BOARD OF DIRECTORS MEETING

IN-CAMERA SESSION

Thursday, February 26, 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 – January 29, 2026 * 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 6 2.3 Governance Committee In-Camera Report – B. Norton * Pg 8 2.4 Audit & Resources Committee In-Camera Report – B. Norton * Pg 25 2.5 Quality Safety Risk Committee In-Camera Report – M. Kitzul	
3.	Approval of Agenda	
4.	Presentation – Accreditation – S. LeBlanc * Pg 45	
5.	Business Arising There was no business arising.	
6.	Strategic Discussion: No discussion this month (Ethical Decision-Making Framework – standing attachment *) Pg 63	
7.	New Business 7.1 Chief of Staff Report –Medical Staff Privileges - Dr. L. Keffer * Pg 65 7.2 Audit & Resources Committee – Verbal Update 7.3 2023-2026 Strategic Plan Extension	
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: March 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, February 26, 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.
7.3	Motion to Approve the 2023-2026 Strategic Plan Extension	THAT the RHC Board of Directors approve the extension of the 2023-2026 Strategic Plan to March 31, 2027, while we await the Colliers Master Service Plan
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: January 29, 2026 **Time of Meeting**: 6:17 pm

Location of Meeting: Webex / LVGH Board Room

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

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

REGRETS: K. Lampi

---

1. CALL TO ORDER:

D. Clifford called the meeting to order at 6:17 pm. B. Booth recorded the minutes of this meeting.

1.1 Conflict of Interest & Confidentiality

The Chair asked if there was any conflict of interest or duty with items on the agenda and reminded members of the confidentiality of the in-camera session. There were no conflicts declared.

2. CONSENT AGENDA:

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

3. APPROVAL OF AGENDA:

It was,

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

THAT the Board approve the Agenda as circulated.

CARRIED.

4. PRESENTATION

The presentation was done in the Open Session.

5. BUSINESS ARISING:

There was no business arising.

6. STRATEGIC DISCUSSION

There was no strategic discussion this month.

7. NEW BUSINESS

7.1 Chief of Staff Report – Medical Staff Privileges

Dr. Keffer provided an update sharing we received a notice from CPSO regarding a Rainy River locum. We ended up cancelling all his shifts which were roughly 1 week a month of coverage and now we are trying to fill these gaps. Dr. Keffer noted part of the agreement the Rainy River locums sign state they can not have any

restrictions on their licence and the CPSO notice received regarding this locum stated he had restrictions therefore we had to cancel his shifts. Dr. Keffer reported we have received some complaints regarding this physician as well. Due to safety and risk, we needed to make this tough decision. Dr. Keffer wanted all aware of this and that there is a risk with Rainy River scheduling.

Dr. Keffer reported we received a complaint regarding racist comments made to a patient by another Rainy River locum and this was escalated to Treaty 3. Dr. Keffer shared a meeting will occur with the family.

Dr. Keffer shared there were 3 short notice locum cancellations here at LVGH ER due to weather and illness. Dr. Ruppenstein and Dr. Keffer stepped up to fill these gaps. Henry acknowledged their efforts and thanked them for doing this.

7.1.1 Privileges – Medical Staff

2025 and 2026 Appointment and Reappointment Applications for Privileges

It was,

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

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.

CARRIED.

Medical Learners

It was,

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

THAT the Board of Directors approves medical learner privileges for the listed attached for the 2025 and 2026 terms, as reviewed and recommended by the MAC.

CARRIED.

7.2 Audit & Resources Verbal Update

B. Norton provided an update highlighting the following:

- HIROC attended the meeting and provided an overview of our insurance. We have $25 million in coverage per occurrence. Cyber is high risk, and we have $5 million in coverage.
- The hospital was in a $7.6 million deficit position however, we received 1-time and base funding and now the hospital is in a $99k surplus position.
- LTC deficit position is $2.86 million.
- Overall Deficit position is approximately $3.5 million.
- OT and Sick were reviewed. This is being worked on, however, will not go away completely. Managers need to provide updates on OT and sick, noting why and how to mitigate it.
- Kelly Woods, Director of Human Resources, attended the meeting and provided an update on the Talent Management Plan.
- Colliers provided and update and it was noted we need further engagement from partners and Chiefs/Indigenous.
- Discussion took place regarding the Rainy River Clinic and Carla confirmed funding has now been received. Henry noted however, we do not have confirmation on funding for next year. Until someone takes over the Rainy River Clinic, we will continue to run the clinic. Carla confirmed the funding we received was what we asked for previously, however, it does not cover all costs. Henry noted he doesn't foresee anything to change with the Rainy River Clinic in the near future.

8. OTHER BUSINESS

8.1 For the Good of the Board (Optional)

Henry highlighted the following:

- We received 2 “Raves” on social media regarding the Rainycrest Chapel and the staff in the Chemo Unit. As well, in the Wednesday paper we had a full-page ad of good news regarding Rainycrest Activation enhancements.
- These are positive examples of the good RHC is doing. We want the public to be aware of the good things being done however, we need to be credible about it. Discussion took place regarding other good news stories to promote (ie. Lab/DI enhancements which will improve LVGH and Rainy River).
- Discussion took place regarding the transportation service. Joanne shared we have received very positive comments regarding the service. Henry reported the transportation program is at risk as OH is not funding it and RHC continues to fund this. We will be pushing to receive funding for this; however, we are in the gathering stats/data stage to use as leverage. Henry shared Dave Black has encouraged OTIP and OH to support the program. Joanne shared we have gone back to the OHT as well.
- Henry discussed unfunded programs that we continue to fund and run (ie. ALC Community Nurse, Transportation). The more stats and community support we have for these types of programs, the more leverage we will have to make our case on the importance of continuing the service.

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:

February 26, 2026

10. TERMINATION OF THE IN-CAMERA SESSION:

It was,

MOVED BY: E. Bodnar

THAT this meeting terminates and return to the Open Session at 8:37 pm.
CARRIED.

_____ _____

Chair Secretary/Treasurer

Riverside Health Care

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

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **Leadership Development Program**
  As part of succession planning select leaders have been tagged for additional leadership education. In addition to management courses provided through Harvard Mentor Manager we are offering the LEADS Inspired Leadership program for these individuals. The first group of leaders will complete their program prior to October 1, 2026.
- **Temperature Sensors**
  New temperature sensors are being programmed to support monitoring all resident care areas in alignment with the Fixing Long Term Care Act. Further, the addition of sensors in fridges in the pharmacy, medication areas, and lab are essential to enhancing safety precautions for medications, blood, and food products.
- **LTC**
  Three leaders are being supported to attend AdvantAge LTC conference in April.
  Rainy River/EMO LTC staff receiving education and training for Point Click Care to ensure standardization across long term care sites.
- **Internationally Educated Nurse Residency Program**
  Internationally Educated Nurse residency program development to include 12 weeks of training to support new Canadian Registered Nurses which will decrease reliance on agency staff.

One Riverside - Promoting a Consistent and Empowering Culture

- **Regional Pharmacy Program**
  RHC utilizes the TBRHSC Regional Pharmacy and Northwest Telepharmacy to meet current pharmacist requirements. In December the Northwest Hospitals were informed by TBRHSC that the Regional Pharmacy program would be redirected to support Meditech Expanse starting May 1, 2026.

  In January 2026, two pharmacists from TBRHSC engaged a Group of Hospitals in the Northwest about continuing to provide services on our behalf. As a result, RHC agreed to serve as the employer and the contract holder for the new Rural Regional Pharmacy program (RRPP). The RRPP is comprised of Riverside Health Care, NOSH (Terrace Bay and Marathon), Red Lake, Geraldton, Nipigon, and Manitouwadge. Considerable transitional work remains in advance of the transition date that may be pushed back to April 1, 2026.

  Future planning to meet 24/7 pharmacist coverage requirements through both Accreditation Canada and Meditech Expanse requires further planning at the regional level to ensure increasing pharmacist services are met in a timely manner.
- **Ontario Health Team**
  - At the February 11, 2026, meeting the CEO for RRDOHT read a statement that focused on challenges, including the need to be respectful and engaged.
  - RHC asked fiduciary questions that appear to have not been received well.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **Legal Counsel – Highlight Processes**
  1. Recently followed up on draft communication for Foundation.
  2. Awaiting review of MOU intended for RHC and GHAC.
  3. COS and CEO engaged regarding development Professional Bylaws.
- **Pharmacy Redevelopment**
  The new NAPRA compliant pharmacy that was approved for $3.1 million as part of the Exceptional Circumstances Project was expected to be completed by March 31, 2026. This funding was approved just prior to September 2025 and despite multiple follow ups it has taken several months to complete review of the original plans by the architects, engineers, etc. On February 24, 2026, this project will finally go out to tender with a rapid timeframe of 3 weeks before closure. Home and Community Care, ALC Community Nurse, and Community Support Services are being relocated elsewhere on the 3rd floor to make way for the new pharmacy.

