consents in writing after the 10-day period, the election or appointment is valid.

3.5 Ceasing to Hold Office

- (a) A Director shall automatically cease to hold office if the Director:
 - (i) dies;
 - (ii) resigns office by delivering a written resignation to the Secretary, and the resignation shall be effective at the time it is received by the Secretary or at the time specified in the resignation, whichever is later, or
 - (iii) becomes disqualified by virtue of any of sections 3.3(a)(ii) through 3.3(a)(vi).
- (b) Where there is a vacancy in the Board, the remaining Directors may exercise all the powers of the Board so long as a quorum remains in office.

3.6 Removal

In accordance with the Act, the Members may remove any elected Director before the expiry of the Director's term of office, and may elect any qualified individual as a Director to fill the vacancy for the remainder of the vacated term.

3.7 Election and Term

The Directors referred to in section 3.1(a) shall be elected for a one-year renewable term, provided that each such Director shall hold office until the earlier of the date on which their office is vacated pursuant to sections 3.5 or 3.6 or until the end of the meeting at which their successor is elected or appointed.

3.8 Nomination Procedure for Election of Directors

Nominations made for the election of Directors at a Members' meeting may only be made:

- (a) by the Board in accordance with the nominating and election procedure prescribed by the Board from time to time; or
- (b) by not less than five per cent of the Members pursuant to a proposal submitted to the Corporation in accordance with the requirements of the Act and this By-law.

3.9 Maximum Terms

- (a) Each Director referred to in section 3.1(a) shall be eligible for re-election, provided that the Director shall not be elected or appointed for a term that would result in the Director serving more than nine consecutive years. The Director may also be eligible for re-election for another term or terms (to a maximum of nine consecutive years) if at least one year has elapsed since the termination of their last term. In determining a Director's length of service as a Director, service prior to the effective date of this By-law shall be included.
- (b) Despite the foregoing, a Director may, by Board resolution, have their maximum term as a Director extended in exceptional circumstances.

3.10 Filling Vacancies

So long as there is a quorum of Directors in office, any vacancy occurring in the Board may be filled by a qualified individual appointed for the remainder of the term by the Directors then in office. If there is not a quorum of the Board, or if there has been a failure to elect the number or minimum number of Directors provided for in the Articles, the Directors then in office shall, without delay, call a special Members' meeting to fill the vacancy. A Director appointed or elected to fill a vacancy holds office for the unexpired term of the Director's predecessor term.

3.11 Directors' Remuneration

The Directors shall serve as such without remuneration and shall not, directly or indirectly, receive any profit from their position as such, provided that a Director may be reimbursed reasonable expenses incurred by the Director in the performance of their duties.

Article 4

BOARD MEETINGS

4.1 Board Meetings

- (a) The Board may appoint one or more days for regular Board meetings at a time and place named. A copy of any Board resolution fixing the time and place of regular Board meetings shall be given to each Director forthwith after being passed and, subject to the Act, no other notice shall be required for any regular meeting.
- (b) In addition to section 4.1(a):
 - (i) the Board, the Chair, the Vice Chair, or the President/Chief Executive Officer may call a Board meeting; and
 - (ii) the Secretary shall call a Board meeting upon receipt of the written request of three Directors;

and such meeting shall be held at the time and place determined in the notice of meeting.

- (c) Notice of a Board meeting need not specify the purpose of or the business to be transacted at the meeting, unless the meeting is intended to deal with any of the following matters, in which case the notice must specify that matter:
 - (i) to submit to the Members any question or matter requiring their approval;
 - (ii) to fill a vacancy among the Directors or in the position of auditor;
 - (iii) to appoint additional Directors;
 - (iv) to issue debt obligations, except as authorized by the Directors;
 - (v) to approve any annual financial statements; or
 - (vi) to adopt, amend, or repeal by-laws.

4.2 Telephonic or Electronic Meetings

A Board or Board committee meeting may be held entirely by telephonic or electronic means, or by any combination of in-person attendance and telephonic or electronic means, provided that all persons attending the meeting are able to communicate with each other simultaneously and instantaneously. A person who, through telephonic or electronic means, attends a Board or Board committee meeting is deemed to be present in-person at the meeting.

4.3 Notices

- (a) Notice of Board meetings, other than regular meetings, shall be given to all Directors at least 24 hours prior to the meeting. The Chair, a Vice Chair, or the President/Chief Executive Officer may call a meeting on less notice, by means deemed appropriate, provided that notice is given to all Directors and the majority of the Directors consent to holding the meeting.
- (b) Notice of an adjourned Board meeting is not required to be given if all of the following are announced at the time of an adjournment:
 - (i) the time of the continued meeting;
 - (ii) if applicable, the place of the continued meeting; and
 - (iii) if applicable, instructions for attending and participating in the continued meeting by the telephonic or electronic means that will be made available for the meeting, including, if applicable, instructions for voting by such means at the meeting.

4.4 Quorum

Quorum for Board meetings shall be six Directors (voting and non-voting), provided at least five of the elected and voting Directors are present.

4.5 First Board Meeting after Annual Meeting

If a quorum of Directors is present, the Board may, without notice, hold a meeting immediately following the annual Members' meeting.

4.6 Persons Entitled to be Present

Guests may attend Board meetings with the consent of the meeting on the invitation of the Chair or President/Chief Executive Officer. The Board may adopt a policy from time to time on the attendance of the public at Board meetings.

4.7 Voting

- (a) Each voting Director in attendance at a Board meeting shall be entitled to one vote on each matter.
- (b) As required by the regulations under the *Public Hospitals Act*, the Directors referred to in section 3.1(b) shall not be entitled to vote as Directors but shall otherwise be entitled to notice of, to attend, and to participate in, Board meetings and to receive the materials that are distributed to voting Directors.
- (c) A Director shall not be entitled to vote by proxy.
- (d) Every question arising at a Board meeting shall be determined by a majority of votes cast, unless otherwise specifically provided by statute or by this By-law.
- (e) If there is a tie vote at a Board meeting, the chair of the meeting shall not have a second vote to break the tie.
- (f) The vote on any question shall be taken by secret ballot if so demanded by any Director in attendance and entitled to vote. The chair of the meeting shall count the ballots. Otherwise, a vote shall be by a show of hands. For clarity, in either case such vote may be conducted by telephonic or electronic means or by any combination of voting in person and by telephonic or electronic means, if the Corporation makes these means available.
- (g) Unless a ballot is demanded, an entry in the minutes of a meeting to the effect that the chair of the meeting declared a resolution to be carried or defeated is, in the absence of evidence to the contrary, proof of the fact without proof of the number or proportion of the votes recorded in favour of or against the resolution.

4.8 Written Resolutions in Lieu of Meeting

- (a) A resolution signed by all of the Directors entitled to vote on that resolution at a Board meeting is as valid as if it had been passed at a Board meeting.
- (b) A resolution signed by all of the Board committee members entitled to vote on that resolution at a Board committee meeting is as valid as if it had been passed at a Board committee meeting.

4.9 Consent and Dissent of Director

- (a) A Director who is present at a Board or Board committee meeting is deemed to have consented to any resolution passed or action taken at the meeting, unless:
 - (i) the Director's dissent is entered in the meeting minutes;
 - (ii) the Director requests that their dissent be entered in the meeting minutes;
 - (iii) the Director gives their dissent to the secretary of the meeting before the meeting is terminated; or
 - (iv) the Director submits their dissent to the Corporation immediately after the meeting is terminated.
- (b) A Director who votes for or consents to a resolution is not entitled to dissent under this section.
- (c) A Director who was not present at a meeting at which a resolution was passed or action taken is deemed to have consented to the resolution or action unless within seven days after becoming aware of the resolution, the Director:
 - (i) causes their dissent to be placed with the meeting minutes; or
 - (ii) submits their dissent to the Corporation.

4.10 Adjournment of the Meeting

If within one-half hour after the time appointed for a Board meeting a quorum is not present, the meeting shall stand adjourned until a day to be determined by the Chair.

Article 5

CONFLICT OF INTEREST DISCLOSURE

5.1 Disclosure of Conflict

(a) A Director or officer who:

- (i) is a party to a material contract or transaction or proposed material contract or transaction with the Corporation; or
- (ii) is a director or officer of, or has a material interest in, any person who is a party to a material contract or transaction or proposed material contract or transaction with the Corporation,

shall disclose to the Corporation or request to have entered in the minutes of Board meetings the nature and extent of their interest.

(b) The disclosure required by section 5.1(a) must be made, in the case of a Director:

- (i) at the meeting at which a proposed contract or transaction is first considered;
- (ii) if the Director was not then interested in a proposed contract or transaction, at the first meeting after the Director becomes so interested;
- (iii) if the Director becomes interested after a contract is made or transaction is entered into, at the first meeting after the Director becomes so interested; or
- (iv) if an individual who is interested in a contract or transaction later becomes a Director, at the first meeting after the individual becomes a Director.

(c) The disclosure required by section 5.1(a) must be made, in the case of an officer who is not a Director:

- (i) forthwith after the officer becomes aware that the contract or transaction or proposed contract or transaction is to be considered or has been considered at a Board meeting;
- (ii) if the officer becomes interested after a contract is made or transaction is entered into, forthwith after the officer becomes so interested; or
- (iii) if an individual who is interested in a contract or transaction later becomes an officer, forthwith after the individual becomes an officer.

- (d) If the contract or transaction or proposed contract or transaction in respect of which a disclosure is required to be made for the purposes of section 5.1(a) is one that, in the ordinary course of the Corporation's business, would not require approval of the Board or Members, then the Director or officer shall disclose to the Corporation, or request to have entered in the minutes of Board meetings, the nature and extent of their interest forthwith after the Director or officer becomes aware of the contract or transaction or proposed contract or transaction.
- (e) Except as permitted by the Act, a Director referred to in section 5.1(a) shall not attend any part of a Board meeting during which the contract or transaction is discussed, and shall not vote on any resolution to approve the contract or transaction.
- (f) If no quorum exists for the purposes of voting on a resolution to approve a contract or transaction only because one or more Director(s) are not permitted to be present at the meeting by virtue of section 5.1(e), the remaining Directors are deemed to constitute a quorum for the purpose of voting on the resolution.
- (g) For the purposes of section 5.1, a general notice to the Board by a Director or officer disclosing that the individual is a director or officer of, or has a material interest in, a person, or that there has been a material change in the Director's or officer's interest in the person, and is to be regarded as interested in any contract or transaction entered into with that person, is sufficient disclosure of interest in relation to any such contract or transaction.
- (h) A contract or transaction for which disclosure is required under section 5.1(a) is not void or voidable, and the Director or officer is not accountable to the Corporation or the Members for any profit or gain realized from the contract or transaction, because of the Director's or officer's interest in the contract or transaction or because the Director was present or was counted to determine whether a quorum existed at the Board or Board committee meeting that considered the contract or transaction, if:
 - (i) disclosure of the interest was made in accordance with this section;
 - (ii) the Board approved the contract or transaction; and
 - (iii) the contract or transaction was reasonable and fair to the Corporation when it was approved.
- (i) The provisions of this Article are in addition to any Board-approved conflict of interest policy.

Article 6

INDEMNIFICATION

6.1 Indemnities to Directors and Others

- (a) The Corporation shall indemnify a Director or officer of the Corporation, a former Director or officer of the Corporation, or an individual who acts or acted at the Corporation's request as a director or officer, or in a similar capacity, of another entity, against all costs, charges, and expenses, including an amount paid to settle an action or satisfy a judgment, reasonably incurred by the individual in respect of any civil, criminal, administrative, investigative, or other action or proceeding in which the individual is involved because of that association with the Corporation or other entity.
- (b) The Corporation may advance money to an individual referred to in section 6.1(a) for the costs, charges, and expenses of an action or proceeding referred to in that section, but the individual shall repay the money if the individual does not fulfil the conditions set out in section 6.1(c).
- (c) The Corporation shall not indemnify an individual under section 6.1(a) unless:
 - (i) the individual acted honestly and in good faith with a view to the best interests of the Corporation or other entity, as the case may be; and
 - (ii) if the matter is a criminal or administrative proceeding that is enforced by a monetary penalty, the individual had reasonable grounds for believing that their conduct was lawful.
- (d) The indemnity provided for in section 6.1(a) shall not apply to any liability that a Director or officer, or former Director or officer, of the Corporation, or individual, may sustain or incur as the result of any act or omission as a Medical or Dental Staff member.

Article 7

COMMITTEES

7.1 Committees

The Board may, from time to time, establish:

- (a) standing committees, being those committees whose duties are normally continuous; and
- (b) special committees, being those committees appointed for specific duties whose mandate shall expire with the completion of the tasks assigned.

7.2 Functions, Duties, Responsibilities, and Powers of Board Committees

The Board shall provide for the functions, duties, responsibilities, and powers of the Board committees in the Board resolution by which a Board committee is established or in Board-approved terms of reference or general committee policy.

7.3 Board Committee Members, Chair

- (a) Unless otherwise provided by by-law or by Board resolution:
 - (i) the Board shall appoint the chair, vice chair (if any), and members of each Board committee;
 - (ii) each chair and vice chair of a Board committee shall be a Director;
 - (iii) the Board committees may include members who are not Directors (other than a committee referred to in section 7.5 or an audit committee, if any);
 - (iv) the number of voting non-Directors shall not exceed the number of voting Directors on a Board committee; and
 - (v) the Chair and President/Chief Executive Officer shall be an *ex-officio* member of all Board committees.
- (b) The Board may remove any chair, vice chair, or Board committee member from any Board committee at any time.

7.4 Procedures at Committee Meetings

Procedures at and quorum for Board committee meetings shall be determined by the chair of each Board committee, unless established by this By-law, Board resolution, or in Board-approved terms of reference or general committee policy.

7.5 Delegation to a Committee

The Board may delegate to any committee comprised entirely of Directors any of the Board's powers, other than the following powers:

- (a) to submit to the Members any question or matter requiring the Members' approval;
- (b) to fill a vacancy among the Directors or in the position of auditor;
- (c) to appoint additional Directors;
- (d) to issue debt obligations, except as authorized by the Board;
- (e) to approve any annual financial statements; or

- (f) to adopt, amend, or repeal by-laws.

Article 8

OFFICERS

8.1 General

- (a) Subject to the Act, the Articles, and this By-law, the Board may designate the offices of the Corporation, appoint officers, specify their duties, and delegate to them powers to manage the activities and affairs of the Corporation, except powers to do anything referred to in section 7.5.
- (b) The officers shall include the Chair, Vice-Chair, and Secretary.
- (c) The Board shall appoint the officers at its first meeting following the annual Members' meeting at which the Directors are elected or at other times when a vacancy occurs. A Director may be appointed to any office of the Corporation. The President/Chief Executive Officer shall be the Secretary. The same individual may hold more two or more offices (except one individual may not hold the offices of Chair and Vice Chair). The Board shall appoint the Chair and Vice Chair(s) from among the elected Directors.

8.2 Duties of Chair

The Chair shall, when present, preside at all Board and Members' meetings and shall represent the Corporation and the Board as may be required or appropriate and shall have those other powers and duties as the Board may specify. Unless otherwise provided by by-law or by Board resolution, the Chair shall be an *ex-officio* member of all Board committees.

8.3 Duties of Vice Chairs

A Vice Chair shall, in the absence, disability, or unwillingness of the Chair, perform the duties and exercise the powers of the Chair and shall perform those other duties as the Board may specify. The Vice-Chair shall be the chair of the Board Governance Committee.

8.4 Duties of Secretary

The Secretary shall carry out the duties of the secretary of the Corporation generally and shall attend or cause a recording secretary to attend all meetings of the Members, the Board, and the Board committees to act as a clerk thereof and to record all votes and minutes of all proceedings in the records to be kept for that purpose. The Secretary shall give or cause to be given notice of all meetings of the Members, the Board, and the Board committees, and shall perform those other duties as may be prescribed by the by-laws or the Board.

8.5 Other Officers

The Board shall determine the powers and duties of all other officers from time to time. Any of the powers and duties of an officer to whom an assistant has been appointed may be exercised and performed by the assistant unless the Board otherwise directs.

Article 9

ORGANIZATION AND FINANCIAL

9.1 Seal

The Board shall determine the form of the seal of the Corporation, if any.

9.2 Execution of Documents

- (a) Any one of the Chair or Vice Chair, together with any one of the President/Chief Executive Officer or a Director, shall sign deeds, transfers, assignments, contracts, agreements, mortgages, conveyances, obligations, certificates, or any other instruments or documents requiring the signature of the Corporation, and all instruments or documents so signed shall be binding upon the Corporation without any further authorization or formality.
- (b) Additionally, the Board may from time to time direct the manner in which and the individual or individuals by whom any particular instrument or document, or class of instruments or documents, may or shall be signed.
- (c) Any signing officer may affix the seal of the Corporation to any instrument or document and may certify a copy of any instrument, resolution, by-law, or other document of the Corporation to be a true copy.

9.3 Banking Arrangements

The Corporation shall transact the banking business of the Corporation or any part of it with those banks, trust companies, or other financial institutions as the Board may determine from time to time.

9.4 Financial Year

Unless otherwise determined by the Board and subject to the *Public Hospitals Act*, the financial year end of the Corporation shall be March 31 in each year.

9.5 Appointment of Auditor

- (a) The Members shall, at each annual meeting, appoint an auditor to audit the accounts of the Corporation and to report to the Members at the next annual meeting.

- (b) The auditor shall be duly licensed under the *Public Accounting Act, 2004* (Ontario) and shall be independent of the Corporation and its Directors and officers.
- (c) The auditor shall hold office until the close of the next annual meeting, provided that the Board shall immediately fill any casual vacancy in the office of auditor for the unexpired term.
- (d) The Board shall fix the remuneration of the auditor.

9.6 Borrowing Power

Subject to the Articles, the Board may, without authorization of the Members:

- (a) borrow money on the credit of the Corporation;
- (b) issue, reissue, sell, or pledge debt obligations of the Corporation;
- (c) give a guarantee on behalf of the Corporation to secure performance of an obligation of any person; and
- (d) mortgage, pledge, or otherwise create a security interest in all or any property of the Corporation, owned or subsequently acquired, to secure any obligation of the Corporation.

9.7 Investments

The Corporation may invest its funds as the Board thinks fit, subject to the Articles or any limitations accompanying a gift.

9.8 Records

The Board shall see that all necessary records of the Corporation required by the by-laws of the Corporation or by any applicable laws are regularly and properly kept.

Article 10

CONFIDENTIALITY

10.1 Confidentiality

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

- (a) brought before the Board or any Board committee; or
- (b) dealt with in the course of the employee's employment, or Medical or Dental Staff member's activities in connection with the Corporation,

keeping in mind that unauthorized statements could adversely affect the interests of the Corporation.

10.2 Board Spokesperson

The Board may give authority to one or more Directors, officers, or employees of the Corporation to make statements to the news media or public about matters brought before the Board.

Article 11

MATTERS REQUIRED BY THE PUBLIC HOSPITALS ACT AND OTHER APPLICABLE LEGISLATION

11.1 Medical and Dental Staff

There shall be a Medical and Dental Staff of the Health Centres whose appointment and functions shall be as set out in the Medical and Dental Staff By-law.

11.2 Required Committees and Programs

The Board shall ensure that the Corporation establishes the committees and undertakes the programs that are required pursuant to applicable legislation, including the *Public Hospitals Act* and the *Excellent Care for All Act, 2010*, including a medical advisory committee, a fiscal advisory committee, and a quality committee.

11.3 Fiscal Advisory Committee

The President/Chief Executive Officer shall appoint the members of the fiscal advisory committee. The chair of the fiscal advisory committee shall report to the Board Audit & Resource Committee.

11.4 Chief Nursing Executive

The President/Chief Executive Officer shall ensure that there are appropriate procedures in place for the appointment of the Chief Nursing Executive.

11.5 Nurses and other Staff and Professionals on Committees

The President/Chief Executive Officer shall, from time to time, approve a process for:

- (a) the participation of the Chief Nursing Executive, nurse managers, staff nurses, staff, and other professionals of the Corporation in decision making related to administrative, financial, operational, and planning matters; and
- (b) the election or appointment of the Chief Nursing Executive, nurse managers, staff nurses, and other staff and professionals of the Corporation to those administrative committees approved by the President/Chief Executive Officer to have a nurse or other staff or professional representation.

11.6 Retention of Written Statements

The President/Chief Executive Officer shall cause to be retained for at least 25 years, all written statements made in respect of the destruction of medical records, notes, charts, and other material relating to patient care and photographs thereof.

11.7 Occupational Health and Safety Program

- (a) There shall be an occupational health and safety program for the Corporation in respect of the Health Centres, which shall include procedures for:
 - (i) a safe and healthy work environment;
 - (ii) the safe use of substances, equipment, and medical devices;
 - (iii) safe and healthy work practices;
 - (iv) the prevention of accidents to individuals on the premises; and
 - (v) the elimination of undue risks and the minimizing of hazards inherent in the environment.
- (b) The President/Chief Executive Officer shall designate an individual to be in charge of occupational health and safety in the Corporation, who shall be responsible to the President/Chief Executive Officer or their delegate for the implementation of the occupational health and safety program.
- (c) The President/Chief Executive Officer shall report to the Board as necessary on the occupational health and safety program.

11.8 Health Surveillance Program

- (a) There shall be a health surveillance program for the Corporation, which shall be in respect of all individuals carrying on activities in the Health Centres and include a communicable disease surveillance program.
- (b) The President/Chief Executive Officer shall designate an individual to be in charge of health surveillance in the Health Centres, who shall be responsible to the President/Chief Executive Officer or their delegate for the implementation of the health surveillance program.
- (c) The President/Chief Executive Officer shall report to the Board as necessary on the health surveillance program.

11.9 Organ Donation

The Board shall approve procedures to encourage the donation of organs and tissues including procedures to identify potential donors and make potential donors and their

families aware of the options of organ and tissue donations, and shall ensure that these procedures are implemented in the Health Centres.

Article 12

RULES OF ORDER

12.1 Rules of Order

Any questions of procedure at or for any meetings of the Members, the Board, the Medical or Dental Staff, or any Board committee, which have not been provided for in this By-law or by applicable legislation, the Policies, or the Medical and Dental Staff rules and regulations, shall be determined by the chair of the meeting in accordance with the rules of order adopted by the Board, or failing such adoption, adopted by the chair of the meeting in accordance with an acceptable procedural text.

Article 13

NOTICES

13.1 Notice

- (a) Whenever under the provisions of the by-laws of the Corporation notice is required to be given, unless otherwise provided, the notice may be given in writing and delivered or sent by telephonic or electronic means, if there is a record that the notice has been sent, addressed to the Director, officer, Board committee member, Member, or auditor, at the address or telephone number, as the case may be, as the same is shown in the records of the Corporation.
- (b) Notice of a Board or Members' meeting need not specify the place of the meeting if the meeting is to be held entirely by telephonic or electronic means. If a person may attend a Board or Members' meeting by telephonic or electronic means, the notice of the meeting must include instructions for attending and participating in the meeting by the telephonic or electronic means that will be made available for the meeting, including, if applicable, instructions for voting by such means at the meeting.
- (c) Any notice sent by telephonic or electronic means shall conclusively be deemed to be received on the next business day after transmission.

13.2 Computation of Time

In computing the date when notice must be given under any provision of the by-laws requiring a specified number of days' notice of any meeting or other event, the date of giving the notice shall be excluded and the notice period shall terminate at midnight of the last day of the notice period, except if the last day is a holiday, the period shall terminate at midnight of the next day that is not a holiday.

13.3 Omissions and Errors

The accidental omission to give any notice to any Member, Director, officer, Board committee member, or the auditor of the Corporation, or the non-receipt of any notice by any such person, or any error in any notice not affecting the substance of it, shall not invalidate any action taken at any meeting held pursuant to the notice or otherwise founded on it.

13.4 Waiver of Notice

Any Member, Director, officer, Board committee member, or the auditor of the Corporation, may waive any notice required to be given to them under any provision of the *Public Hospitals Act*, the Act, or the Articles or by-laws of the Corporation, either before or after the meeting to which it refers, and the waiver, whether given before or after the meeting or other event of which notice is required to be given, shall cure any default in giving the notice. Attendance and participation at a meeting constitutes waiver of notice, unless the attendance is for the express purpose of objecting to the transaction of any business on the grounds the meeting was not lawfully called.

Article 14

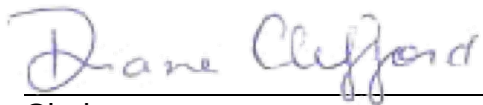
BY-LAWS

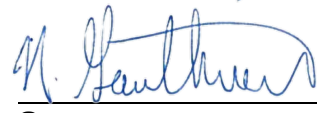
14.1 By-laws and Amendments

- (a) Where it is intended to make, amend, or repeal any by-law at a Board meeting, the Secretary shall send written notice of such intention to each Director by telephonic or electronic means not less than five days before the meeting. If the notice of intention is not provided, any proposed by-law, amendment, or repeal may nevertheless be moved at the meeting and discussion and voting thereon adjourned to the next meeting, for which no notice of intention need be given.
- (b) The Board may make, amend, or repeal any by-law that regulates the activities or affairs of the Corporation, except in respect of a by-law:
 - (i) to add, change, or remove a provision respecting the transfer of a membership;
 - (ii) to change the manner of giving notice to Members; or
 - (iii) to change the method of voting by Members not in attendance at a Members' meeting.
- (c) The Board shall submit the by-law, amendment, or repeal to the Members at the next Members' meeting, and the Members may confirm, reject, or amend the by-law, amendment, or repeal by ordinary resolution.

- (d) Subject to section 14.1(g), the by-law, amendment, or repeal is effective from the date of the Board resolution.
- (e) If the by-law, amendment, or repeal is confirmed or confirmed as amended by the Members, it remains effective in the form in which it was confirmed.
- (f) The by-law, amendment, or repeal ceases to have effect if the Board does not submit it to the Members as required under section 14.1(c) or if the Members reject it.
- (g) If a by-law, amendment, or repeal ceases to have effect, a subsequent Board resolution that has substantially the same purpose or effect is not effective until it is confirmed or confirmed as amended by the Members.
- (h) In any case of rejection, amendment, or refusal to approve the by-law or part of the by-law in effect in accordance with this section, no act done or right acquired under any by-law is prejudicially affected by any rejection, amendment, or refusal to approve.

PASSED by the Board and confirmed by the Members on June 25, 2024.


Chair


Secretary

RIVERSIDE HEALTH CARE FACILITIES INC.

FORT FRANCES, ONTARIO

PROFESSIONAL STAFF BY-LAWS

BE IT ENACTED as a Professional Staff By-law of the Corporation as follows:

1. **DEFINITIONS AND INTERPRETATION**

In this By-law:

- a) **“Board”** means the board of directors of the Corporation;
- b) **“By-law”** means this by law, as amended or restated from time to time;
- c) **“Chief Executive Officer”** means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the president and chief executive officer of the Corporation;
- d) **“Chief of Staff”** means the Professional Staff member appointed by the Board to serve as chief of staff in accordance with the regulations under the *Public Hospitals Act*;
- e) **“College”** means, as the case may be, the CPSO, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario and/or the College of Nurses of Ontario;
- f) **“Corporation”** means Riverside Health Care Facilities Inc.;
- g) **“CPSO”** means the College of Physicians and Surgeons of Ontario;
- h) **“Dental Staff”** means those Dentists appointed by the Board to attend or perform dental services for Patients in the Health Centres;
- i) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- j) **“Extended Class Nursing Staff”** means those Registered Nurses in the Extended Class who are:
 - i) nurses that are employed by the Corporation and are authorized to diagnose, prescribe for or treat out-patients in the Health Centres; and
 - ii) nurses who are not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for or treat out-patients in the Health Centres;

- k) **“Health Centres”** means La Verendrye Hospital, Emo Health Centre, Rainy River Health Centre and Rainycrest Long-Term Care Facility;
- l) **“Health Centres Area”** are municipalities and their surrounding areas in which the Corporation owns and operates one of its Health Centres;
- m) **“Medical Advisory Committee”** means the committee established pursuant to section 33;
- n) **“Medical Staff”** means all Physicians who are appointed by the Board to attend Patients in any of the Health Centres;
- o) **“Midwife”** means a midwife in good standing with the College of Midwives of Ontario;
- p) **“Midwifery Staff”** means those Midwives who are appointed by the Board and granted privileges to practice midwifery in the Health Centres;
- q) **“Patient”** means, unless otherwise specified, any in-patient, out-patient, resident or client of the Health Centres;
- r) **“Physician”** means a medical practitioner in good standing with the CPSO;
- s) **“Policies”** means the administrative, human resources, clinical and professional policies of the Health Centres and includes policies and procedures adopted by the Board pursuant to section 45;
- t) **“Professional Staff”** means the Medical Staff, Dental Staff, Midwifery Staff and members of Extended Class Nursing Staff who are not employees of the Corporation;
- u) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made thereunder;
- v) **“Registered Nurse in the Extended Class”** means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act, 1991*;
- w) **“Rules and Regulations”** means the rules and regulations governing the practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff in the Health Centres both generally and within a particular department or clinical service, and includes rules and regulations that have been approved by the Board after considering the recommendation of the Medical Advisory Committee; and
- x) **“Service Chief”** means a Professional Staff member appointed by the Board to be responsible for the professional standards and quality of care

rendered by the members of that department or clinical service at the designated Health Centre(s).

- y) In this By-law, unless the context otherwise requires, words importing the singular number shall include the plural number and vice versa, words importing one gender shall include all genders, and the words “include”, “includes” or “including” shall be deemed to be followed by the words “without limitation”.
- z) Any of the Chief Executive Officer, Chief of Staff, Associate Chief(s) of Staff (if appointed), Service Chief(s) (if appointed) shall be responsible for the duties assigned to him or her under this By-law, and he or she may delegate these duties to others.

2. PURPOSE OF THE PROFESSIONAL STAFF ORGANIZATION

- (1) The Professional Staff organization shall provide a structure whereby the Professional Staff members shall:
 - a) have input into the Health Centres’ planning, policy setting and decision making;
 - b) undertake management of their own affairs;
 - c) undertake a quality assurance program for Patient care;
 - d) influence the clinical activities of the Professional Staff working in the Health Centres through a system of credentialing, privileges and peer review; and
 - e) undertake such other duties as are required by the laws of Ontario and this By-law.

3. APPOINTMENT

- (1) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff and may appoint a Dental Staff, Midwifery Staff and the non-employed members of the Extended Class Nursing Staff and shall grant such privileges as it deems appropriate to each member so appointed.
- (2) All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- (3) All persons appointed to the Professional Staff of any of the Health Centres shall be a joint Professional Staff member for all of the Health Centres.

- (4) The Board may, at any time, make, revoke or suspend any appointment to a Professional Staff member or restrict the privileges of any Professional Staff member in accordance with the provisions of this By-law and the *Public Hospitals Act*.

4. APPLICATION FOR APPOINTMENT TO THE PROFESSIONAL STAFF

- (1) The Chief Executive Officer shall supply a copy of, or information on how to access, a form of the application and the mission, vision, values and strategic plan of the Corporation, the By-laws and the Rules and Regulations and appropriate Policies, to each Physician, Dentist, Midwife or Registered Nurse in the Extended Class who expresses in writing an intention to apply for appointment to the Professional Staff.
- (2) An applicant for appointment to the Professional Staff shall submit to the Chief Executive Officer one original application in the prescribed form together with signed consents to enable the Corporation to make inquiries of the applicable College and other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Corporation to fully investigate the qualifications and suitability of the applicant.
- (3) Prior to the consideration of an applicant for appointment, each applicant may be required to visit the Corporation for an interview with the appropriate Professional Staff member(s) and Chief Executive Officer.

5. CRITERIA FOR APPOINTMENT OF MEMBERS OF THE PROFESSIONAL STAFF

- (1) Only applicants who meet the qualifications and satisfy the criteria set out in this By-law are eligible to be a member of, and appointed to, the Professional Staff.
- a) The applicant will have:
- i) adequate training and experience for the privileges requested;
 - ii) a demonstrated ability to provide Patient care at an appropriate level of quality and efficiency;
 - iii) a demonstrated ability to communicate, work with and relate to others in a cooperative, collegial and professional manner;
 - iv) a demonstrated ability to communicate and relate appropriately with Patients and Patient's relatives and/or substitute decision-makers;
 - v) a demonstrated ability to meet an appropriate standard of ethical conduct and behaviour;

- vi) a willingness to participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to staff category;
 - vii) a report on, among other things, the experience, competence and reputation of the applicant from the chief of staff or chief of department in the last hospital in which the applicant trained or held an appointment;
 - viii) in the case of a certified specialist, a report from the chief of department in which he or she last practised;
 - ix) maintained the level of continuing professional education required by the applicable regulatory College;
 - x) evidence of professional practice protection coverage appropriate to the scope and nature of the intended practice; and
 - xi) have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Corporation, the *Public Hospitals Act* or other legislation.
- b) The applicant must agree to govern himself or herself in accordance with the requirements set out in the By-laws, the Corporation's mission, vision and values, Rules and Regulations and Policies.
 - c) The applicant must demonstrate to the satisfaction of the Medical Advisory Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgment that might impact negatively on Patient care or the operations of the Corporation.
 - d) There is a need for the services in the community.
- (2) In addition to the qualifications set out in section 5(1), an applicant for appointment to the Medical Staff must meet the following qualifications:
- a) be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the CPSO or an equivalent certificate from their most recent licensing body; and
 - b) have a current Certificate of Professional Conduct from the CPSO or the equivalent certificate from their most recent licensing body.
- (3) In addition to the qualifications set out in section 5(1), an applicant for appointment to the Dental Staff must meet the following qualifications:
- a) be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental

Surgeons of Ontario or the equivalent letter from their most recent licensing body; and

- b) have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body.
- (4) In addition to the qualifications set out in section 5(1), an applicant for appointment to the Midwifery Staff must meet the following qualifications:
- a) be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from their most recent licensing body; and
 - b) have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body.
- (5) In addition to the qualifications set out in section 5(1), an applicant for appointment to the Extended Class Nursing Staff must meet the following qualifications:
- a) be qualified to practice as a registered nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario; and
 - b) have a letter of good standing from the Ontario College of Nurses or their most recent licensing body.

6. TERM

- (1) Subject to section 3(4), each appointment to the Professional Staff shall be made annually for the calendar year, but shall continue in effect until the Board has made appointments for the ensuing year.
- (2) Where a Professional Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
- a) unless section 6(2)b) applies, until the reappointment is granted or not granted by the Board; or
 - b) in the case of a Medical Staff member and where the reappointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

7. TEMPORARY APPOINTMENT

- (1) Notwithstanding any other provision of this By-law, the Chief Executive Officer, after consultation with the Chief of Staff may:
 - a) grant a temporary appointment and temporary privileges to a Physician, Dentist, Midwife or Registered Nurse in the Extended Class provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and
 - b) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee, until the next meeting of the Board.
- (2) A temporary appointment of a Physician, Dentist, Midwife or Registered Nurse in the Extended Class may be made for any reason including:
 - a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - b) to meet an urgent unexpected need for a medical, dental, midwifery or extended class nursing service.
- (3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to section 7(1) for such period of time and on such terms as the Board determines.
- (4) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (5) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.