- **Surgical Services**
  Our 2025-2026 capital approval of $400k for spine equipment has been cancelled. Instead, these approved dollars are being reallocated to supporting required equipment for the 2nd General Surgeon. This decision was made after careful consideration by the surgical team in consultation with leadership. Proceeding with development of a local spine program would be challenging given the loss of an Anesthetist this past year. When combined with the recruitment of Dr. Alsammani, General Surgeon to Fort Frances there was further need to redirect investment to upgrading the OR's and Endoscopy suite accordingly. Further, evaluation of Endoscopy Suite equipment lease renewal and expansion options is advancing to ensure general surgery needs are effectively met.
- **Technology Upgrades**
  - Wireless Network – RFP process is in progress as the existing system is severely aged and critical systems such as Meditech and Point Click Care are reliant on stable infrastructure to support the effective delivery of health care services.
  - Unified Communications – planning is underway to issue an RFP in the coming months to ensure that modernized phone and email unified communications across RHC.
  - Staff Duress/Safety System – planning is underway to issue an RFP that will support meeting the safety needs of all staff across RHC sites and in the community.
  - The above noted projects will require a significant investment and ongoing engaging with Ontario Health which will occur to ensure adequate funds are in place to replace these critical systems.
  - Synergy/Sysco base menu planning being piloted at Rainycrest with plans for full organizational rollout. This will meet LTC compliance across all sites.
- **Master Service and Capital Plan**
  Master Service plan will be delivered to Ontario Health (OH) in October 2026.
  Master Capital plan will be delivered to OH and MoH between July and September 2027.

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

- **PFAC Redesign**
  Redesign of our PFAC Terms of Reference, realignment of our committee membership, and orientation have been completed.

Thank you to the Riverside Team for their submissions, they are invaluable in the preparation of this report.

Respectfully Submitted,
Diane Clifford, Board Chair
Dr. Lucas Keffer, Chief of Staff
Diana Harris, Chief Nursing Executive
Carla Larson, Chief Financial, Information & Technology Officer
Joanne Ogden, Quality Assurance & OHT Executive Lead
Henry Gauthier, President & CEO
RHC Directors, Managers & Supervisors

Riverside Health Care

In Camera Governance Committee Report – February 2026

2.3.1 Minutes: Governance Committee
February 10, 2026 – not yet reviewed by the Committee *

2.3.2 Nominating & Recruitment Meeting Minutes *

2.3.3 Board Meeting Evaluation Results – January 2026 *

2.3.4 Governance Policy Reporting Schedule *

RIVERSIDE HEALTH CARE FACILITIES INC.
BOARD GOVERNANCE COMMITTEE
MINUTES

Date of Meeting: February 10, 2026 **Time of Meeting:** 4:00 pm

Location of meeting: LVGH – Board Room / Webex

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

REGRETS: B. Norton

1. CALL TO ORDER:

D. Clifford called the meeting to order at 4:03 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: E. Bodnar SECONDED BY: D. Pierroz

THAT the agenda be approved as circulated.
CARRIED.

3. MINUTES OF THE LAST MEETING: January 13, 2026

It was,

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

THAT the minutes of the January 13, 2026, meeting be approved as circulated.
CARRIED.

4. MATTERS ARISING FROM THE MINUTES:

4.1 Goals & Objectives / Strat Plan Update

Henry reviewed the circulated highlighting the following:

- LVGH Physician Clinic - Henry shared there has been a lot of back and forth in the last week with the Capital Branch and OH. We requested a deadline of February 28, 2026, for answers/approval to move forward, and they have come back noting they cannot meet that deadline, therefore, we will be moving forward with our other capital projects. Henry shared we went back to OH stating we want to continue the process and continue to move forward with the 3rd floor clinic. Diane questioned whether the Board could do anything. Henry noted he doesn't feel there is anything that can be done to speed their process up, however, if they come back and say "No" to this initiative, then we will cross that bridge. Henry discussed the frustrating process over the last few months, noting that we have provided them with all information and the ball is in their court. We have the plans ready to go, however, we are waiting on OH endorsement which is the biggest roadblock. Henry noted we had a

lot of moves that were to happen with the 3rd Floor Clinic, however, this is all on hold until we know if approved.

- Specialist & Diagnostic Transport – We need to press for permanent funding. The hospital continues to pay for this however we need funding to sustain the program. It was questioned whether we could ask the municipalities for a letter of support. Henry noted we have already done this, however, could circle back on it. The bottom line is that OH needs to endorse and support these programs.
- MOU with GHAC – this is sitting with legal for review and once received back, this will go back to GHAC for review.
- Henry recalled our census continues to be high and we also need to be funded accordingly for this. We are consistently sitting anywhere from mid-40's to mid-50's in beds.
- On a good note, Henry shared we have received 5 resumes from specialty nurses from outside the district and we are hoping to secure some of these individuals to stabilize staffing/services.

5. NEW BUSINESS:

5.1 Nominating & Recruitment Committee Update

Diane referenced the previous minutes. She reported a meeting occurred right before this meeting. Diane confirmed there will be 2 vacancies on the Board as Ben and Aimee will be resigning after the 2026 AGM. Diane shared she asked Ben and Aimee to think of potential candidates to replace them. Discussion occurred regarding potential candidates and Diane shared one application has been provided to an individual to date. The Advertisement has been posted on our social media platforms and is scheduled to go into the newspaper. Henry noted having an Indigenous member from the west end of the district would be beneficial.

5.2 CEO and COS Performance Review Process

Diane confirmed that this review process was to be a full 360 review for the CEO this round. She confirmed the process will start shortly and Edith will be involved for mentoring purposes. Diane reported that the goal is to have these performance reviews complete by June 2026.

5.3 Board Retreat Discussion

Henry noted prior to the Board Retreat, we would first need a service plan. He stated we are supposed to receive this in the fall. Then a capital plan will follow after that, however, to move forward with the Board Retreat, we would need the service plan. Henry reported we will look at doing the retreat in October 2026 with Service Plan/Strat Plan and Succession Planning as topics for the retreat.

Discussion took place regarding putting a motion forward to extend the 2023-2026 Strategic Plan to March 31, 2027. The committee was in agreement, and it was noted this would be a separate agenda item on the In Camera Board of Directors agenda.

It was,

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

THAT the Governance Committee recommend that the Board of Directors approve the extension of the 2023-2026 Strategic Plan to March 31, 2027, while we await the Colliers Master Service Plan.

CARRIED.

5.4 Board Meeting Evaluation Results – January 2026

Diane reviewed the results. Discussion took place around how to increase satisfaction as there were some

"somewhat satisfied" answers. It was suggested that a reminder be provided to members at the Board meeting, In Camera with Board members section encouraging members to provide comments so areas of improvement can be looked at. Knowing why members answer the way they do will assist with knowing how to improve.

5.5 Governance Policy Reporting Schedule

Diane reviewed the schedule noting policies are due for review September 2026. Henry recommended the working group meet in March 2026 to start the review process. It was confirmed the working group members were Diane, Ben, Edith and Henry. Discussion took place regarding Ben's attendance at this meeting as he will be leaving the Board. Diane noted she will follow up with Ben to confirm whether he is interested in participating in the working group. Diane questioned whether Kathy or Dan would like to help with this review. Kathy noted she would be part of this review group. Further discussion took place regarding the policies currently being in good shape as there was a deep review last round therefore, there should be minimal revisions.

ACTION: Diane, Ben (tentative), Edith, Kathy and Henry will review the policies.
ACTION: Brooke will schedule a meeting in March 2026 (4:00 pm meetings work best).

5.6 In Camera with CEO

The Committee agreed this item was not required today.

6. OTHER BUSINESS:

6.1 SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- Governance Policy Review - Diane, Ben (tentative), Edith, Kathy and Henry will review the policies. Brooke will schedule a meeting for March 2026 (4:00 pm meetings work best).

6.2 Meeting Summary: February Board Meeting Agenda Items

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

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

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

In-Camera - Consent Agenda:
- Draft Meeting Minutes
- 5.1 Nominating & Recruitment Meeting Minutes
- 5.4 Board Meeting Evaluation Results – January 2026
- 5.5 Governance Policy Reporting Schedule

In-Camera – Separate Item:
- Motion to Extend the 2023-2026 Strategic Plan to March 31, 2027.

7. DATE AND TIME OF NEXT MEETING:

March 10, 2026

8. TERMINATION:

The meeting terminated at 4:35 pm.

_____ _____

Chair Recording Secretary

RIVERSIDE HEALTH CARE

NOMINATING & RECRUITMENT COMMITTEE

MINUTES

Date of Meeting: January 13, 2026 **Time of Meeting:** 3:30 pm

Location of meeting: Webex / LVGH Board Room

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

REGRETS: B. Norton

1. CALL TO ORDER:

D. Clifford called the meeting to order at 3:31 pm. B. Booth recorded the minutes of the meeting.

1.1 Confidentiality Reminder

Diane reminded members of the confidentiality of the session.