8. RE-APPOINTMENT

- (1) Each Professional Staff member wishing to renew his or her appointment shall submit to the Chief Executive Officer, prior to January 1 of each year an application on the prescribed form.
 - a) This application shall include:
 - i) a restatement of confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules and Regulations from time to time;
 - ii) a listing of offices held within the Professional Staff;

- iii) either:
 - a. a declaration that all information on file at the Corporation from the applicant's most recent application is up-to-date, accurate and unamended as of the date of the current application; or
 - b. a description of all material changes to the information on file at the Corporation since the applicant's most recent application, including without limitation an updated curriculum vitae including any additional professional qualifications acquired by the applicant since the previous application and information regarding any completed disciplinary or malpractice proceedings or restriction in privileges or suspensions during the past year;
 - iv) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
 - v) if requested, a current Certificate of Professional Conduct or equivalent from the appropriate College;
 - vi) confirmation that the member has complied with the disclosure duties set out in section 28(1)a)iii); and
 - vii) such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.
- b) Any Professional Staff member wishing to change his or her privileges shall submit the request listing the change in privileges requested, in writing on the prescribed form (if any), to the Chief Executive Officer along with evidence of appropriate training and experience. This will be forwarded to the Medical Advisory Committee.
 - c) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
 - d) Application for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 11 of this By-law.

9. CRITERIA FOR RE-APPOINTMENT TO THE PROFESSIONAL STAFF

- a) The applicant continues to meet the criteria set out at section 5.
- b) The applicant demonstrates an appropriate use of Corporation resources.

10. REFUSAL TO RE-APPOINT

Pursuant to the *Public Hospitals Act*, the Board may refuse to re-appoint a Professional Staff member.

11. PROCESSING OF APPLICATIONS

- (1) Upon receipt of a complete application, the Chief Executive Officer shall deliver each original application forthwith to the Medical Advisory Committee through the Chair of the Medical Advisory Committee, who shall keep a record of each application received and then refer the original application forthwith to the Chief of Staff.
- (2) The Chief of Staff shall review each application, receive the recommendation of the Chief of the relevant service (if any), ensure all required information has been provided, investigate the professional competence and verify the qualifications of the applicant, consider whether the qualifications and criteria required by section 5 are met and make a report as to its assessment and recommendation to the Medical Advisory Committee at its next meeting.
- (3) The Medical Advisory Committee shall consider the report of the Chief of Staff and shall send, within 60 days of the date of receipt by the Chief Executive Officer of a complete application, its recommendation in writing to the Board and to the applicant, in accordance with the *Public Hospitals Act*. Notwithstanding section 11(3), the Medical Advisory Committee may make its recommendation later than 60 days after receipt of the application if prior to the expiry of the 60-day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such 60-day period and give a written reason therefor.
- (4) In the case of a recommendation for appointment, the Medical Advisory Committee shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
- (5) Subject to the provisions of the *Public Hospitals Act*, the Board shall either implement the recommendation of the Medical Advisory Committee and cause the Medical Advisory Committee and the applicant to be so advised, or shall refer the application with reasons back to the Chair of the Medical Advisory Committee.
- (6) The Medical Advisory Committee shall reconsider the application referred back by the Board within one month and shall make a second recommendation in writing to the Board with a copy to the applicant.
- (7) After consideration of the second recommendation of the Medical Advisory Committee, the Board shall either implement the recommendation and cause the Medical Advisory Committee and the applicant to be so advised, or otherwise deal with the application pursuant to the *Public Hospitals Act*.

- (8) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospital Act*.
- (9) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the strategic plan and the Corporation's ability to operate within its resources.
- (10) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:
 - a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the receipt by the applicant of notice of the recommendation; and
 - b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven days of the receipt by the applicant of the written reasons referred to in section 11(10)a).
- (11) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (12) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and section 18.

12. MONITORING ABERRANT PRACTICES

- (1) Where any Professional Staff member or Corporation staff reasonably believes that a Professional Staff member is incompetent, attempting to exceed his or her privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, health care provider, employee or any other person at the Health Centres to harm or injury, such individual shall communicate that belief immediately to one of the Chief of Staff and to the Chief Executive Officer so that appropriate action can be taken.
- (2) The Service Chief (if any), on notice to the Chief of Staff where he or she believes it to be in the best interest of the Patient, shall have the authority to examine the condition and scrutinize the treatment of any Patient in his or her department or clinical service and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the Patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.

- (3) If the Chief of Staff or Service Chief becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a Patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the Patient with the attending Professional Staff member. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff or the Service Chief, as the case may be, are not made, he or she shall forthwith assume or re-assign the duty of investigating, diagnosing, prescribing for and treating the Patient.
- (4) Where the Chief of Staff or Service Chief has cause to take over the care of a Patient, the Chief Executive Officer, the Chief of Staff or the Service Chief, as the case may be, and one other member of the Medical Advisory Committee, the attending Professional Staff member, and the Patient or the Patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff or the Service Chief shall file a written report with the Medical Advisory Committee within 48 hours of his or her action.
- (5) Where the Medical Advisory Committee concurs in the opinion of the Chair of the Medical Advisory Committee or Service Chief who has taken action under section 12(3) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

13. VIEWING OPERATIONS OR PROCEDURES

Any aspect of Patient care or Professional Staff conduct being carried out in a Health Centre may be reviewed without the permission of the Professional Staff member by the Chief of Staff.

14. SUSPENSION, RESTRICTION OR REVOCATION OF PRIVILEGES

- (1) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke or suspend any appointment of a Professional Staff member or revoke, suspend, restrict or otherwise deal with the Privileges of a Professional Staff member.
- (2) Any administrative or leadership appointment of the Professional Staff member will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.
- (3) Where an application for appointment or reappointment is denied or, the privileges of the Professional Staff member have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's College as soon as possible, and not later than 30 days thereafter.

15. IMMEDIATE ACTION

- (1) The Chief Executive Officer, Chief of Staff or Service Chief may temporarily restrict or suspend the privileges of any Professional Staff member, in circumstances where in his or her opinion the member's conduct, performance or competence:
- a) exposes or is reasonably likely to expose any Patient, health care provider, employee or any other person at the Health Centre(s) to harm or injury; or
 - b) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Health Centre(s),
- and immediate action must be taken to protect Patients, health care providers, employees and any other person at the Health Centre(s) from harm or injury.
- (2) Before the Chief Executive Officer, Chief of Staff or Service Chief takes action authorized in section 15(1), they shall first consult with one of the other of them. If such prior consultation is not possible or practicable under the circumstances, the person who takes the action authorized in section 15(1) shall provide immediate notice to the others. The person who takes the action authorized in section 15(1) shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

16. NON-IMMEDIATE ACTION

- (1) The Chief Executive Officer, Chief of Staff or the Service Chief, may recommend to the Medical Advisory Committee that the privileges of the Professional Staff member be restricted, suspended or revoked in any circumstances where in his or her opinion the member's conduct, performance or competence:
- a) fails to meet or comply with the criteria for annual reappointment; or
 - b) exposes or is reasonably likely to expose any Patient, health care provider, employee or any other person at the Health Centre(s) to harm or injury; or
 - c) is or is reasonably likely to be, detrimental to Patient safety or to the delivery of quality Patient care within the Health Centre(s) or impact negatively on the operations of the Health Centre(s); or
 - d) fails to comply with the By-laws, Rules and Regulations, Policies, the *Public Hospitals Act* or any other relevant law.
- (2) Prior to making a recommendation as referred to in section 16(1), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Health Centre(s) other than the Medical Advisory Committee or an external consultant.

17. REFERRAL TO MEDICAL ADVISORY COMMITTEE FOR RECOMMENDATIONS

- (1) Following the temporary restriction or suspension of privileges under section 15, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Professional Staff member under section 16, the following process shall be followed;
 - a) the Service Chief of which the individual is a member or an appropriate alternate designated by the Chief of Staff or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information;
 - b) a date for consideration of the matter will be set, not more than ten days from the time the written report is received by the Medical Advisory Committee;
 - c) as soon as possible, and in any event, at least 48 hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of,
 - i) the time and place of the meeting;
 - ii) the purpose of the meeting; and
 - iii) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
- (2) The date for the Medical Advisory Committee to consider the matter under section 17(1)b) may be extended by,
 - a) an additional five days in the case of a referral under section 15; or
 - b) any number of days in the case of a referral under section 16,if the Medical Advisory Committee considers it necessary to do so.
- (3) The Medical Advisory Committee may:
 - a) set aside the restriction or suspension of privileges; or
 - b) recommend to the Board a suspension or revocation of the appointment or a restriction, suspension or revocation of privileges on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a committee of the Medical Advisory Committee.

- (4) If the Medical Advisory Committee recommends the continuation of the restriction or suspension or a revocation of privileges or recommends a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall within 24 hours of the Medical Advisory Committee meeting provide the member with written notice of the Medical Advisory Committee's recommendation.
- (5) The written notice shall inform the member that he or she is entitled to:
 - a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the member's receipt of the notice of the recommendation; and
 - b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven days of the receipt by the member of the written reasons requested.
- (6) If the member requests written reasons for the recommendation under section 17(5) the Medical Advisory Committee shall provide the written reasons to the member within 48 hours of receipt of the request.

18. BOARD HEARING

- (1) A hearing by the Board shall be held when one of the following occurs:
 - a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - b) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Professional Staff member be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.
- (2) The Board will name a place and time for the hearing.
- (3) In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within seven days of the date the applicant or member requests the hearing under section 18(1). In the case of non-immediate suspension or revocation of privileges, subject to section 18(4), the Board hearing will be held as soon as practicable but not later than 28 days after the Board receives the written notice from the member or applicant requesting the hearing.
- (4) The Board may extend the time for the hearing date if it is considered appropriate.
- (5) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five days before the hearing date.

- (6) The notice of the Board hearing will include:
- a) the place and time of the hearing;
 - b) the purpose of the hearing;
 - c) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - d) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;
 - e) a statement that the time for the hearing may be extended by the Board on the application of any party; and
 - f) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.
- (7) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
- (8) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
- (9) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- (10) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
- (11) No member of the Board will participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.
- (12) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining

whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the considerations set out in sections 5 and 8.

- (13) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.
- (14) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

19. LEAVE OF ABSENCE

- (1) Upon request of a Professional Staff member to his or her Service Chief (if any) or the Chief of Staff, a leave of absence of up to 12 months may be granted, after receiving the recommendation of the Medical Advisory Committee, by the Chief of Staff:
 - a) in the event of extended illness or disability of the member, or
 - b) in other circumstances acceptable to the Board, upon recommendation of the Chair of the Medical Advisory Committee.
- (2) After returning from a leave of absence granted in accordance with section 19(1), the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff. The Chief of Staff may impose such conditions on the privileges granted to such member as appropriate.
- (3) Following a leave of absence of longer than 12 months, a Professional Staff member shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

20. PROFESSIONAL STAFF CATEGORIES

- (1) The Medical Staff, Dental Staff and Midwifery Staff shall be divided into the following categories:
 - a) Active;
 - b) Associate;
 - c) Consulting;

- d) Courtesy;
 - e) Locum Tenens;
 - f) Regional Staff; and
 - g) such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.
- (2) The Extended Class Nursing Staff may be divided into such categories as the Board may from time to time determine having given consideration to the recommendation of the Medical Advisory Committee.

21. ACTIVE STAFF

- (1) The Active Staff shall consist of those Physicians, Dentists and Midwives appointed by the Board to the Active Staff to ensure that care is provided to all Patients and to carry out the other responsibilities of the Professional Staff. Members of the Active Staff shall have the privilege to admit Patients and to carry out surgical and other procedures according to their assigned privileges.
- (2) To be eligible for appointment to the Active Staff, a Physician, Dentist or Midwife must have satisfactorily served a minimum of six months on the Associate Staff.
- (3) Members of the Active Staff must participate in call duty and committee work or act as supervisor when requested by the Chief of Staff or the Medical Advisory Committee.
- (4) Members of the Active Staff will have a primary appointment to one of the Health Centres and will have courtesy privileges in the other Health Centres.
- (5) If an Active Staff Physician, he or she shall be entitled to attend and vote at meetings of the Professional Staff and be eligible to be an elected or appointed officer of the Professional Staff.
- (6) If an Active Staff Dentist or Midwife, he or she shall be entitled to attend meetings of the Professional Staff but shall not have a vote or be eligible to hold an elected or appointed office of the Professional Staff.

22. ASSOCIATE STAFF

- (1) The Associate Staff shall consist of those Physicians, Dentists and Midwives who are serving a probationary period.
- (2) Associate Staff members shall work under the mentorship of an Active Staff member assigned by the Chief of Staff.

- (3) Associate Staff members shall have admitting privileges and procedural privileges as assigned and shall fulfill other duties as are required of Active Staff members.
- (4) Associate Staff Physicians may vote at Professional Staff meetings, may be assigned to Professional Staff committees and will be eligible for election as officers of the Professional Staff.
- (5) Associate Staff Dentists or Midwives shall be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.
- (6) At six month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been mentored may be required to report to the Chief of Staff on the Associate Staff member's:
 - a) knowledge and skill that he or she has shown by the Associate Staff member;
 - b) the nature and quality of his or her work in the Health Centre(s);
 - c) usage of Corporation resources; and
 - d) ability to work with others in the Corporation.
- (7) If a report is made, the Medical Advisory Committee shall review the report and may recommend to the Medical Advisory Committee that the Associate Staff member be:
 - a) appointed to the Active Staff;
 - b) continued as an Associate Staff member for a further probationary period under the same or another supervisor; or
 - c) have his or her appointment to the Professional Staff terminated.

23. CONSULTANT STAFF

- (1) Physicians with specialist qualifications or otherwise having a reputation for expertise in a medical field may be appointed to the Consultant Staff.
- (2) Residence requirements and service requirements of the Active Staff will not apply to members of the Consultant Staff.
- (3) Members of the Consultant Staff will not have admitting privileges but may treat Patients and will have access to the diagnostic services and health records of the Health Centre(s). They may be granted privileges to carry out procedures in the Health Centre(s).

(4) Members of the Consultant Staff may attend Professional Staff meetings and may be appointed to committees but may not vote or be elected to an office.

(5) Members of the Consultant Staff will normally be appointed to all Health Centres.

24. COURTESY STAFF

(1) Physicians, Dentists and Midwives who do not fulfill the requirements for membership on the Active Staff or who do not wish to undertake the obligations may be appointed to the Courtesy Staff.

(2) Residency requirements and service requirements of the Active Staff will not apply to members of the Courtesy Staff.

(3) Members of the Courtesy Staff will not normally have admitting privileges but may treat Patients and will have access to the diagnostic services and health records of the Health Centre(s). They may be granted privileges to carry out procedures in the Health Centre(s). In special circumstances, members of the Courtesy Staff may be granted admitting privileges for certain classes of Patients.

(4) Members of the Courtesy Staff may attend Professional Staff meetings and may be appointed to committees but may not vote or be elected to an office.

25. LOCUMS TENENS STAFF

(1) Locum Tenens Staff consist of Physicians, Dentists or Midwives who have been admitted to the Locum Tenens Staff by the Board in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:

- a) to be a planned replacement for a Physician, Dentist or Midwife for a specified period of time; or
- b) to provide episodic or limited surgical or consulting services.

(2) The appointment of a Physician, Dentist or Midwife as a member of the Locum Tenens Staff may be for up to one year subject to renewal for a further period of up to one additional year. The Board, having considered the recommendation of the Medical Advisory Committee may permit renewal beyond two years in exceptional circumstances.

(3) A Locum Tenens Staff shall:

- a) have admitting privileges unless otherwise specified in their appointment; and
- b) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.

- (4) Locum Tenens Staff shall not, subject to determination by the Board in each individual case attend or vote at joint Professional Staff meetings or be elected or appointed to any office of the Professional Staff.

26. REGIONAL STAFF

- (1) The Regional Staff category shall consist of those Professional Staff members who are granted privileges by the Board to order or requisition out-patient diagnostics only. It is intended that a Regional Staff appointment shall facilitate the ordering of diagnostic tests for a Patient's care closer to their home or to allow for testing at another site where such tests are not otherwise available.

a) Regional Staff:

- i) shall be eligible for annual reappointment provided they are credentialed at a primary organization; and
- ii) may review and receive the out-patient records specific to the diagnostics ordered of their Patients.

b) Regional Staff shall not:

- i) have admitting privileges or provide direct Patient care;
- ii) input information into the Patient record and progress notes nor make or record any orders;
- iii) be eligible to hold an elected or appointed office or serve on committees of the Medical Advisory Committee; and
- iv) be eligible to vote or be bound by attendance requirements of the Professional Staff.

27. EXTENDED CLASS NURSING STAFF

- (1) The Board, having given consideration to the recommendations of the Medical Advisory Committee, will delineate the privileges for each member of the Extended Class Nursing Staff who is not an employee of the Corporation.

- (2) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one year.

- a) Prior to completion of the one-year probationary period, a performance evaluation for a member of the Extended Class Nursing Staff shall be completed by the Service Chief (if any) or Chief of Staff, concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of his or her work and his or her

performance, and compliance with the criteria set out in section 5(1), and such report shall be forwarded to the Medical Advisory Committee.

- b) The Medical Advisory Committee shall review the report referred to in section 27(2)b) and shall make a recommendation to the Board.
- (3) A member of the Extended Class Nursing Staff shall be entitled to attend but not vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office in the Professional Staff.

28. PROFESSIONAL STAFF DUTIES, GENERAL

- (1) Each Professional Staff member is accountable to and shall recognize the authority of the Board through the Chief of Staff and the Chief Executive Officer.
 - a) Each Professional Staff member shall:
 - i) attend and treat Patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;
 - ii) notify the Chief Executive Officer of any change in the licence to practice made by the College;
 - iii) notify the Chief Executive Officer of the commencement of any College disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions;
 - iv) give such instruction as is required for the education of other members of the Professional Staff and Corporation staff;
 - v) abide by the Rules and Regulations, the By-law, the *Public Hospitals Act* and all other legislated requirements; and
 - vi) perform such other duties as may be prescribed from time to time by, or under the authority of, the Board or the Medical Advisory Committee.
- (2) Each Active Staff, Associate Staff and Courtesy Staff member, where required, shall attend regular staff meetings as specified in the Rules and Regulations.

29. CHIEF OF STAFF

- (1) The Board shall appoint a duly qualified Physician, who is an Active Staff member, to be the Chief of Staff. The Board may appoint a Selection Committee, which shall seek advice from the Medical Advisory Committee and which may include:
 - a) a Director, who shall be chair;

- b) two members of the Medical Advisory Committee, one of whom may be the President of the Professional Staff;
 - c) the Assistant Executive Director, Patient Services;
 - d) the Chief Executive Officer; and
 - e) such other members as the Board deems advisable.
- (2) Subject to annual confirmation by the Board, an appointment made shall be for a term of three years, but the Chief of Staff shall hold office until a successor is appointed. The Board may at any time revoke or suspend the appointment of the Chief of Staff.

30. DUTIES OF THE CHIEF OF STAFF

- (1) The Chief of Staff shall:
- a) oversee on behalf of the Board the organization of Professional Staff and the quality of care provided to Patients in the Health Centres;
 - b) be a Director and report to the Board on the activities of the Professional Staff and on the quality of care provided in the Health Centres;
 - c) serve as Chair of the Medical Advisory Committee;
 - d) be an ex-officio member of all committees reporting to the Medical Advisory Committee;
 - e) when necessary in the interests of the care of Patients, assume or assign to another Professional Staff member responsibility for the care and treatment of any Patient, and notify, where possible, the Patient, the attending Physician and the Chief Executive Officer of the change in responsibility;
 - f) assign, or delegate the assignment of, a Professional Staff member to supervise the practice of any other Professional Staff member for any period of time;
 - g) assign, or delegate the assignment of, a Professional Staff member to discuss in detail with any other Professional Staff member any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of Staff;
 - h) be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of the Health Centre(s) resources;

- i) participate in the development of the Corporation's mission, objectives, and strategic plan;
 - j) work with the Medical Advisory Committee to plan health professional manpower needs of the Health Centres in accordance with the Corporation's strategic plan;
 - k) participate in Corporation resource allocation decisions;
 - l) assure there is a process for participation in continuing professional education; and
 - m) advise the Professional Staff on current Policies, objectives and Rules and Regulations.
- (2) In consultation with the Chief Executive Officer, the Chief of Staff will designate an alternate Medical Staff member to act in his or her absence.

31. ASSOCIATE CHIEFS OF STAFF

- (1) There shall be an Associate Chief of Staff for each Health Centre, except that the Chief of Staff may be given the responsibility of the Associate Chief for one of the Health Centres. The manner and term of appointment shall be the same as that for the Chief of Staff. They shall report to the Chief of Staff.
- a) The duties of the Associate Chiefs of Staff shall be to:
 - i) assist the Chief of Staff in overseeing the quality of care and the Professional Staff organization within the respective Health Centre;
 - ii) be a member of the Medical Advisory Committee;
 - iii) serve as Chair of the local Professional Staff if no president has been elected;
 - iv) be an ex-officio member of all local sub-committees of those committees reporting to the Medical Advisory Committee; and
 - v) hold the same powers to assume or assign care of Patients as the Chief of Staff within their own Health Centre.

32. SERVICE CHIEFS

- (1) The Medical Advisory Committee may appoint Service Chiefs for various departments and clinical services within the Health Centres. When appropriate, a separate Service Chief will be appointed to each Health Centre. These officers may include but are not limited to:

- Emergency Department;

- Intermediate Care Unit;
- Nursery;
- Surgical Service;
- Obstetrical Service;
- Anaesthesia Service;
- Diagnostic Imaging Department;
- Laboratory;
- Community Counselling Service; and
- Rehabilitation Services.

a) The duties of these officers shall be to:

- i) Assist the Chief of Staff in overseeing the quality of Patient care or services which affect Patient care provided in these departments and clinical services.
- ii) To provide liaison between the Professional Staff and consultants, e.g. pathologist and radiologist, relating to these departments and clinical services.
- iii) To provide liaison between the Professional Staff and the professional and technical staffs in these departments and clinical services.
- iv) To advise the Medical Advisory Committee and through it the Board on matters relating to the equipping, staffing and operation of these departments and clinical services.

33. THE MEDICAL ADVISORY COMMITTEE

(1) The Medical Advisory Committee shall consist of:

- a) the Chief and Associate Chiefs of Staff;
- b) the President, Vice-President and Secretary of the Joint Professional Staff;
- c) The Chairs of the following committees:
 - Health Records/Utilization;
 - Medical Quality Assurance;
 - Pharmacy and Therapeutics;
 - Education and Library; and
- d) the Chief Executive Officer who, if a Physician, shall have a vote.

(2) The Chief Nursing Executive or designate from La Verendrye General Hospital and the nurse managers from each of the other Health Centres may attend Medical Advisory Committee meetings but without a vote.

- (3) Any other Medical Staff member who wishes to present business to the Medical Advisory Committee or who is asked to attend by the Chair may attend but without a vote.
- (4) The Medical Advisory Committee shall meet monthly or at the call of the chair at least 9 times per year. The quorum shall consist of 50% of the Medical Staff members of the Medical Advisory Committee.
- (5) Terms of reference:
 - a) To assist the Chief of Staff in overseeing the quality of care within the Health Centres.
 - b) To appoint members of the committees reporting to the Medical Advisory Committee.
 - c) To advise the Board and administration on matters relating to Patient care and the Professional Staff within the Health Centres.
 - d) To receive and act upon reports of the committees.
 - e) Where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board, the Medical Advisory Committee shall make recommendations about those issues to the Corporation's quality committee established under the *Excellent Care for All Act*.
- (6) The executive of the Medical Advisory Committee shall consist of:
 - a) the Chief of Staff and Associate Chiefs of Staff; and
 - b) the President, Vice-President and Secretary of the joint Professional Staff.
- (7) The executive of the Medical Advisory Committee shall:
 - a) act for the Medical Advisory Committee between meetings; and
 - b) undertake such other duties as are assigned to it by the Medical Advisory Committee.

34. CREDENTIALS COMMITTEE

- (1) The Medical Advisory Committee may act as, or appoint, a Credentials Committee.
 - a) The Credentials Committee shall:
 - i) review and advise the Medical Advisory Committee and through it the Board on:

- a. applications for membership on the Professional Staff;
 - b. applications for change in staff category; and
 - c. applications for change in privileges and re-appointments to the Professional Staff; and
- ii) make recommendations to the Medical Advisory Committee on matters of discipline.

35. MEDICAL ADVISORY COMMITTEE SUBCOMMITTEES

- (1) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special sub-committees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or the Corporation's by-laws.
- (2) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Rules and Regulations or in a resolution of the Board, on recommendation of the Medical Advisory Committee. The Medical Staff members of any such subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board.
- (3) The quorum shall consist of 50% of the Medical Staff members of the Medical Advisory Committee subcommittee.

36. OTHER CORPORATION COMMITTEES

The Medical Advisory Committee may appoint members of the Professional Staff to sit on the Corporation's committees such as:

- Infection Control;
- Emergency Planning;
- Occupational Health and Safety;
- Quality Management; and
- Fiscal Advisory Committee.

37. MEETINGS OF THE JOINT PROFESSIONAL STAFF

- (1) At least four meetings of the joint Professional Staff will be held each year, one of which shall be the annual meeting.
- (2) The annual meeting will be held as soon as practical after the beginning of the fiscal year.
 - a) The agenda of this meeting shall include:

- i) election of officers and committee chairs for the Professional Staff and recommendation of members for Board appointed positions;
 - ii) receipt of annual reports from Professional Staff committees;
 - iii) fixing a time and place for the next annual meeting and the meetings of the joint Professional Staff before the next annual meeting; and
 - iv) any other business which concerns the Professional Staff.
- (3) There shall be meetings of the joint Professional Staff at the call of the President or at the request of any three Active or Associate Medical Staff members.
- (4) The President of the joint Professional Staff may call a special meeting of the joint Professional Staff. Special meetings shall be called by the President of the joint Professional Staff on the written request of any 3 members of the Active Staff (and/or Associate Staff) entitled to vote.
- (5) Notice of meetings shall be given by the Secretary at least three days before the meeting by posting notices in the Physician's room of each of the Health Centres and by sending a notice in writing to all Professional Staff members. Notice of special meetings shall state the nature of the business for which the special meeting is called.
- (6) The period of time required for giving notice of any special meeting may be waived in cases of emergency by the majority of those Professional Staff members present and entitled to vote at the special meeting, as the first item of business of the meeting.

38. OFFICERS OF THE PROFESSIONAL STAFF

- (1) The provisions of this section 38 with respect to the officers of the Professional Staff shall be deemed to satisfy the requirements of the *Public Hospitals Act* with respect to officers of the Medical Staff. For greater certainty, the President, Vice-President and Secretary of the Professional Staff shall be deemed to be the President, Vice-President and Secretary of the Medical Staff.
- (2) The officers of the Professional Staff shall be elected annually for a term of one year by a majority vote of the voting members of the Professional Staff in attendance and voting at the annual meeting of the joint Professional Staff.
- (3) The officers of the Professional Staff may be removed from office prior to the expiry of their term by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff called for such purpose.
- (4) If the position of any elected Professional Staff officer that becomes vacant during the term may be filled by a vote of the majority of the members of the Professional

Staff present and voting at a regular meeting of the Professional Staff or at a special meeting of the Professional Staff called for that purpose. The election of such Professional Staff member shall follow the process in section 38(5) and (7). The Professional Staff member so elected to office shall fill the office until the next annual meeting of the Professional Staff.

- (5) A nominating committee shall be constituted through a process approved by the Professional Staff on recommendation of the officers of the Professional Staff.
- (6) At least 21 days before the annual meeting of the Professional Staff, the nominating committee shall circulate or post in a conspicuous place at each site of the Corporation, a list of the names of those who are nominated to stand for the offices of the Professional Staff that are to be filled by election, in accordance with the Regulations under the *Public Hospitals Act* and this By-law.
- (7) Any further nominations shall be made in writing to the Secretary of the Professional Staff up to seven days before the annual meeting of the Professional Staff.

39. PRESIDENT OF THE JOINT PROFESSIONAL STAFF

- (1) The duties of the President shall be:
 - a) to preside over meetings of the joint Professional Staff and of local Professional Staffs as appropriate;
 - b) to be a Director;
 - c) to act as a liaison between the Professional Staff, Chief Executive Officer and the Board for matters concerning the Professional Staff; and
 - d) to be a member of the Medical Advisory Committee.

40. VICE-PRESIDENT OF THE JOINT PROFESSIONAL STAFF

- (1) The duties of the Vice-President shall be:
 - a) to assume the duties of the President in his or her absence;
 - b) to perform such duties as the President may delegate (other than the duty set out in section 39(1)b)) to him or her; and
 - c) to be a member of the Medical Advisory Committee.

41. SECRETARY OF THE JOINT PROFESSIONAL STAFF

- (1) The duties of the Secretary shall be:

- a) to give notice of, and be responsible for the recording of, minutes of meetings of the joint Professional Staff and of the local Professional Staff as appropriate; and
- b) to attend to correspondence of the Professional Staff; and
- c) to be a member of the Medical Advisory Committee.

42. MEETINGS OF THE LOCAL PROFESSIONAL STAFFS

- (1) There shall be meetings of the local Professional Staffs as specified in the Rules and Regulations. Two or more of the local Professional Staffs may meet together if desired.
- (2) The agenda of these meetings shall include:
 - a) reports from the Medical Advisory Committee and its committees on matters of local concern; and
 - b) other matters affecting Patient care or the Professional Staff in the respective Health Centre including recommendations to the Medical Advisory Committee or any of its committees.
- (3) Notice of the meeting shall be given in the same way as for the meetings of the Joint Professional Staff.

43. QUORUM

The quorum at all meetings of the joint or local Professional Staff shall be 50% of the appropriate Active and Associate Staff members.

44. ATTENDANCE

The Chief Executive Officer or designate may attend all joint and local Professional Staff meetings without the power to vote. He/she will absent him/herself from all or part of any meeting at the request of the President or on a motion from the floor.

45. PROFESSIONAL STAFF RULES AND REGULATIONS

- (1) The Board shall require that appropriate Rules and Regulations are formulated to govern the activities of the Professional Staff.
- (2) The Board may establish, modify or revoke one or more Rules and Regulations. Rules and Regulations shall be binding on the Professional Staff when passed by the Board.
- (3) The Medical Advisory Committee shall make recommendations to the Board on the establishment or modification of Professional Staff Rules and Regulations.

- (4) The Medical Advisory Committee shall ensure that, prior to making any recommendation to the Board with respect to a Rule or Regulation, the Professional Staff at a duly constituted meeting shall have the opportunity to comment on the proposed recommendation and the Board shall consider the comments of the Professional Staff along with the recommendation of the Medical Advisory Committee.

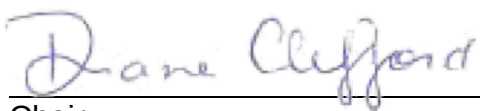
46. AMENDMENTS TO THE PROFESSIONAL STAFF BY-LAWS

- (1) The Professional Staff By-laws shall be amended in the same manner as the other By-laws of the Corporation.
- a) Prior to submitting Professional Staff By-laws to the process as described,
- i) notice specifying the proposed By-law or amendments thereto shall be made available for review by the Professional Staff;
 - ii) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
 - iii) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.
- (2) Before amending the Professional Staff By-laws, the Board shall consider the comments of the Professional Staff and the recommendations of the Medical Advisory Committee.

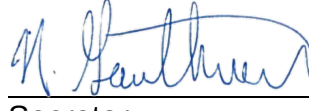
47. REPEAL AND REPLACEMENT

This By-law repeals and restates in its entirety Part X – Medical Staff of the Corporation By-laws.

PASSED by the Board and confirmed by the Members on June 25, 2024



Chair



Secretary

Communications & Community Engagement Action Plan

2025 Q3 Status Update (October 1 – December 31)

Goal 1: Strengthen People-Forward Information & System Navigation

Status	Q3 Update
On Track	Review, design, and phased implementation of public-facing handouts, materials, and brochures to improve clarity, consistency, and accessibility
Completed	Initial website accessibility review completed; opportunities identified to improve current ~72% rating
In Progress	Redesign of the Staff Portal Submission Page to streamline leader submissions of internal news and announcements

Goal 2: Increase Visibility of Progress, Achievements, and Organizational Wins

Status	Q3 Update
Completed	Launch of full-page editorial feature series with the <i>Fort Frances Times</i> (December 2025)
On Track	<i>Tomorrow's Riverside, Today: A Look Inside</i> series highlighting achievements, system improvements, and future priorities
On Track	Continued transparent storytelling to reinforce accountability, public understanding, and trust

Goal 3: Recognize and Highlight Staff, Physicians, and People

Status	Q3 Update
On Track	Continued support for leaders in staff recognition and awareness moments across sites and programs
On Track	Expanded website news coverage highlighting organizational, community, and engagement activities
Completed	Staff recognition activities delivered, including Years of Service and Quarter Century Club
Completed	Community engagement initiatives supported, including Trick or Treating at LTC, Trees of Christmas Giving, and Shine the Light
Completed	Supported coordination of special engagement welcoming Mr. Nate Leipziger to LVGH
In Progress	Phase 2 Staff Portal redesign to introduce a dedicated Staff Recognition and Shoutouts area, supporting peer recognition, departmental achievements, and informal acknowledgements

Goal 4: Support Fundraising and Donor Engagement Through Strategic Communications

Status	Q3 Update
On Track	Continued fundraising media releases and social media support aligned with strategic priorities
In Progress	Collaboration with the Fundraising Director on donor recognition programming and policy development
On Track	Fundraising communications reinforcing links between donor support, patient care outcomes, workforce sustainability, and infrastructure investment

Overall Status Summary

During Q3, several key communications initiatives were successfully completed, while core priorities remained on track and aligned with the Communications and Community Engagement Action Plan. Foundational work continued across multiple areas to support upcoming launches, refinements, and phased implementation, positioning Communications to advance Q4 priorities and 2026 deliverables effectively.

COMMUNICATIONS & COMMUNITY ENGAGEMENT ACTION PLAN 2026

STRATEGIC PILLARS

TOMORROW'S RIVERSIDE, TODAY - The following most closely reflects Tomorrow's Riverside, Today; however, it is essential to note that all communications activity is cognizant and modeled off the entire strategic framework as was outlined in the Strategic Communications and Engagement Plan.