2. AGENDA:

It was,

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

THAT the agenda be accepted as circulated.

CARRIED.

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

It was,

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

THAT the minutes of the previous meeting held on June 3, 2025, be accepted as circulated.

CARRIED.

4. MATTERS ARISING FROM THE MINUTES:

There were no matters arising.

5. NEW BUSINESS:

5.1 Terms Expiring & Positions Available 2026-27

Diane reviewed the circulated recalling Ben has already informed us that he will be

leaving the Board after the 2026 Annual meeting. Diane confirmed she will be reaching out to all Board members to confirm whether they wish to let their name stand for the 2026-27 term.

Diane, Kathy and Dan, all agreed to let their name stand for the 2026-27 term.

ACTION: Diane to reach out to all Board members to confirm their intentions for the 2026-27 term. Bring back to next meeting.

Discussion took place regarding potential candidates. It was noted that with Ben's departure, this will leave a gap in financial experience. The following was highlighted:

- Previous conversations occurred with Lynn Indian who noted prior she was interested however, due to busy schedule being Chief in her community she could not commit. It was suggested to follow up with her to see if this is still the case.

  ACTION: Diane to follow up with Chief Lynn Indian as a potential candidate.

- Other potential candidates were discussed in detail: Shiela McMahon from UNFC, Shanna Weir, and Laura Horton were suggested as potential candidates.

  ACTION: Brooke will follow up with Christie Brown, Indigenous Liaison, to see if she has any suggestions.

  ACTION: Diane will follow up with Ben to see if he has any suggestions on candidates with a financial background.

5.2 Skills Based Matrix

Diane reviewed in detail highlighting the 3 lowest areas: Construction & Project Management, Legal, and Government Relations. Diane noted the hope is to recruit appropriate candidates to fill some of these gaps.

5.3 Board of Directors Application Form

Diane reviewed the application form. All agreed the form was acceptable as is.

5.4 Board Member Recruitment Advertisement

Diane reviewed. All agreed the advertisement was good as is.

ACTION: Brooke will arrange for the advertisement to be put out as per past practice (social media platforms, newspaper, and website).

5.5 Terms of Reference Review

Diane reviewed in detail. It was noted that the acronym LHIN would need to be replaced with OH.

All agreed with the Terms of Reference with the above noted revision.

6. DATE OF NEXT MEETING:

February 10, 2026

7. <u>TERMINATION:</u>

It was,

MOVED BY: K. Lampi

THAT the meeting be adjourned at 4:00 pm.

CARRIED.

_____ _____

Chair Recording Secretary

/bb

8/9 Completed

Q1 What was the date of the meeting?

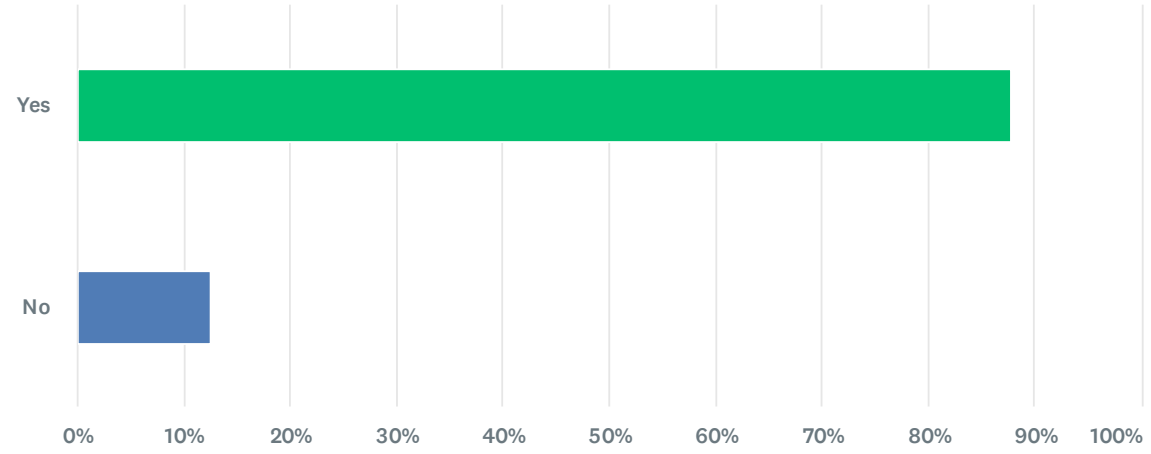
Answered: 8 Skipped: 0

ANSWER CHOICES	RESPONSES	
The RHC Board of Directors meeting took place on:	100.00%	8

#	THE RHC BOARD OF DIRECTORS MEETING TOOK PLACE ON:	DATE
1	01/29/2026	2/3/2026 10:53 PM
2	01/29/2026	2/2/2026 9:35 AM
3	01/29/2026	2/2/2026 7:55 AM
4	01/30/2026	1/30/2026 3:15 PM
5	01/29/2026	1/30/2026 11:33 AM
6	01/29/2026	1/30/2026 6:53 AM
7	01/29/2026	1/29/2026 10:25 PM
8	01/29/2026	1/29/2026 9:22 PM

Q2 Did you attend this meeting?

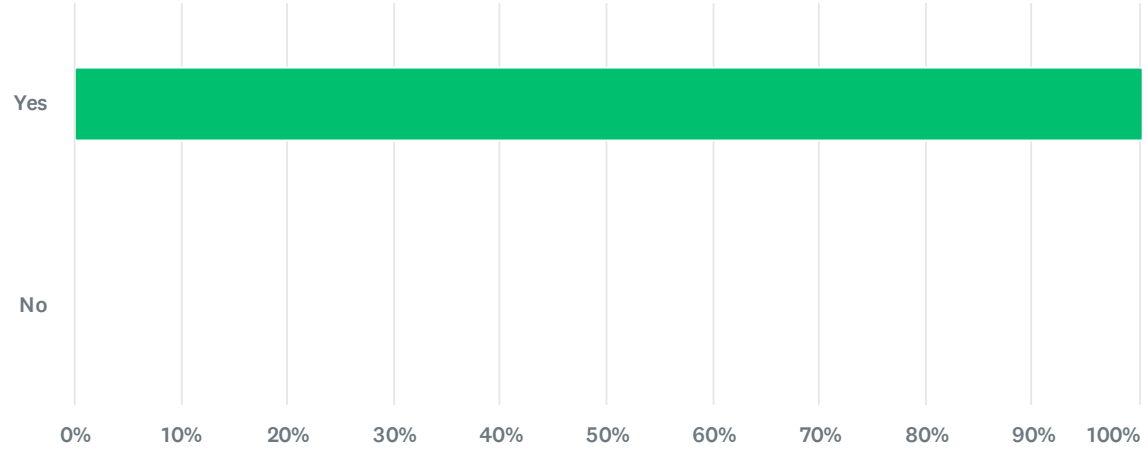
Answered: 8 Skipped: 0



Answer Choices	Percentage	Responses
Yes	87.50%	7
Total		**8**

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

Answered: 7 Skipped: 1



Answer Choices	Percentage	Responses
Yes	100.00%	7
No	0%	0
Total		**7**

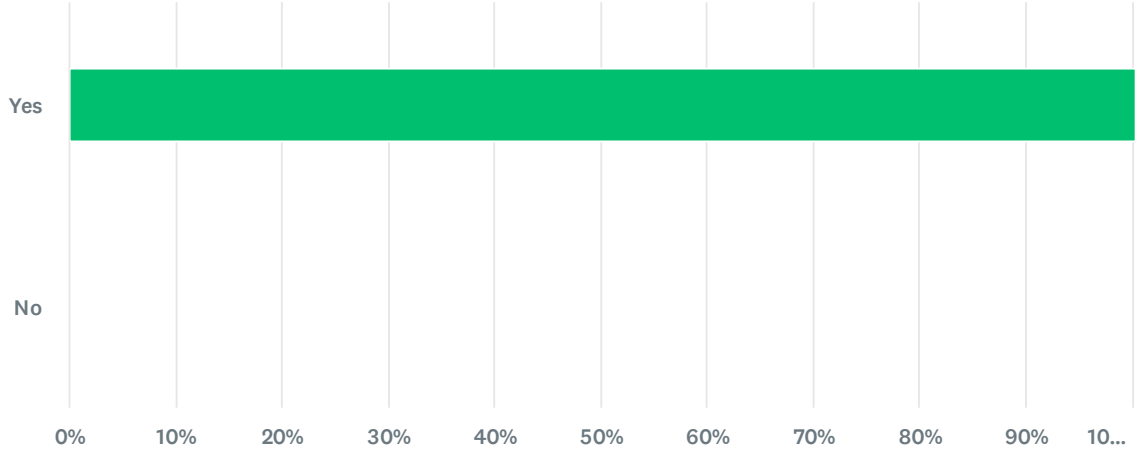
Q4 Were relevant materials provided?