SUMMARY OF ACTIVITY

Riverside Health Care's Communications and Community Engagement Action Plan outlines the priorities, goals, and deliverables that will guide communications activities across the 2025–26 and 2026–27 fiscal years, using an annual action-planning approach supported by a broader multi-year Strategic Communications Framework.

Riverside Health Care's Governance Committee, a committee of the Board, endorsed in January 2025 a shift away from a traditional Communications and Community Engagement Strategic Plan toward a goal-oriented Communications Action Plan model. This approach recognizes that communications must remain responsive, adaptable, and closely aligned with operational priorities while remaining grounded in Riverside's broader strategic direction. All communications activity remains cognizant of and informed by the full organizational strategic framework.

The transition from a standalone Communications and Community Engagement Strategic Plan to an annually reviewed Communications Action Plan began with the 2026 Communications Action Plan. The 2026 Action Plan represents the first year of focused implementation within this two-year planning horizon and is informed by the previous Communications and Community Engagement Strategic Plan, ensuring continuity of organizational values, audience understanding, and communications context, while avoiding the need to maintain an extensive standalone informational document.

In addition to an annual Action Plan, Communications recommends that Riverside consider adopting a Strategic Communications Framework at the onset of each new organizational strategic planning cycle. This framework would be developed as part of the strategic planning process and informed by stakeholder feedback and engagement. It would provide a multi-year communications context that supports, but remains distinct from, annual Communications Action Plans, allowing for phased priorities, refinement, and continuous improvement through the 2026–27 fiscal year.



The attached 2026 Communications Action Plan details Communications' priorities, goals, and deliverables for the year ahead. Should direction or priorities evolve, the Action Plan may be updated accordingly to ensure continued alignment with Governance direction and organizational priorities. In all cases, the Action Plan remains focused on the work, goals, and accountabilities of the Communications function, while supporting consistent standards, expectations, and direction for communications across Riverside.

ATTACHMENTS

- Communications and Community Engagement Action Plan 2026

The top half of the page features a background of light blue water ripples. Overlaid on this are several geometric shapes: blue and orange triangles of various sizes, some pointing upwards and others downwards, and thin black lines connecting some of the points.

COMMUNICATION & COMMUNITY ENGAGEMENT ACTION PLAN 2026

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**Riverside
Health Care**



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Introduction

VISION : CARING, TOGETHER



RIVERSIDE HEALTH CARE IS A FULLY ACCREDITED, MULTI-SITE HEALTH-CARE SYSTEM SERVING THE RAINY RIVER DISTRICT IN NORTHWESTERN ONTARIO. AS THE DISTRICT-WIDE HEALTH-CARE HUB, RIVERSIDE INCLUDES A NETWORK OF SITES AND SERVICES ACROSS THE CONTINUUM OF CARE, INCLUDING LA VERENDRYE GENERAL HOSPITAL, EMO HEALTH CENTRE, RAINY RIVER HEALTH CENTRE, RAINYCREST LONG TERM CARE HOME, MENTAL HEALTH AND ADDICTION SERVICES, AND COMMUNITY SUPPORT SERVICES, ENSURING CARE IS AVAILABLE CLOSE TO HOME.

AS THE DISTRICT'S LARGEST LOCAL EMPLOYER, RIVERSIDE IS SUPPORTED BY DEDICATED STAFF, PHYSICIANS, VOLUNTEERS, AND A BOARD OF DIRECTORS WORKING TOGETHER TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES. GUIDED BY A SHARED VISION, RIVERSIDE CONTINUES TO STRENGTHEN QUALITY, EXPAND SERVICES, AND CREATE SAFE, SUPPORTIVE ENVIRONMENTS FOR ALL THOSE IT SERVES.

Riverside Health Care's **Strategic Communications Framework** (Multi-Year) sets out the overarching strategic framework to achieve transparent, timely, and accurate communication and engagement with internal and external audiences. Using an integrated communications approach, the framework defines how our people, processes, and content work together across Riverside operations to inspire meaningful dialogue, shared understanding, and trusted relationships.

This **Communications and Community Engagement Action Plan** operationalizes the Strategic Framework through annual planning that identifies priority areas for communication and engagement. These priorities are reviewed and updated each year to respond to evolving needs and organizational priorities, support patient-centred care, strengthen trust, and recognize the people who make our health system work every day.

Together, the Strategic Framework and this Action Plan ensure a consistent, coordinated, and values-driven approach to how Riverside communicates, engages, and builds lasting relationships with our team and the communities it serves.

A Principled Approach

DURING PLANNING, IMPLEMENTATION, AND ONGOING EVALUATION, THE FOLLOWING PRINCIPLES GUIDE RIVERSIDE'S COMMUNICATION AND ENGAGEMENT WITH OUR COMMUNITIES, PARTNERS, STAFF, AND THOSE WE SERVE. THESE OVERARCHING PRINCIPLES SUPPORT ALL THAT WE DO:

1

COMMUNITY-CENTRED, INCLUSIVE, AND ACCESSIBLE

We put people first by valuing what matters to the communities we serve and to our team members. We seek to understand diverse perspectives and experiences, and ensure our communications and engagement are inclusive and accessible so voices are heard, respected, and reflected in decision-making.

2

TRUST THROUGH TRANSPARENCY AND RESPECT

Trust is built through openness, honesty, and consistency. We communicate clearly and respectfully, recognizing that words and actions matter. We do what we say we will do and demonstrate accountability through follow-through.

3

TIMELY AND MEANINGFUL ENGAGEMENT

We strive to communicate in a timely and thoughtful way, sharing clear information and providing appropriate opportunities for engagement. We consider feedback where possible and ensure engagement activities are purposeful, respectful, and aligned with organizational priorities.

4

SHARED RESPONSIBILITY AND RELATIONSHIP BUILDING

Effective engagement is a shared responsibility. We build and sustain strong relationships by valuing different perspectives, encouraging participation, and working collaboratively with our team members, partners, and communities.

5

CONTINUOUS IMPROVEMENT AND RESPONSIBLE STEWARDSHIP

We continuously evaluate and improve how we communicate and engage, adapting our approaches using best practices. Our efforts are aligned with organizational priorities and delivered responsibly to support people-centred care, trust, and long-term sustainability.

Tools, Methods, Timing, and Ways We Communicate

Riverside Health Care uses a range of communication and engagement tools and methods to support clear, timely, and meaningful communication with our communities and our team members. Our approach recognizes that communication is most effective when it is intentional, coordinated, and tailored to audience needs. We use different tools at different times, depending on the nature of the information, the level of engagement required, and the potential impact on our patients, residents, clients, visitors, staff, volunteers, donors, and the public.



DIGITAL COMMUNICATIONS

Digital communications are a primary and efficient way Riverside shares information, supports understanding, and encourages engagement across the district. These tools allow for timely updates, broad reach, and flexible access to information for both internal and external audiences.

These include:

- Riverside Health Care website, including program information sites, public reporting and News Stories
- Internal staff intranet/staff portal, including internal news, updates, calendars, and resources
- Email communications and e-notifications
- Online feedback and engagement tools, including staff, patient and resident surveys, complaints, concerns, and compliments processes, accessibility form, funding information, and the “Thank a Staff Member” recognition program
- Social media channels - used for organizational updates, health messaging, community awareness, celebrations, and fundraising initiatives
- Virtual meetings and webinars (Webex / MS Teams)
- Photography, videography, and digital storytelling to support engagement, recruitment, and fundraising

Strategies: Digital communications are used to ensure information is accurate, accessible, and easy to understand. Content is coordinated across platforms to support transparency, highlight patient-centred care, recognize staff and volunteers, and share updates on services, initiatives, and fundraising priorities. Internal and external digital communications are aligned to reduce duplication, support consistency, and ensure audiences receive information in a timely and appropriate way.



PRINT COMMUNICATIONS

Print communications continue to play an important role at Riverside, particularly in care settings and for audiences who may not rely on digital tools. Print materials support clarity, reinforce key messages, and provide accessible information where it is needed most.

These include:

- Posters, signage, and wayfinding within facilities
- Fact sheets, brochures, information cards, and patient information materials
- Community notices and printed reports
- Fundraising materials, donor recognition pieces, and campaign collateral

Strategies: Print materials are used when electronic communication alone is insufficient or inappropriate. Materials are designed to be clear, readable, and accessible, using plain language and consistent branding. Print communications support patient understanding, reinforce safety and service information, enhance community awareness, and recognize donor support and fundraising efforts.



GOVERNANCE, PUBLIC PARTICIPATION, AND BOARD ENGAGEMENT

Strong communication and engagement practices support transparent governance and informed decision-making at Riverside. Public participation and patient experience at the board level help ensure organizational oversight remains grounded in community and patient experience.

These include:

- Public participation at Board of Directors meetings
- Patient and family stories shared at meetings and in committee
- Board statements for the public
- Communication between leadership, the Board, and advisory committees

Strategies: Governance-related communication promotes transparency, accountability, and trust. Patient stories and public participation help connect strategic decisions to lived experience and reinforce a patient-centred approach. Clear, timely information supports effective oversight and strengthens understanding between the Board, leadership, and the communities Riverside serves.



PERSONAL ENGAGEMENT AND INTERNAL COMMUNICATION

Direct, personal engagement is essential to building understanding, alignment, and trust within Riverside and with our partners. These interactions support collaboration, shared problem-solving, and meaningful connections across programs, sites, departments and areas of focus.

These include:

- Staff meetings, huddles, and unit-level one-on-one communications
- Multi-area management meetings focused on shared and emerging issues
- Internal briefings, memornadoms, presentations, training sessions, and activities
- Community committee participation and partnerships
- Advisory committees, including Patient and Family Advisors and other Riverside-led committee groups
- Meetings with external partners on relevant issues and collaborative work with community organizations as needs and opportunities emerge

Strategies: Personal engagement is used to support internal alignment, strengthen relationships, and ensure people feel informed and supported in their roles. These methods provide opportunities to share information, listen to feedback, and foster collaboration. Engagement activities are purposeful and aligned with organizational priorities, recognizing that approaches should reflect the issue, audience, and capacity, and may evolve as circumstances change.



MEDIA AND PUBLIC RELATIONS

Strong communication and engagement practices support transparent governance and informed decision-making at Riverside. Public participation and patient experience at the board level help ensure organizational oversight remains grounded in community and patient experience.

These include:

- News releases and official statements
- Media inquiries and interviews
- Coordination of messaging during issues, incidents, or emerging situations
- Media support for awareness campaigns, service updates, and fundraising initiatives

Strategies: Media communications are coordinated to ensure information shared publicly is accurate, timely, and consistent. Riverside values its relationship with local and regional media and recognizes their role in informing the public and sharing stories that matter. Media engagement supports transparency, raises awareness of services and initiatives, and helps amplify fundraising and community partnerships.



Measurement and Evaluation

Riverside Health Care recognizes the importance of measuring and evaluating the effectiveness of our communications and community engagement efforts. Ongoing evaluation helps ensure our activities align with organizational priorities, support patient-centred care, strengthen trust, and make the best use of available resources.

Measurement allows us to understand what is working well, where improvements are needed, and how communication and engagement efforts can be refined over time. Evaluation is used to inform continuous improvement and guide decision-making. Findings are used to adjust approaches, strengthen coordination, and focus efforts where they will have the greatest impact.

Measuring Effectiveness

To understand the reach, clarity, and impact of communication, engagement, and fundraising activities, Riverside draws on a combination of quantitative and qualitative data. Measurement is applied at both an organization-wide level and, where appropriate, at the project, program, or campaign level to ensure evaluation is proportionate, meaningful, and aligned with capacity.

These include:

- Digital analytics from Riverside platforms, including websites, social media, email communications, QR codes, and the staff intranet/portal, to assess reach, engagement, and accessibility
- Feedback and input from online tools, surveys, forms, and fundraising-related links, to understand experience, satisfaction, and opportunities for improvement
- Participation and attendance data from staff, public and board-related activities or sessions, and fundraising events, to assess awareness, involvement, and representation
- Media monitoring and analysis, including coverage volume, reach, and tone related to services, initiatives, issues, and fundraising campaigns, to support accurate public information and identify emerging trends
- Donor engagement indicators, such as campaign participation, event attendance, communication reach, repeat giving trends, and feedback from donors and sponsors, to support effective stewardship and community trust
- Evaluation of donor recognition and stewardship activities to ensure recognition practices are meaningful, appropriate, transparent, and aligned with values
- Project-, program-, or campaign-specific evaluation measures, where appropriate, to assess outcomes against objectives and inform future planning
- Review of timing, consistency, and coordination of communications across channels to support clarity and effectiveness



Using What We Learn

Measurement and evaluation are used to support learning and improvement, not simply to track activity. Information gathered through assessment helps Riverside:

- Assess whether communication, engagement, and objectives are being met
- Identify opportunities to improve clarity, timing, accessibility, and consistency
- Better understand audience needs, preferences, and capacity for engagement
- Strengthen alignment between communications activities and organizational priorities
- Inform annual planning and updates to the Communications and Community Engagement Action Plan
- Support transparent reporting and accountability to leadership, the Board, donors, and the community

Reporting, Review, and Board Oversight

This Communications and Community Engagement Action Plan is reviewed and updated annually to reflect established goals and priority areas for each year. These goals and focus areas are informed by organizational priorities, emerging issues, and insights gained through measurement and evaluation activities.

Each year, updates to the Action Plan are brought forward for review and endorsement. This process supports transparency, accountability, and alignment between annual communications activities and Riverside Health Care's broader strategic direction.

The Action Plan complements Riverside's Strategic Communications Framework (Multi-Year) and aligns with the organization's Strategic Plan, ensuring a coordinated and consistent approach to communication and engagement over time while allowing flexibility to respond to evolving needs.

Continuous Improvement

Evaluation is an ongoing and evolving process. As Riverside and the communities we serve continue to change, measurement tools and approaches may be refined to reflect new priorities, emerging issues, and organizational capacity. This continuous improvement approach supports responsible stewardship, adaptability, and long-term effectiveness, ensuring Riverside's communications, engagement, and fundraising practices remain relevant, trusted, and responsive.

Goals at a Glance

Riverside's Communications and Community Engagement Action Plan identifies four priority goals that guide communications activity across the 2025–26 and 2026–27 fiscal years, with the 2026 Action Plan serving as the annual focus and point of review. These goals support people-centred care, strengthen organizational culture, build community trust, and enhance fundraising efforts that enable high-quality services across the district.

Each goal is aligned with Riverside's Strategic Pillars and is designed to guide communications planning, execution, and reporting throughout the year. While the table below reflects areas of focused emphasis for 2026, the goals themselves are intended to span both fiscal years and are reviewed annually and refined as needed to reflect evolving priorities, evaluation findings, and governance direction.

Goal	Primary Focus	Strategic Pillars Supported
People-Forward Information & Navigation	Clear, accessible, and timely information that supports patient understanding, access, and confidence in care	• Tomorrow's Riverside, Today • Striving to Excel in Equity, Diversity & Inclusion
Visibility of Progress & Achievements	Transparent communication of milestones, improvements, and progress toward strategic priorities	• Tomorrow's Riverside, Today • One Riverside
Staff, Physician & People Recognition	Recognition and celebration of the people who deliver and support care	• Investing in the People Who Serve • One Riverside
Supporting Fundraising & Stewardship	Clear, compelling communication that supports fundraising, stewardship, and community trust	• Tomorrow's Riverside, Today • One Riverside

GOAL 1

Strengthen People-Forward Information and System Navigation

Ensure that those we serve and the public receive clear, timely, and accessible information that helps them understand what to expect, what we do, how to access services and support - so they feel informed, respected, and confident throughout their experience with Riverside.

This goal supports the Tomorrow's Riverside, Today and Striving to Excel in Equity, Diversity & Inclusion Strategic Pillars by prioritizing plain-language, accessible, and culturally safe communication that reflects diverse needs, improves health literacy, and supports informed decision-making.

THIS GOAL WILL FOCUS ON

- Improving the clarity, consistency, and accessibility of forward-facing information across all sites and programs
- Supporting understanding through plain-language, people-centred, and culturally appropriate communication
- Enhancing understanding of care pathways, access points, and changes to services so people know what to expect and where to go
- Providing timely, accurate, and compassionate updates, particularly during periods of disruption, transition, or system pressure

SUCCESS WILL BE REFLECTED BY

- Improved understanding of services, processes, and next steps
- Reduced confusion, misinformation, and repeat inquiries across sites and programs
- Meaningful and useful feedback
- Increased awareness and use of public information resources

WHY THIS MATTERS



Board of Directors - In Camera Session

Clear, accessible, and compassionate information supports dignity, reduces anxiety, and helps people feel more in control of their care. By improving how information is shared and understood, Riverside strengthens safety, trust, and equity - ensuring people across our communities can access and navigate care with confidence.

Increase Visibility of Progress, Achievements, and Organizational Wins

GOAL 2

Strengthen confidence in Riverside Health Care by transparently sharing progress, achievements, and milestones that demonstrate how the organization is evolving, improving, and responding to the needs of our communities. This goal recognizes that celebrating progress is not about perfection, but about showing momentum, learning, and accountability.

This goal supports the Tomorrow's Riverside, Today and One Riverside Strategic Pillars by reinforcing trust in Riverside's direction and highlighting how collective efforts across sites, programs, and services contribute to long-term sustainability, quality care, and system improvement.

THIS GOAL WILL FOCUS ON

- Sharing progress on strategic, clinical, and operational priorities
- Highlighting quality, safety, and service improvements that matter most
- Communicating advancements in infrastructure, technology, workforce development, and care delivery
- Recognizing contributions and collaboration across teams, sites, and partners
- Reinforcing optimism and trust through balanced, transparent storytelling that acknowledges both challenges and achievements

SUCCESS WILL BE REFLECTED BY

- Increased awareness and understanding of progress among Riverside, the community, staff, and partners
- Public and internal narratives that reflect transparency, credibility, and balance
- Strong engagement with milestone updates, progress reports, and achievement communications
- Clear alignment between communicated achievements and Strategic Plan priorities

WHY THIS MATTERS



Board of Directors In Camera Session

Sharing progress builds trust, strengthens accountability, and helps communities understand how Riverside is evolving to meet current and future health-care needs.

GOAL 3

Recognize and Highlight Staff, Physicians, and People

Strengthen organizational culture, engagement, and retention by recognizing and celebrating the people who deliver, support, and sustain care across Riverside. This goal reflects the understanding that Riverside is about our people first - and that feeling seen, valued, and connected matters.

This goal supports the Investing in the People Who Serve and One Riverside Strategic Pillars by reinforcing a strong, connected workforce and acknowledging the essential role staff, physicians, volunteers, and leaders play in delivering safe, compassionate, and high-quality care.

THIS GOAL WILL FOCUS ON

- Recognizing contributions, achievements, and milestones in meaningful and inclusive ways
- Making behind-the-scenes and non-clinical roles visible and valued
- Supporting recruitment and retention through positive, authentic, people-focused storytelling
- Strengthening leadership visibility and connection across sites, programs, and teams
- Creating opportunities to celebrate teamwork, resilience, and shared success

SUCCESS WILL BE REFLECTED BY

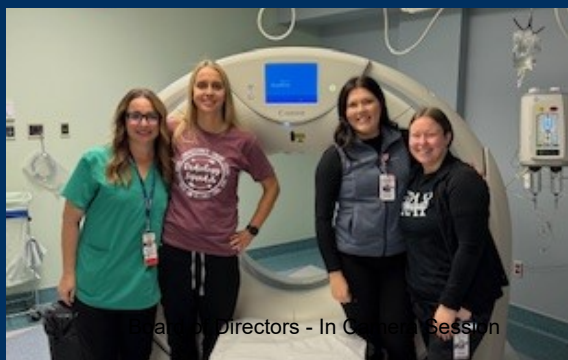
- Increased engagement with internal communications and recognition initiatives
- Participation in appreciation and recognition activities
- Positive qualitative feedback
- Clear alignment between recognition efforts and Riverside's values and culture

WHY THIS MATTERS



Engaged and valued people are the foundation of quality care.

Recognizing contributions builds morale, strengthens connections, supports retention, and reinforces pride in working at Riverside - helping ensure a strong and sustainable workforce for the future.



Support Fundraising and Donor Engagement Through Strategic Communications

GOAL 4

Aid in advancing Riverside Health Care's fundraising priorities through clear, consistent, and compelling communications that demonstrate impact, stewardship, and community value. This goal supports sustained investment in the people, services, and infrastructure required to deliver high-quality care today and into the future.

This goal supports the Tomorrow's Riverside, Today and One Riverside Strategic Pillars by highlighting how transparent and timely communications about fundraising enable modernization, strengthen sustainability, and build community support and trust through shared responsibility for community health.

THIS GOAL WILL FOCUS ON

- Clearly communicating the purpose, priorities, and impact of fundraising and its initiatives in ways that are easy to understand and meaningful to the community
- Connecting fundraising efforts to patient care outcomes, service access, workforce support, and future-focused investments
- Supporting when requested, Auxiliary and partner campaigns/fundraising through coordinated, aligned, and timely messaging
- Ensuring donor recognition and stewardship practices are meaningful, transparent, and aligned with organizational values

SUCCESS WILL BE REFLECTED BY

- Improved community understanding of why fundraising is necessary and how funds are used
- Increased awareness of, and engagement with, fundraising campaigns and initiatives
- Positive feedback regarding recognition and stewardship
- Strong alignment between communications activities, fundraising priorities, and care objectives

WHY THIS MATTERS



Fundraising directly supports patient care, workforce sustainability, and critical infrastructure.

Clear, transparent communication builds trust, strengthens partnerships, and helps donors and supporters see the real impact of their generosity on health care in the Rainy River District.



Phased Areas of Focus

Our goals are designed to span multiple fiscal years, recognizing that effective communication, engagement, and trust-building require consistency, reinforcement, and continuous refinement over time.

While this Plan identifies priority goals and deliverables for 2026, these efforts are not intended to stand alone. They are grounded within a broader Strategic Communications Framework that sets long-term direction, standards, and expectations, while annual Action Plans define areas of focus, sequencing, and delivery aligned with organizational priorities and capacity.

The following outlines how Communications will phase its work across the 2025–26 and 2026–27 fiscal years, while maintaining alignment with Riverside's Strategic Pillars and a commitment to people-centred, transparent, and accountable communication.

Goal Area	2025–26 Emphasis	2026–27 Emphasis
People-Forward Information & Navigation	Strengthening foundations for clear, timely, and accessible public information; improving clarity around services, access points, and expectations	Refining and optimizing information pathways; enhancing accessibility, consistency, and responsiveness informed by feedback and evaluation
Visibility of Progress & Achievements	Establishing regular, transparent communication of progress, milestones, and system improvements	Deeper storytelling focused on outcomes, learning, and long-term impact; reinforcing trust and accountability
Staff, Physician & People Recognition	Increasing visibility, inclusion, and consistency in recognition across sites, roles, and teams	Strengthening connection, retention, and leadership visibility; reinforcing culture and shared identity
Supporting Fundraising & Stewardship	Building understanding of why fundraising process, why it matters and how it supports care, people, and infrastructure	Strengthening stewardship, impact reporting, and sustained donor confidence and community trust



How We Will Deliver Our Communications Goals

Our communications goals are supported by a consistent, organization-wide approach that ensures communications at Riverside Health Care are people-centred, transparent, timely, and accountable.

This approach is aligned with the Strategic Framework and is guided by established communications-related policies, standards, and reporting procedures. Together, they ensure that all communications activities are delivered in a coordinated, compliant, and values-based manner that supports high-quality care and services, organizational integrity, and public trust.

Across all activities, communications will be guided by the following practices:

Provide Clear, Honest, and People-Centred Communication

We will prioritize open, honest, and transparent communication that is focused on the needs of patients, residents, clients, families, staff, and the broader community.

This includes:

- Using plain, easy-to-understand language whenever possible
- Providing advance notice and timely updates to reduce uncertainty and confusion
- Striving to apply a “no surprises” approach for staff, partners, and the community
- Creating opportunities for questions, dialogue, and understanding

Timely, Accurate Information and Meaningful Engagement

We will support informed decision-making by ensuring information is accurate, timely, and accessible, and by creating meaningful opportunities for engagement and feedback.

This includes:

- Using digital platforms and tools to improve access to information
- Providing clear timelines, expectations, and next steps wherever possible to reduce uncertainty and support informed understanding
- Sharing updates on progress, service changes, and outcomes
- Listening to feedback
- Demonstrating how input is considered and informs our way forward

Deliver Coordinated, Responsive Communications that Support Trust and Reputation

We will take a coordinated, organization-wide approach to communications that supports trust, confidence, and a positive reputation.

This includes:

- Aligning communications across programs, sites, and partners
- Supporting leaders and teams with consistent messaging and tools
- Integrating communications early into planning and operational initiatives
- Avoiding information overload while ensuring important information is shared

Maintain Proactive, Trustworthy Media and Public Relations

We will maintain proactive and responsive relationships with media and the public to support accurate, balanced, and responsible coverage of Riverside Health Care.

This includes:

- Providing timely, factual, and contextual information to the media
- Supporting transparency and accountability in public communications
- Using social and digital platforms to share accurate, patient-focused information
- Helping ensure Riverside's story reflects both challenges and progress

Through this approach, Riverside Health Care strives to be recognized as a trusted, people-centred partner, committed to clear communication, meaningful engagement, and transparency in support of high-quality health care.



Our Communications Team

Riverside's Communications department is a small, centralized team responsible for supporting effective, accurate, and timely communication across the organization. The Communications team consists of two roles, including one off-site contract position, and reports directly to the President and Chief Executive Officer. This structure supports close alignment with organizational priorities, senior leadership decision-making, and Board governance.

CORE AREAS OF RESPONSIBILITY

The Communications team's responsibilities span three core service areas:

Corporate & Executive Communications

Supports organizational leadership, governance, and system-wide communications.

This includes:

- Media relations and issues management
- Emergency and time-sensitive communications
- Corporate publications, reports, and formal communications
- Strategic communications planning, development, and advice
- Executive, leadership, and Board communications support
- Internal communications and staff-facing information, staff engagement and recognition
- Patient, resident, client, family/SDM, and community communications, as well as partner engagement.
- Ad-hoc support for community partners

Digital Experience

Ensures Riverside's digital communications are accessible, consistent, and effective.

This includes:

- Website content, operations, and website governance - including intranet/portal
- Social media channels and corporate account standards (includes two partner channels)
- Digital information accessibility and usability
- Analytics, evaluation, and reporting on communications activity
- Use of digital tools to support engagement and information sharing

Marketing & Creative Services

Supports awareness, engagement, and storytelling across programs, services, and initiatives.

This includes:

- Advertising support and management
- Brand Strategy
- Fundraising communications support and donor stewardship messaging
- Creative services, including design, multimedia, and content development

A SHARED RESPONSIBILITY

While the Communications team provides expertise, coordination, and tools, communications at Riverside Health Care is collective in nature. Leaders, managers, physicians, Board members, and staff all play a role in communicating clearly, respectfully, and consistently with those we serve, colleagues, and the community.

This shared approach strengthens trust, improves understanding, and ensures Riverside speaks with a clear and unified voice.

HOW THESE AREAS WORK TOGETHER

While these service areas are described separately, they function as an integrated communications approach. Projects and initiatives often span all three areas to ensure communications are strategic, accessible, visually clear, and aligned with Riverside's priorities.

WHO WE SERVE

The Communications team supports clear, consistent, and meaningful communication across the Rainy River District, serving a wide range of audiences connected to our care, services, and operations.



OUR COMMUNITIES

Riverside proudly serves the Rainy River District in Ontario's Northwest Region, a geographically large and diverse area made up of incorporated municipalities, unorganized territories, and vibrant Indigenous communities. The district includes ten municipalities, multiple unorganized areas, ten First Nation communities, and two Métis Councils. Together, these communities reflect a rich mix of rural, urban, and remote settings, with strong cultural, social, and economic ties across the region. Riverside's services are designed to respond to the unique needs of this diverse catchment area, ensuring care is accessible, culturally respectful, and community-centred.

At a Glance:



20,000+ residents across the Rainy River District



10 incorporated municipalities, plus unorganized areas



10 First Nation communities and 2 Métis Councils



15,500+ square kilometres of service area



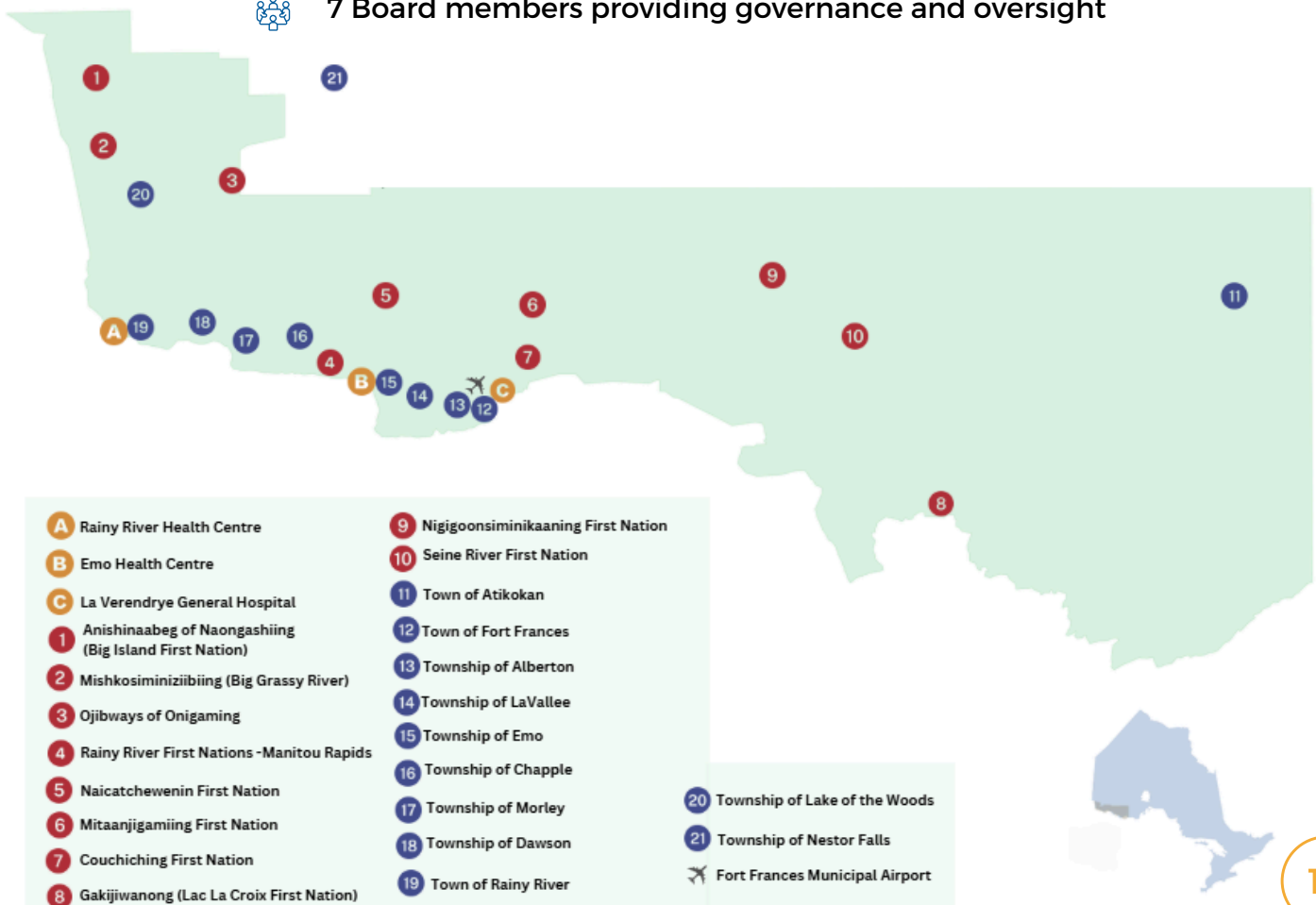
718 staff members delivering care and support services



14 active physicians providing medical leadership and care



7 Board members providing governance and oversight





Looking Ahead: 2026–27

The 2026 Communications and Community Engagement Action Plan reflects an annual review and update of Riverside Health Care’s communications priorities and continues to guide activity across the 2025–26 and 2026–27 fiscal years.

While refreshed for 2026, the goals and focus areas within this plan are designed to provide continuity and momentum over a two-year operational horizon, allowing communications work to deepen, mature, and adapt as organizational needs evolve.

Ongoing evaluation and environmental scanning will inform future updates, ensuring communications remain aligned with Riverside’s Strategic Plan and Strategic Communications Framework, while remaining responsive to system pressures and community expectations.

Conclusion

This 2026 Communications and Community Engagement Action Plan provides a focused, practical roadmap for advancing Riverside Health Care’s communications priorities within a broader, multi-year context.

As an annual Action Plan, it reflects Riverside’s commitment to intentional review and continuous improvement, ensuring communications priorities remain aligned with organizational direction, operational realities, and the needs of the communities we serve. By grounding annual communications activity in Riverside’s Strategic Pillars and Strategic Communications Framework, this plan supports people-centred, transparent, and accountable communication practices that strengthen organizational sustainability and community trust.

Through collaboration with leadership, the Board, staff, physicians, partners, and the community, Riverside’s Communications function will continue to support clear understanding, meaningful engagement, and confidence in the care and services provided across the Rainy River District — today and into the future.