Answered: 7 Skipped: 1

Answer Choices	Percentage	Responses
Yes	100.00%	7
No	0%	0
Total		**7**

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

Answered: 7 Skipped: 1



Answer Choices	Percentage	Responses
Yes	100.00%	7
No	0%	0
Total		**7**

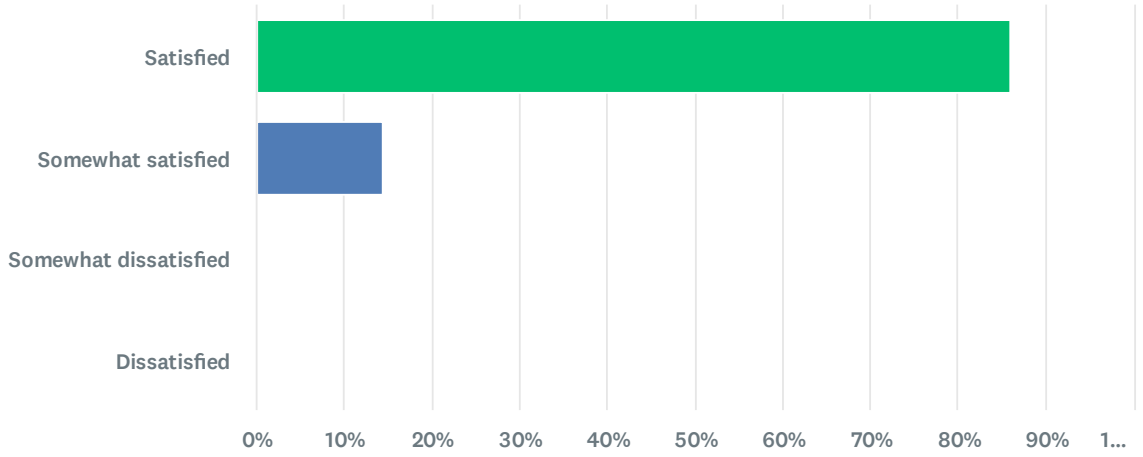
Q6 Please add any comments here:

Answered: 1 Skipped: 7

#	RESPONSES	DATE
1	Well presented with good documentation	1/30/2026 3:18 PM

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

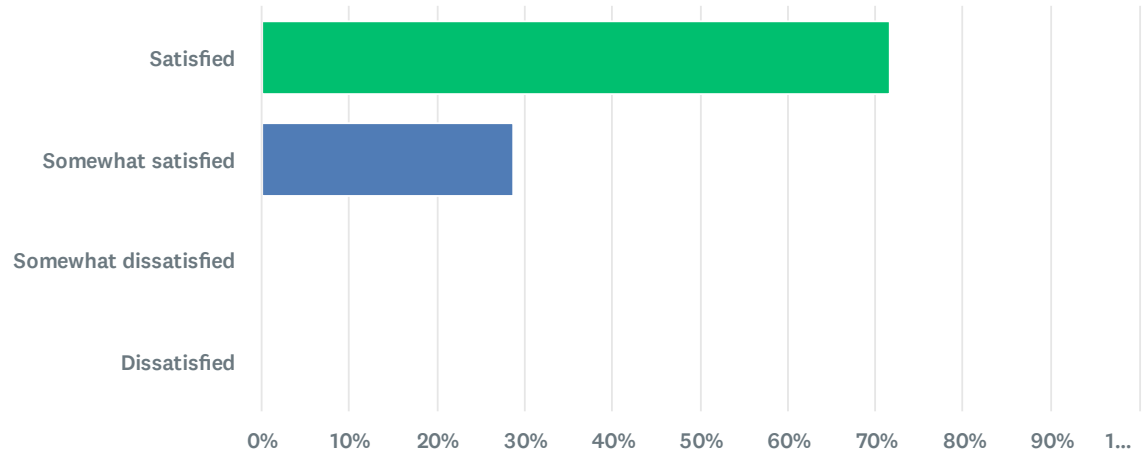
Answered: 7 Skipped: 1



Answer Choices	Percentage	Responses
Satisfied	85.71%	6
Somewhat satisfied	14.29%	1
Somewhat dissatisfied	0%	0
Dissatisfied	0%	0
Total		**7**

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

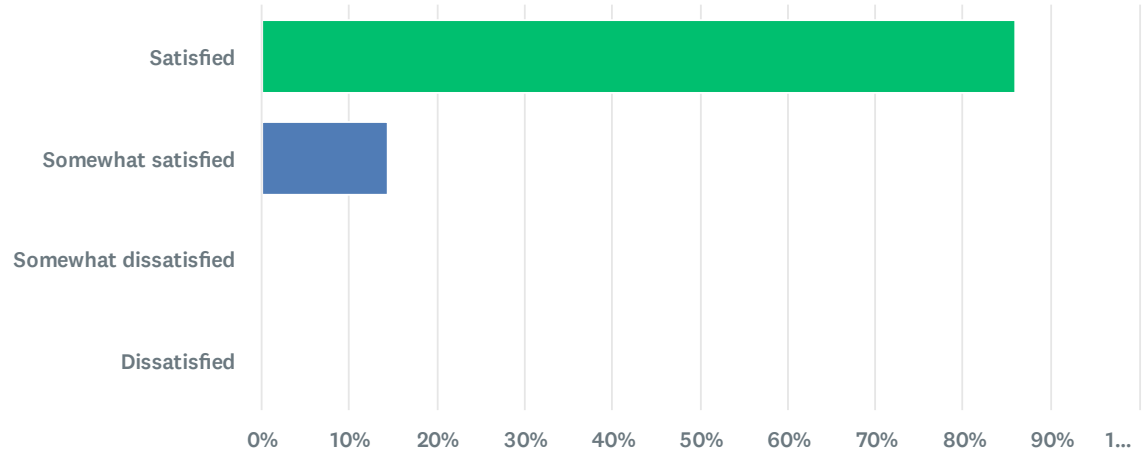
Answered: 7 Skipped: 1



Answer Choices	Percentage	Responses
Satisfied	71.43%	5
Somewhat satisfied	28.57%	2
Somewhat dissatisfied	0%	0
Dissatisfied	0%	0
Total		**7**

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

Answered: 7 Skipped: 1



Answer Choices	Percentage	Responses
Satisfied	85.71%	6
Somewhat satisfied	14.29%	1
Somewhat dissatisfied	0%	0
Dissatisfied	0%	0
Total		**7**

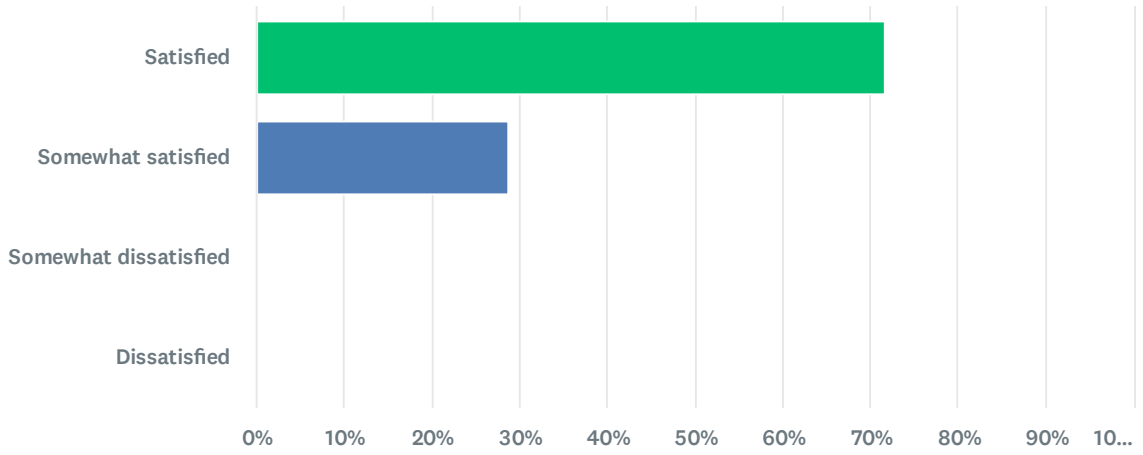
Q10 Please add any comments here:

Answered: 1 Skipped: 7

#	RESPONSES	DATE
1	Discussions can get carried away which makes for long meetings. It's important to stick to the agenda for clarity and timing.	1/30/2026 6:56 AM

Q11 Were you satisfied with what the board accomplished?