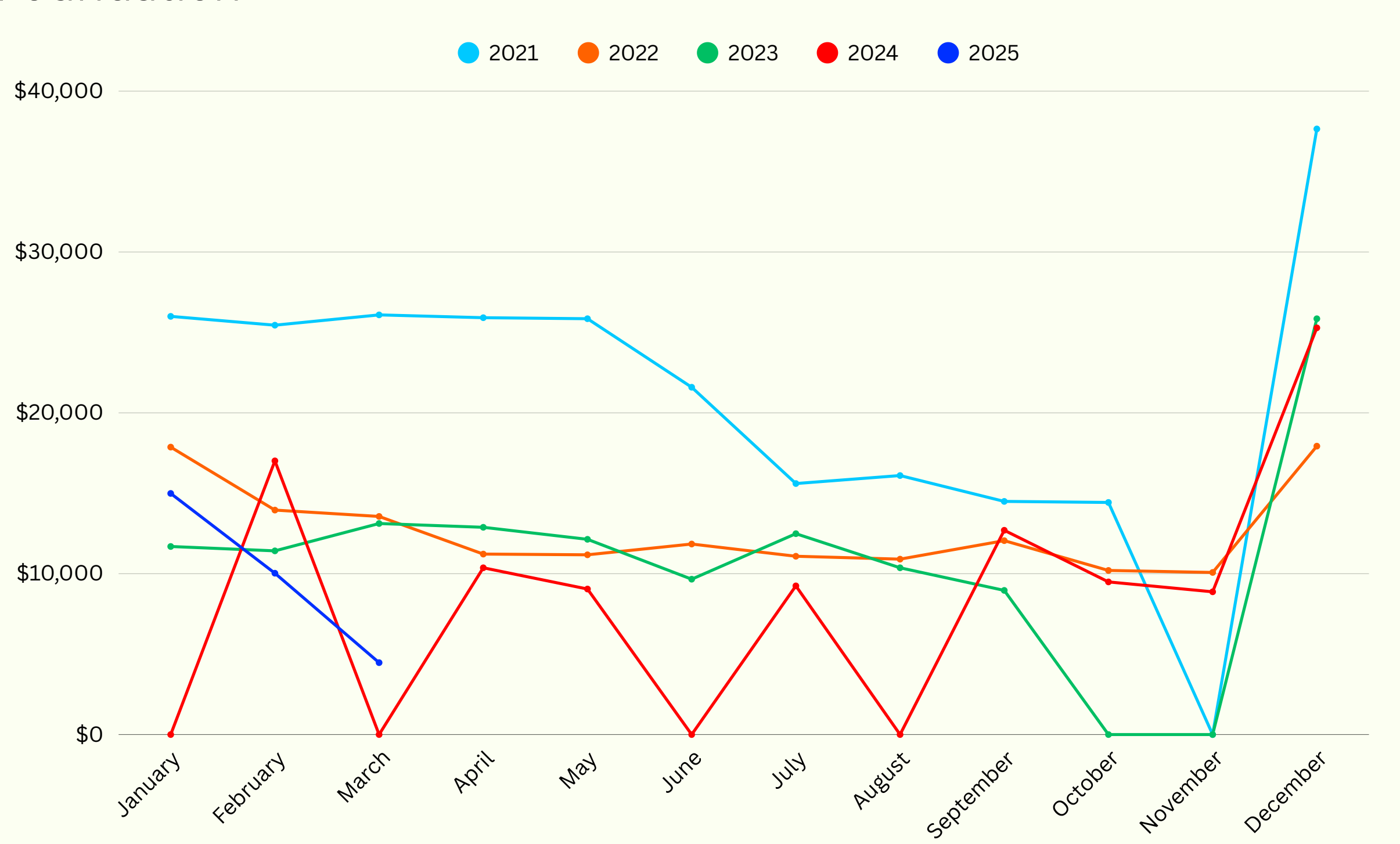
**Riverside
Health Care**

www.riversidehealthcare.ca

2026

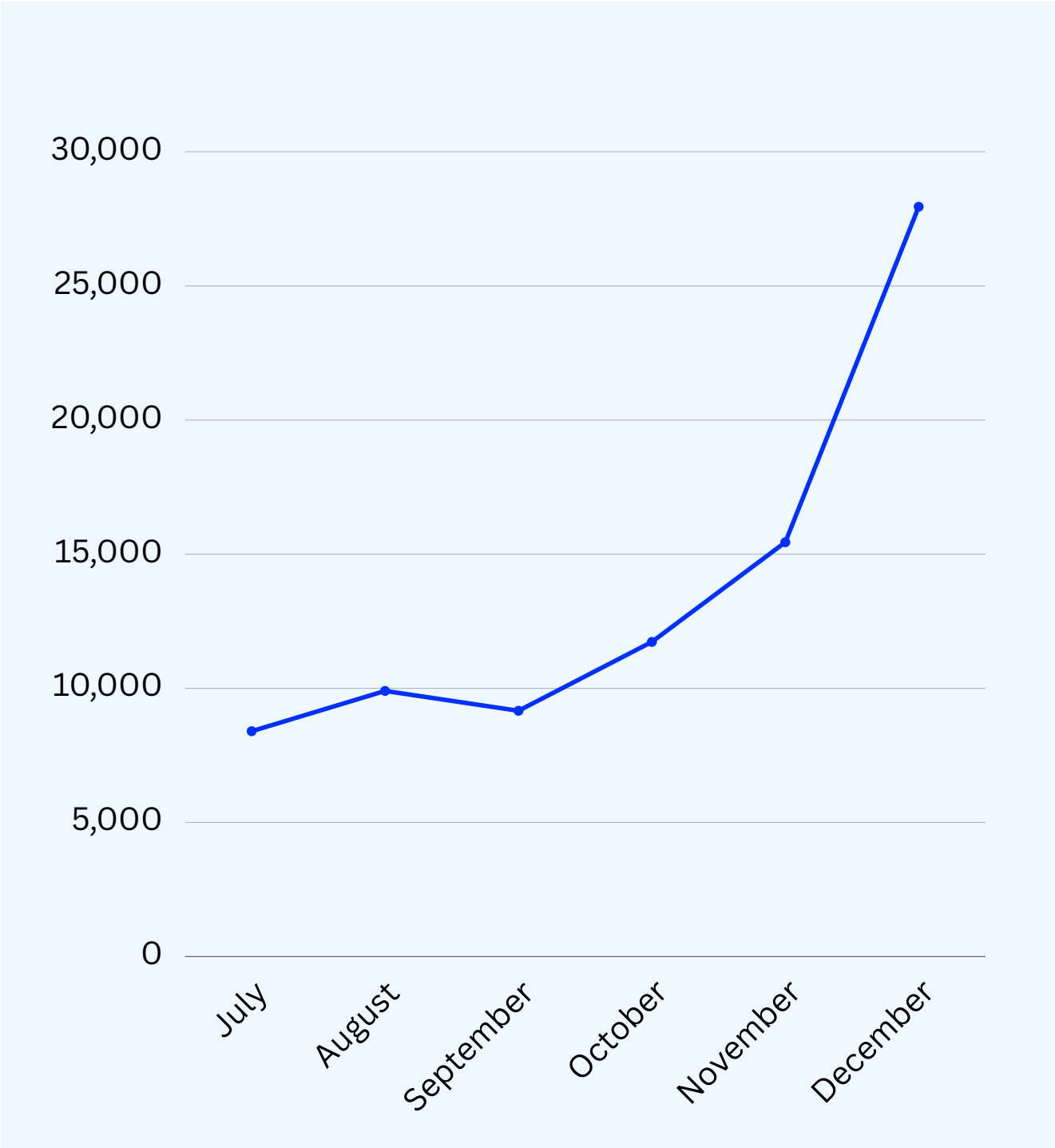
50/50 Jackpots

Foundation

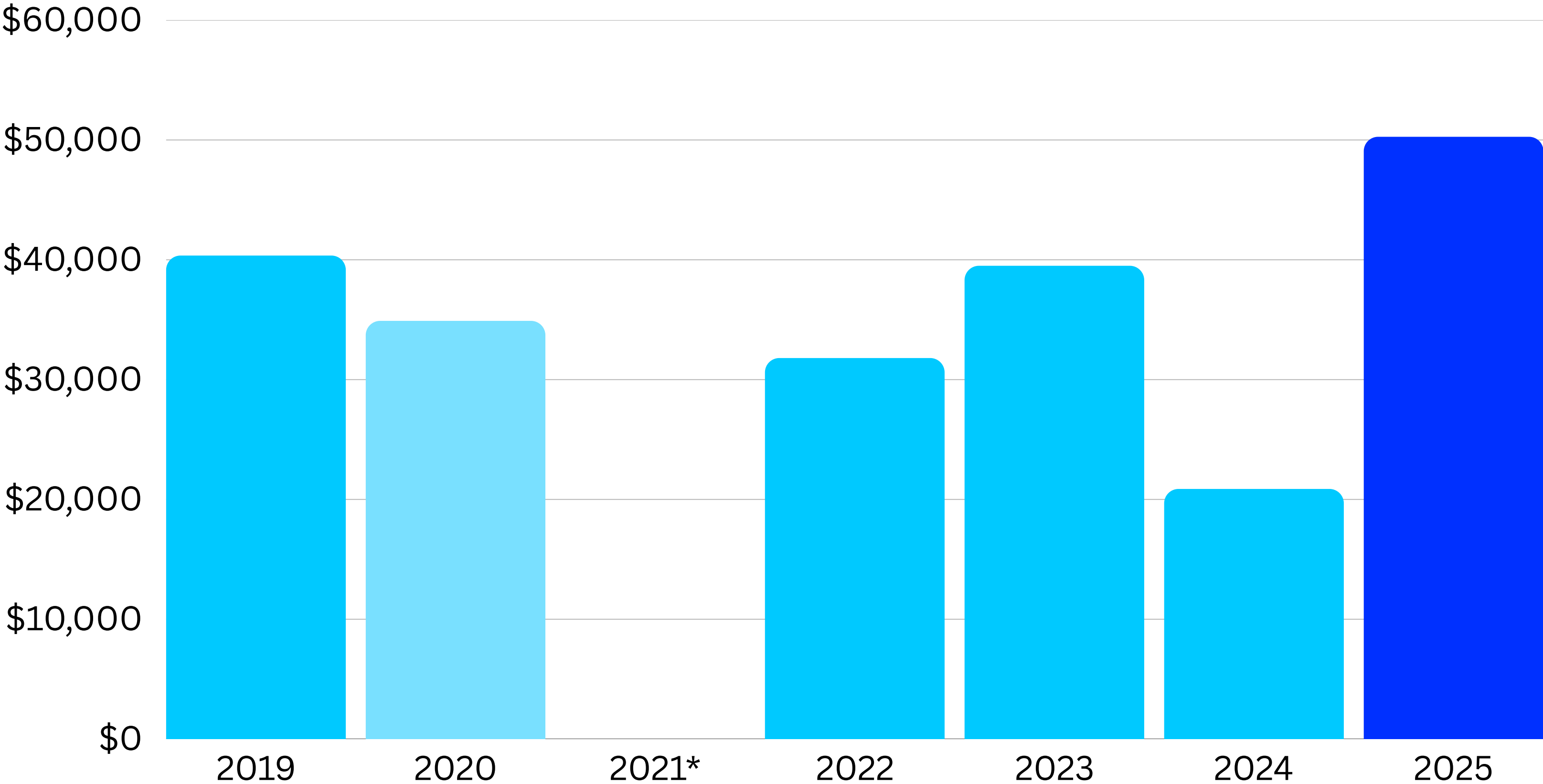


- Notes:
- December 2021 \$37,650 jackpot was a 2-month combined drawing
 - 2024 Combined Draws (Jan & Feb, March & April, June & July, August & September)

RHC July - December 2025



Holiday Appeals



*Did not run a holiday appeal in 2021 because of the “Picture This” campaign

Summary:

The top organizational risks were reviewed in July 2025 and December 2025 where the risk rating was updated for each identified risk. Great efforts and focus on recruitment for Rainycrest has been very successful with the LMIA program which has reduced the risk of HHR shortages in that home, projecting that early to mid 2026 agency staff will be eliminated. LVGH however does continue to have clinical HHR shortages especially in the specialty areas which have been maintained with agency staff. HR efforts continue to secure specialty trained nurses to mitigate this risk, which resulted in the rating remaining severe.

Ensuring safety of RHC staff from violence has been a focus with the establishment of Security 24/7 onsite at LVGH with plans for having our own security program. Additional measures include the expansion of FOB access that enhances ability to lock down areas limiting access along with addition of more CCTV camera views. Annual education requirements for all staff on Code of Conduct and Workplace Violence also occurs with HR follow-up on any breach of these policies. The overall risk rating has been reduced due to all these measures.

An additional top priority risk for the organization has been added related to the Financial risk of maintaining sufficient cashflow to manage day to day obligations. Given current capital projects and unfunded increased costs, cashflow is inadequate to address day to day operating, increased demands as well as the numerous capital projects. Cashflow management requirements intensify with Ontario Health and Ministry of Health where funding relies on having one time funding expedited.

The majority of remaining top risks remained with the same rating despite many mitigation strategies being achieved and focused on as significant gain can be quite timely.

Risk Identification		Trending		Current Status
NAME OF RISK				
Human Resources: Recruitment and Retention Risk that RHC is not able to attract or retain qualified resources in light of competing or limited talent resources in geographical area and effectively managing operations.	Initial Level Mar 2022	Previous Level	Current Level	Risk Mitigation Achieved: 1. Offering relocation allowance and temporary housing to those moving to FF for work at RHC. 2. Dec 3, 2025, all vacant RPN lines at RC have offers out. Will rely on agency until onboarding complete. Will not require LMIA at this time. Current Risk Mitigation Focus: 1. Preperation for application LMIA RN - EHC/RRHC/LVGH. 2. Supporting international trained nurses to navigate educational requirements to work up to full scope of practice. 3. ongoing monitoring focus on HR hosptial nursing vacancies 4. Director of Nursing and Director of Human Resources are engaging LWDH to collaboratively work on Nursing recruitment and retention planning to reduce reliance on agency, reduce OT and positively impact sick time.
	Severe (25)	Severe (25)	Severe (25)	
	↔			
NAME OF RISK				
Human Resources: Worklife Balance Risk related to staff wellness in light of ongoing pandemic needs and HHR constraints/shortages. (i.e burnout, sustainable)	Initial Level Mar 2022	Previous Level	Current Level	Risk Mitigation Achieved: 1. Summer step challenge/Sunset photo went over well. Prizes given to winners. Current Risk Mitigation Focus: 1. UKG Payroll (Jan 2026) 2. Develop Policy/Procedure for use of CISM
	Severe (25)	Severe (25)	High (16)	
	↓			
NAME Of RISK				
Human Resources: Violence Risk of harm from violence against staff.	Initial Level Mar 2022	Previous Level	Current Level	Risk Mitigation Achieved/In Progress: 1. Phase 2 FOB expansion complete at all site 2. Continued advancement / advance of CCTV gaps 3. Code Silver mock exercise at LVGH, EHC, RRHC, Community Current Risk Mitigation Focus: 1. Development of RHC Security Team with target of April 1, 2026 start. 2. Emergency Pendant upgrade 3. Continued work on Hazard Assessments ensuring risk of violence is updated.
	Severe (20)	Severe (20)	Medium (9)	
	↓			

NAME Of RISK				
Human Resources: Development Risk of RHC not having qualified leadership to ensure the existence of competent well trained staff and ineffective oversight of resources. (HR, capital, financial, technological and service models)	Initial Level Mar 2022	Previous Level	Current Level	Risk Mitigation Achieved: 1. Various Leaders enrolled and completing role specific higher level education. 2. Additional new identified leaders current access to Harvard Mentor Manager Current Risk Mitigation Focus: 1. Develop succession plan with Senior Lead. 2. Identify successors within organization. 3. HR project, Mandatory Manager training for Managers, Union/Non Union, target spring 2026 4. Identified thirteen leaders that will be enrolled in LEADS program.
	High(12)	High(12)	High (16)	
	↑↑			
NAME Of RISK				
Leadership: Culture Risk of RHC failing to engage staff will result in recruitment/retention issues, service continuity challenges, organizational reputational risks and constraint on advancing strategic plan.	Initial Level Mar 2022	Previous Level	Current Level	Risk Mitigation Achieved/In progress: 1. In person staff Indigenous training in progress 2. Third party review to implement recommendations for Rainy River Clinic including Mon-Fri Nurse Practitioner, schedule for virtual and onsite Physician coverage. 3. Municipality Meetings continue to be held quarterly 4. Physician worklife pulse review showed great improvement from previous in 2023. Current Risk Mitigation Focus: 1. Introduction of updated RHC Innovation Program 2. Ethical review of OHT partnership 3. Managing reputational risk related to Riverside Foundation for Health Care 4. Level of agency staff, requires ongoing sensitivity and responsiveness as we improve the percentage of permanent RHC staff.
	High (15)	High (15)	Medium (6)	
	↓↓			
NAME Of RISK				
Leadership: Information Gap Risk of RHC ineffective processes is adverse impact on patient care experience and retention challenges resulting from ineffective process design.	Initial Level Mar 2022	Previous Level	Current Level	Risk Mitigation Achieved: 1. Revitalization of Patient and Family Advisory Council with first meeting January 2026 2. Deployment of Kiosks for satisfaction survey 3. Current Risk Mitigation Focus: 1. Focus on replacement for software solutions for incident reporting, Staff Health, IPAC and Quality Auditing 2. Policy/Procedure redesign 3. UKG HR/ Payroll Solutions 4. Complexity of BridgeNW Meditech Expanse Program
	High (15)	High (15)	High (15)	
	↔			
NAME Of RISK				
Finance: Revenue / Funding: Risk of RHC having decreased cashflow for day to day operations..			Initial/Current Level Dec 2025	Risk Mitigation Achieved: 1. December:Received one time pressures relief funding Current Risk Mitigation Focus: 1. CEO participate with NW Region Crisis Management of Hospitals 2. CFO submits weekly cashflow to Ontario Health and Ministry of Health
			Severe (25)	
NAME Of RISK				
Information Management/Technology: Breach / Loss of Information: Risk of RHC system failure resulting in loss of business continuity, privacy and reputational (modernizing email/office, disaster recovery)	Initial Level Mar 2022	Previous Level	Current Level	Risk Mitigation Achieved: 1. Multi-factor authentication implemented across NW region 2. DNS-Layer security implemented at all RHC locations 3. Migrate Goldcare database to cloud-based archive Current Risk Mitigation Focus: 1. Web access layer security 2. Browser-based credentials 3. Secure VPN for mobile users
	Severe (20)	Severe (20)	High (15)	
	↓↓			

NAME Of RISK				
Information Management/Technology: System Technology Failure: Risk of RHC system failure resulting in loss of business continuity (replace aging phone system, Wifi, camera systems, routers/switches)	Initial Level Mar 2022	Previous Level	Current Level	Risk Mitigation Achieved/In progress: 1. Vulnerability management has been implement in the NW region 2. UPS units audited monthly Current Risk Mitigation Focus: 1. Dedundant systems for network services in planning stages 2.Wireless network replacement RFP responses being reviewed
	Severe (25)	Severe (25)	High (16)	
				
NAME Of RISK				
Facilities; Aging/ Maintenance: Risk of RHC not advancing technological and aging infrastructure and redevelopment plan.	Initial Level Mar 2022	Previous Level	Current Level	Risk Mitigation Achieved/In Progress: 1. Rainycrest roof replacement ongoing in stages over time. (Phase II tender documents complete, awaiting funding approval) Estimate completion March 31, 2026 2. New HVAC system at Rainycrest, contractors on site starting project.Estimate date of completion December 2025. Current Risk Mitigation Focus: 1. 52 wing roof replacement - several leaks over the last coiuple of years. 2. Controls for all elevators. - Front entrence elevators door controls will need to be reworked. System needs to be assessed for elevator needs. 3. Vacuum pump replacement - old unit having problems getting parts. This will be a HIRF Project this year. 4. LVGH new generator that will allow for power of entire facility during power outage with minimal interruption of day to day operation including ability to continue with CT scan and future MRI as well as running airconditioning during summer months. Estimated target date of completion Spring 2026. 5. Napra compliant funding approval for pharmacy redesign.
	Medium (5)	Medium (5)	High (15)	
				
NAME Of RISK				
Care: Access to care: Risk of RHC not being able to provide an appropriate level or access to services; risk of RHC not being able to provide services, including risk of closing services.	Initial Level Mar 2022	Previous Level	Current Level	Risk Mitigation Achieved: 1. RRHC Emergency Department Locum Physicians have signed Physician Agreements while continuing to recruit. 2. Acute care equipment standardization across all sites. 3. Extended Care Policies implmented in all LTC/Eldcap sites. Current Risk Mitigation Focus: 1. Increase in inpatient capacity to manage mental health and substance use disorders 2. RHC chosen to be a pilot site for substance use disorder integrated care pathway. Three year funding provided. Planning initiated to include community partners. 3. Ongoing Recruitment of Anaesthetist and 2nd General Surgeon. 4. Current recruitment for Emergency Department Nursing to reduce agency coverage. Exploring Ministry of Health endorsed programs such as LMIA, IEN etc
	High (15)	High (15)	High(12)	
				

INTEGRATED RISK MANAGEMENT SCALE					
LIKLIHOOD	IMPACT				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Very High (5)	Medium (5)	Medium (10)	High (15)	Severe (20)	Severe (25)
High (4)	Low (4)	Medium (8)	High (12)	High (16)	Severe (20)
Medium (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Low (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	Medium (10)
Very Low (1)	Low (1)	Low (2)	Low (3)	Low (4)	Medium (5)

Trend



Risk Rating is increasing



Risk Rating remains stable



Risk Rating is decreasing



In Camera Audit & Resources Committee Report – January 2026

- 2.4.1 Minutes: Audit & Resources Committee *
November 20, 2025 – reviewed and approved by the Committee
- 2.4.2 Presentation: Insurance Review – HIROC Overview *
- 2.4.3 Talent Management *
- 2.4.4 Bad Debts *
- 2.4.5 Colliers – Project Status Report *
- 2.4.6 Surge Education & Performance Conversations – Year End Report *
- 2.4.7 H-SAA Notice of Performance Factor *

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

Date of Meeting: November 20, 2025

Time of Meeting: 4:00 pm

Location of meeting: LVGH – Board Room / Webex

PRESENT: H. Gauthier D. Pierroz C. Larson*
 M. Jolicoeur B. Norton* *via Webex

REGRETS: M. Kitzul, E. Bodnar

1. WELCOME AND ROUND TABLE CHECK IN:

B. Norton called the meeting to order at 4:14 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:

D. Pierroz declared a conflict with item 6.5.

It was,

MOVED BY: M. Jolicoeur

SECONDED BY: D. Pierroz

THAT the agenda be approved as amended.
CARRIED.

3. REVIEW OF MEETING MINUTES: October 23, 2025:

It was,

MOVED BY: D. Pierroz

SECONDED BY: M. Jolicoeur

THAT the minutes of the previous meetings held on October 23, 2025, be approved as circulated.
CARRIED.

4. BUSINESS ARISING:

There were no matters arising.

5. STANDING ITEMS:

5.1 Financial Report – October 2025

Carla reviewed the circulated in detail highlighting the following:

- At the end of October, the combined deficit is approximately \$9.1 million.
- Hospital deficit is roughly \$5.8 million.
- Rainycrest deficit is roughly \$3.2 million.
- The call system at Rainycrest needs to be replaced unexpectedly at a cost of approximately \$800k plus. Henry noted this system is an urgent purchase. It is a very old system and currently in failure. Carla confirmed she has reached out to MOHLTC and requested funding for this. If no funds are provided, we will need to absorb this cost. Henry noted we are expecting a decision due to the urgency and need for this purchase.
- Carla noted the hospital position degraded a bit due to the increased census, recruitment

challenges and the grow your own staff programs, all contribute here.

- Discussion took place regarding community health programs that are funded. Further discussion occurred around CHC models, community supports, the homeless population and how this affects our services and ER departments. Henry discussed the importance of DSSAB connecting with mental health supports in the community.
- Carla highlighted the Rainy River Clinic revenue and expenses. If we do not receive funding for this, this is added to the deficit position. Henry discussed the RNPGA and how the funds flow.

5.2 OT, Sick & FTE Reports – October 2025

Carla reviewed highlighting the following:

- There have been no improvements.
- Carla shared HR, financial and clinical areas met to discuss the OT and discuss solutions to address it. We are hoping to see some gradual change.
- There is some sick time abuse, however this is not huge. We are seeing an increase in sick time during outbreaks.
- OT is regularly being used to upstaff and fill vacant positions, shadowing and mentoring staff, fill vacation requests and due to the implemented adjustments to the increase in hours with LTC.
- A draft plan was discussed. We need to work on filling vacant positions and start to compile a casual pool.
- We will also be looking at renegotiating agency contracts to see if we can get the wage lower.
- There's a plan to implement OT maximums. We plan to get a threshold to cover staff and not go over this. Staff are burning out.
- We understand this is a problem, however, it is out of our control.
- Discussion took place regarding the minimum time a casual needs to work and when they are removed from the casual list. Henry confirmed HR is working on cleaning this up.
- We are also seeing a trend where full time staff that want to move to the casual list so they can pick and choose their shifts.
- Further discussion took place around long-term and short-term disability and the abuse around this.
- Carla discussed challenges with replacing seasoned workers.

6. NEW BUSINESS:

6.1 Board & Management Travel

Ben reviewed for information. Discussion took place regarding mileage. Henry noted we take our corporate vehicles to travel. This is recommended not only for Senior Leaders but for all staff. Mileage submissions are minimal.

6.2 Budget Planning

Carla shared since COVID, hospitals have not been required to submit a Hospital Accountability Planning Submission (HAPS) or a Long-Term Care Accountability Planning Submission (LAPS) however, we are going to do this regardless for 2026-27. Carla noted we are a little behind as we try to start this in November. The hope is to have these go to the Board in January and the Ministry in March. Carla confirmed the process involves reviewing the payroll budget including wage increases. She discussed the process involved noting we pull everything together, review and approve as a Senior Team prior to it coming to the Board. Then the Board approves and then we send to the MOH and OH. The draft budget target is for January.

6.3 CEO Compliance

Carla reviewed the briefing note and discussed the process and purpose of this. She confirmed this is done annually. Henry shared the OHA recommends this as it adds protection for the Board.

It was,

MOVED BY: D. Pierroz

SECONDED BY: M. Jolicoeur

THAT the Audit & Resources Committee recommends that the Board of Directors approve the CEO Certificate of Compliance for the period from April 1, 2025, to September 30, 2025.
CARRIED.

6.4 Master Service Plan (MSP) / Master Capital Plan (MCP) Update

Henry provided an update sharing Colliers have initiated their onsite work and spent 3 days meeting with staff and management. They are pulling together their findings. Henry noted more engagement still needs to occur. We will see what comes of this and how effective they are. We hope to see some results.

6.5 Non-Union/Management Wage Increase

D. Pierroz declared a conflict with this item and exited the meeting.

Ben reviewed the briefing note. Henry discussed the history around salary increases and ranges noting in past years the unions would receive wage increases, however sometimes non-union staff would not. This is no longer the case. Henry shared we are also moving forward like our partner hospitals as well as we need to remain competitive and sustain staff.

Ben confirmed this was for information for the Board.

7. SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

D. Pierroz returned to the meeting.

7.1 Meeting Summary: November Board Meeting Agenda Items

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

Open Session – Consent Agenda:

- 6.1 Financial Report – October 2025

Open Session – Separate Agenda:

There were no separate items for the Open Session agenda.

In-Camera – Consent Agenda:

- October 23, 2025, Meeting Minutes
- 6.1 Board & Management Travel
- 6.3 CEO Compliance
- 6.5 Non-Union/Management Wage Increase Briefing Note

In-Camera – Separate Item:

- Audit & Resources Verbal Update

8. DATE OF NEXT MEETING:

January 22, 2026

9. **TERMINATION:**

The meeting terminated at 5:02 pm.

Chair
/bb

Recording Secretary



PARTNERING TO CREATE THE SAFEST HEALTHCARE SYSTEM





Riverside Health Care Facilities Inc.

Presentation to the Board Audit & Resources Committee

Shahbaz Haque, VP, Insurance Services
Winnie Fu, Lead, Account Operations

January 22, 2026

PARTNERING TO CREATE THE SAFEST HEALTHCARE SYSTEM



Privileged and Confidential

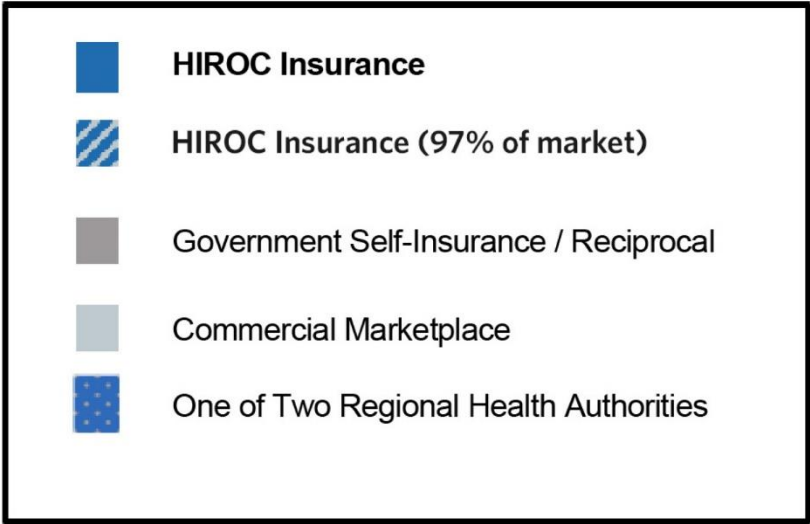
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- About HIROC
- Current Insurance
 - Reciprocal “HIROC Composite Policy”
 - Brokerage Policies
 - Cyber Insurance Summary
- Risk Management Tools & Resources

About HIROC



Insurance landscape



Advantages of a Reciprocal



- Subscriber-owned, not-for-profit
- Governed by our Subscribers
- Return of surplus – over \$260 million
- Commitment to risk management (5% discount to participating Subscribers in the Risk Assessment Checklists [RAC] program)
- 99% Subscriber retention rate

Insurance Services

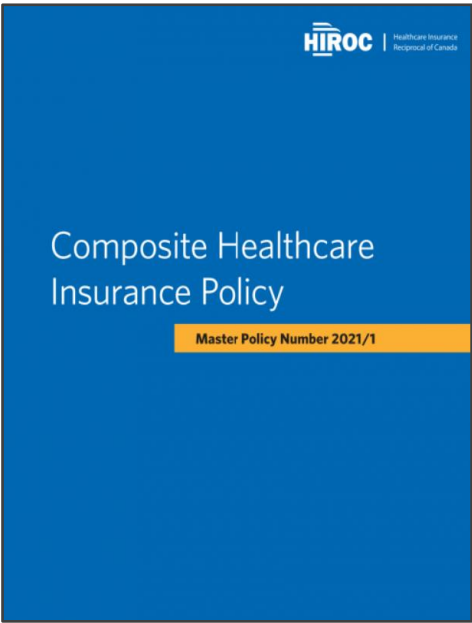


Coverage provided by the Reciprocal and Brokerage



Reciprocal – “The HIROC Policy”	Brokerage
Commercial General Liability	Property
Healthcare Professional Liability (Medical Malpractice)	Equipment Breakdown
Directors & Officers Liability	Auto (Fleet & Garage)
Environmental Impairment Liability	Standalone Cyber Liability
Non-Owned Automobile Liability	Travel Accident, Occupational Accident
Crime Insurance	Construction Projects
Clinical Trials Insurance	Foreign Clinical Trials & Consulting
Cyber Liability	Human Rights Tribunal (via standalone D&O Policy)
Voluntary Medical Payment (no fault; maximum \$10,000)	Employment Practices Liability (via standalone Policy)
HIV/AIDS Supplementary Payment (maximum \$150,000)	Event Liability Insurance
Abuse Coverage	Legal Expense Insurance

The HIROC Policy



- A Bodily Injury (incl. Personal Injury)
- A1 Advertising Injury Liability
- B Third-Party Property Damage
- B1 Tenant’s Legal Liability
- C Healthcare Professional Liability
- C1 Blood Transfusion Legal Liability
- D Contingent Employers’ Liability
- E Employee Benefits Liability
- F E&O/D&O Liability
- G Environmental Impairment Liability
- H Non-Owned Automobile Insurance
- I Crime Insurance
- J Property Insurance (Optional)
- K Cyber Liability Insurance

Insurance Limit – Liability & Crime



HIROC Composite Liability & Crime Policy

Common Renewal Date: January 1

- **Riverside Health Care Facilities Inc.** purchased **\$25 million** Limit per **occurrence**, with no annual aggregate
- Sub-limits:
 - \$2,000,000 – Crime/Employee Dishonesty
 - \$200,000 – Loss Inside/Outside Premises, Money Orders & Counterfeit Paper Currency, Depositor's and Credit Card Forgery, Third-Party Computer & Funds Transfer Fraud, Social Engineering Fraud
 - \$50,000 – Audit expense to establish or quantify a crime loss (**any one occurrence/\$100,000 aggregate**)
 - \$5,000,000 – Cyber Liability (**any one occurrence/aggregate**)
 - \$500,000 – Cyber Expenses (**any one occurrence/aggregate**)
 - Unlimited legal & defence costs (**in addition to limits purchased**)

Current Policies (Reciprocal and Brokerage)



Policy	Term	Insurer	Limit
Liability and Crime	2026-2027 JAN-01	HIROC	\$25M
Property	2025-2026 JUL-01	HIROC (Primary)	\$1M
		FM/Zurich	\$2B
First Party Cyber		HIROC	\$1M
Terrorism		Lloyd's	\$2B
Equipment Breakdown	2025-2026 JUL-01	HSB	\$200M
Travel Accident & Occupational (Board Members & Volunteers)	2025-2026 JUL-01	AIG	\$100k Principal Sum/ \$2.5mAggregate
Automobile	2025-2026 JUL-01	Northbridge	\$5M
Standalone Cyber			
	2025-2026 JAN-30	BRIT	\$5M

Table above shows the current insurance policies purchased through Healthcare Insurance Reciprocal of Canada and the HIROC Brokerage.

Please refer to your Certificates of Insurance for full policy details, including limits of insurance and deductibles.

Privileged and Confidential - This document contains confidential legal, personal, commercial, and/or financial information and information that is subject to solicitor-client privilege. This document and the information contained within it: (1) may be used by your organization for your own internal quality and risk management purposes only; (2) are not to be disclosed to anyone other than the appropriate individuals within your organization, except with HIROC's express consent or, following consultation with HIROC, as may be required by law; and (3) are not to be automatically released, unless with HIROC's consent, in response to requests made under federal or provincial access to information laws.

Insurance Limits – Peer Comparison



- Your underwriting peer group is G1 which are hospitals of similar composition with 151 to 400 beds, including out-patient activity equivalents
- There are currently 25 Ontario subscribers in this underwriting peer group
- Subscribers in your peer group and province currently carry the following limits:

Underwriting Peer Group	LIMITS OF INSURANCE CHOSEN						
	\$5M	\$10M	\$15M	\$20M	\$25M	\$30M	\$35M
G1	0	1	1	7	11	4	1
	0.00%	4.00%	4.00%	28.00%	44.00%	16.00%	4.00%



Cyber Insurance Coverages



Core coverage areas:

- **Network Security and Privacy Liability**
When a third-party (e.g. a patient, employee, customer) seeks compensation for damages due to your failure to protect their sensitive personal information from a Cyber event.
- **Network/Data Restoration & Interruption**
Coverage for the costs to repair, restore, or replace your own network after a cyber event. Includes any extra expense and loss of income incurred during the restoration period.
- **Crime**
Electronic theft of funds, Social Engineering Fraud (an employee is deceived into sending payment to a cybercriminal).