Answered: 7 Skipped: 1



Answer Choices	Percentage	Responses
Satisfied	71.43%	5
Somewhat satisfied	28.57%	2
Somewhat dissatisfied	0%	0
Dissatisfied	0%	0
Total		**7**

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

Answered: 7 Skipped: 1

Answer Choices	Percentage	Responses
Satisfied	85.71%	6
Somewhat satisfied	14.29%	1
Somewhat dissatisfied	0%	0
Dissatisfied	0%	0
Total		**7**

Q13 Please add any comments here:

Answered: 2 Skipped: 6

#	RESPONSES	DATE
1	Good participation with good directions going forward	1/30/2026 3:18 PM
2	Lots of interesting information provided. I feel we are kept up to date on all relevant issues facing the organization.	1/30/2026 11:36 AM

Governance Policy Review Schedule
As at October 2023

Section	Date Reviewed & Approved at Board	Next Review Date (3 year review rotation)
Section 1: Governance/Strategic	September 28, 2023	September 2026
Section 2: Workplace of Choice	September 28, 2023	September 2026
Section 3: Provider of Choice	September 28, 2023	September 2026
Section 4: Accountability	September 28, 2023	September 2026

Riverside Health Care

In Camera Audit & Resources Committee Report – February 2026

2.4.1 Minutes: Audit & Resources Committee *
January 22, 2026 – reviewed and approved by the Committee

2.4.2 Budget *

2.4.3 Declaration of Compliance - LSAA *

2.4.4 Master Plan Update – Colliers January 2026 Update *

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

Date of Meeting: January 22, 2026 **Time of Meeting:** 4:00 pm

Location of meeting: LVGH – Board Room / Webex

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

REGRETS: E. Bodnar

GUESTS: W. Fu * (Item 3.0), K. Woods

1. WELCOME AND ROUND TABLE CHECK IN:

B. Norton called the meeting to order at 4:02 pm. B. Booth recorded the minutes of the meeting. Round table introductions took place.

1.1 Confidentiality Reminder

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

2. ADOPTION OF AGENDA:

It was,

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

THAT the agenda be approved as circulated.
CARRIED.

3. PRESENTATION: Insurance Review – HIROC Overview – Winnie Fu

Ben welcomed Winnie Fu, HIROC Lead Account Operations, who provided an overview of our insurance. The following was highlighted:

- About HIROC – represents roughly 97% of the market currently.
- Insurance landscape reviewed.
- Advantages of a Reciprocal reviewed.
- Insurance Services – Coverage provided by the Reciprocal and Brokerage discussed.
- The HIROC Policy – different liability coverages reviewed. HIROC pays most through Healthcare Professional liability; approximately 70% of claims.
- Insurance Limit – Liability & Crime – RHC has purchased $25 million per occurrence.
- Cyber Liability highlighted.
- Current Policies (Reciprocal and Brokerage) – Cyber – RHC has secured an additional $5 million in coverage.
- Insurance Limits – Peer Comparison.
- Cyber Insurance Coverages – Core Coverage Areas & Common Supporting Coverages reviewed.
- Cyber Liability Insurance Summary reviewed – RHC has been proactive with obtaining additional coverage.
- Healthcare Safety and Risk Management – Some Key Expertise and HIROC Resources reviewed.
- What to Report – Potential Triggers discussed.
- Discussion took place regarding the Board having $25 million in coverage in the circumstance they are being sued. Winnie noted this is dependent on the allegations. She confirmed we have $25 million in coverage per occurrence. Winnie provided examples noting the $25 million would

be shared between the allegations. Winnie confirmed the Board would have $25 million in coverage.

- Carla noted on an IT front specifically cyber; we need to ensure we have met specific requirements as not just insurance protects us.
- Further discussion took place regarding RHC being proactive with our insurance. It was questioned whether RHC is still proactive considering the current climate/claims. Winnie shared she does not come across claims often that exceed $20 million. Perinatal and Neonatal are the largest claims typically. Winnie confirmed $25 million is reasonable currently. She further noted she can provide an option for $30 million if required. Henry noted we have never received a claim over this and confirmed we would stay at our current rates considering we have increased these over the last 3 years.
- Winnie confirmed healthcare claims have increased since the pandemic.
- Henry shared we have seen a large difference since moving to HIROC as there is a lot of validation to mitigating risk.
- Conversation ensued around the Canadian Hospital system.
- Henry noted there is considerable risk on the cyber side. He shared we are seeing more money put on the table to protect IT/Technology initiatives compared to prior years.
- Winnie shared she has resources regarding AI as well that she can share with Carla and Henry. Henry noted a potential tabletop would be beneficial at the Management and Board tables. Winnie confirmed she will share some AI resources and connect with Carla and Henry regarding a potential cyber tabletop exercise.

Ben thanked Winnie for attending and providing her presentation. Winnie exited the meeting.

4. REVIEW OF MEETING MINUTES: November 20, 2025:

It was,

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

THAT the minutes of the previous meetings held on November 20, 2025, be approved as circulated.
CARRIED.

5. BUSINESS ARISING:

There were no matters arising.

6. STANDING ITEMS:

6.1 Financial Report – November - December 2025

Carla reviewed the circulated in detail highlighting the following:

- At the end of Q3, the hospital was in a deficit position of $7.6 million – a deficit increase of $260K (all of it our Master Service/Capital plan unfunded costs). After the Ministry's injection of $3.4 million base structural adjustment funding and $4.4 million onetime relief funding, the hospital's position lands at a $99.7K surplus.
- OH, and MOH have flagged RHC as being too high with fund shares. Carla confirmed we are drilling down on the allocations and where the money is being spent on areas now.
- Long Term Care's deficit has increased to $4.3 million (all of it attributed to an increase in the Home's share of back office supports cross bill). With the recent injection of $1.42 million Long Term Care relief funding, this puts the Home in an adjusted deficit of $2.86 million. The hospital again absorbing the Home's deficit. This is further exacerbated by the upcoming roof replacement and call bell system upgrade costs as none of the funding covers this. Carla confirmed we will continue to push for funding for these projects. She noted LTC does not allow us to amortize.

- Before one-time relief and base structural adjustment funding, the combined corporate deficit was $12.7 million. After material relief and base structural adjustment funding the adjusted deficit is $3.54 million.
- Carla reported the Rainycrest stabilization plan is taking a bit longer than expected however, confirmed the Administrator is working hard on this.
- Henry noted on the hospital side we receive one-time funding. This year it is still embargoed. Some of the one-time funding received is base funding therefore will carry over.

6.2 OT, Sick & FTE Reports – November - December 2025

Carla reviewed highlighting the following:

- Last meeting discussion occurred on a plan to address the increased OT and sick time. Carla noted a team is working on this, however, reported this won't go away completely. A casual pool is being looked at.
- We have never seen the census numbers we are seeing on our units. We are sitting typically around 56 beds, which is well above the 40 we are funded for. We don't have the staff for the increased census, and this leads to increased OT. Census is continually increasing. Henry noted are new minimum of beds is 40, however, we are hitting up to 56 beds therefore we need to increase staffing. There will be a need to have a conversation with the MOH regarding our base number of beds if this stays status quo.
- There is a plan in place to address agency staff agreements.
- Managers/Directors need to provide updates on how they are addressing OT and how they will mitigate this and provide reasons for the increase when it can't be mitigated.
- HR will be working on a more robust sick plan. Carla noted most sick time is due to outbreaks.
- Discussion took place regarding sick time, and it was noted some are due to burnout and some are due to abuse. Further discussion took place regarding the union environment.
- Conversation ensued around the additional vacation days given to leadership over the holidays. Henry reported this was provided to leadership to assist with the retention and recruitment challenges. He shared our competitors give their staff paid time off over the holidays therefore, we are trying to be competitive. He confirmed we do not shut down like some of our partners do.

7. NEW BUSINESS:

7.1 Talent Management – Kelly Woods

Ben welcomed Kelly Woods, Director of Human Resources, to the meeting who provided an overview of the Talent Management Plan. The following was highlighted:

- Since starting with Riverside in October 2021, recruitment and retention have been at the forefront in the HR department. While we have made significant strides at RCLTC, our hospital sector is suffering.
- RCLTC 4 Agency RPN's, with all 4 to be gone by April.
- LVGH, RRHC and EHC combined, approximately 26 RN, RPN and PSW's.
- Henry recalled we are also growing our own NPs and have 3 currently doing the program. We are spending a lot of money to invest in these staff; however, we spend even more on agency staff to fill these gaps currently.

  Further with multiple employees across all sites that are nearing retirement age, this will leave us lacking again.

  Human Resources goal over the year is to identify a 1, 2, and 3-year potential retirement list.
- For Management/non-union positions, identifying possible internal recruits to fill the gaps and begin mentoring and educating them to set them up for success, while trying to mitigate risk to the corporation.
  - Harvard Management
  - LEADS program
- For Nursing, the Director of Nursing and HR are working on a retention/recruitment plan. Retention is key, there are many opportunities for recruitment, retention is where we struggle, due to cost.

Human Resources continues to monitor wages and working with unions to establish fair and equitable pay for union members. We continue to work with Senior Leaders to identify wage gaps for all staff and adjust as necessary and as budgets permit.

Exit Interviews are offered to every employee who quits/retires from the organization with feedback compiled monthly and sent to the CEO. This is part of how we learn what we are great at and what we need to work on.

Accomplishments to note:

- 3 successful PSW LMIA applications, RCLTC
- 1 successful RPN application, RCLTC
- 2 RN's at LVGH being educated for Nurse Practitioner, through Riverside "Grow your own NP" Graduation late spring 2026, begin practicing October/November 2026
- 1 RN at RCLTC being educated for Nurse Practitioner, through Riverside "Grow your own NP" Graduation late spring 2027, begin practicing October/November 2027.
- 1 other RN at RCLTC wanting to apply to NP school, where we will likely utilize our in house "Grow your own NP"

Work in Progress:

- Securing LMIA for RN's at LVGH, EHC and RRHC.
    - This is challenging because there are not many foreign RN's sitting in Canada waiting for an opportunity.
- Reducing agency dependency at our hospital sites.

Kelly discussed challenges with the LMIA process. She shared we have recruited approximately 5-8 agency staff who have joined our organization.

Discussion took place regarding the NP program. Kelly confirmed education is done online, however, placements are in person. RHC only had room for one NP placement therefore the others went to other sites. Further discussion took place regarding professional dues and who is responsible for paying these. Kelly confirmed once they graduate, all professional dues are the responsibility of the individual (NP, nurses, etc.). These are mandatory to maintain their license. Discussion took place regarding the positive impact of the NP addition in the ER.

Further discussion took place regarding the development of a casual pool. Kelly reported we do have casual staff however, they pick and choose when they want to work. Kelly confirmed it is their right as a casual to pick their shifts when offered. Conversation ensued around removing casuals from the casual list. Kelly noted HR is working on managing the casual list. Self scheduling was discussed and Kelly noted this could be explored. Henry confirmed that staff do have the ability to shift swap. Kelly shared they are exploring some initiative to get people into jobs. It was questioned whether RHC acknowledges years of service. Brooke confirmed this is done from 5 years of service and up. Discussion occurred around recruiting from the United States. Henry confirmed this has increased as of today and we have received many American applicants which are being considered. Henry reported advertising is occurring on all forums.

Ben thanked Kelly for attending today. Kelly exited the meeting. Ben also exited the meeting.

7.2 <u>Budget</u>

Deferred.

7.3 <u>Bad Debts</u>

Henry reviewed the circulated briefing note for information, sharing the bad debts are primarily due to the transient population.

Discussion took place regarding possibly billing RRDSSAB for anyone who is their client. Carla and Henry reported we unfortunately cannot do that.

7.4 Colliers – Project Status Report

Henry reviewed the status report noting we need engagement from partners. He shared he mentioned this to our municipal partners at the RRDMA - Central, West, and East District Committee meeting. Henry noted he has a meeting with Colliers tomorrow to discuss it further. There are gaps and work to be done.

7.5 Surge Education & Performance Conversations – Year End Report

Henry reviewed the circulated reports highlighting the work done and the increase in compliance. He acknowledged all staff for their work on this and achieving good compliance.

7.6 H-SAA Notice of Performance Factor

Herny reviewed the circulated letters in detail. He shared the cash flow decreased over the summer when people were away on vacation and we were caught off guard. We reached out to inform OH of the situation. Henry referenced the performance improvement plan. We were told we needed to provide 60-90 days' notice. Henry confirmed our current cash projections are approximately 130-150 days in advance. Henry acknowledged we were at fault for not giving the appropriate notice to the Ministry therefore we now have measures in place to address this. Carla shared a negative turned into a learning opportunity and corrective measures are now in place. Henry highlighted his response letter. He recalled previous conversations around the crisis request for a cash advance previously requested and how this was different this round. We have concerns there may be a double standard with the government regarding receiving advanced notice.

8. SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- Budget – Deferred to next meeting.

8.1 Meeting Summary: January 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:
- 6.1 Financial Report – November – December 2025

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

In-Camera – Consent Agenda:
- 3.0 Presentation: Insurance Review – HIROC Overview
- November 20, 2025, Meeting Minutes
- 7.1 Talent Management
- 7.3 Bad Debts
- 7.4 Colliers – Project Status Report
- 7.5 Surge Education & Performance Conversations – Year End Report
- 7.6 H-SAA Notice of Performance Factor

In-Camera – Separate Item:

- Audit & Resources Verbal Update

9. DATE OF NEXT MEETING:

February 19, 2026

10. TERMINATION:

The meeting terminated at 5:44 pm.

_____ _____

Chair Recording Secretary

/bb

BUDGET
Operating Revenue & Expense Summary
April 1, 2026 to March 31, 2027

Riverside Health Care

		2025-2026 Annual Budget	2026-2027 Annual Budget	Overall Change 2026-2027 Budget vs 2025-2026 Budget	2026-2027 Percent Over(Under) 2025-2026 Budget
Fund Type 1 - OH Funded - Hospital Services					
REVENUE					
OH - Base Funding	A-1	$33,959,137	$39,747,184	$5,788,047	17.04%
QBP Funding	A-2	$1,078,300	$1,078,300	$0	0.00%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-3	$2,496,065	$2,496,065	$0	0.00%
OH - One Time Funding	A-4	$625,127	$575,687	($49,440)	-7.91%
MOHLTC - One Time Funding	A-5	$354,426	$3,224,526	$2,870,100	809.79%
Other Revenue MOHLTC - HOCC	A-6	$847,804	$994,381	$146,577	17.29%
Paymaster	A-7	$0	$0	$0	#DIV/0!
Cancer Care Ontario	A-8	$12,722	$12,722	$0	0.00%
Recoveries & Miscellaneous	A-9	$2,467,200	$2,516,544	$49,344	2.00%
Amortization of Grants/Donations Equipment	A-10	$731,350	$809,926	$78,576	10.74%
OHIP Revenue & Patient Revenue from Other Payors	A-11	$2,284,781	$2,514,077	$229,296	10.04%
Differential & Copayment	A-12	$932,877	$970,565	$37,688	4.04%
TOTAL REVENUE	**A-13**	**$45,789,789**	**$54,939,977**	**$9,150,188**	**19.98%**
EXPENDITURES					
Compensation - Salaries & Wages	A-14	$26,077,132	$27,997,695	$1,920,563	7.36%
Compensation - Purchased Service	A-15	$2,572,660	$2,572,660	$0	0.00%
Benefit Contributions	A-16	$7,301,597	$7,451,648	$150,051	2.06%
Future Benefits	A-17	$71,000	$29,300	($41,700)	-58.73%
Medical Staff Remuneration	A-18	$2,604,262	$5,175,239	$2,570,977	98.72%
Nurse Practitioner Remuneration	A-19	$544,665	$664,178	$119,513	21.94%
Supplies & Other Expenses	A-20	$8,626,606	$10,117,309	$1,490,703	17.28%
Amortization of Software Licenses & Fees	A-21	$253,324	$844,861	$591,537	233.51%
Medical/Surgical Supplies	A-22	$1,435,851	$1,464,568	$28,717	2.00%
Drugs & Medical Gases	A-23	$2,825,169	$2,881,672	$56,503	2.00%
Amortization of Equipment	A-24	$1,264,810	$1,354,810	$90,000	7.12%
Rental/Lease of Equipment	A-25	$252,174	$257,217	$5,043	2.00%
Bad Debts	A-26	$175,000	$175,000	$0	0.00%
TOTAL EXPENSE	**A-27**	**$54,004,250**	**$60,986,157**	**$6,981,907**	**12.93%**
SURPLUS/(DEFICIT)	**A-28**	**($8,214,461)**	**($6,046,180)**	**$2,168,281**	**-26.40%**