Common supporting coverages:

- **Event/Breach Support Expenses**
Auxiliary costs to mitigate impact of a privacy breach. Costs include notification and credit monitoring services to breach victims, public relations support.
- **Privacy Regulatory Defense and Penalties**
Legal costs to defend against privacy regulatory actions and subsequent fines.
- **Extortion/Ransom Demand**
Reimbursement for money (including cryptocurrency) paid to a cybercriminal after a network extortion threat.
Payments made in the attempt to reduce the costs of data restoration or third-party liability claims.

**** Coverage is subject to policy terms, conditions, exclusions and limit of the policy.**

Cyber Liability Insurance Summary



COVERAGES	TYPE	HIROC	Lloyd's of London (BRIT)
Network Security and Privacy Liability	Liability	\$5,000,000	
Event/Breach Support Expenses (i.e., notification costs, credit monitoring, regulatory fines)	Liability	\$500,000	
Data Restoration/Network Interruption	Property	\$500,000	
Excess Data Restoration/Network Interruption - Coverage applies <u>in excess of</u> HIROC's \$500,000 Limit - Shared limit among all subscribers (first come, first served basis) <i>*Subject to an aggregate limit of \$5,000,000 <u>shared</u> between all Subscribers with a HIROC Property Policy</i>	Excess	\$1,000,000	\$5,000,000
Extortion/Ransom Demand	Liability	\$75,000	
Cyber Crime	Crime	\$200,000	\$250,000

Healthcare Safety and Risk Management



Some Key Expertise

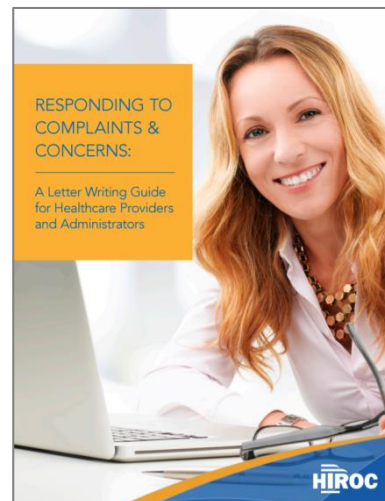
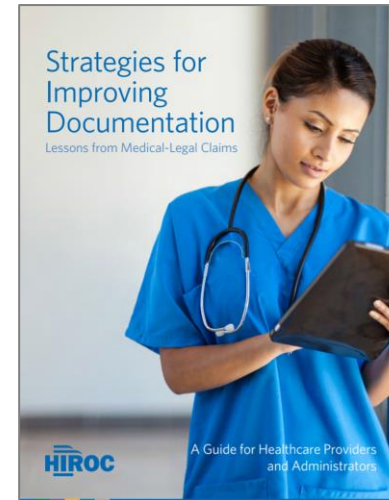


- Healthcare Risk Management
- Patient/Resident/Client Safety
- Healthcare Providers Safety
- Systems Thinking
- Clinical Risk Management
- Quality Improvement
- Change Management
- Human Factors
- Cyber/AI Risk Management
- Claims Data Informatics
- Healthcare Leadership
- Integrated/Enterprise Risk Management (IRM/ERM)
- Knowledge Translation

Based on:

- Evidence-based best practices
- Claims data
- Journal reviews
- Query trends
- Healthcare trends
- Subscriber input

HIROC resources





- ***“The Subscriber shall, as soon as practicable, notify HIROC upon learning of an “occurrence or accident involving injury, death, property damage or otherwise likely to involve coverage.”***
- **Potential Triggers:**
 - Statement of Claim / Notice of Action
 - Letter of demand
 - Adverse incident
 - Concerns with Standard of Care
 - Correspondence from a law firm / demand for records

How to Reach Our Teams



- General inquiries about coverages, website access, or other HIROC services
inquiries@hiroc.com
- Third-party certificate requests/proof of insurance documents (e.g. leases)
certificates@hiroc.com
- Contract review of liability and property insurance requirements and indemnity clauses
contracts@hiroc.com
- Questions about actual or potential claims
claimsinquiry@hiroc.com
- Questions about risk management/patient safety or services/resources
riskmanagement@hiroc.com



QUESTIONS?

Winnie Fu (wfu@hiroc.com)
Shahbaz Haque (shaque@hiroc.com)

Riverside Health Care Facilities SHRP - Talent Management Plan

Kelly Woods, Director, Human Resources
Updated January, 2026

Workforce Planning

Initiative	Action	Responsibility	Timeline	Status
Strategic HR Planning Guide	- Review of existing positions and vacancies - Review of workforce demographics - Review of strategic plan and org structure	Director HR/HR Team	Ongoing work	The strategic planning guide is ongoing.
Talent Mapping	- Develop Talent Planning Matrix - Leadership completes Matrix. - Executive review and part of Strategic HR Plan.	- Director HR/HR Team - Executive Management Team. - Leadership Team	July 2026	- The information will be processed and used for development of Succession Management plans, personal development plans, etc. - Some Directors have been identifying successors.

Workforce Planning Cont.

Initiative	Action	Responsibility	Timeline	Status
Review of Employee Demographics /Staff Recruitment	- Retirement projection by department and classification - Review effectiveness of current recruitment methods - LMIA/Temporary Foreign Worker	- HR Director/HR Team/Payroll Team - HR Team - HR Team	- Progressing, continuous ongoing work to recruitment methods (targeted ads) - On going.	Continuous work being done.
Review of Local Competitive Environment	- Examine position that left for other local work environments and why? - Turnover documentation review - Exit interview review.	- Director HR and Leadership - HR Team - HR Team	On going.	- New exit interview process developed and reported monthly to CEO - Local salary reviews to ensure competitiveness where required, continuous work on this item.

Recruitment System Development

Initiative	Action	Responsibility	Timeline	Status
Review of alternative methods of recruitment Review methods to encourage RN's to speciality positions	- Educational program development i.e. PSW to RPN bridge, RPN to RN bridge, Grow your NP - Develop a system to encourage Med Surge RN's to take Speciality courses	- HR Team/ RC Administrator - HR /Nursing/ Leadership - HR/Nursing/Leadership	- Some programs underway. - Review underway	- Currently working on a support plan for those PSW's earning RPN, RPN to RN, RN to NP. - Agency numbers dropped at RC, high at LVGH, RRHC, EHC. - Next program has begun with Con College/SGEI and started in September 2026. - Discussion between HR/Nursing to promote specialty areas.

Retention Plan

Initiative	Action	Responsibility	Status	Status
Review of targeted compensation and benefit programs	• Ensure we are competitive locally and within the Province • Benefit review/comparison	• Director HR/Other	• Adjustment to Non-Union wage rates and Benefits.	• Other Comp reviews based on need.

Retention Plan Cont.

Initiative	Action	Responsibility	Timeline	Status
Leadership Education Plan	• Training and Development that meets the needs of talent mapping T&D needs • Development of Leadership Education e.g. HR – Recruitment, Progressive Discipline, Performance Mgt. etc.	• Leadership Team • Subject Matter experts	• Underway	• Harvard Management for all Leaders. • Encourage employees to continue education with Riverside Education supports. • Introduction of the LEADS program for select staff.

HR Initiatives

- Reviewing wages in key areas, where incumbents will be retiring in the next 1-2 years.
- Working on RPN and RN recruitment/retention initiatives.
- Working with the Director of Nursing on a Riverside agency contract, creating streamlined fees and invoicing, while lowering costs.



BRIEFING NOTE

TO: Audit & Resource Committee

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

DATE: January 21, 2026

SUBJECT: Bad Debts - April 1, 2025 to September 30, 2025

SUMMARY

- 72% of the corporation's bad debt is attributed to transient patients with extensive & long hospital stays (67% of it being attributed to one patient) and 9% is related to Long Term Care accommodations. Of the total bad debt and allowance for doubtful accounts, 50% of it is Long Term Care accommodations.
- Some of the contributing factors to the debt are mental health & addictions patients who require more care & long hospital stays; a higher volume of long term care residents who are low income or are unable to manage their finances.
- The total bad debt write-off for the period of April 1, 2025 to September 30, 2025 for the hospital is \$209,637 and for long term care is \$21,125 (total of \$230,762). Please refer to Appendix A.

Information Only

Carla Larson

Attachment



APPENDIX A
Riverside Health Care Facilities Inc.
Bad Debt Summary by Service Category
For April 1, 2025 to September 30, 2025

Bad Debt Write-Off Summary	2025-2026 April 1 to June 30, 2025	2025-2026 July 1 to September 30, 2025	2025-2026 October 1 to December 31, 2025	2025-2026 January 1 to March 31, 2026	Comments
Medication and Crutches	\$170	\$0			6 patients contribute to the Inpatient bad debt in Q1/Q2. These are transient patients who have no current OHIP coverage and no fixed address. The Q2 inpatient bad debt is for one transient patient with extensive inpatient days. 2 deceased residents contribute to the Long Term Care bad debt, a significant portion of which was in our Allowance for Doubtful Accounts and has been confirmed uncollectible.
Emergency & Other Outpatient	\$10,422	\$0			
Inpatient	\$12,903	\$154,559			
Ambulance	\$4,425	\$0			
Day Surgery	\$0	\$0			
Radiology and Lab	\$14,011	\$0			
TV and Phones	\$0	\$0			
ALC	\$0	\$0			
Long Term Care Rent	\$21,125	\$0			
Eldcap Rent	\$613	\$0			
CSS	\$0	\$0			
Semi Private/Private	\$11,696	\$0			
Allowance for Doubtful Accounts moved to bad debt	\$0	\$0			
Other (Staff Benefits, O/S Loans and Vendors, Education, Agency Nursing Private Expenses)	\$838	\$0			
\$76,203 \$154,559 \$0 \$0					
Total Uncollectible and Bad Debt Write off for 2024-2025 \$230,762					
Allowance for Doubtful Accounts	Opening	April 1, 2025 to March 31, 2026	TOTAL		
LTC Allowance for Doubtful Accounts	\$147,579	\$242,725	\$390,303	7 residents make up the LTC Allowance for Doubtful Accounts. All 7 residents have had capacity assessments and all but one are waiting for financial review with ISC (Indigenous Services Canada). None of these residents have family who will act on their behalf and have significant debts. Finance works actively with PGT, ISC and ODSP to act on behalf of the residents, but Long Term Care accommodation accounts can accumulate quickly. The Indigenous Care Coordinators & the Indigenous Care Liaison have been critical to uncollectible account follow-up.	
LVGH Allowance for Doubtful Accounts (incl. Eldcap)	\$19,696	\$54,354	\$74,050		
\$167,275 \$297,079 \$464,353					
Total Bad Debt Expense & Allowance for Doubtful Accounts 2024-2025 \$527,841					



APPENDIX A
Riverside Health Care Facilities Inc.
Bad Debt Summary by Service Category
For April 1, 2025 to September 30, 2025

Bad Debt Write-Off Summary	2025-2026 April 1 to June 30, 2025	2025-2026 July 1 to September 30, 2025	2025-2026 October 1 to December 31, 2025	2025-2026 January 1 to March 31, 2026	Comments		
Bad Debt Write-Off Summary	2025-2026	2024-2025	2023-2024	2022-2023	Average of Last three years prorated at Q1 YTD	% Increase /Decrease from 3 year average	
Medication and Crutches	\$170	\$1,243	\$1,648	\$429	\$1,107	-85%	
Emergency & Other Outpatient	\$10,422	\$39,883	\$21,409	\$11,229	\$24,174	-57%	
Inpatient	\$167,462	\$27,157	\$1,190	\$1,042	\$9,797	1609%	
Ambulance	\$4,425	\$9,042	\$4,801	\$9,596	\$7,813	-43%	
Radiology and Lab	\$0	\$694	\$2,083	\$1,507	\$1,428	-100%	
Day Surgery	\$14,011	\$15,173	\$3,215	\$0	\$6,129	129%	
TV and Phones	\$0	\$0	\$0	\$13	\$4	0%	
ALC	\$0	\$18,395	\$4,225	\$9,711	\$10,777	-100%	
Long Term Care Rent	\$21,125	\$24,787	\$19,876	\$2,361	\$15,675	35%	
Eldcap Rent	\$613	\$7,267	\$9,184	\$272	\$5,574	-89%	
CSS	\$0	\$1,679	\$11	\$4	\$565	-100%	
Semi Private/Private	\$11,696	\$2,196	\$0	\$10,529	\$4,242	176%	
Other (Staff Benefits, O/S Loans and Vendors)	\$838	\$5,491	\$6,518	\$9,628	\$7,212	-88%	
Allowance for Doubtful Accounts							
Increase/Decrease	\$297,079	\$27,610	\$708	\$6,234	\$11,517	2479%	
Hospital Bad Debt & AFDA	\$263,991	\$126,542	\$54,272	\$53,955			
Long Term Care Bad Debt & AFDA	\$263,850	\$54,076	\$20,595	\$8,599			



Project
Leaders

Project Status Report December 2025



Project:

861360 - RHC – Master Program and
Capital Plan

Client:

Riverside Health Care

Contact:

Amanda Green

Project Manager:

Luke Olszewski

Document Id:

P1301-1453177308-138



Project Dashboard	Overall Status	Scope	Budget	Schedule
This Reporting Period: (as of Dec-2025)	● On Track	● On Track	● On Track	● On Track
Last Reporting Period: (as of Nov-2025)	● On Track	● On Track	● On Track	● On Track

1.0 Project Status Executive Summary

During the month of December, the Project Team progressed work to consolidate and formalize information received from RHC team members into the 1.2.2.1 Present Service Delivery Document. Prior to the commencement of the holiday period, Clubine Consulting completed the draft Long-Term Care Home service delivery document, which is currently undergoing internal review. Engagement with external stakeholders continued through December 24, 2025, immediately before the holiday break. In parallel, Colliers maintained ongoing outreach to external partners to support the scheduling of future engagement activities in the new year.

The Master Capital Planning Team was engaged to initiate a review of heat mapping drawings for each facility. Throughout the holiday period, Colliers and RHC worked collaboratively to refine and enhance the heat mapping for all facilities, providing improved clarity and a comprehensive overview for Cumulus Architects and WSP.

The Project Team is planning to review the draft Stage 1.2.2.1 Present Service Delivery Document with RHC during an upcoming Project Status Update meeting. The objective of this review is to obtain feedback from RHC to further align expectations and confirm assumptions.

Progress toward completion of the Stage 1.2.2 Service Delivery Model Report continues, with minor schedule adjustments anticipated due to summer vacation periods. In addition, the Project Team has developed enhanced risk mitigation measures related to external stakeholder interviews with municipal and First Nations partners. These updated risk mitigation strategies will be reviewed in January with the Project Team and Steering Committee in advance of finalizing interview scheduling.

2.0 Key Risk Changes – Commentary on Schedule Risk

In December, the Project Team continued engagement with external stakeholders through a series of structured interviews. These interviews are providing critical insights into healthcare service delivery across the district and will inform both the 1.2.2.1 *Present Service Delivery* and 1.2.2.2 *Future Service Delivery* components of the project.

External stakeholder interviews will continue in parallel with the development of the *Present Service Delivery* documentation. The Project Team anticipates completing all remaining interviews by January 2026. The most complex engagements involve Municipal and First Nations partners, with interview questions being developed collaboratively between the Project Team and RHC to ensure alignment, cultural sensitivity, and relevance.

2.1 Risk Description	Impact on Scope / Schedule / Budget	Risk Response
Misaligned priorities among stakeholders may cause rework, delayed approvals, or extended decision-making timelines.	Scope: Potential for rework due to conflicting inputs. Schedule: Delays in approvals and decision-making. Cost: Additional planning/consultant effort.	- Facilitate alignment workshops. - Clarify roles early. - Establish transparent decision-making forums.
Shifts in healthcare regulations, funding policies, or ministry requirements could render parts of the plan non-compliant, requiring revisions.	Scope: Plan revisions to maintain compliance. Time: Delay in approvals from the Ministry of Health (MOH) or other applicable bodies. Cost: Extra analysis and consulting costs.	- Monitor regulatory updates. - Engage the MOH early and often. - Build flexibility into assumptions.
Reliance on inaccurate or outdated data (population, facility condition, demand forecasts) could misinform recommendations.	Scope: Service planning misaligned with actual needs. Time: Delays from re-analysis and validation. Cost: Additional studies required.	- Cross-reference data sources through engaged consultant members. - Perform gap analysis. - Update datasets regularly. - Engage RHC Team Members regularly to assist in cross-referencing data.
Incorrect forecasting may result in under- or over-provision of services, leading to capacity issues or resource inefficiencies.	Scope: Services may not align with actual demand. Time: Plan revisions required if assumptions fail. Cost: Inefficient resource allocation.	- Use multiple models. - Data cross referencing with consultant team members prior to submissions. - Stress-test assumptions with sensitivity analysis.
Limited input from physicians, staff, patients, Indigenous partners, or community may cause the plan to overlook key needs.	Scope: Gaps in Master Plan due to missing perspectives. Time: Delays if re-engagement is required. Cost: Extra facilitation and communications.	- Proactively schedule diverse engagement sessions. - Offer multiple input channels by hosting 8 sessions in each area. - Escalate low participation to Steering Committee. - Municipalities & First Nations interview questions created in collaboration with RHC senior leadership.

3.0 Project Budget Summary

Financial activity in December focused on managing costs associated with the Present Service Delivery Document and engagement activities. With Change Order #1 formally approved in November 2025, no new budget amendments were required this month. Project expenditures continue to track in line with the approved budget of \$1,021,543, and there are no budget pressures or variances to report at this time.

Colliers maintained active oversight of costs throughout the month, ensuring expenditures remained aligned with approved scope and deliverables. Looking ahead, the existing budget is sufficient to support the upcoming external stakeholder engagement activities planned through January 2026.

3.1 Baseline Budget	Committed	Estimate to Complete	Estimate at Completion	Forecast Variance at Completion
1,021K	103.5K	917.5K	1,021K	0K

3.2 Project Budget Detail - By Category

Name	Budget	Committed	Estimate to Complete	Estimate at Completion	Forecast Variance at Completion
Consultant Fees Phase 1					
Colliers Project Leaders	190K	88K	102K	190K	0K
LuBrun Consulting	30K	7.1K	22.9K	30K	0K
Cumulus & WSP	168K	0K	168K	168K	0K
HH Angus	11K	0K	11K	11K	0K
BIG HealthCare	18K	0K	18K	18K	0K
Helyar Health	33K	2.5K	30.5K	33K	0K
Hanscomb	38K	0K	38K	38K	0K
Clubine	64K	5.9K	58.1K	64K	0K

4.0 Project Schedule Summary

Engagement sessions with external partners and stakeholders are scheduled to continue through December 2025 and January 2026. Insights from these sessions will be integrated with the internal findings to inform both Stage 1.2.2.1 Present Service Delivery & Stage 1.2.2.2 Future Service Delivery.

The forecasted end dates have been advanced due to Project Team vacations throughout the summer. Colliers will provide a formal Master Project Schedule update to the team mid-January 2026, highlighting synergies that can be achieved regarding the Master Capital Planning process. To expand, Colliers is developing an itinerary with Cumulus Architects and the Master Capital Planning team for the Spring, 2026. This could develop a synergy within the Project Schedule and allow both the Master Program and Master Capital Plan to proceed in tandem.

Lastly, progression of the Present Service Delivery document will see engagement from key RHC team members to further validate data collected ensuring accuracy.

4.1 Project Milestones	Planned End Date	Forecast End Date	Actual End Date	% Complete
Master Program Phase	19-Mar-26	19-Mar-26		45%
Pre-Planning & Level Set	16-Jul-25	16-Jul-25	16-Jul-25	100%
Present Service Delivery	31-Oct-25	30-Jan-26		80%
Future Service Delivery	27-Nov-25	31-Mar-26		15%
Options for Delivering Changes in Service Delivery	21-Jan-26	21-Feb-26		0%
Human Resources Plan	04-Mar-26	04-Mar-26		0%
Preliminary Operating Cost Estimate	19-May-26	19-May-26		0%

4.3 Completed Tasks (last month)	Planned End Date	Forecast End Date	Actual End Date	% Complete
Long Term Care Home Present Service Delivery Input	31-Dec-25	31-Dec-25	22-Dec-25	100%

Surge Learning Monthly Update- December 31 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	Exempt Staff (Staff not started yet)
Community Services- D. Black/G.Miller (NPSH, Transportation)	30	30/30 (100%)		30	30/30 (100%)	
Community Support Services- K. Bolen	72	72/72 (100%)		72	72/72 (100%)	Donna Skinner, Marco Mondoneda
Mental Health and Addiction, Commnity Nurse and Health System Nav.- L. Belluz/J.Ogden	13	13/13 (100%)		13	13/13 (100%)	
Risk Management- C. Cole	3	3/3 (100%)		3	3/3 (100%)	
Capital Planning and Engineering- E. Cousineau (Maintenance, Bio-Med)	14	14/14 (100%)		14	14/14 (100%)	
Nursing LVGH- J. Cousineau	105	105/106 (99%)		108	106/108 (98%)	
Finance- C. Cousineau	4	4/4 (100%)		4	4/4 (100%)	
DI and Lab- A. Faragher	25	25/25 (100%)		25	25/25 (100%)	
IST- J. Gleeson	4	4/4 (100%)		4	4/4 (100%)	
Store/Supply Chain- T. Hamilton	5	5/5 (100%)		5	5/5 (100%)	
Health Informatics and Privacy- S. Leblanc	23	23/23 (100%)		20	23/23 (100%)	Kaylen Bingham
EVS All Sites- A. Deveau	57	56/57 (98%)		57	56/57 (98%)	N. Bauman
FNS- All Hospital- N.Piotrowski	32	32/32 (100%)		32	32/32 (100%)	
FNS RCLTC- S.Monahan	18	18/18 (100%)		18	18/18 (100%)	
Payroll/Scheduling- G.Lecuyer	6	6/6 (100%)		6	6/6 (100%)	
Therapeutic/Pharmacy- H.Loney	24	24/24 (100%)		24	24/24 (100%)	
Nursing EHC/RRHC- R.Brooks	53	53/58 (91%)		58	35/58 (59%)	Charmie Trillanes
RCLTC-Nursing- S.Labelle	118	118/118 (100%)		118	118/118 (100%)	
Patient/Resident Exp.- C.McCormick	13	13/13 (100%)		13	12/13 (92%)	
Professional Practice- S. Patey	6	6/6 (100%)		6	6/6 (100%)	
Human Resources- K.Woods	5	5/5 (100%)		5	5/5 (100%)	
Rainy River Clinic - S. Ivall	3	3/3 (100%)		3	3/3 (100%)	

Surge Learning Monthly Update- December 30			
Senior Leadership	Percentage of Completion of All Staff First Month	Number of Staff Who Have Completed All Courses	Not Completed
Henry Gauthier	15/15 (100%)	15/15 (100%)	
Carla Larson	9/9 (100%)	9/9 (100%)	
Diana Harris	9/9 (100%)	9/9 (100%)	
Joanne Ogden (Includes MH&A)	17/17 (100%)	17/17 (100%)	

Performance Conversations 2025- As Of December 31, 2025			
Department- Director/Supervisor	Completed Conversation		Employees Less Than One Year
Community Services- D. Black/G.Miller (NPSH, Transportation)	David- 15/15 (100%) Gwen- 13/13 (100%)		
Community Support Services- K. Bolen	68/68 (100%)		3 new staff
Mental Health and Addiction- L. Belluz	8/8 (100%)		
Risk Management- C. Cole	3/3 (100%)		
Capital Planning and Engineering- E. Cousineau (Maintenance, Bio-Med)	14/14 (100%)		
Nursing LVGH- J. Cousineau	97/97 (100%)		16 Agency-5 new staff
Finance- C. Cousineau	4/4 (100%)		
DI and Lab- A. Faragher	25/25 (100%)		
IST- J. Gleeson	4/4 (100%)		
Store/Supply Chain- T. Hamilton	5/5 (100%)		
Health Informatics and Privacy- S. Leblanc	17/17 (100%)		6 new staff
EVS All Sites- A. Deveau	45/47 (96%)		9 New Staff, 1 PC done by NP as he was in her depart longer.
FNS- All Hospital- N.Piotrowski	26/26 (100%)		7 new staff, had done 1 old staff
FNS RCLTC- S.Monahan	15/15 (100%)		3 new staff
Payroll/Scheduling- G.Lecuyer	5/5 (100%)		One new staff
Therapeutic/Pharmacy- H.Loney	24/24 (100%)		
Nursing EHC/RRHC- R. Brooks/D.Harris	28/48 (56%)		11 Agency
RCLTC-Nursing-S.Labelle	107/107 (100%)		5 Agency 8 new staff
Amdinistrator RCLTC- Tara Morelli	1/1 (100%)		
Patient/Resident Exp.- C.Vandenbrand	9/9 (100%)		4 new staff
Patient/Resident Exp. C. McCormick	1/1 (100%)		
Professional Practice- S. Patey	6/6 (100%)		
Human Resources- K.Woods	5/5 (100%)		
Rainy River Clinic - S. Ivall	3/3 (100%)		
Total Number of Performace Converstions	548/570 (96%)		

Surge Learning Monthly Update- Perfomance Conversations as of December 31			
Senior Leadership	Performance Conversations	Remaining conversations	Employee Less than One Year
Henry Gauthier	15 out of 15		
Carla Larson	9 out of 9		
Diana Harris	3 out of 4	Stephanie Ivall (Henry has completed Stacy P.)	Stephanie is on sick leave
Joanne Ogden (Includes MH&A)	13 out of 13		Lisa Cross, Keira Govier, Zongye Meng, Craig Gustalfson



Ontario Health

North West

December 5, 2025

Mr. Henry Gauthier
President and Chief Executive Officer
Riverside Health Care Facilities Inc.
110 Victoria Avenue
Fort Frances ON P9A 2B7

Dear Mr. Gauthier:

Re: Notice of Performance Factor under Section 9.2 of Hospital Service Accountability Agreement

I am writing to advise you that Ontario Health North West has recently identified a hospital performance issue relating to the Riverside Health Care Facilities Inc.'s 2025-26 Hospital Service Accountability Agreement (HSAA). Specifically, the requirement for Riverside Health Care Facilities Inc. to provide timely notification of an imminent cash flow situation. Based on Ontario Health North West's discussions with you and your Chief Financial Officer and a review of your most recent financial statements, and cash flow forecast, your hospital will continue to be in a cash failure position by year-end.

Under Section 8.2 and 8.5 of Riverside Health Care Facilities Inc.'s HSAA pertaining to reporting, the hospital did not notify Ontario Health in a timely matter to the upcoming cash failure date which was anticipated within four weeks at the time Ontario Health North West was notified i.e. a September 12, 2025, notification for an October 9, 2025, failure. All hospitals had been asked by way of a directive email to submit a cash advance business case and supporting documents to Ontario Health 60 to 90 days in advance of an anticipated cash failure situation. Reminders are also provided monthly at the Chief Financial Officers' meeting. If a failure had occurred, and given the short timeframe, Ontario Health North West's ability to perform as required under Section 8.1 would have been compromised. Ontario Health North West was unable to pursue options on the hospital's behalf through normal course of business but rather required intervention with the Ministry of Health.

As detailed in Section 9.0 of the HSAA pertaining to Performance Management and Improvement, this letter is to formally advise you that this situation constitutes a Performance Factor under the HSAA. This Performance Factor is of concern to Ontario Health North West, given the growing cash flow pressures being experienced by Riverside Health Care Facilities Inc.

Ontario Health North West is requesting a meeting with you to discuss the causes and impacts of the late cash failure notification, Riverside Health Care Facilities Inc.'s cash flow management practices, and a Performance Improvement Plan which will include Riverside Health Care Facilities Inc.'s mitigation strategies.

In preparation for this meeting, please be prepared to discuss the causes and impacts of the Performance Factor, as well as present a draft Performance Improvement Plan with mitigation strategies.

Please reach out with any questions or concerns.

Sincerely,



David Newman
Vice President
Performance, Accountability and Funding Allocation

- c. Carla Larson, Chief Financial Officer, Riverside Health Care Facilities Inc.
Diane Clifford, Chair, Board of Directors, Riverside Health Care Facilities Inc.
Anne-Marie Heron, Director (Hospitals), Performance, Accountability and Funding Allocation

December 5, 2025
ADM-185

David Newman
Vice President
Performance, Accountability and Funding Allocation

110 Victoria Avenue
Fort Frances, Ontario
P9A 2B7

Phone: 807-274-3266
Fax: 807-274-2898
E-mail: riverside@rhcf.on.ca
www.riversidehealthcare.ca

Dear Mr. Newman:

RE: Notice of Performance Factor under Section 9.2 of Hospital Service Accountability Agreement

Thank you for your follow up letter of December 5, 2025, confirming non-compliance under section 8.2 and 8.5 of our 2025-26 Hospital Service Accountability Agreement (HSAA) – these sections require RHC to provide timely notification of imminent cash flow failure.

Unfortunately, on September 12, 2025, we provided only 4 weeks notification of cash failure when we were in fact required as we were reminded in Anne-Marie Heron's email of September 12, 2025, to provide 60-90 days notice. On behalf of our organization, I apologize for this oversight.

Our 2025-26 HAPS provides for a material deficit that will clearly result in a cash failure at year end; however, the timing of some material revenue and expense-based assumptions has been shifting erratically throughout this year. For example, the Rainy River Clinic will have costed RHC close to \$3 million by fiscal year end and we continue to await any level of funding from the Ministry in this regard. Fortunately, delays in starting material projects and the deferral of cash advance recoveries have stabilized us for a few additional months through to fiscal year end. Nonetheless, our CFO will be submitting an updated cash advance business plan by early next week.

As per Section 9.0 of the HSAA related to Performance Management we look forward to our upcoming meeting to discuss this matter further and we equally share your concerns with the timing of this notification and the associated risks.

Cause of Late Cash Failure Notification

On July 25, 2025, there was over \$6.5 million available cash flow. After return from vacation on September 2, 2025, by both the CEO and CFO the cash flow had reduced to \$3.2 million available. Had this shift not occurred so rapidly or this decline been escalated internally in a timely manner a cash advance business case would have been submitted within the required timeframe.

It is also important to note that we expected that clinic funding would be received for the Rainy River Clinic but that did not occur, and by September that adversely impacted cash flow by more than \$1.2 million.

Resolution

1. Daily bank balances distributed (current practice).
2. Weekly cash flow analysis/alerts reviewed and reported to CEO/delegate (conducted by CFO – currently). Resolution includes delegation of CFO reviewer status to Compliance and Reporting Manager when CFO is absent – in progress). This will ensure one individual is accountable for reviewing all aspects of cash flow management even when the CFO is absent for an extended period of time.

Progressive • Integrity • Caring • Accountable

3. AP payments require CFO approval - current status. While the Director of Finance was authorized to approve payments in the CFO's absence, we are also adding final authorization responsibility to Compliance and Reporting Manager when the CFO is absent. Again, this will ensure a single individual is navigating all components of cash flow management.
4. Ongoing challenges with financial management due to staff turnover, and more recently maternity leave, is being addressed through interim support to relevel performance in this support service area that is instrumental to ensuring effective management during these challenging times.

Ultimately, the formal assignment of an appropriate delegation to sustain fulsome cash flow monitoring during any extended absences is a key requirement to prevent non-compliance under section 8.2 and 8.5. If OH requires more robust information, please contact us, and we will provide accordingly.

Your letter requests a 'Performance Improvement Plan'. RHC previously provided a summary of low to high-risk initiatives to achieve a balanced budget position to OH and presented to the broader CEO Working Group. Please confirm if you are requesting a PIP related to a balanced budget or if you are referring to a PIP related to non-compliance? Our delegation approach noted above mitigates the risks under section 8.2 and 8.5.

Given vacation scheduled this month, I would recommend we schedule the follow up meeting in early January. The 2nd week of January if that is not too distant for your team.

Sincerely,



Henry Gauthier
President & CEO

/bb
cc. Carla Larson, CFO
Diana Harris, CNE
Joanne Ogden, QA/OHT Executive Lead
Diane Clifford, Board Chair
Ilonka Nevolic, Administrative Assistant, Performance, Accountability and Funding Allocation (Hospitals)
Anne-Marie Heron, Director (Hospitals), Performance, Accountability and Funding Allocation



In Camera Quality Safety Risk Committee Report – January 2026

- 2.5.1 Minutes: Quality Safety Risk Committee
January 8, 2026 – not yet reviewed by the Committee *
- 2.5.2 Scorecard Trends (Q2) *
- 2.5.3 Alert & Recall Annual Report *
- 2.5.4 Overview of Patient Experience Survey List (Q2) *
- 2.5.5 Sysmex Hematology Analyzer – Rainy River Hospital Q1 Report *
- 2.5.6 Quality Reports – Summary Spreadsheet *
- 2.5.7 QIP Quarterly Update (Q2) *
- 2.5.8 Review Patient Declaration of Values, Resident & Client Bill of Rights *

RIVERSIDE HEALTH CARE FACILITIES INC.

**MINUTES
QUALITY SAFETY RISK COMMITTEE**

Date of Meeting: January 8, 2026

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	H. Gauthier
	D. Loney*	C. Cole	C. Larson	T. Morelli
	*via Webex			

REGRETS: J. Cousineau, A. Beazley

GUEST: A. Faragher (Item 4.0)

1. CALL TO ORDER:

M. Kitzul called the meeting to order at 12:08 pm. B. Booth recorded the minutes of the meeting. M. Kitzul reviewed the virtual meeting etiquette and welcomed everyone. 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: E. Bodnar

SECONDED BY: J. Ogden

THAT the agenda be accepted as circulated.

CARRIED.

4. PRESENTATION – Sysmex Hematology Analyzer – Rainy River Hospital – Andrea Faragher

M. Kitzul welcomed A. Faragher to the meeting who provided a presentation on her Sysmex Hematology Analyzer – Rainy River Hospital, QI report. Andrea highlighted the following:

- Background reviewed
- Features
- Productivity
- Implementation
- Tomorrow's Riverside Today – by making this investment we are providing faster, safe and accurate results to the patients we serve. This technology will also be used as a benchmark for other hospitals looking for lab testing resources.
- Discussion took place regarding the validation of data. Andrea confirmed data has been ran through 3 different analyzers and sent to UHN to validate.

- Further discussion took place on whether the results are interfaced with LVGH. Andrea noted IT is working on this, however currently this is not interfaced. Results are faxed and manually entered. Andrea confirmed once we receive compatible interface, we will move forward with this.
- This is closing a large gap in Rainy River.
- Cost was discussed; Andrea shared the analyzer was roughly \$39k.
- Conversation ensued around usage and tracking this. Andrea confirmed this would be tracked.
- It was noted this is available in the Rainy River ER only, not in the Rainy River Clinic. Andrea shared Rainy River Clinic sends their samples to us via courier.
- Andrea noted this implementation has added additional work and responsibility for the staff, however, will save them work in the long run.
- The hope is to have all complete and rolled out mid-February.
- Discussion took place regarding this being a good news story and it was suggested this go to communications for communicating out.

Marianne thanked Andrea for attending and providing her presentation. Andrea 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 reviewed the circulated highlighting the following:

- Some reports are just starting and moving forward and some are complete. Follow up will occur accordingly.
- It was noted there are great ideas that have come forward. Joanne confirmed these come from staff/management which is great engagement.
- Joanne explained her process for following up on reports that need completion.
- Discussion took place regarding the ED Patient Flow report and clarification was requested on the acronyms used. Joanne clarified noting KPI is key performance indicator and P4R is pay for results.
- Diana referenced Health811 and what it is used for and suggested all could access this.
- Further discussion took place regarding communicating wait times to those waiting to be seen in the ER. Cindy confirmed Julie has spoken to her staff regarding this and nursing are providing updates and communicating this to the public. Staff do their best to connect frequently with those waiting. It was noted the more communication/education to the public there is, the less upset people become.
- Joanne shared we have received great response on the Q1 reports and some departments submit more than one QI initiative which is positive.

6.2 Accreditation

Simone provided an update highlighting the following:

- Staff/Teams continue working on their self-assessments.
- Simone is meeting weekly with LTC, and she attended the MH&A retreat.
- The HSO Global Workforce Survey (formally known as the Worklife Pulse Survey), has been rolled out on Surge for staff to complete. These results are anonymous.
- We are anticipating that Accreditation will reach out for evidence in the next few months.

6.3 QIP Quarterly Update (Q2)

Joanne reviewed the circulated sharing we are on target and doing well. She shared we are working with Finance to ensure we have the right denominators. Joanne noted the short survey results were less than anticipated, however, recalled the challenges experienced with the units timing out. She shared the results received to date, however, have been positive. Joanne confirmed she has received the Q3 data, and these results will come to the next meeting.

7. NEW BUSINESS:

7.1 Review Patient Declaration of Values, Resident & Client Bill of Rights

Cindy reviewed the circulated noting no changes are suggested. She confirmed that when PFAC is fully established these will go to that committee as well for review. Cindy reported that the Resident Bill of Rights and the Client Bill of Rights are mandated from the Act and the Patient Declaration is reviewed by PFAC.

7.2 Monitor & Review QIP Development (Upcoming Fiscal Year QIP)

Joanne provided an update noting her and Henry have reviewed the QIP. There have not been many changes since last year. Joanne shared the Activation project will be complete and therefore removed from the QIP. Joanne confirmed this will come to the next meeting and will be the presentation.

7.3 March Presentation & Department Walk-Around

Marianne recalled the March presentation will be on the QIP.

8. OTHER/FUTURE BUSINESS:

8.1 SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- The March Presentation will be on the QIP.

8.2 Meeting Summary – January Board Meeting Agenda Items

Discussion took place on what items are to appear on the Consent Agenda and In-Camera agendas for the January 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 Scorecard Trends (Q2)
- 2.6 Alert & Recall Annual Report
- 2.7 Overview of Patient Experience Survey List (Q2)
- 4.0 Sysmex Hematology Analyzer – Rainy River Hospital Q1 Report
- 6.1 Quality Reports – Summary Spreadsheet
- 6.3 QIP Quarterly Update (Q2)
- 7.1 Review Patient Declaration of Values, Resident & Client Bill of Rights

In – Camera – Separate Agenda Items:

There were no separate agenda items for the In Camera Session.

9. DATE OF NEXT MEETING:

March 12, 2026

10. TERMINATION:

It was,

MOVED BY: D. Black

THAT the Quality Safety Risk Committee Meeting terminated at 1:06 pm.
CARRIED.

/bb

Riverside Health Care Balanced Scorecard 2025-26 Fiscal Year

Indicator	Trending	Preferred Direction	Target			Q3
				August	September	October
Current Ratio	↔	↑	2	0.56	0.52	20-Nov
Total Margin	↔	↓	1%	-21.31%	-22	20-Nov
Employee Satisfaction (annual survey)	↔	↑	85%		Jan-26	Jan 26 release
Medical Staff Satisfaction (annual survey)	↔	↑			no responses	3 responses
Average Sick Days Per Employee	↔	↓	85hrs/staff avg.		gabi to sort	by the 20th of the following
Turnover Rate	↔		20%		carla to sort	by the 20th of the following
Appropriate referral to Mental Health follow up for those meeting criteria through the Emergency Department	↓	↑	70%	pending coding	pending coding	pending coding
Number of clients seen through the ED who are experiencing a MH disorder RR	↑	collecting baseline	collecting baseline	pending coding	pending coding	pending coding

Number of clients seen through the ED by the HSN who are experiencing a MH disorder.			75% seen by HSN	35 (141)	27 (168)	44(212)
Emergency Department Wait Time for Physician Initial Assessment- LVGH			collecting baseline	85 min	75 min (84 min avg/quarter)	pending coding
Emergency Department Wait Time for Physician Initial Assessment- RR				40 min	48 min (48 min avg/quarter)	pending coding
Emergency Department Wait Time for Registration to Triage/Assessment -LVGH			collecting baseline	8 min	10 min (9 min avg./quarter)	pending coding
Emergency Department Wait Time for Registration to Triage/Assessment -RR				10 min	13 min (11 min avg/quarter)	pending coding
ER Dept. Time in ER until disposition decision-High urgency CTAS (<8hrs goal)- LVGH			collecting baseline	211 min	200 min (208 min avg/quarter)	pending coding

ER Dept. Time in ER until disposition decision-High urgency CTAS (<8hrs goal) -RR				320 min	252 min (293 min avg/quarter)	pending coding
ER Dept. Time in ER until disposition decision-low urgency CTAS (<4hrs goal) -LVGH			collecting baseline	129 min	106 min (125 min avg/quarter)	pending coding
ER Dept. Time in ER until disposition decision-low urgency CTAS (<4hrs goal) -RR				88 min	108 min (103 min avg/quarter)	pending coding
Experience Survey-Short Survey Reponse Rate			500/year		20/53 (73)	31/55 (86)
Mandatory Education Compliance			100%	35.50%	36.94%	43.90%
Performance Conversations			100%	35%	41%	53%
Employee retention (excluding retirements)			97%		97.70%	97.70%
Position Stabilization (#filled positions / #total FT & PT positions)			82%		85.00%	85.80%

Quality of work life - vacation utilization (% = vacation hours used/total vacation hours accrued within year)		baseline	collecting baseline		gabi	by the 20th of the following
Workforce stability - agency staffing utilization (% = agency costs (wages, fees and housing)/ total expenditures)			20%	23.26%		by the 20th of the following
OT Hours total corporation				8.24%	timing is board report	by the 20th of the following
OT hours Rainy Crest (Staff and Agency)			50% reduction	14.62%	timing is board report	by the 20th of the following
Number of workplace violence incidents reported by workers (physical violence or threat of physical violence) within a 12 month period. Hospital/Community			10-20% increase	0	3	5 (13)
Number of workplace violence incidents reported by workers (physical violence or threat of physical violence) within a 12 month period. LTC/ELDCAP			10-20% increase	5	5	1 (45)
Behaviours		baseline	collecting baseline	8	13	6 (87)
Rainy Crest Activation Program			Milestone 1-3	40%	50%	50%
Review of Residents in Daily Physical Restraints in Rainy River Eldcap			20%		15-Dec	
Falls report			600/yr	47	52	56 (399)

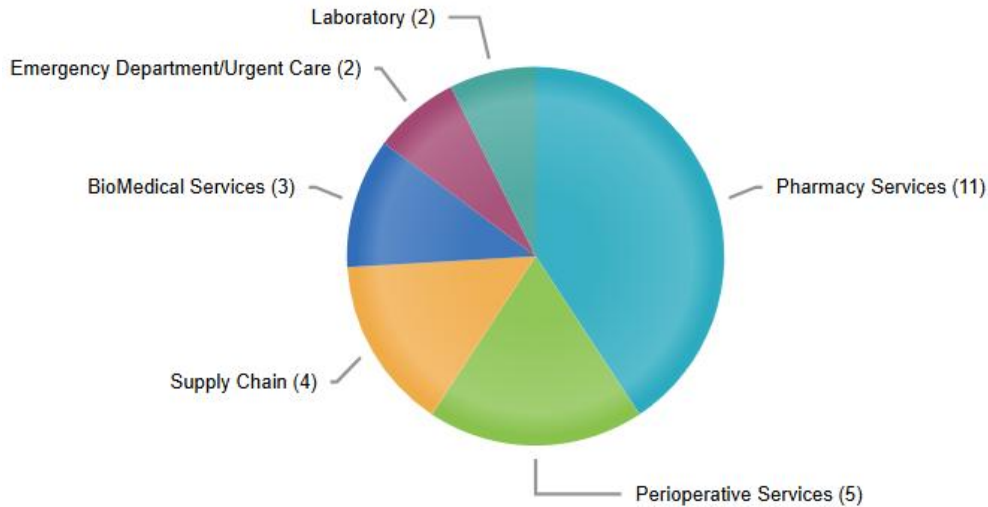
Medication Reconciliation on Admission form signed			100%	96.80%	100%	janine
Medication Reconciliation on Discharge form signed			100%	81.50%	77.30%	janine
Medication Incidents			100/yr	14	19	16 (105)
VTE (AppropriateDrug)						stacy and Janine doing a review
VTE Prophylaxis Audit Report (patients assessed)			100%			Joanne's re-audit pending
Surgical Services			100%	98%	96%	100%
IPAC			125 days	8	12/100	15/115
IPAC			97%	95.41%	92.98%	96.86%
IPAC-corporate			80%	77%	77%	39.50%

AEMS			1200	113	137	127(922)
Number of hospital patients admitted as ALC			decrease by 15% (126)	27/56	10/66	14/80
Number of riders to utilize Specialty and Diagnostic Transportation			500/yr	15/42(57) Total 85/337 (422)	20/49(69) Total 105/386 (491)	27/54(81) 132/440(572)

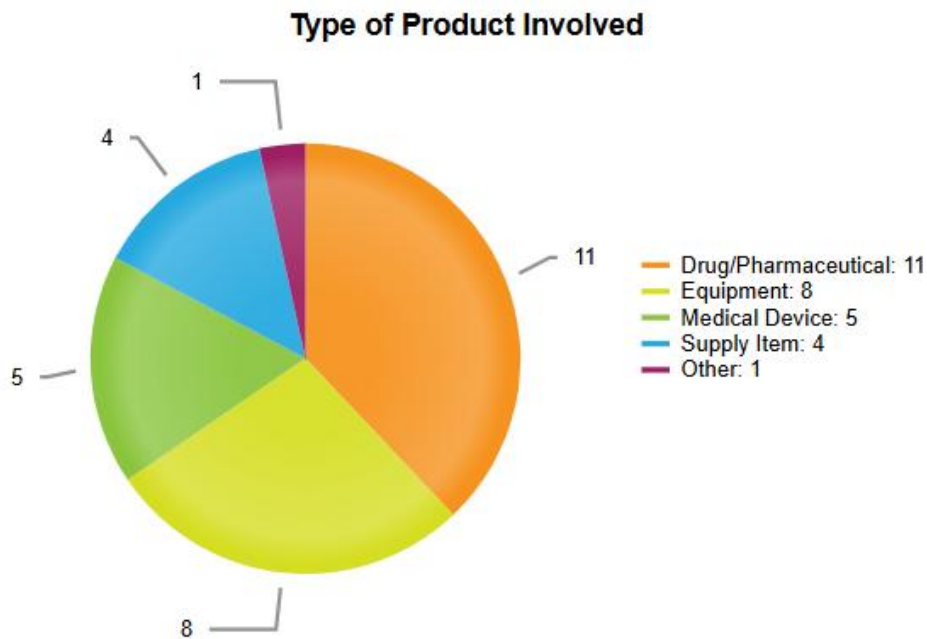
Alerts and Recalls - Annual Report (2024/2025)

Total of 27 notices this year. The previous year had 25 notices received. The majority were Safety Notices which are for information sharing and no action required. Majority of notices did not affect us in that we had no affected product in stock.

Notices by Departments

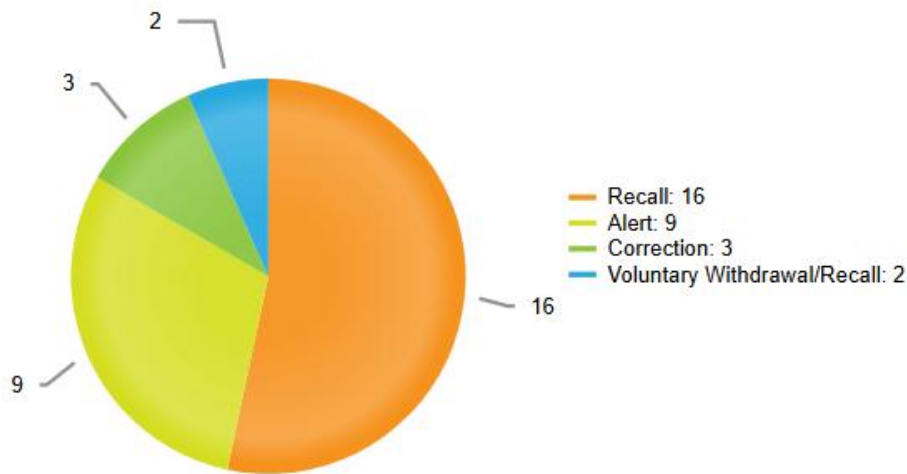


Product Involved:

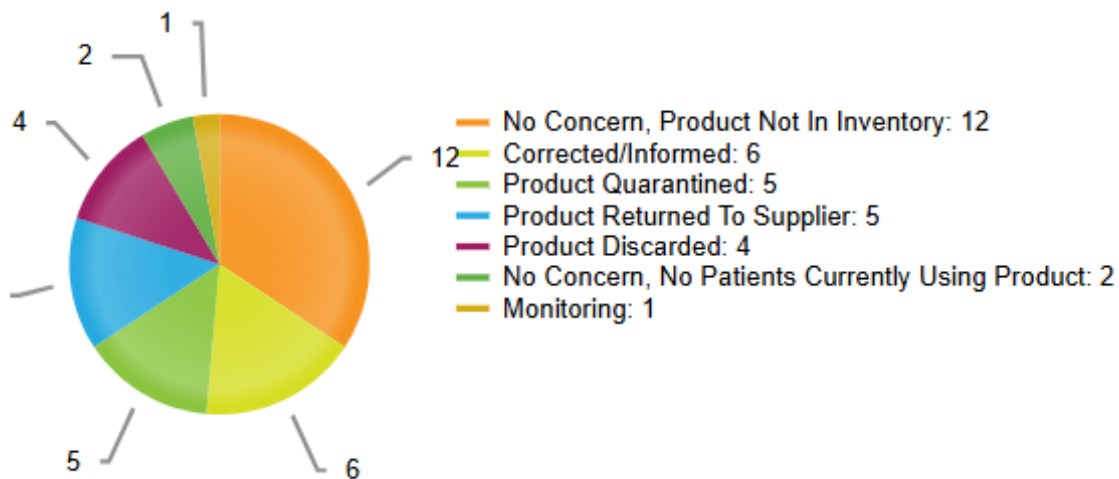


Integrity • Respect • Excellence • Growth

Reason



Actions Taken



NOTE: Actions taken can fall into more than one category.

Alerts/recalls included:

- Pharmacy medications
- Laboratory control material
- IV infusion pump
- Surgical Services Equipment and Supplies
- Patient monitoring devices
- Medical device software cybersecurity
- Corrections for Equipment Instructions for Use (IFU's)

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Experience Survey Reporting Schedule 2025-2026

Each Program/Department listed below is required to submit summary report of their experience surveys in the month listed below.

Program/Department	Report Timeframe	Contact	September	October	November	December	January	February	March	April	May	June	July	Date Submitted	Date to QSR Committee	Date to PFAC Committee
LTC & ELDCAP Resident Experience Survey	Annual Report	Calli Vandenbrand					x									
LTC & ELDCAP Family Experience Survey	Annual Report	Calli Vandenbrand					x									
Inpatient Experience Survey	Quarterly	Carley Romyne/Julie Cousineau		x			x			x			x			
Inpatient Post-Discharge Phone Calls	Annual Report	Carley Romyne/Julie Cousineau							x							
Obstetric Patient Survey	Annual Report	Carley Romyne/Julie Cousineau										x				
Emergency Patient Experience Survey	Quarterly	Julie Cousineau		x			x			x			x			
Diagnostic Imaging Patient Survey	Annual Report	Andrea Faragher					x									
Riverside Mental Health and Addictions Survey	Bi-annual Report	Megan Baskie				x						x				
Day Surgery Post-op Phone calls	Annual Report	Julie Cousineau					x									
Endoscopy Patient Survey	Annual Report	Julie Cousineau		x												
Chemotherapy and PICC Line Insertion Survey	Annual Report	Julie Cousineau									x					
Rehab Services Survey	Annual Report	Heidi Loney			x											
Riverside Diabetes Education & Management	Annual Report	David Black		x												
Community Support Services Survey	Annual Report	Kelli Bolen								x						
Non Profit Supportive Housing Survey	Annual Report	David Black		x												
Transportation	Annual Report	David Black		x												
Telemedicine Patients	Annual Report	Heidi Loney									x					
Laboratory Patient Survey	Annual Report	Penny VanDrunen										x				
Laboratory Physician and Nurse Satisfaction survey	Annual Report	Penny VanDrunen										x				
Worklife Pulse Staff Survey	Annual Report	Joanne Ogden								x						
Worklife Pulse Physician Survey	Annual Report	Joanne Ogden						x								



Patient Experience Overview Q2 2025-26

Surveys completed both short and extended survey indicate 71.3% were of the long variety and 96.43% of the long surveys were completed at LVGH, none in Emo and 3.57% in Rainy River.

Long Survey

- 75% of responders thought they received good to excellent care, 11% thought the care was fair and 14% thought it was poor.
- 41% of all respondents received their care in ER
- 13.11% were from inpatient and the rest were from DI, Rehab or Telemedicine. Only 14.29% felt that they had a long wait for care.
- 66.67% of the respondents were seen but not admitted.
- All responses were shared with the appropriate dept. to address, both positive and areas of concern. These will be reflected in the Patient experience reports coming from each unit starting in October.

Short Survey

- Almost 45% of the respondents had visited diagnostics, either lab or DI
- 8.33% were in the ER and 22.56% were from the 1st floor inpatient areas (ICU, Med-Surg, Maternity)
- Chemo, telehealth and other were the remaining short surveys
- 78.13% of respondents thought their needs were met.
- LVGH had 80% of the surveys, Emo had none, the rest were from Rainy River and Rainy Crest.
- All responses on the short survey were positive there were no concerns shared

All surveys both short and long are reviewed at time of response and concerns and kudos shared with the managers and directors. Change ideas are instituted on a timely basis and followed by Quality and Risk as required.

Riverside Quality Improvement Report

Project Information					
Program/Team		Laboratory		Date	August 15, 2025
Project Name		Sysmex Hematology Analyzer-Rainy River Hospital			
Strategic Alignment					
Does this project align with a Departmental Goal or Objective?			Yes	X	No
If yes, what was the SMART goal this project is trying to achieve:		This new equipment brings quicker, more accurate results to those we serve at Rainy River Hospital			
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			x
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	x	Client-Centred Service	Partner with me and my family in our care	x
Accessibility	Give me timely and equitable services	x	Continuity of Services	Coordinate my care across the continuum	
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		Efficiency	Make the best use of resources	x
Measurement					
What will you measure?		Faster accurate Complete Blood Counts (CBC) results as point of care at Rainy River Hospital (RRH)			
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)		
	Compare results with in-house Lab analyzers				
What is the benchmark or pre-determined standard? (if applicable)		Our benchmark is to provide faster, more accurate results than current methods offered to Rainy River Hospital			

Indicator Type (check all that apply)	Process (measuring improvement in how the service is provided)	x	Structure (measuring improvement in physician environment, raw materials, facilities etc)	x	Outcome (measuring improvement in health status, final product or results)	x	Balancing (measuring potential unintended consequences to project)	
Project Details								
Briefly describe who was involved in this Quality Improvement initiative.								
This project was a collaborative effort with Riverside and University Health Network								
Who was on your project team?		Katelin Gurniak, Christina Belluz, Penny VanDrunen, Andrea Faragher, Karen Parker, Dr. Vathany Kulasingham						
How were Frontline staff involved?		Lab staff is helping with the validation process and Rainy River Hospital nursing has been involved with on-site training. This will ensure proper Rainy River Hospital staff training on roll out						
At what stages were frontline staff involved? (check all that apply)		Planning			x	Sustaining change		x
		Implementing the change			x	Staff were not involved (provide reason below)		
		Evaluating			x			
Were patient/resident/client and/or families involved in this QI initiative?		No. This initiative came from physician feedback						
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)		x
		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:The planning began last fall with University Health Network

Description: With the need for Complete Blood Count testing on-site at Rainy River Hospital, research began on finding the right point of care testing analyzer. Our original choice of analyzer was no longer available, so we had to look for a new reliable analyzer. University Health Network recommended Sysmex as a leader in Point of Care Testing for hematology. After engaging Sysmex and meeting with the vendor, we found the technology that would be the best fit for Rainy River Hospital. At the time of meeting with the Sysmex team, they announced that they had newer technology that would allow for Quality Control and operator lockout. These are key risk mitigators with equipment being off site from the main lab. The decision was made to wait for the new technology to be approved by Health Canada. This occurred in February 2025. We placed our order in March/25 once inventory was available for order. We were the first hospital in Canada to have this technology. Our current process has nursing sending blood samples to Fort Frances to be ran which can involve a 24 hour wait depending on time of collection and transportation. Rainy River Hospital now keeps 2 uncrossed units of blood on-site so having this technology allows physicians to make informed and accurate decisions on transfusions. It helps diagnose possible sepsis and infection in minutes instead of hours.

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

Timeframe for the DO phase:Currently ongoing

Description:This project is well under way. We are finalizing the validation process with out Medical Lab Technologist's reviewing 80 CBC slides for comparison. We have initiated Meditech for the interface and will begin regional project meetings starting August 20/25. Sysmex has already been on-site to train staff to be able to train the trainer. Our IST department has been engaged with Sysmex to ensure a smooth connection to our network.

STUDY: What was the outcome?		
Timeframe for the STUDY phase: Ongoing Description: Results have been analyzed, and samples are currently being compared		
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: Once the comparisons are complete, results will be sent to University Health Network for sign off Description: Once the sign off is complete, moving the analyzer to Rainy River Hospital and do blitz staff training will begin		
Communication		
Where were the results shared?	With Staff/Staff Meeting/ Newsletter/Staff Portal	Date:Lab staff working on cross over. Announcements will be on staff portal and social media pages on go-live
	Patients/residents/clients/ families (if applicable)	Date:Social media roll out upon go-live
	Partner organizations (if applicable)	Date:
	The public/website/social media (if applicable)	Date:Social media announcement once go-live initiated
	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)		
Nursing feedback will be collected after go-live. Physician engagement will also occur once the equipment has been moved to Rainy River Hospital		
EVIDENCE BASE: <i>List additional information attached that would be too 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.</i>		
Submitted by:	Andrea Faragher, Director Diagnostic Services	
Senior Leader/Director comments:		
QSRP Review Team Review Date:		
QSR Committee of the Board Review Date:		

Quality Improvement Report
ED Patient Flow
Team/Dept
Emergency Department
PLAN: Briefly describe the project
The goal is to continuously monitor and strive to improve ED performance and achieve provincial wait time goals. Determine resources (staff, education, equipment) that would be required to successfully meet KPIs and P4R goals for improved ED flow and timely access to care.
DO: What did you do and how did you measure what you did?
1. Proposal to senior team for increased ED Registered Nursing resources to allow for new model of care (6.5 FTE to 10.5) 2. Education of staff on KPIs/P4R initiatives. 3. eCTAS training (electronic triage tool) to ensure readiness for September go-live 4. Addition of computer equipment to ED for purpose of timely access to eCTAS 5. Data collection
What was the Outcome?
1. Proposal for new ED staffing model was approved and implemented June 9/25. New model supports timely access to triage/care. (3 RNs days and 2 RNs nights) New model also allowed for assigned roles, which ensures each patient is assigned to a nurse. Old model did not allow for this and was more of a team approach, however, this posed gaps in identifying overall responsibility for each patient. 2. Staff educated on the KPIs and P4R goals we are striving to achieve for the purpose of improving ED flow and timely access to care for patients. Discussed at staff meetings and audit results shared electronically and posted on quality board in the ED. 3. 100% ED staff and nursing supervisors educated on eCTAS. This new tool will ensure assignment of consistent, accurate triage levels across the board. Go-live of eCTAS was September 25/25. 4. New desk top computer installed in triage room for purpose of eCTAS. eCTAS tool also installed on COW to allow for bedside triage if need be. 5. Regular collection of KPI/P4R stats and results shared with frontline staff and management. All KPIs are being met and RHC is well-above the provincial goals for average length of stay in the ED.
ACT: What will you do next?
:Continue with current staffing model and eCTAS tool to ensure accurate triage levels and support ED flow. Continue to monitor stats regularly to identify any gaps or areas for improvement.

Quality Improvement Report
Staff Portal Submission Page Redesign
Team/Dept
Communications
PLAN: Briefly describe the project
A steady decline in leaders/staff using the Staff Portal submission form was identified. Many reverted to sending emails directly to Communications, creating inefficiencies and manual tracking challenges. The plan was to streamline the submission form, remove unnecessary required fields, and create a faster, more intuitive process for submitting news stories and announcements. The project aimed to increase submission frequency, reduce redundant email traffic, and enhance internal communication consistency across all Riverside sites.
DO: What did you do and how did you measure what you did?
Communications had multiple planning and review discussions prior to engaging BlueLemon to redevelop the Staff Portal submission form. The required fields will be reduced from seven to three (Title, Content, Content), simplifying the process. An auto-confirmation feature will be added, providing immediate acknowledgment of submissions. The layout was optimized for both desktop and mobile devices, and all instructional text was rewritten to less/simplified language. Visual prompts and tooltips were introduced to guide users. Pilot testing will be conducted with select users to ensure usability. The redesigned submission form is scheduled to launch in December 2025.
What was the Outcome?
:Post-launch analytics will compare portal submission rates and email volume to baseline data. Early pilot results already show reduced time-to-submit and improved user confidence in the system. Expected outcomes include: Increased portal submissions (goal: 50% rise) Fewer email requests for postings (goal: 40% reduction) • More consistent formatting and faster turnaround on internal communications Feedback from leaders and staff will be gathered to assess satisfaction and identify areas for refinement
ACT: What will you do next?
Following review and evaluation, the redesigned process will be adopted permanently. Communications will continue monitoring analytics quarterly and implementing iterative improvements. • Future enhancements may include: • Automated content tracking and dashboard reporting • Integrated submission reminders for leadership • Streamlined approval notifications A targeted internal campaign will continue throughout 2026 to promote ongoing use of the Staff Portal submission tool as the preferred method for posting news and updates.

Quality Improvement Report

Rehabilitation Supervisor

Team/Dept

Ambulatory Care

PLAN: Briefly describe the project

Rehab has never had a supervisor or team lead in the department, there were actions taken by staff that did not align with our organizational goals. Heidi rounded daily in the department but it was not like having someone overseeing daily activities. There were daily problems that were not being brought forward in a timely manner. With having nobody to oversee what staff are doing daily, staff were veering from their roles in the facility. Goal: to have a supervisor to oversee staff throughout the day and take on some administrative tasks.

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

Heidi brought forward to Henry, and filled out budgeted positions form, it was signed by Henry and Carla within 1 week. Description: Supervisor signed change in role on May 2, 2025. Had a staff meeting May 3 to notify staff of change, followed up by email May.5 to capture anyone not at the meeting.

What was the Outcome?

It was a difficult transition at the start, but staff are adjusting to bringing issues to the supervisor. We have seen improvements in productivity, communication and overall team performance. The added leadership has helped streamline operations, clarify responsibilities, and maintain consistent standards across the team.

ACT: What will you do next?

We will adopt this change, staff feel supported through open communication and consistent access to a leader resource.

Quality Improvement Report
Safe Room
Team/Dept
RRHC ED
PLAN: Briefly describe the project
Form 1 patients with violent behaviors are often waiting for transport to a schedule 1 program (Kenora). Without an on-site security, patient's need to be isolated and monitored. The aim is that these patients will be safely managed in isolation until transfer.
DO: What did you do and how did you measure what you did?
Planning phase for room go-live protocols and operations involve planning for emergency scenarios, staff training including trauma informed practices, and maintenance of education/systems. Following completion of construction, policy review and staff education with estimated go-live 30 days from construction completion – December 2025. Review and alignment of existing policies and procedures for Safe/Seclusion room use, including patient criteria and staffing models required for use. Include evidence-based best practices including alternatives to restraints and seclusions. -Education to frontline staff and physicians with RRHC including mock use of room (including staff call-in process)
What was the Outcome?
Review qualitative and quantitative data to determine frequency of use, appropriateness of use, and further process updates or education gaps that exist
ACT: What will you do next?
TBD Description: Plan is to adopt the change and continue to monitor patient safety and culture shift.

Quality Improvement Report
MedDispense Cabinet in Night cupboard
Team/Dept
Managing Medications
PLAN: Briefly describe the project
On a medication audit completed by the finance department (Carla), it was a recommendation to have traceability on who took what medication which would also be supported by our hospital insurance. At that time Pharmacy was also doing daily narcotic counts in the night cupboard area, a cabinet would reduce this workload as would be all tracked within the cabinet
DO: What did you do and how did you measure what you did?
The time frame for this was just over one year from the initiating the plan to installation of the cabinets and loading them. We had an existing tall MedDispense cabinet in storage that had been removed from Emo Health Centre when they didn't require it, we just needed a base cabinet which was ordered in. It had to install power and network hardware to the area. The cabinet also needed to be added as a location and all the medication added in to the location (done from Tbay)
What was the Outcome
This will allow the medications being taken from the night cupboard area to be tracked to see who pulled the medications and what patients received the meds. It also interfaces to the EMR. When staff are looking for medications from any MedDispense cabinet they can search to see where medications are located in the hospital, this is now another added location. This also helps nursing staff to know if a required medication is located in the night cupboard area and that they need to contact the nursing supervisor to get it. Narcotics are better tracked as transactions are documented in the cabinet versus keys and paper copies.
ACT: What will you do next?
We will adopt the change as it provides security and traceability of medications. The area now has video surveillance as well which enhances the security.

Quality Improvement Report
Inpatient Admissions
Team/Dept
Medicine Services
PLAN: Briefly describe the project
Ongoing issues brought forward by IPU Manager and Patient Experience and Flo Coordinator regarding incorrect patient diagnoses (spelling), incorrect designation of patients (i.e. AMED vs AIC), incorrect MRP. High turnover of admitting/registration staff could be a contributing factor. Current practice is to phone Admitting/Registration with admission information, Admitting/Registration staff would write down, then input into Meditech. A meeting was held at the end of September to discuss process improvements regarding admissions and discharges to the Inpatient Unit – myself, Stacy Patey, Simone Leblanc, and Julie Cousineau were in attendance. It was discussed that paper slips with all admission information would likely provide more accuracy instead of a phone call. This would greatly cut down on time spent on the phone taking down information while also assisting other patients/clients/visitors at the Admitting/Registration desks. A paper slip was to be created to include all relevant information needed for Admitting/Registration staff to accurately admit a patient. Simone Desjardins assisted by providing Meditech screenshots of what information was needed to admit a patient. There was to also be a section on the form for Admitting/Registration staff to check off all the tasks they need to complete when they admit a patient. Nursing Supervisors and Patient Experience and Flo Coordinator will use these slips when notified about admissions. These slips will then be brought to Admitting/Switchboard for input into Meditech. They will be on brightly coloured paper (yellow) to flag Admitting/Registration staff that there is a new admission.
DO: What did you do and how did you measure what you did?
I created an “Inpatient Admission Slip” (see attached) that includes all relevant information needed for an admission. Myself, Nursing Supervisors, and Patient Experience and Flo Coordinator will use these slips when a new admission is identified, fill out the slip, and then bring to Admitting/Switchboard. Admitting/Registration staff will input admissions into Meditech using the information outlined on the slip. They will also ensure all their duties related to an admission are completed
What was the Outcome?
The slips will be trialed for a 1-month basis, starting Monday November 3. The accuracy of admissions on the census will be monitored by myself and Patient Experience and Flo Coordinator. Any inaccuracies will be documented and reviewed.
ACT: What will you do next?
The team will review after a month (December 1) if this has improved our admission process. If so, we will continue to use the Inpatient Admission Slips. If it has not improved, we will reassess and find alternate solutions



Riverside Health Care 2025/26QIP

Theme	Measure/Indicator		2024/25 performance (Q3)	Suggested 2024/25 Target	Q1 Apr-Jun	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar
Experience	Employee retention (excluding retirements)	x	96.0%	97.0%	99.2%	97.7%		
Experience	Position Stabilization (1.0 - (# filled positions/ # total FT & PT positions)) x100		80.00%	82.0%	84.9%	85.8%		
Experience	Workforce stability - agency staffing utilization (% = agency costs(wages, fees and housing)/ total expenditures)		13.90%	20.0%	14.9%	23.3%		
Experience	Quality of work life - #days refused vacation requests (% = vacation days refused within year)		n/a	collecting baseline	pending	pending		
Experience	Performance Conversations	☑	n/a	100.0%	19.0%	41.0%		
Equity	Mandatory Education Compliance		n/a	100.0%	27.0%	36.9%		
Equity	Appropriate referral to Mental Health follow up for those meeting criteria through the Emergency Department	☑	41.0%	70.0%	42%	pending		
Experience	Experience Survey-Short Survey Reponse Rate	☑	collecting baseline	500/year	14	26		
Experience	Emergency Department Wait Time for Registration to Physician/NP Initial Assessment (min)		n/a	collecting baseline	70	62		
Safety	# completion of medication reconciliation upon discharge			100%	84.0%	77.3%		
Experience	# riders to utilize specialist and diagnostic transportation		n/a	collecting baseline	48	105		
Experience	OT hours Rainycrest (Staff and Agency)		n/a	collecting baseline	8.9%	14.6%		
Experience	Rainycrest Activation Program	☑	n/a	Milestone 1,2,3	40.0%	50.0%		
Experience	Emergency Department Wait Time for Registration to Triage/Assessment (min)			collecting baseline	12 min	8		
Safety	Review of Residents in Daily Physical Restraints in Rainy River ELDCAP		39.90%	20%	31.1%	Dec 15		
Safety	Number of workplace violence incidents reported by workers (physical violence or threat of physical violence) within a 12 month period Hospital/Community sites		# wpv in 24-25	10-20% increase in reporting	5	3		
Safety	Number of workplace violence incidents reported by workers (physical violence or threat of physical violence) within a 12 month period. LTC/ELDCAP Sites	x	# wpv in 24-25	10-20% increase in reporting	28	16		



=performance based compensation

Updated Feb 2024

Patient/Resident/Client Declaration of Values Policy

ORG-QUA-40

1.0 Policy

Riverside values the provision of quality, patient centred care to all those that we serve. Our patients, clients, residents, families and visitors have both rights and responsibilities when it comes to their health and the health care services they receive.