BUDGET
Operating Revenue & Expense Summary
April 1, 2026 to March 31, 2027

Riverside Health Care

		2025-2026 Annual Budget	2026-2027 Annual Budget	Overall Change 2026-2027 Budget vs 2025-2026 Budget	2026-2027 Percent Over(Under) 2025-2026 Budget
Fund Type 2 - OH Funded - Counselling & Non Profit Housing Programs Mental Health - Case Management - Housing - Addictions - Problem Gambling					
TOTAL REVENUE	**B-1**	$2,529,663	$2,625,231	$95,568	3.78%
TOTAL EXPENSE	**B-2**	$2,529,663	$2,647,131	$117,468	4.64%
SURPLUS/(DEFICIT)	**B-3**	**$0**	**($21,900)**	**($21,900)**	**0.00%**
Fund Type 3 - Other Ministry/Agency Funded - Non Hospital Services Family Violence & Non Profit Supportive Housing Bricks & Mortar					
TOTAL REVENUE	**C-1**	$684,845	$684,845	$0	0.00%
TOTAL EXPENSE	**C-2**	$684,845	$684,845	$0	0.00%
SURPLUS/(DEFICIT)	**C-3**	**$0**	**$0**	**$0**	**0.00%**
Fund Type 2 - OH Funded - RainyCrest Community Support Services (Home Support, Assisted Living, Adult Day, Meals on Wheels)					
TOTAL REVENUE	**D-1**	$3,201,384	$3,353,178	$151,794	4.74%
TOTAL EXPENSE	**D-2**	$3,201,384	$3,503,378	$301,994	9.43%
SURPLUS/(DEFICIT)	**D-3**	**$0**	**($150,200)**	**($150,200)**	**0.00%**
Fund Type 2 - OH Funded - RainyCrest Long Term Care					
TOTAL REVENUE	**E-1**	**$15,330,585**	**$15,756,120**	**$425,535**	**2.78%**
Compensation	E-2	$10,013,462	$10,253,224	$239,762	2.39%
Purchased Service	E-3	$781,103	$294,483	($486,620)	-62.30%
Benefits	E-4	$2,580,947	$2,606,756	$25,809	1.00%
Nurse Practitioner	E-5	$417,394	$417,394	$0	0.00%
Medical Staff Remuneration	E-6	$50,096	$50,096	$0	0.00%
Supplies	E-7	$1,669,915	$1,703,313	$33,398	2.00%
Service Recipient Specific Supplies	E-8	$0	$0	$0	#DIV/0!
Sundry	E-9	$1,669,535	$1,689,589	$20,054	1.20%
Equipment	E-10	$672,484	$685,934	$13,450	2.00%
Contracted Out	E-11	$61,561	$62,792	$1,231	2.00%
Building & Grounds	E-12	$217,735	$150,690	($67,045)	-30.79%
TOTAL EXPENSE	**E-13**	**$18,134,232**	**$17,914,271**	**($219,961)**	**-1.21%**
SURPLUS/(DEFICIT) including unfunded liabilities	**E-14**	**($2,803,647)**	**($2,158,151)**	**$645,496**	**-23.02%**
Less: Unfunded Future Benefits	**E-15**	$0	$0	$0	0.00%
Less: Unfunded Amortization Expense	**E-16**	$0	$0	$0	0.00%
SURPLUS/(DEFICIT) excluding unfunded liabilities	**E-17**	**($2,803,647)**	**($2,158,151)**	**$645,496**	**-23.02%**

Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY		**($11,018,108)**	**($8,204,331)**
Total Operating Margin - Hospitals & Long Term Care ONLY		**-18.03%**	**-11.61%**

BUDGET
Operating Revenue & Expense Summary
April 1, 2027 to March 31, 2028

Riverside Health Care

		2026-2027 Annual Budget	2027-2028 Annual Budget	Overall Change 2027-2028 Budget vs 2026-2027 Budget	2027-2028 Percent Over(Under) 2026-2027 Unapproved Budget
Fund Type 1 - OH Funded - Hospital Services					
REVENUE					
OH - Base Funding	A-1	$39,747,184	$40,530,779	$783,595	1.97%
QBP Funding	A-2	$1,078,300	$1,078,300	$0	0.00%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-3	$2,496,065	$2,496,065	$0	0.00%
OH - One Time Funding	A-4	$575,687	$575,687	$0	0.00%
MOHLTC - One Time Funding	A-5	$3,224,526	$3,224,526	$0	0.00%
Other Revenue MOHLTC - HOCC	A-6	$994,381	$994,381	$0	0.00%
Paymaster	A-7	$0	$0	$0	0.00%
Cancer Care Ontario	A-8	$12,722	$12,722	$0	0.00%
Recoveries & Miscellaneous	A-9	$2,516,544	$2,566,875	$50,331	2.00%
Amortization of Grants/Donations Equipment	A-10	$809,926	$955,165	$145,239	17.93%
OHIP Revenue & Patient Revenue from Other Payors	A-11	$2,514,077	$2,564,358	$50,281	2.00%
Differential & Copayment	A-12	$970,565	$989,977	$19,412	2.00%
TOTAL REVENUE	**A-13**	**$54,939,977**	**$55,988,835**	**$1,048,858**	**1.91%**
EXPENDITURES					
Compensation - Salaries & Wages	A-14	$27,997,695	$28,837,626	$839,931	3.00%
Compensation - Purchased Service	A-15	$2,572,660	$2,572,660	$0	0.00%
Benefit Contributions	A-16	$7,451,648	$7,526,164	$74,516	1.00%
Future Benefits	A-17	$29,300	$29,300	$0	0.00%
Medical Staff Remuneration	A-18	$5,175,239	$5,175,239	$0	0.00%
Nurse Practitioner Remuneration	A-19	$664,178	$681,008	$16,830	2.53%
Supplies & Other Expenses	A-20	$10,117,309	$9,512,276	($605,033)	-5.98%
Amortization of Software Licenses & Fees	A-21	$844,861	$1,954,061	$1,109,200	131.29%
Medical/Surgical Supplies	A-22	$1,464,568	$1,493,859	$29,291	2.00%
Drugs & Medical Gases	A-23	$2,881,672	$2,939,306	$57,634	2.00%
Amortization of Equipment	A-24	$1,354,810	$1,444,810	$90,000	6.64%
Rental/Lease of Equipment	A-25	$257,217	$262,362	$5,145	2.00%
Bad Debts	A-26	$175,000	$175,000	$0	0.00%
TOTAL EXPENSE	**A-27**	**$60,986,157**	**$62,603,671**	**$1,617,514**	**2.65%**
SURPLUS/(DEFICIT)	**A-28**	**($6,046,180)**	**($6,614,836)**	**($568,656)**	**9.41%**

BUDGET
Operating Revenue & Expense Summary
April 1, 2027 to March 31, 2028

Riverside Health Care

		2026-2027 Annual Budget	2027-2028 Annual Budget	Overall Change 2027-2028 Budget vs 2026-2027 Budget	2027-2028 Percent Over(Under) 2026-2027 Unapproved Budget
Fund Type 2 - OH Funded - Counselling & Non Profit Housing Programs Mental Health - Case Management - Housing - Addictions - Problem Gambling					
TOTAL REVENUE	**B-1**	$2,625,231	$2,675,136	$49,905	1.90%
TOTAL EXPENSE	**B-2**	$2,647,131	$2,675,136	$28,005	1.06%
SURPLUS/(DEFICIT)	**B-3**	**($21,900)**	**$0**	**$21,900**	**0.00%**
Fund Type 3 - Other Ministry/Agency Funded - Non Hospital Services Family Violence & Non Profit Supportive Housing Bricks & Mortar					
TOTAL REVENUE	**C-1**	$684,845	$684,845	$0	0.00%
TOTAL EXPENSE	**C-2**	$684,845	$684,845	$0	0.00%
SURPLUS/(DEFICIT)	**C-3**	**$0**	**$0**	**$0**	**0.00%**
Fund Type 2 - OH Funded - RainyCrest Community Support Services (Home Support, Assisted Living, Adult Day, Meals on Wheels)					
TOTAL REVENUE	**D-1**	$3,353,178	$3,397,335	$44,157	1.32%
TOTAL EXPENSE	**D-2**	$3,503,378	$3,397,335	($106,043)	-3.03%
SURPLUS/(DEFICIT)	**D-3**	**($150,200)**	**$0**	**$150,200**	**0.00%**
Fund Type 2 - OH Funded - RainyCrest Long Term Care					
TOTAL REVENUE	**E-1**	**$15,756,120**	**$16,185,992**	**$429,872**	**2.73%**
Compensation	E-2	$10,253,224	$10,503,969	$250,745	2.45%
Purchased Service	E-3	$294,483	$112,000	($182,483)	0.00%
Benefits	E-4	$2,606,756	$2,632,824	$26,067	1.00%
Nurse Practitioner	E-5	$417,394	$417,394	$0	0.00%
Medical Staff Remuneration	E-6	$50,096	$50,096	$0	0.00%
Supplies	E-7	$1,703,313	$1,737,379	$34,066	2.00%
Service Recipient Specific Supplies	E-8	$0	$0	$0	0.00%
Sundry	E-9	$1,689,589	$1,506,899	($182,690)	-10.81%
Equipment	E-10	$685,934	$699,653	$13,719	2.00%
Contracted Out	E-11	$62,792	$64,048	$1,256	2.00%
Building & Grounds	E-12	$150,690	$77,204	($73,486)	-48.77%
TOTAL EXPENSE	**E-13**	**$17,914,271**	**$17,801,465**	**($112,806)**	**-0.63%**
SURPLUS/(DEFICIT) including unfunded liabilities	**E-14**	**($2,158,151)**	**($1,615,473)**	**$542,678**	**-25.15%**
Less: Unfunded Future Benefits	**E-15**	$0	$0	$0	0.00%
Less: Unfunded Amortization Expense	**E-16**	$0	$0	$0	0.00%
SURPLUS/(DEFICIT) excluding unfunded liabilities	**E-17**	**($2,158,151)**	**($1,615,473)**	**$542,678**	**-25.15%**

Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY		**($8,204,331)**	**($8,230,309)**
Total Operating Margin - Hospitals & Long Term Care ONLY		**-11.61%**	**-11.40%**

BRIEFING NOTE

TO: Board of Directors

FROM: Henry Gauthier
President & CEO

DATE: February 11, 2026

RE: **2025 Rainycrest Schedule E Declaration of Compliance**

SUMMARY

- The Long Term Care Service Accountability Agreement (L-SAA) requires each long term care home to submit a Schedule E Declaration of Compliance for each calendar year.
- The declaration requires Rainycrest Long Term Care to provide assurance that it has complied with the provisions of the Local Health System Integration Act, 2006, any compensation restraint legislation and that every report submitted is accurate and in full compliance.
- The Schedule E Declaration of Compliance is included as an addendum to this briefing note.