2.0 Scope

This policy applies to all sites and programs within Riverside Health Care

3.0 Responsibility

Senior Leadership will:

- model and support a culture of providing patient centred care
- respect the declaration of values for all those that we serve.
- ensure the Patient, Resident and Client Declaration of Values is posted in a public place in each facility

Director/Managers/Supervisors will:

- educate their staff on the Declaration of Values
- advocate for all those that we serve supporting patient centred care

Staff will:

- be knowledgeable in the Declaration of Values
- provide patient centred care to those that we serve

4.0 Purpose

Riverside will comply with the required legislation for the patient, resident, client declaration of values such as The Excellent Care for All Act, the Long Term Care Act and the Home and Community Services Act.

5.0 Additional Sections

The patient declaration of values can have other names, such as a bill of rights, philosophy of care, patient code of conduct or similar.

6.0 Supporting Documents

- Patient Declaration of Rights and Responsibilities
- LTC Resident Bill of Rights
- LTC Resident and Family Responsibilities
- Community Support Services Client Bill of Rights

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7.0 **References:**

- Ontario Health
- Excellent Care for All Act 2010
- Long Term Care Act 2007
- Home Care and Community Services Act 1994

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Patient Declaration of Rights & Responsibilities

Your Rights

You have the right to:

- Be treated with respect, dignity and compassion recognizing cultural diversity without discrimination.
- Expect your health care team will share important information with each other.
- Ask for and receive information in a way you will understand.
- Take part in your plan of care, including:
 - treatment (s) and test (s) and be told about their benefits and risks
 - other ways to treat your illness
 - discharge plans.
- Refuse care, to the extent allowed by law and your capacity, and to be told of the risks and benefits of that decision.
- Know the names and roles of people caring for you and the health care team members in charge of your care.
- Receive care in a place that is safe & healthy.
- Expect that all information about your health care will be kept private and confidential according to the law.
- Tell us your concerns and receive a prompt answer to your questions.
- Be told of fees not covered by OHIP that you or your family will have to pay.

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Your Responsibilities

You or your representative have the responsibility to:

- Be aware that the needs of other patients and families may sometimes be more urgent than your own.
- Respect health care facility property and policy (rules).
- Act in a safe and responsible way and if you see a safety issue or have a safety concern, inform a staff member.
- Understand and be responsible for all fees not covered by OHIP or private insurance during your stay.
- Ask for an explanation if you do not fully understand something.
- Offer to the best of your knowledge, correct and complete information about your health, to help us to care for you, including religious or cultural needs.
- Give your health care team the name of the person who will represent you if you cannot make decisions or communicate yourself.
- Be actively involved in your care, treatment and discharge plans.
- Be courteous and respectful of other patients, visitors and members of your health care team.
- Respect the confidentiality and privacy of others who are being treated in the health care facility.
- Help to control the number of people visiting you and ask friends and family not to visit if they are sick or have been exposed to a contagious disease.

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PATIENT DECLARATION OF RIGHTS AND RESPONSIBILITIES

ALL PATIENTS' RIGHTS ARE FULLY RESPECTED AND PROMOTED

RIGHT TO:

Quality Care

- Respect and dignity
- Cultural diversity
- Receive safe care

Collaboration and Communication

- Know the risks and benefits to refusing care
- Know your caregiver

- Express concerns
- Request and receive information
- Understand information given

Participate in Care

- Know benefits and risks of all care
- Treatment options
- Discharge planning

Privacy and Confidentiality

- Privacy of your health information
- Informed of fees not covered

YOUR RESPONSIBILITIES:

Quality Care

- Actively participate in your care
- Provide name of substitute decision maker
- Control number of visitors

Collaboration and Communication

- Ask for clarity
- Provide correct and complete information
- Advise of religious or cultural needs
- Act safely and responsibly
- Report a safety concern

Privacy and Confidentiality

- Respect privacy of others
- Accountable for all fees not covered

A full copy of the Patient Declaration of Rights and Responsibilities is available at:
Patient Declaration of Rights & Responsibilities_Jan 2022.pdf
(riversidehealthcare.ca)



or from our office

Everyone entering our facilities is responsible to follow our Principles of Conduct

Residents' Bill of Rights

ORG-RES-LTC-045

Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

RIGHT TO BE TREATED WITH RESPECT:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity, worth and individuality, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.
2. Every resident has the right to have his or her lifestyle and choices respected.
3. Every resident has the right to have his or her participation in decision-making respected.

RIGHT TO FREEDOM FROM ABUSE AND NEGLECT

4. Every resident has the right to be protected from abuse.
5. Every resident has the right not to be neglected by the licensee or staff.

RIGHT TO OPTIMAL QUALITY OF LIFE

6. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
7. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
8. Every resident has the right to share a room with another resident according to their mutual wishes if appropriate accommodation is available.
9. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
10. Every resident has the right to pursue social, cultural, religious, spiritual, and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
11. Every resident has the right to live in a safe and clean environment.
12. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
13. Every resident has the right to keep and display personal possessions, picture, and furnishings in his or her room subject to safety requirements and the rights of other residents.
14. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
15. Every resident has the right to exercise the rights of a citizen.

RIGHT TO QUALITY CARE AND SELF DETERMINATION

16. Every resident has the right to proper accommodation, nutrition, care, and services consistent with their needs.
17. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.

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18. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
19. Every resident has the right to:
 - a. participate fully in the development, implementation, review and revision of his or her plan of care,
 - b. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - c. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home and to obtain an independent opinion with regard to any of those matters, and
 - d. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
20. Every resident has the right to ongoing and safe support from their caregivers to support their physical, mental, social and emotional wellbeing and their quality of life and to assistance in contacting a caregiver or other person to support their needs.
21. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home.
22. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
23. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
24. Every resident has the right not to be restrained or confined, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
25. Every resident has the right to be provided with care and services based on a palliative care philosophy.
26. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

RIGHT TO BE INFORMED, PARTICPATE, AND MAKE A COMPLAINT

27. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
28. Every resident has the right to participate in the Residents' Council
29. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - a. the Residents' Council,
 - b. the Family Council,

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- c. the licensee, and, if the licensee is a corporation, the directors, and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129, staff members,
- d. government officials,
- e. any other person inside or outside the long-term care home.

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RESIDENTS' BILL OF RIGHTS

ALL RESIDENTS' RIGHTS ARE FULLY RESPECTED AND PROMOTED

RIGHT TO:

Freedom from Abuse and Neglect

- No abuse
- No neglect

Be Treated with Respect

- Respect and dignity
- Lifestyle and choices
- Participation in decisions

Optimal Quality of Life

- Communicate and visit in private
- Friendships
- Sharing a room
- Intimacy
- Personal Interests
- Safe and clean home
- Going outside
- Personal Belongings
- Your money
- Citizens' rights

Quality Care and Self- Determination

- Proper care
- Knowing your caregivers
- Privacy
- Plan of care
- Consent to treatment
- Care decisions
- Privacy of health information
- Quality of life
- Bringing people to meetings

- Designated contact person
- Independence
- Free of restraints
- Palliative Care
- Visitors during critical illness

Be Informed, Participate, and Make a Complaint

- Written policies
- Residents Council
- Raising concerns

A full copy of the Resident
Bill of Rights is available at:
[https://www.ontarc.com/
RBR/20220411RBR_English.pdf](https://www.ontarc.com/RBR/20220411RBR_English.pdf)



and from the reception desk

Everyone entering our facilities is responsible to follow our Principles of Conduct

Riverside Community Services - Client Bill of Rights

Riverside's Community Services for the District of Rainy River subscribes to the patients' "Bill of Rights" as outlined in O. Reg. 187/22: HOME AND COMMUNITY CARE SERVICES as found in: 9. (1) Every health service provider and Ontario Health Team shall ensure that the following rights of patients are fully respected and promoted:

1. A patient has the right to be dealt with by the provider of the home and community care service in a respectful manner and to be free from physical, sexual, mental, emotional, verbal, and financial abuse by the provider.
2. A patient has the right to be dealt with by the provider of the home and community care service in a manner that respects the patient's dignity and privacy and that promotes the patient's autonomy and participation in decision-making.
3. A patient has the right to be dealt with by the provider of the home and community care service in a manner that recognizes the patient's individuality and that is sensitive to and responds to the patient's needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors.
4. A patient has the right to receive home and community care services free from discrimination on any ground of discrimination prohibited by the Human Rights Code or the Canadian Charter of Rights and Freedoms.
5. A patient who is First Nations, Métis or Inuk has the right to receive home and community care services in a culturally safe manner.
6. A patient has the right to clear and accessible information about their home and community care services.

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7. A patient has the right to participate in the assessment of their needs, development of their care plan, reassessment of their needs and revision of their care plan.

8. A patient has the right to designate a person to be present with them during assessments.

9. A patient has the right to designate a person to participate in the development, evaluation, and revision of their care plan.

10. A patient who receives more than one home and community care service has the right to receive assistance in co-ordinating their services from the health service provider or Ontario Health Team.

11. A patient has the right to give or refuse consent to the provision of any home and community care service.

12. A patient has the right to raise concerns or recommend changes in connection with the home and community care service provided to them and in connection with policies and decisions that affect their interests, to the provider of the home and community care service, the Agency and its employees, government officials or any other person, without fear of interference, coercion, discrimination, or reprisal.

13. A patient who receives a home and community care service has the right to be informed of the laws, rules and policies affecting the operation of the provider of the home and community care service, including this Patient Bill of Rights, and to be informed, in writing, of the procedures for initiating complaints about the provider.

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CLIENT BILL OF RIGHTS

ALL CLIENTS' RIGHTS ARE FULLY RESPECTED AND PROMOTED

RIGHT TO:

Quality Care

- Free from mental, physical, sexual, emotional and financial abuse
- Cared for in a respectful manner
- Privacy, dignity and promote autonomy
- Recognize clients individuality and their specific needs and preferences

- Free from discrimination
- Receive care in a culturally safe manner

Collaboration and Communication

- Consent or refuse services
- Informed of laws, rules and policies affecting operation of service provider
- Designate a person to be present for assessment

- Informed of how to make a complaint about service provider
- Provide concerns or recommendations about services without fear of interference, coercion discrimination or reprisal
- Coordinated care

Participate in Care

- Participate in decision making
- Participate in the assessment of their needs, care plan development and/ or revision of care plan
- Designate a person to participate in the evaluation, and revision of care plan

Privacy and Confidentiality

- Privacy of your health records
- Access to clear and accessible information

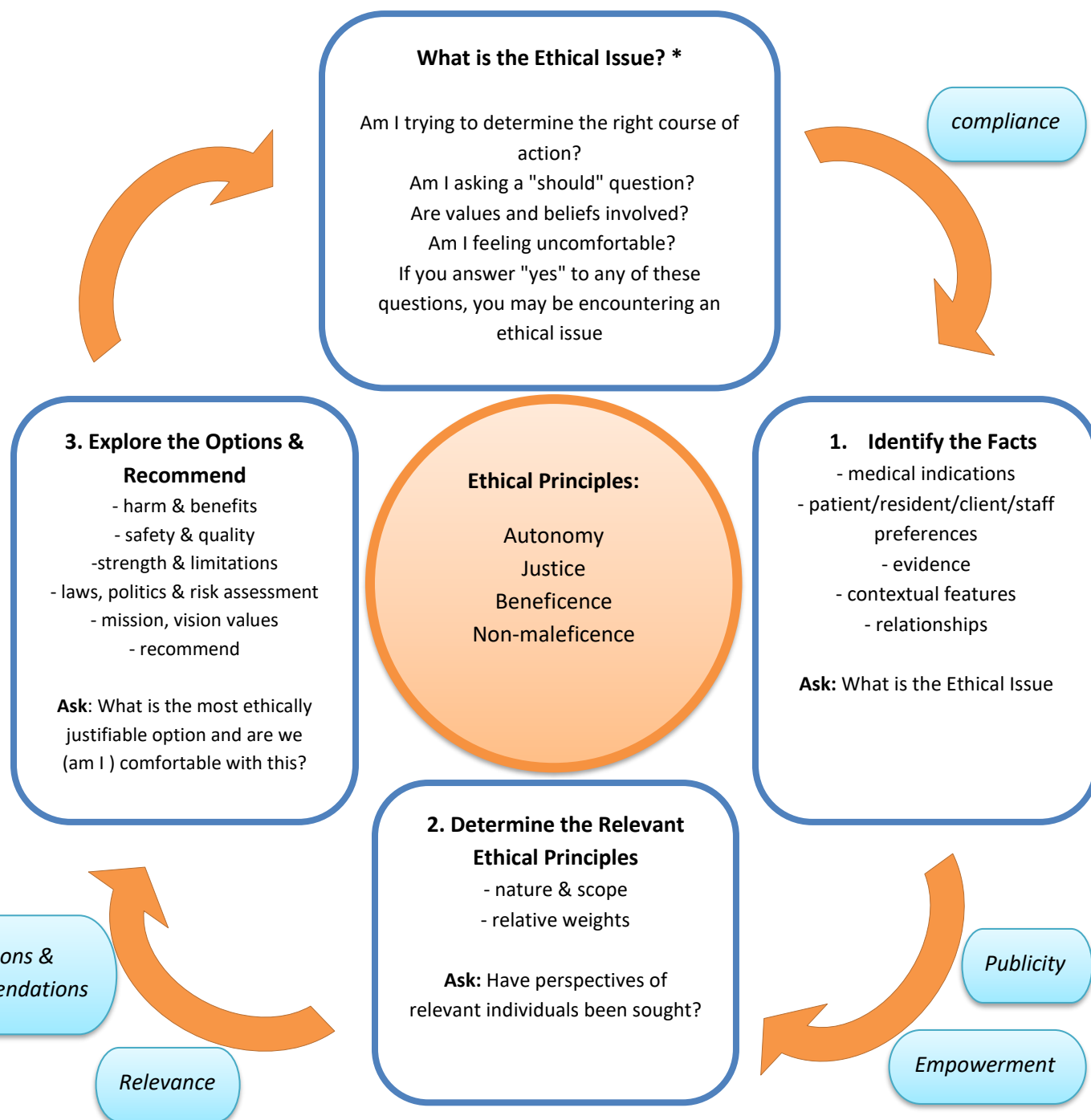
Here is the link to the Ontario website with the full bill of rights.
<https://www.ontario.ca/laws/regulation/r22187#BK8>



or from our office

Everyone entering our facilities is responsible to follow our Principles of Conduct

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



Medical Staff Privileges – January 2026

2025 and 2026 Appointment and Reappointment Application for Privileges

See attached list.

Medical Learners

Neil Thomas (PGY4) – Supervisor Dr. T. Lefrancois – January 4 – 6, 2026, February 1-3, 2026, and March 1-3, 2026

Krishna Jani (UGY2) – Supervisor Dr. K. Meyers – February 17, 2026 – March 1, 2026

David Seligman (PGY5) – Supervisor Dr. D. Puskas – December 1 – 4, 2025

Rylee Mose (PGY3) – Supervisors Dr. A. Dudar and Dr. B. Bodkin – November 26-28, 2025

Haley Duchesne (PGY3) – Supervisor Dr. D. Buitenhuis – December 10-12, 2025

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

2025

Appointment				
	Staff Status		Alt Department / Primary Org	Area Of Work
Azarmju, Dr. Behzad	Associate	Physician		

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

* Emergency Privileges as per training and experience [T]

Djuric, Dr. Miroslav	Locum Tenens	Physician		
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Consultations [T]

Appendix and contiguous tissues [T]

Ischio rectal abscesses [T]

Other procedures on the rectum and perirectal tissues [T]

Bowel restriction and anastomosis [T]

Open biopsy and excisions of lesions of the liver [T]

Breast biopsy [T]

I & D of deep abscess of the neck [T]

Surgery of salivary glands [T]

Fractures of the mandible and maxilla [T]

Surgical Assist [T]

Ligation and excision of varicose veins [T]

Indwelling venous access catheter [T]

Hernias of abdominal wall [T]

Haemorrhoidectomy [T]

Cholecystectomy and common bile duct procedures [T]

Operations on the stomach and lower esophagus [T]

Surgery of spleen and pancreas [T]

Mastectomy [T]

Excision of cysts, lymph nodes and other deep lesions [T]

Thyroidectomy [T]

Opening salivary ducts [T]

Thoractomy for drainage [T]

Embolectomy [T]

Kaneswaran, Dr. Lanujan	Locum Tenens	Physician	Lake of the Woods District Hospital	
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* Family Practice Privileges as per training and experience [T]

* Emergency Privileges as per training and experience [T]

08/01/2026

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

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**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Michon, Ms. April Lee-Ann	RN EC	Nurse Practitioner		

Diagnostic services within the legislated scope of practice for Nurse Practitioners [T]

Shahabi, Dr. Ali	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience [T]

* Emergency Privileges as per training and experience [T]

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Barabas, Dr. Kristina	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Bawazeer, Dr. Mohammed A	Regional Staff	Physician	Dryden Regional Health Centre	
Bohm, Dr. Eric Richard	Regional Staff	Physician	Lake of the Woods District Hospital	
Charles-Okoli, Dr. Augustina Nkolika	Regional Staff	Physician	Lake of the Woods District Hospital	
Kaur, Dr. Davinder Preet	Regional Staff	Physician	Atikokan General Hospital	
Klatt, Ms. Ashlie	Regional Staff	Nurse Practitioner	Sioux Lookout Meno Ya Win Health Centre	
Lovely, Mr. Alexander Donald	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Mooney, Dr. Patrick James	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Myers, Ms. Samantha	Regional Staff	Nurse Practitioner	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 - 13-01-2026**

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Nolan, Dr. Madeleine	Regional Staff	Physician	Lake of the Woods District Hospital	
Olioff, Dr. Julia	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Qazi, Dr. Aziz	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Romito, Ms. Samantha	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Vincent, Ms. Ann Mary	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
West, Mr. Zachary Coulson Joseph	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

2025

Reappointment				
	Staff Status		Alt Department / Primary Org	Area Of Work
Ramchandar, Dr. Kevin	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	

Regional Ordering of diagnostic tests. Ordering for inpatients attending another facility for outpatient testing and procedures. Ordering of PICC line insertions.

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

2026

Appointment				
	Staff Status		Alt Department / Primary Org	Area Of Work
Dhanao, Dr. Deljit (Del)	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
Radiology Privileges as per training and experience [T]				

Scatliff, Dr. Robert	Locum Tenens	Physician	Lake of the Woods District Hospital	
* GP Anesthesia as per training and experience [T]				

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Abu-Bakare, Dr. Asiru	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Bilal, Dr. Sana	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Bishop, Ms. Debra Dawn	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Deagle, Ms. Samantha	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Duke, Ms. Joanna Catherine	Regional Staff	Midwife	Thunder Bay Regional Health Sciences Centre	
Garon, Dr. Jennifer (Dani) Danielle	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Gorrell, Ms. Haleigh	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Hollway, Dr. Gordon	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

08/01/2026

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**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
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Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Hu, Dr. Zhebin	Regional Staff	Physician	Lake of the Woods District Hospital	
Huntly, Ms. Jenni Saunders	Regional Staff	Midwife	Thunder Bay Regional Health Sciences Centre	
Kepecs, Dr. David	Regional Staff	Physician	Geraldton District Hospital	
King, Dr. Lauren	Regional Staff	Physician	St. Joseph's Care Group	
Kornder, Dr. Julia	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Kyle, Dr. David William	Regional Staff	Physician	Lake of the Woods District Hospital	
Lawson, Dr. Jennifer Joy	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Lu, Dr. Alice Xia	Regional Staff	Physician	Red Lake Margaret Cochenour Memorial Hospital	
Medd, Mr. Aaron Stephen	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Milne, Ms. Mataya J	Regional Staff	Midwife	Thunder Bay Regional Health Sciences Centre	
Mooney, Dr. Patrick James	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Nolan, Dr. Madeleine	Regional Staff	Physician	Lake of the Woods District Hospital	
O'Donnell, Dr. Hailey	Regional Staff	Physician	St. Joseph's Care Group	
Patchett-Marble, Dr. Ryan	Regional Staff	Physician	North of Superior Healthcare 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 - 13-01-2026**

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Phillips, Dr. Joseph	Regional Staff	Physician	Nipigon District Memorial Hospital	
Poling, Dr. Justin	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Pollock, Ms. Hannah	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Redwood-Campbell, Dr. Lynda	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Reszitnyk, Ms. Ericka	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Shorrocks, Ms. Becky L	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Ubangha, Dr. Lovelyn	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Wainwright, Dr. Matthew	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Wiscombe, Ms. Dawn	Regional Staff	Midwife	Lake of the Woods District Hospital	

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

2026

Reappointment				
	Staff Status		Alt Department / Primary Org	Area Of Work
Agostino, Dr. Kevin David	Locum Tenens	Physician		

* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Ahmed, Dr. Ahmed Sayed Zakaria Sayed	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Consultations

Vasectomy

Circumcision (other than newborn)

Cystoscopy

Suprapubic prostatectomy and bladder resections

Nephrectomy and partial nephrectomy

Excision of hydrocele

Other operations on external genitalia

Trnsurethral prostatic and bladder resections

Open or closed removal of urinary tract calculi

Cystectomy

Al-Katari, Dr. Mohammad Sami	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Chemotherapy Privileges as per training and experience

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

08/01/2026

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**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
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	Staff Status		Alt Department / Primary Org	Area Of Work
Allard-Ihala, Dr. Erika	Locum Tenens	Physician		

Appendix and contiguous tissues	Hernias of abdominal wall
Ischio rectal abscesses	Haemorrhoidectomy
Other procedures on the rectum and perirectal tissues	Cholecystectomy and common bile duct procedures
Bowel restriction and anastomosis	Operations on the stomach and lower esophagus
Open biopsy and excisions of lesions of the liver	Surgery of spleen and pancreas
Breast biopsy	Mastectomy
I & D of deep abscess of the neck	Excision of cysts, lymph nodes and other deep lesions
Surgery of salivary glands	Thyroidectomy
Fractures of the mandible and maxilla	Opening salivary ducts
Surgical Assist	Thoractomy for drainage
Ligation and excision of varicose veins	Embolectomy
Indwelling venous access catheter	

Appavoo, Dr. Samuel Devadson	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Arnesen, Dr. Karina Lynn	Active	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

* GP Obstetrics as per training and experience

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
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	Staff Status		Alt Department / Primary Org	Area Of Work
Arsiradam, Dr. Neethia Marks	Locum Tenens	Physician		

* GP Anesthesia as per training and experience

Arsiradam, Dr. Shuvani	Dental	Dentist		
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* Biopsy – Hard & Soft Tissue (Oral)

* Dental extractions

* Endodontic Treatement (root canal therapy)

* Orofacial Surgical Treatment

* Radiography (Dental)

Forensic Odontology

Surgical Phase of Endoseous Implant Placement

* Consultation - Dental

* Dental restorations

* Order/Administer Therapeutic Agents

* Periodontal Treatment

* Surgical Assist (Oral & Maxillofacial Surgeons)

Placement of Dental Implants

Aseyev, Dr. Olexiy	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Chemotherapy Privileges as per training and experience

Ayers, Dr. Ian	Locum Tenens	Physician	Geraldton District Hospital	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Badar, Dr. Qudsia	Locum Tenens	Physician	Atikokan General Hospital	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
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	Staff Status		Alt Department / Primary Org	Area Of Work
Basu, Dr. Debesh Kumar	Locum Tenens	Physician		

* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Reviewer Comments:		
Comment Added By	Date Added	Comment
Brooke Booth	1/6/2026 11:34:59 AM	Dr. Basu is responsible for providing updated ON CMPA prior to any locum work. He is aware.

BEGIN, Dr. CAROL	Dental	Dentist		
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* Biopsy – Hard & Soft Tissue (Oral)

* Dental extractions

* Endodontic Treatement (root canal therapy)

* Orofacial Surgical Treatment

* Radiography (Dental)

* Consultation - Dental

* Dental restorations

* Order/Administer Therapeutic Agents

* Periodontal Treatment

* Surgical Assist (Oral & Maxillofacial Surgeons)

Bitar, Dr. Richard	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Radiology Privileges as per training and experience

Reviewer Comments:		
Comment Added By	Date Added	Comment
Brooke Booth	1/7/2026 9:56:15 AM	Currently on leave. Needs to provide updated ON CMPA prior to any work.

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Boake, Dr. Armour I	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	

Dialysis Privileges as per training and experience

Bock, Ms. Catherine Ann	RN EC	Nurse Practitioner		
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Diagnostic services within the legislated scope of practice for Nurse Practitioners

Bodkin, Dr. Brienne	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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* GP Obstetrics as per training and experience

	Assessment of placental function by ordering and interpreting appropriate clinical and laboratory investigations
Basic fetal surveillance	Basic neonatal resuscitation, including intubation and management of meconium
Complicated vaginal delivery; breech delivery, rotations, other forceps	Examination and care of newborns
Induction of labor for postdated pregnancy or ruptured membranes at term with no evidence of fetal compromise	Management of dystocia in the first and second stages of labor by nonpharmacologic and pharmacologic means, including oxytocin
Management of postpartum hemorrhage	Management of shoulder dystocia
Repair of laceration or episiotomy	Uncomplicated vaginal delivery; including outlet forceps, regional nerve blocks, induction of labour, vacuum extraction
Vaginal birth after caesarean section (VBAC)	
Cone biopsy and other operations on the cervix	Dilation and curettage
C-Sections as per training and experience	Obstetrics & Gynecology, including related procedures, as per training and experience

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Bozorgzadeh, Dr. Minoo	Courtesy	Physician	North of Superior Healthcare Group	

Radiology Privileges as per training and experience

Braganza, Dr. David	Locum Tenens	Physician	Dryden Regional Health Centre	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Brielmann, Ms. Kailee	RN EC	Nurse Practitioner		
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Diagnostic services within the legislated scope of practice for Nurse Practitioners

Buitenhuis, Dr. Deanna Joy	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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* GP Obstetrics as per training and experience

Cone biopsy and other operations on the cervix

Dilation and curettage

C-Sections as per training and experience

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Canil, Dr. Katherine Anne	Locum Tenens	Physician		

Consultations

Appendix and contiguous tissues

Ischio rectal abscesses

Other procedures on the rectum and perirectal tissues

Bowel restriction and anastomosis

Open biopsy and excisions of lesions of the liver

Breast biopsy

I & D of deep abscess of the neck

Surgery of salivary glands

Fractures of the mandible and maxilla

Surgical Assist

Ligation and excision of varicose veins

Indwelling venous access catheter

Hernias of abdominal wall

Haemorrhoidectomy

Cholecystectomy and common bile duct procedures

Operations on the stomach and lower esophagus

Surgery of spleen and pancreas

Mastectomy

Excision of cysts, lymph nodes and other deep lesions

Thyroidectomy

Opening salivary ducts

Thoractomy for drainage

Embolectomy

Cardamore, Dr. Robin	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Carfagnini, Dr. Greg Peter	Courtesy	Physician	St. Joseph's Care Group	
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* Family Practice Privileges as per training and experience

Ordering of diagnostic tests

Regional Ordering of diagnostic tests. Ordering for inpatients attending another facility for outpatient testing and procedures. Ordering of PICC line insertions.

Outpatient care, diagnostic tests and procedures

Ordering of outpatient procedures (ambulatory)

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Carlisle, Dr. Maxine Alexis	Locum Tenens	Physician	Lake of the Woods District Hospital	

* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Caron, Dr. Catherine Margaret	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Chakraborty, Dr. Amar Nath	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Chan, Dr. Adrien	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Chemotherapy Privileges as per training and experience

Chand, Dr. Pankaj	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Charapov, Dr. Ilia	Locum Tenens	Physician		
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Anesthesia as per training and experience

* 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 - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
CHEEMA, Dr. AMARPREET	Locum Tenens	Physician		

* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Chernick, Dr. Elisheva Hava	Locum Tenens	Physician		
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* GP Anesthesia as per training and experience

Chou, Dr. Roger	Courtesy	Physician	Dryden Regional Health Centre	
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Radiology Privileges as per training and experience

Chugh, Dr. Dushyant	Dental	Dentist		
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* Biopsy – Hard & Soft Tissue (Oral)

* Dental extractions

* Endodontic Treatement (root canal therapy)

* Orofacial Surgical Treatment

* Radiography (Dental)

Forensic Odontology

Surgical Phase of Endoseous Implant Placement

* Consultation - Dental

* Dental restorations

* Order/Administer Therapeutic Agents

* Periodontal Treatment

* Surgical Assist (Oral & Maxillofacial Surgeons)

Placement of Dental Implants

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Crosina, Dr. Jordan	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	
Consultations				
Appendix and contiguous tissues		Hernias of abdominal wall		
Ischio rectal abscesses		Haemorrhoidectomy		
Other procedures on the rectum and perirectal tissues		Cholecystectomy and common bile duct procedures		
Bowel restriction and anastomosis		Operations on the stomach and lower esophagus		
Open biopsy and excisions of lesions of the liver		Surgery of spleen and pancreas		
Breast biopsy		Mastectomy		
I & D of deep abscess of the neck		Excision of cysts, lymph nodes and other deep lesions		
Thyroidectomy		Surgical Assist		
Thoractomy for drainage		Ligation and excision of varicose veins		
Embolectomy		Indwelling venous access catheter		

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Cullinan, Dr. Claude	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
* Amputations		* Arthrodesis peripheral joints		
* Arthrotomies peripheral joints		* Arthrocentesis – diagnostic		
* Arthroplasty		* Arthroscopy		
* Biopsy - bone		* Biopsy - soft tissue		
* Bone Shortening Procedures		* Carpal Tunnel Release		
* Decompression, exploration and transposition of peripheral nerves		* Debridement soft tissues, joints and bones		
* Excisions soft tissue and skeletal tumours		* Fasciotomy and fasciectomy		
* Grafting Bone		* I & D of Joints, bones, and soft tissues		
* Management of open & closed fractures and dislocations		* Reconstruction bone deformities and pseudoarthrosis		
* Repair or release of muscles, fascia, tendons, ligaments		* Ulnar Nerve Decompression		
* Bone lengthening procedures		* Consultation		
* Closed Reduction and Casting of Fractured Bone		* Ordering of Diagnostic Tests - Inpatient/Outpatient		
* Corrective and reconstructive surgery of the axial skeleton, specifically posterior spinal fusion		* Ordering of Outpatient Procedures (Ambulatory)		
* Cortisone Injections		* Epiphyseal Stapling		
* Fracture Clinic		* Fracture fixation with mini compression plates		
* Fractures and dislocations of the pelvis and acetabula, spine (non-operative)		* Grafting Skin		
* Major arthroplasty including total replacement and/or revision of the ankle		* Major Arthroplasty including total replacement and/or revision of the elbow		
* Major arthroplasty including total replacement and/or revision of the hip joint		* Major arthroplasty including total replacement and/or revision of knee joint		
* Major arthroplasty including total replacement and/or revision of the shoulder		* Major spinal surgery		
* Major Spinal Surgery Assist		* Metastatic long bone and spinal tumor reconstruction		
* Surgical Assist				
Cumming, Ms. Ashley	RN EC	Nurse Practitioner		

Diagnostic services within the legislated scope of practice for Nurse Practitioners

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work

DANYLCHUK, Dr. BRENT	Dental	Dentist		
* Biopsy – Hard & Soft Tissue (Oral)		* Consultation - Dental		
* Dental extractions		* Dental restorations		
* Endodontic Treatement (root canal therapy)		* Order/Administer Therapeutic Agents		
* Orofacial Surgical Treatment		* Periodontal Treatment		
* Radiography (Dental)		* Surgical Assist (Oral & Maxillofacial Surgeons)		

De Sequeira, Dr. Carlos	Courtesy	Physician	Sioux Lookout Meno Ya Win Health Centre	
Radiology Privileges as per training and experience				

Deichert, Dr. Kenneth Wayne	Locum Tenens	Physician		
* Family Practice Privileges as per training and experience				
Surgical Assist				

Del Paggio, Dr. Joseph	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
Chemotherapy Privileges as per training and experience				

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

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

* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Dhaliwal, Dr. Ravi	Locum Tenens	Physician	Nipigon District Memorial Hospital	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Droll, Dr. Kurt Paul	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
* Amputations		* Arthrodesis peripheral joints		
* Arthrotomies peripheral joints		* Arthrocentesis – diagnostic		
* Arthroplasty		* Arthroscopy		
* Biopsy - bone		* Biopsy - soft tissue		
* Bone Shortening Procedures		* Carpal Tunnel Release		
* Decompression, exploration and transposition of peripheral nerves		* Debridement soft tissues, joints and bones		
* Excisions soft tissue and skeletal tumours		* Fasciotomy and fasciectomy		
* Grafting Bone		* I & D of Joints, bones, and soft tissues		
* Management of open & closed fractures and dislocations		* Reconstruction bone deformities and pseudoarthrosis		
* Repair or release of muscles, fascia, tendons, ligaments		* Ulnar Nerve Decompression		
* Bone lengthening procedures		* Consultation		
* Closed Reduction and Casting of Fractured Bone		* Ordering of Diagnostic Tests - Inpatient/Outpatient		
* Corrective and reconstructive surgery of the axial skeleton, specifically posterior spinal fusion		* Ordering of Outpatient Procedures (Ambulatory)		
* Cortisone Injections		* Epiphyseal Stapling		
* Fracture Clinic		* Fracture fixation with mini compression plates		
* Fractures and dislocations of the pelvis and acetabula, spine (non-operative)		* Grafting Skin		
* Major arthroplasty including total replacement and/or revision of the ankle		* Major Arthroplasty including total replacement and/or revision of the elbow		
* Major arthroplasty including total replacement and/or revision of the hip joint		* Major arthroplasty including total replacement and/or revision of knee joint		
* Major arthroplasty including total replacement and/or revision of the shoulder		* Major spinal surgery		
* Major Spinal Surgery Assist		* Metastatic long bone and spinal tumor reconstruction		
* Surgical Assist				

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Dudar, Dr. Amber Dawn	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	

Dilation and curettage
Obstetrics & Gynecology, including related procedures, as per training and experience

C-Sections as per training and experience

Elia, Dr. Eshay	Locum Tenens	Physician	Geraldton District Hospital	
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* Family Practice Privileges as per training and experience
* Emergency Privileges as per training and experience

Elkheir, Dr. Shiraz Yahia Mohamed	Active	Physician		
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Consultations				
Appendix and contiguous tissues		Hernias of abdominal wall		
Ischio rectal abscesses		Haemorrhoidectomy		
Other procedures on the rectum and perirectal tissues		Cholecystectomy and common bile duct procedures		
Bowel restriction and anastomosis		Operations on the stomach and lower esophagus		
Open biopsy and excisions of lesions of the liver		Surgery of spleen and pancreas		
Breast biopsy		Mastectomy		
I & D of deep abscess of the neck		Excision of cysts, lymph nodes and other deep lesions		
Surgery of salivary glands		Thyroidectomy		
Fractures of the mandible and maxilla		Opening salivary ducts		
Surgical Assist		Thoractomy for drainage		
Ligation and excision of varicose veins		Embolectomy		
Indwelling venous access catheter				

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
ELTAWIL, Dr. KARIM	Locum Tenens	Physician		
Appendix and contiguous tissues		Hernias of abdominal wall		
Ischio rectal abscesses		Haemorrhoidectomy		
Other procedures on the rectum and perirectal tissues		Cholecystectomy and common bile duct procedures		
Bowel restriction and anastomosis		Operations on the stomach and lower esophagus		
Open biopsy and excisions of lesions of the liver		Surgery of spleen and pancreas		
Breast biopsy		Mastectomy		
I & D of deep abscess of the neck		Excision of cysts, lymph nodes and other deep lesions		
Surgery of salivary glands		Thyroidectomy		
Fractures of the mandible and maxilla		Opening salivary ducts		
Surgical Assist		Thoractomy for drainage		
Ligation and excision of varicose veins		Embolectomy		
Indwelling venous access catheter				
C-Sections as per training and experience				

Reviewer Comments:		
Comment Added By	Date Added	Comment
Brooke Booth	12/10/2025 10:31:49 AM	Dr. Eltawil is responsible for providing ON CMPA prior to any locum work. He is aware.

El-Zabet, Dr. Ajda	Locum Tenens	Physician		
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* GP Anesthesia as per training and experience

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Faghih, Dr. Amir Hossein	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	

Chemotherapy Privileges as per training and experience

Fontaine, Dr. Jesse James	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Galusha, Ms. Leah	RN EC	Nurse Practitioner		
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Diagnostic services within the legislated scope of practice for Nurse Practitioners

Ghazali, Dr. Susan	Locum Tenens	Physician		
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Consultations

Appendix and contiguous tissues

Ischio rectal abscesses

Other procedures on the rectum and perirectal tissues

Bowel restriction and anastomosis

Open biopsy and excisions of lesions of the liver

Breast biopsy

I & D of deep abscess of the neck

Surgery of salivary glands

Fractures of the mandible and maxilla

Surgical Assist

Ligation and excision of varicose veins

Indwelling venous access catheter

Hernias of abdominal wall

Haemorrhoidectomy

Cholecystectomy and common bile duct procedures

Operations on the stomach and lower esophagus

Surgery of spleen and pancreas

Mastectomy

Excision of cysts, lymph nodes and other deep lesions

Thyroidectomy

Opening salivary ducts

Thoractomy for drainage

Embolectomy

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026

Advanced endoscopic sinus surgery: Anterior Skull base procedure, Repair of CSF leak	Antral lavage
Arytendoidectomy	I & D peritonsillar and retropharyngeal abscesses
Basic otological procedures: Myringotomy, ventilations tubes Meatoplasty, surgery for the external auditory canal	Myringotomy
Biopsy, Excision and repair of oral cavity and oropharyngeal neoplastic lesions	Removal of nasal polypi
Bronchoscopy (rigid or flexible) with biopsy, foreign body removal	Tonsillectomy and adenoidectomy
Cholesteatoma surgery, modified and radical mastoidectomy	Cochlear implantation and implantable hearing aids
Dacryocystorhinostomy	Esophagoscopy (rigid or flexible) with biopsy, foreign body removal or stricture dilation
Excision of cervical lymph nodes and congenital cysts	Extracranial Facial nerve exploration and repair
Excision of Zenker's diverticulum	Facial nerve exploration and repair
Facial plastic surgery, including cosmetic surgery of the eyelids, face, lips, and external ear and repair of simple or complicated lacerations.	Facial sling procedure
Harvesting of skin, fat, or bone grafts of the head and neck, hip, trunk, and extremities	Laser Use (Co2)
Lip surgery including lip shave, partial or total resection with primary repair, or by local or distant flaps	Laryngoscopy, with or without biopsy, or vocal fold augmentation
Major oncologic procedures - i.e. laryngectomy, composite resection to be done in limited circumstances only, as mandated by Cancer Care Ontario, and subject to case by case review	Microvascular flaps for head and neck reconstruction
Myocutaneous flap (pectorals, trapezius, sternocleidomastoid)	Myringoplasty – Tympanoplasty - Mastoidectomy
Nasal polypectomy - Antrostomy	Nasal septum procedures, septoplasty, SMR and repair of septal perforation
Nasopharyngeal surgery - Cleft palate repair – pharyngoplasty - Uvulopalatopharyngoplasty	Neurotological procedures: middle cranial fossa approach, translabrynthine approach, vestibular neurectomy, acoustic neuroma surgery.
Oncologic procedures - neck dissection	Ossiculoplasty – middle ear reconstruction – mastoid cavity obliteration
Parathyroidectomy	Parotid gland surgery
Radical surgery of the head and neck, including radical neck dissection	Reconstructive procedure of the trachea and upper airway
Reduction of facial fractures	Repair of fistulas – oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, tracheo-cutaneous, esophagocutaneous
Rhinoplasty - Septorhinoplasty	Salivary duct/gland surgery - Ranula excision
Selective neck dissection	Skin grafting procedures, full thickness or split thickness

* 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 - 13-01-2026**

Stapes surgery	Submandibular gland surgery
Surgery for congenital meatal atresia - Otoplasty	Surgery of the larynx, including biopsy, thyroplasty
Surgery of the oral pharynx, hypopharynx, arytenoid cartilages, and epiglottis	Surgical removal of teeth in association with radical resection
Suspension microlaryngoscopy – Microlaryngeal surgery	Thyroidectomy
Tongue surgery, reduction and local tongue flaps	Tonsillectomy and adenoidectomy
Tracheotomy/Cricothyroidotomy	Trans-sphenoidal hypophysectomy
Turbinate surgery reduction, resection and submucous diathermy	

Ghazanfari, Ms. Mahboubeh	RN EC	Nurse Practitioner		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Diagnostic services within the legislated scope of practice for Nurse Practitioners

Grynol, Ms. Shannon	RN EC	Nurse Practitioner		
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Diagnostic services within the legislated scope of practice for Nurse Practitioners

Grzybowski, Dr. Marysia Betty-Jean	Locum Tenens	Physician	Sioux Lookout Meno Ya Win Health Centre	
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* Family Practice Privileges as per training and experience

* GP Anesthesia as per training and experience

* Emergency Privileges as per training and experience

GUSTAFSON, Dr. JEFFREY	Active	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Gustafson-Mitchell, Dr. Danielle	Active	Physician		

* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Guy, Dr. Courtney	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Haider, Dr. Ehsan Ahmed	Courtesy	Physician	North of Superior Healthcare Group	
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Radiology Privileges as per training and experience

Halvorsen, Dr. Melanie	Active	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

* GP Obstetrics as per training and experience

Hamm, Ms. Jasmin Linette	RN EC	Nurse Practitioner		
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Diagnostic services within the legislated scope of practice for Nurse Practitioners

Hanna, Dr. John R	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Radiology Privileges as per training and experience

* 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 - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Hanna, Dr. Ramez Raafat	Courtesy	Physician	North of Superior Healthcare Group	

Radiology Privileges as per training and experience

Harshman, Dr. Jamie	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Hassan Abdelmotleb, Dr. Hassan A	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Consultations

Advanced endoscopic sinus surgery: Anterior Skull base procedure, Repair of CSF leak	Antral lavage
Arytendoidectomy	I & D peritonsillar and retropharyngeal abscesses
Basic ontological procedures: Myringotomy, ventilations tubes Meatoplasty, surgery for the external auditory canal	Myringotomy
Biopsy, Excision and repair of oral cavity and oropharyngeal neoplastic lesions	Removal of nasal polypi
Bronchoscopy (rigid or flexible) with biopsy, foreign body removal	Tonsillectomy and adenoidectomy
Cholesteatoma surgery, modified and radical mastoidectomy	Cochlear implantation and implantable hearing aids
Dacryocystorhinostomy	Esophagoscopy (rigid or flexible) with biopsy, foreign body removal or stricture dilation
Excision of cervical lymph nodes and congenital cysts	Extracranial Facial nerve exploration and repair
Excision of Zenker's diverticulum	Facial nerve exploration and repair
Facial plastic surgery, including cosmetic surgery of the eyelids, face, lips, and external ear and repair of simple or complicated lacerations.	Facial sling procedure
Harvesting of skin, fat, or bone grafts of the head and neck, hip, trunk, and extremities	Laser Use (Co2)
Lip surgery including lip shave, partial or total resection with primary repair, or by local or distant flaps	Laryngoscopy, with or without biopsy, or vocal fold augmentation

* 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 - 13-01-2026

Major oncologic procedures - i.e. laryngectomy, composite resection to be done in limited circumstances only, as mandated by Cancer Care Ontario, and subject to case by case review

Microvascular flaps for head and neck reconstruction

Myocutaneous flap (pectorals, trapezius, sternocleidomastoid)	Myringoplasty – Tympanoplasty - Mastoidectomy
Nasal polypectomy - Antrostomy	Nasal septum procedures, septoplasty, SMR and repair of septal perforation
Nasopharyngeal surgery - Cleft palate repair – pharyngoplasty - Uvulopalatopharyngoplasty	Neurotological procedures: middle cranial fossa approach, translabryinthine approach, vestibular neurectomy, acoustic neuroma surgery.
Oncologic procedures - neck dissection	Ossiculoplasty – middle ear reconstruction – mastoid cavity obliteration
Parathyroidectomy	Parotid gland surgery
Radical surgery of the head and neck, including radical neck dissection	Reconstructive procedure of the trachea and upper airway
Reduction of facial fractures	Repair of fistulas – oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, tracheo-cutaneous, esophagocutaneous
Rhinoplasty - Septorhinoplasty	Salivary duct/gland surgery - Ranula excision
Selective neck dissection	Skin grafting procedures, full thickness or split thickness
Stapes surgery	Submandibular gland surgery
Surgery for congenital meatal atresia - Otoplasty	Surgery of the larynx, including biopsy, thyroplasty
Surgery of the oral pharynx, hypopharynx, arytenoid cartilages, and epiglottis	Surgical removal of teeth in association with radical resection
Suspension microlaryngoscopy – Microlaryngeal surgery	Thyroidectomy
Tongue surgery, reduction and local tongue flaps	Tonsillectomy and adenoidectomy
Tracheotomy/Cricothyroidotomy	Trans-sphenoidal hypophysectomy
Turbinate surgery reduction, resection and submucous diathermy	

HASSAN, Dr. PAUL	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Horak, Dr. Martin John	Locum Tenens	Physician	Lake of the Woods District Hospital	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

* 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 - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Ibrahim, Dr. Mohammed	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	

Chemotherapy Privileges as per training and experience

Jeganathan, Dr. Janani	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

Surgical Assist

Jenks, Dr. Lorena Lynn	Active	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

* GP Obstetrics as per training and experience

Dilation and curettage

C-Sections as per training and experience

JILKINA, Dr. Tatiana	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Johnson, Ms. Jennifer	RN EC	Nurse Practitioner		
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Diagnostic services within the legislated scope of practice for Nurse Practitioners

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Keffer, Dr. Lucas	Active	Physician		

* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Kerr, Dr. Laura	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	
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Consultations

Appendix and contiguous tissues

Hernias of abdominal wall

Ischio rectal abscesses

Haemorrhoidectomy

Other procedures on the rectum and perirectal tissues

Cholecystectomy and common bile duct procedures

Bowel restriction and anastomosis

Operations on the stomach and lower esophagus

Open biopsy and excisions of lesions of the liver

Surgery of spleen and pancreas

Breast biopsy

Mastectomy

I & D of deep abscess of the neck

Excision of cysts, lymph nodes and other deep lesions

Surgery of salivary glands

Thyroidectomy

Fractures of the mandible and maxilla

Opening salivary ducts

Surgical Assist

Thoractomy for drainage

Ligation and excision of varicose veins

Embolectomy

Indwelling venous access catheter

* 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 - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Keshoofy, Dr. Mohammad	Locum Tenens	Physician		

Appendix and contiguous tissues	Hernias of abdominal wall
Ischio rectal abscesses	Haemorrhoidectomy
Other procedures on the rectum and perirectal tissues	Cholecystectomy and common bile duct procedures
Bowel restriction and anastomosis	Operations on the stomach and lower esophagus
Open biopsy and excisions of lesions of the liver	Surgery of spleen and pancreas
Breast biopsy	Mastectomy
I & D of deep abscess of the neck	Excision of cysts, lymph nodes and other deep lesions
Surgery of salivary glands	Thyroidectomy
Fractures of the mandible and maxilla	Opening salivary ducts
Surgical Assist	Thoractomy for drainage
Ligation and excision of varicose veins	Embolectomy
Indwelling venous access catheter	

Kharangate, Dr. Sanjuta	Locum Tenens	Physician	Atikokan General Hospital	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

KOWAL, Dr. MELANIE Leslie	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Kumar, Dr. Sandeep	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

* 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 - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Labib, Dr. Yasser Mohamed Aly	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	

Anesthesia as per training and experience

General anaesthesia for all patients regardless of ASA status or age

Regional nerve blocks

Spinal and epidural anesthesia

Labine, Dr. Meaghan	Locum Tenens	Physician	Red Lake Margaret Cochenour Memorial Hospital	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Lach, Dr. Christopher	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Laferriere, Dr. Nicole	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Chemotherapy Privileges as per training and experience

Lai, Dr. Christopher	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Radiology Privileges as per training and experience

Laxton, Dr. Cody Brewster	Active	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

* 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 - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Le Francois, Dr. Tina	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
* Amputations		* Arthrodesis peripheral joints		
* Arthrotomies peripheral joints		* Arthrocentesis – diagnostic		
* Arthroplasty		* Arthroscopy		
* Biopsy - bone		* Biopsy - soft tissue		
* Bone Shortening Procedures		* Carpal Tunnel Release		
* Decompression, exploration and transposition of peripheral nerves		* Debridement soft tissues, joints and bones		
* Excisions soft tissue and skeletal tumours		* Fasciotomy and fasciectomy		
* Grafting Bone		* I & D of Joints, bones, and soft tissues		
* Management of open & closed fractures and dislocations		* Reconstruction bone deformities and pseudoarthrosis		
* Repair or release of muscles, fascia, tendons, ligaments		* Ulnar Nerve Decompression		
* Bone lengthening procedures		* Consultation		
* Closed Reduction and Casting of Fractured Bone		* Ordering of Diagnostic Tests - Inpatient/Outpatient		
* Corrective and reconstructive surgery of the axial skeleton, specifically posterior spinal fusion		* Ordering of Outpatient Procedures (Ambulatory)		
* Cortisone Injections		* Epiphyseal Stapling		
* Fracture Clinic		* Fracture fixation with mini compression plates		
* Fractures and dislocations of the pelvis and acetabula, spine (non-operative)		* Grafting Skin		
* Major arthroplasty including total replacement and/or revision of the ankle		* Major Arthroplasty including total replacement and/or revision of the elbow		
* Major arthroplasty including total replacement and/or revision of the hip joint		* Major arthroplasty including total replacement and/or revision of knee joint		
* Major arthroplasty including total replacement and/or revision of the shoulder		* Major spinal surgery		
* Major Spinal Surgery Assist		* Metastatic long bone and spinal tumor reconstruction		
* Surgical Assist				
Long, Dr. Michael Douglas	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	
* Family Practice Privileges as per training and experience				
* Emergency Privileges as per training and experience				

* 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 - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
MacDougall, Dr. Andrea Melissa	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	

Radiology Privileges as per training and experience

Mace-Brickman, Dr. Trevor	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Dialysis Privileges as per training and experience

MACINTYRE, Ms. DANETTE	RN EC	Nurse Practitioner		
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Diagnostic services within the legislated scope of practice for Nurse Practitioners

Mansour, Dr. Margaret Mansour Aziz	Associate	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Mapeso, Dr. Gabriel	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	
Appendix and contiguous tissues		Hernias of abdominal wall		
Ischio rectal abscesses		Haemorrhoidectomy		
Other procedures on the rectum and perirectal tissues		Cholecystectomy and common bile duct procedures		
Bowel restriction and anastomosis		Operations on the stomach and lower esophagus		
Open biopsy and excisions of lesions of the liver		Surgery of spleen and pancreas		
Breast biopsy		Mastectomy		
I & D of deep abscess of the neck		Excision of cysts, lymph nodes and other deep lesions		
Surgery of salivary glands		Thyroidectomy		
Fractures of the mandible and maxilla		Opening salivary ducts		
Surgical Assist		Thoractomy for drainage		
Ligation and excision of varicose veins		Embolectomy		
Indwelling venous access catheter				

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Marion, Dr. Travis Emerson	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
* Amputations		* Arthrodesis peripheral joints		
* Arthrotomies peripheral joints		* Arthrocentesis – diagnostic		
* Arthroplasty		* Arthroscopy		
* Biopsy - bone		* Biopsy - soft tissue		
* Bone Shortening Procedures		* Carpal Tunnel Release		
* Decompression, exploration and transposition of peripheral nerves		* Debridement soft tissues, joints and bones		
* Excisions soft tissue and skeletal tumours		* Fasciotomy and fasciectomy		
* Grafting Bone		* I & D of Joints, bones, and soft tissues		
* Management of open & closed fractures and dislocations		* Reconstruction bone deformities and pseudoarthrosis		
* Repair or release of muscles, fascia, tendons, ligaments		* Ulnar Nerve Decompression		
* Bone lengthening procedures		* Consultation		
* Closed Reduction and Casting of Fractured Bone		* Ordering of Diagnostic Tests - Inpatient/Outpatient		
* Corrective and reconstructive surgery of the axial skeleton, specifically posterior spinal fusion		* Ordering of Outpatient Procedures (Ambulatory)		
* Cortisone Injections		* Epiphyseal Stapling		
* Fracture Clinic		* Fracture fixation with mini compression plates		
* Fractures and dislocations of the pelvis and acetabula, spine (non-operative)		* Grafting Skin		
* Major arthroplasty including total replacement and/or revision of the ankle		* Major Arthroplasty including total replacement and/or revision of the elbow		
* Major arthroplasty including total replacement and/or revision of the hip joint		* Major arthroplasty including total replacement and/or revision of knee joint		
* Major arthroplasty including total replacement and/or revision of the shoulder		* Major spinal surgery		
* Major Spinal Surgery Assist		* Metastatic long bone and spinal tumor reconstruction		
* Surgical Assist		Extensor tendon repair		
Other tendon repair		Major amputations		
Closed and open reduction of fractures or dislocations		Reductions of fractured hips including remoral head replacement		
Arthroscopy and arthrotomy		Other operations for the correction of minor bone or soft tissue deformity		
skin grafting				

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**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Mazzulli, Dr. Tony	Courtesy	Physician	Lake of the Woods District Hospital	

Lab Privileges as per training and experience

McCollum, Dr. Angeleen	Locum Tenens	Physician		
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* GP Anesthesia as per training and experience

McFarlane, Dr. Cory Leigh	Locum Tenens	Physician		
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* GP Anesthesia as per training and experience

McMillan, Dr. Ron	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

MCQUARRIE, Dr. JOANNA	Dental	Dentist		
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* Biopsy – Hard & Soft Tissue (Oral)

* Dental extractions

* Endodontic Treatement (root canal therapy)

* Orofacial Surgical Treatment

* Radiography (Dental)

* Consultation - Dental

* Dental restorations

* Order/Administer Therapeutic Agents

* Periodontal Treatment

* Surgical Assist (Oral & Maxillofacial Surgeons)

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Meyers, Dr. Kimberly L	Active	Physician		

* Family Practice Privileges as per training and experience

Mir-Rahimi, Dr. Seyed-Arash	Courtesy	Physician	Red Lake Margaret Cochenour Memorial Hospital	
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Radiology Privileges as per training and experience

Moir, Dr. Adam	Locum Tenens	Physician	Dryden Regional Health Centre	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Montgomery, Dr. George	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Neal, Dr. Donald Oliver	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

Nelson, Dr. John	Active	Physician		
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* Family Practice Privileges as per training and experience

Stress Testing as per training and experience

* core privilege, [R] Has medical licence restrictions,
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**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Ng, Dr. Victor Kar Ho	Locum Tenens	Physician		

* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Nigro, Dr. Frank	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Radiology Privileges as per training and experience

Noel, Dr. Nathaniel Charles-Alexander	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Nugent, Dr. Robert	Active	Physician		
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* Family Practice Privileges as per training and experience

* GP Anesthesia as per training and experience

* Emergency Privileges as per training and experience

Ordon, Mr. Arjay	RN EC	Nurse Practitioner		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Diagnostic services within the legislated scope of practice for Nurse Practitioners

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Ottertail, Ms. Sandra Ellen	RN EC	Nurse Practitioner		

Diagnostic services within the legislated scope of practice for Nurse Practitioners

Ozgoli, Dr. Majid	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Panu, Dr. Neety	Courtesy	Physician	Sioux Lookout Meno Ya Win Health Centre	
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Radiology Privileges as per training and experience

Patel, Dr. Vaishali M	Active	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

* GP Obstetrics as per training and experience

Dilation and curettage

C-Sections as per training and experience

Pearce, Dr. Spencer	Associate	Physician		
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* Family Practice Privileges as per training and experience

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Pendergrast, Dr. Jacob	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	

Lab Privileges as per training and experience

Peters, Dr. Sarah C	Locum Tenens	Physician	Sioux Lookout Meno Ya Win Health Centre	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Pintar, Dr. Janine	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Prisk, Dr. Matthew	Locum Tenens	Physician	Lake of the Woods District Hospital	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Provan, Dr. David C	Locum Tenens	Physician	Dryden Regional Health Centre	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Pulkki, Dr. Kristina	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Consultations

Advanced endoscopic sinus surgery: Anterior Skull base procedure, Repair of Antral lavage
CSF leak

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

Arytendoidectomy	I & D peritonsillar and retropharyngeal abscesses
Basic ontological procedures: Myringotomy, ventilations tubes Meatoplasty, surgery for the external auditory canal	Myringotomy
Biopsy, Excision and repair of oral cavity and oropharyngeal neoplastic lesions	Removal of nasal polypi
Bronchoscopy (rigid or flexible) with biopsy, foreign body removal	Tonsillectomy and adenoidectomy
Cholesteatoma surgery, modified and radical mastoidectomy	Cochlear implantation and implantable hearing aids
Dacryocystorhinostomy	Esophagoscopy (rigid or flexible) with biopsy, foreign body removal or stricture dilation
Excision of cervical lymph nodes and congenital cysts	Extracranial Facial nerve exploration and repair
Excision of Zenker's diverticulum	Facial nerve exploration and repair
Facial plastic surgery, including cosmetic surgery of the eyelids, face, lips, and external ear and repair of simple or complicated lacerations.	Facial sling procedure
Harvesting of skin, fat, or bone grafts of the head and neck, hip, trunk, and extremities	Laser Use (Co2)
Lip surgery including lip shave, partial or total resection with primary repair, or by local or distant flaps	Laryngoscopy, with or without biopsy, or vocal fold augmentation
Major oncologic procedures - i.e. laryngectomy, composite resection to be done in limited circumstances only, as mandated by Cancer Care Ontario, and subject to case by case review	Microvascular flaps for head and neck reconstruction
Myocutaneous flap (pectorals, trapezius, sternocleidomastoid)	Myringoplasty – Tympanoplasty - Mastoidectomy
Nasal polypectomy - Antrostomy	Nasal septum procedures, septoplasty, SMR and repair of septal perforation
Nasopharyngeal surgery - Cleft palate repair – pharyngoplasty - Uvulopalatopharyngoplasty	Neurotological procedures: middle cranial fossa approach, translabrynthine approach, vestibular neurectomy, acoustic neuroma surgery.
Oncologic procedures - neck dissection	Ossiculoplasty – middle ear reconstruction – mastoid cavity obliteration
Parathyroidectomy	Parotid gland surgery
Radical surgery of the head and neck, including radical neck dissection	Reconstructive procedure of the trachea and upper airway
Reduction of facial fractures	Repair of fistulas – oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, tracheo-cutaneous, esophagocutaneous
Rhinoplasty - Septorhinoplasty	Salivary duct/gland surgery - Ranula excision
Selective neck dissection	Skin grafting procedures, full thickness or split thickness
Stapes surgery	Submandibular gland surgery
Surgery for congenital meatal atresia - Otoplasty	Surgery of the larynx, including biopsy, thyroplasty

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**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
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Surgery of the oral pharynx, hypopharynx, arytenoid cartilages, and epiglottis	Surgical removal of teeth in association with radical resection
Suspension microlaryngoscopy – Microlaryngeal surgery	Thyroidectomy
Tongue surgery, reduction and local tongue flaps	Tonsillectomy and adenoidectomy
Tracheotomy/Cricothyroidotomy	Trans-sphenoidal hypophysectomy
Turbinate surgery reduction, resection and submucous diathermy	

Puskas, Dr. David	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
* Amputations		* Arthrodesis peripheral joints		
* Arthrotomies peripheral joints		* Arthrocentesis – diagnostic		
* Arthroplasty		* Arthroscopy		
* Biopsy - bone		* Biopsy - soft tissue		
* Bone Shortening Procedures		* Carpal Tunnel Release		
* Decompression, exploration and transposition of peripheral nerves		* Debridement soft tissues, joints and bones		
* Excisions soft tissue and skeletal tumours		* Fasciotomy and fasciectomy		
* Grafting Bone		* I & D of Joints, bones, and soft tissues		
* Management of open & closed fractures and dislocations		* Reconstruction bone deformities and pseudoarthrosis		
* Repair or release of muscles, fascia, tendons, ligaments		* Ulnar Nerve Decompression		
* Bone lengthening procedures		* Consultation		
* Closed Reduction and Casting of Fractured Bone		* Ordering of Diagnostic Tests - Inpatient/Outpatient		
* Corrective and reconstructive surgery of the axial skeleton, specifically posterior spinal fusion		* Ordering of Outpatient Procedures (Ambulatory)		
* Cortisone Injections		* Epiphyseal Stapling		
* Fracture Clinic		* Fracture fixation with mini compression plates		
* Fractures and dislocations of the pelvis and acetabula, spine (non-operative)		* Grafting Skin		
* Major arthroplasty including total replacement and/or revision of the ankle		* Major Arthroplasty including total replacement and/or revision of the elbow		
* Major arthroplasty including total replacement and/or revision of the hip joint		* Major arthroplasty including total replacement and/or revision of knee joint		
* Major arthroplasty including total replacement and/or revision of the shoulder		* Major spinal surgery		
* Major Spinal Surgery Assist		* Metastatic long bone and spinal tumor reconstruction		
* Surgical Assist				

* 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 - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Rawlinson, Dr. John	Courtesy	Physician	Sioux Lookout Meno Ya Win Health Centre	

Radiology Privileges as per training and experience

Riediger, Dr. Michael	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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* Amputations	* Arthrodesis peripheral joints
* Arthrotomies peripheral joints	* Arthrocentesis – diagnostic
* Arthroplasty	* Arthroscopy
* Biopsy - bone	* Biopsy - soft tissue
* Bone Shortening Procedures	* Carpal Tunnel Release
* Decompression, exploration and transposition of peripheral nerves	* Debridement soft tissues, joints and bones
* Excisions soft tissue and skeletal tumours	* Fasciotomy and fasciectomy
* Grafting Bone	* I & D of Joints, bones, and soft tissues
* Management of open & closed fractures and dislocations	* Reconstruction bone deformities and pseudoarthrosis
* Repair or release of muscles, fascia, tendons, ligaments	* Ulnar Nerve Decompression
* Bone lengthening procedures	* Consultation
* Closed Reduction and Casting of Fractured Bone	* Ordering of Diagnostic Tests - Inpatient/Outpatient
* Corrective and reconstructive surgery of the axial skeleton, specifically posterior spinal fusion	* Ordering of Outpatient Procedures (Ambulatory)
* Cortisone Injections	* Epiphyseal Stapling
* Fracture Clinic	* Fracture fixation with mini compression plates
* Fractures and dislocations of the pelvis and acetabula, spine (non-operative)	* Grafting Skin
* Major arthroplasty including total replacement and/or revision of the ankle	* Major Arthroplasty including total replacement and/or revision of the elbow
* Major arthroplasty including total replacement and/or revision of the hip joint	* Major arthroplasty including total replacement and/or revision of knee joint
* Major arthroplasty including total replacement and/or revision of the shoulder	* Major spinal surgery
* Major Spinal Surgery Assist	* Metastatic long bone and spinal tumor reconstruction
* Surgical Assist	

* 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 - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Rohani, Dr. Atoosheh	Courtesy	Physician	Sioux Lookout Meno Ya Win Health Centre	

Radiology Privileges as per training and experience

Regional Ordering of diagnostic tests. Ordering for inpatients attending another facility for outpatient testing and procedures. Ordering of PICC line insertions.

Ruppenstein, Dr. Marc	Active	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Sadreddini, Dr. Masoud	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Radiology Privileges as per training and experience

Salhab, Dr. Antonia	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Samak, Dr. Elhamy	Locum Tenens	Physician		

* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Reviewer Comments:		
Comment Added By	Date Added	Comment
Brooke Booth	12/16/2025 11:41:25 AM	Dr. Samak is responsible for providing ON CMPA prior to any locum work. He is aware.

Scott, Dr. Douglas Frederick	Locum Tenens	Physician	Nipigon District Memorial Hospital	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

SEM, Dr. FRANCIS Wai Chun	Locum Tenens	Physician	Lake of the Woods District Hospital	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Shabana, Dr. Walid Mansour	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Consultations

Vasectomy

Circumcision (other than newborn)

Cystoscopy

Suprapubic prostatectomy and bladder resections

Nephrectomy and partial nephrectomy

Excision of hydrocele

Other operations on external genitalia

Transurethral prostatic and bladder resections

Open or closed removal of urinary tract calculi

Cystectomy

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Sherwani, Dr. Aamir	Locum Tenens	Physician		

Consultations

Appendix and contiguous tissues

Hernias of abdominal wall

Ischio rectal abscesses

Haemorrhoidectomy

Other procedures on the rectum and perirectal tissues

Cholecystectomy and common bile duct procedures

Bowel restriction and anastomosis

Operations on the stomach and lower esophagus

Open biopsy and excisions of lesions of the liver

Surgery of spleen and pancreas

Breast biopsy

Mastectomy

I & D of deep abscess of the neck

Excision of cysts, lymph nodes and other deep lesions

Surgery of salivary glands

Thyroidectomy

Fractures of the mandible and maxilla

Opening salivary ducts

Surgical Assist

Thoractomy for drainage

Ligation and excision of varicose veins

Embolectomy

Indwelling venous access catheter

Silverberg, Dr. Rory	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Dialysis Privileges as per training and experience

Sivucha, Dr. Gregory	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

* 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 - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Stringer, Ms. Paula	RN EC	Nurse Practitioner		

Diagnostic services within the legislated scope of practice for Nurse Practitioners

Sun, Dr. Simon Xiao Yi	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	
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Consultations				
Appendix and contiguous tissues		Hernias of abdominal wall		
Ischio rectal abscesses		Haemorrhoidectomy		
Other procedures on the rectum and perirectal tissues		Cholecystectomy and common bile duct procedures		
Bowel restriction and anastomosis		Operations on the stomach and lower esophagus		
Open biopsy and excisions of lesions of the liver		Surgery of spleen and pancreas		
Breast biopsy		Mastectomy		
I & D of deep abscess of the neck		Excision of cysts, lymph nodes and other deep lesions		
Surgery of salivary glands		Thyroidectomy		
Fractures of the mandible and maxilla		Opening salivary ducts		
Surgical Assist		Thoractomy for drainage		
Ligation and excision of varicose veins		Embolectomy		
Indwelling venous access catheter				

Thacker, Dr. Kenneth Eldon James	Locum Tenens	Physician	St. Joseph's Care Group	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
TISSOT VAN PATOT, Dr. Brian D	Locum Tenens	Physician		

* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Trottier, Dr. Carolyn	Active	Physician		
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* Family Practice Privileges as per training and experience

* GP Anesthesia as per training and experience

* Emergency Privileges as per training and experience

Tunis, Dr. Adam	Courtesy	Physician	North of Superior Healthcare Group	
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Radiology Privileges as per training and experience

Vahabimoghaddam, Dr. Asal	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

Vangel, Ms. Rachel Jane	RN EC	Nurse Practitioner		
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Diagnostic services within the legislated scope of practice for Nurse Practitioners

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Vartian, Dr. Brian	Locum Tenens	Physician		

* GP Anesthesia as per training and experience

Anesthesia as per training and experience

Epidural steroid injection

General anaesthesia for all patients regardless of ASA status or age

Regional nerve blocks

Spinal and epidural anesthesia

Venkatesh, Dr. Vikram	Courtesy	Physician		
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Radiology Privileges as per training and experience

VISSER, Dr. SHAUN	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Wagner, Ms. Erin	RN EC	Nurse Practitioner		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Diagnostic services within the legislated scope of practice for Nurse Practitioners

Warkentin, Dr. Joel David	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	
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Pediatric Privileges as per training and experience

* 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 - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
Watson, Dr. Paul	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	

Dialysis Privileges as per training and experience

Webber, Dr. Paul Francis	Locum Tenens	Physician		
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* GP Anesthesia as per training and experience

Wettstein, Dr. Marian Severin	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	
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Consultations

Vasectomy

Circumcision (other than newborn)

Cystoscopy

Suprapubic prostatectomy and bladder resections

Nephrectomy and partial nephrectomy

Excision of hydrocele

Other operations on external genitalia

Transurethral prostatic and bladder resections

Open or closed removal of urinary tract calculi

Cystectomy

Wong, Dr. Eugene	Locum Tenens	Physician	Red Lake Margaret Cochenour Memorial Hospital	
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Yang, Dr. Peter	Courtesy	Physician	Santé Manitouwadge Health	
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Radiology Privileges as per training and experience

**PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL
RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 13-01-2026**

	Staff Status		Alt Department / Primary Org	Area Of Work
YOUSSEF, Dr. FADY	Locum Tenens	Physician		

* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Zhou, Dr. Ji	Locum Tenens	Physician		
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* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Mozzon, Dr. Lise Michelle	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	

Ordering of outpatient procedures (ambulatory)