RECOMMENDATION

THAT the Board of Directors authorizes the Board Chair to declare that after making inquiries of the President and Chief Executive Office and other appropriate officers of Riverside Health Care (RHC) and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, Riverside Health Care (Rainycrest Long Term Care) has fulfilled its obligations under the long-term care service accountability agreement (the "Agreement") in effect during the Applicable Period.

Schedule E
Form of Compliance Declaration

DECLARATION OF COMPLIANCE
Issued pursuant to the Long Term Care Service Accountability Agreement

To: **The Board of Directors** of Ontario Health (the "OH"). Attn: Board Chair.

From: **The Board of Directors** (the "Board") of Riverside Health Care (the "HSP")

For: Rainycrest Long Term Care (the "Home")

Date: February 11, 2026

Re: January 1, 2025 – December 31, 2025 (the "Applicable Period")

The Board has authorized me, by resolution dated February 26, 2026, to declare to you as follows:

After making inquiries of the President and Chief Executive Office and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled its obligations under the long-term care service accountability agreement (the "Agreement") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that

(i) it has complied with the provisions of the *Local Health System Integration Act, 2006* and with any compensation restraint legislation which applies to the HSP; and

(ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement;

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between Ontario Health and the HSP effective April 1, 2025.

_____
Diane Clifford
Board Chair

Schedule E
Form of Compliance Declaration (cont'd)

Appendix 1 - Exceptions

[Please identify each obligation under the LSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]

RHC did not meet its balanced budget requirement in 2025. The Home incurred a financial deficit at the end of the calendar year because of the incremental costs of agency staff (includes staffing, housing and travel). The legislated requirement to increase hours of care and the recruitment challenges posed to the Home resulted in the need to fill with agency RNs, RPNs and PSWs.

RHC has not met its Long Term Care Annual Reconciliation Report (ARR) reporting obligations due to financial staff recruitment and retention challenges.

Colliers Project Leaders

Project Status Report
January 2026

Riverside Health Care

Project:

861360 - RHC – Master Program and Capital Plan

Client:

Riverside Health Care

Contact:

Amanda Green

Project Manager:

Luke Olszewski

Document Id:

P1301-1453177308-143

Project Dashboard	Overall Status	Scope	Budget	Schedule
This Reporting Period: (as of Jan-2026)	On Track	On Track	On Track	At Risk
Last Reporting Period: (as of Dec-2025)	On Track	On Track	On Track	On Track

1.0 Project Status Executive Summary

Project activities advanced in January 2026, drafting of the Present Service Delivery document was the primary activity for the month, and by the end of January 2026, the working draft was substantially complete and ready for formal review with Riverside Healthcare (RHC) at the rescheduled February 4, 2026, meeting. This sets the stage for timely incorporation of RHC's feedback and progression toward Future Service Delivery development in early February 2026.

Stakeholder engagement continued to move forward, with most external interviews completed during the month and the remaining few scheduled for early February 2026. Preparations for Municipal and First Nation engagement also progressed, with the question sets undergoing final refinements before scheduling. These activities collectively support the validation of present state findings and inform the analytical work in the next phase.

Budget performance remained stable, with January 2026, expenditures aligned with expected effort for report development and engagement activities. No change orders, amendments, or financial variances were identified, and the overall project budget continues to be sufficient for upcoming deliverables. Risk levels remained low through month end. Outstanding interviews and pending approval of municipal/FN engagement materials represent minor schedule sensitivities but are not expected to affect key milestones.

The project will enter February 2026, positioned to complete the Present Service Delivery review cycle and transition into Future Service Delivery modeling and analysis.

2.0 Key Risk Changes – Commentary on Schedule Risk

Overall, project risk remained low in January 2026, with no impacts to scope, budget, or major milestones. A small number of external stakeholder interviews remain outstanding, though these are expected to be completed without affecting any major milestones. Finalization of the Municipal and First Nation engagement question sets is another minor schedule sensitivity, as interviews cannot begin until approval is received. No financial risks were identified this month, and expenditures continue to track within the approved budget.

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. Time: 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.
A small number of external interviews were not completed in January 2026, due to scheduling limitations.	Time: Minor schedule sensitivity, as interview insights inform validation of present-state findings. Low likelihood of affecting major milestones.	▪ Complete remaining interviews early February 2026; maintain flexible scheduling; incorporate findings immediately into the analysis.
Pending Approval of Municipal & FN Engagement Questions	Engagement question sets required additional review and refinement before scheduling interviews.	▪ Time: Delayed approval may shift the start of municipal and FN engagement, which feeds into early phases of future-state planning.

2.1 Risk Description	Impact on Scope / Schedule / Budget	Risk Response
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 during January 2026, remained steady and aligned with the planned progression of the Master Program. Expenditures for the month was primarily associated with the continued development of the Present Service Delivery Report, including analytical work, drafting, and internal review coordination, as well as the near completion of external stakeholder interviews. These activities were fully anticipated within the approved budget framework and did not introduce any cost pressures.

The overall project budget of $1,021,543 remains unchanged, with no new amendments or change orders required in January.2026. Colliers Project Leaders (Colliers) continued to maintain active monitoring of budget utilization throughout the month, ensuring that work completed under the Master Program remained within the approved financial parameters.

As of month end, there are no variances or emerging financial risks to report. The existing budget remains sufficient to support upcoming work scheduled for early 2026, including the completion of the Present Service Delivery report, initiation of Future Service Delivery modeling, and the continuation of Municipal and First Nation engagement preparations.

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

Project activities progressed steadily throughout January 2026, with work advancing according to the established Master Program (Part A) schedule. The primary focus for this period was the development of the draft Present Service Delivery document. The consulting team continued assembling and drafting the chapter content, organizing the structure to align directly with the Ministry of Health's submission checklist, and compiling baseline service information, historical activity data, and model of care descriptions. By the end of January 2026, the first full working draft was nearing completion and prepared for presentation and discussion with RHC at the Monthly Project Status Update meeting originally scheduled for February 2, 2026. At RHC's request, this meeting has been rescheduled to February 4, 2026, with the understanding that feedback received during the session would be incorporated into the next revision of the document.

Stakeholder engagement activities also continued throughout the month. The external stakeholder interviews initiated in late 2025 progressed well in January 2026, with the majority completed before month end. These interviews provided the data required for validating current service distribution, identifying gaps in community and post acute care, and informing the early framing for future state considerations. Remaining interviews that could not be scheduled in January 2026 were carried forward into early February 2026.

In parallel, preparatory work for Municipal and First Nation engagement advanced. Draft interview question sets were circulated for internal and client review, and revisions were underway at month end to incorporate feedback received. Scheduling of these sessions had not yet begun, as the question set required final approval before coordination with each party.

Work also continued in January 2026, to align the Master Program schedule with the broader capital planning timeline. While synergy points between the master planning and master programming workstreams had not yet been finalized, the team identified this dependency as an important schedule item to resolve early in 2026.

Overall, the project continued to advance in January 2026. The completion of the Present Service Delivery draft and the near completion of external stakeholder interviews have positioned the team to begin transitioning into Future Service Delivery analysis early in the following month, pending receipt and incorporation of client feedback.

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	30-Jan-26	10-Feb-26		90%
Future Service Delivery	31-Mar-26	04-May-26		15%
Options for Delivering Changes in Service Delivery	21-Feb-26	24-June-26		0%
Human Resources Plan	04-Mar-26	09-Jul-26		0%
Preliminary Operating Cost Estimate	19-May-26	20-Aug-26		0%

Accreditation

Presentation to the Riverside Board of Directors

February 26, 2026

Simone LeBlanc

About Accreditation Canada

- Accreditation Canada (AC) & Health Standards Organization (HSO) are global, not-for-profit organizations united by a vision for safer care and a healthier world
- HSO develops standards, assessment programs and quality improvement solutions that have been adopted around the world
- AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs.

Reasons to Participate in Accreditation

- Accreditation is a continuous improvement process that leads to better outcomes for the people we serve.
- It helps us identify what we do well and where we can improve in our quality journey.
- Our entire organization is engaged in the process, from leadership to staff with direct patient care, as well as our patients, residents & clients, their families, and our partners.
- Participating in accreditation reflects our commitment to deliver safe, high-quality, people centred care and we are proud of the progress thus far.
- Some funding requires that an organization is Accredited

The Accreditation Journey

Step One: Self Assessments

- We begin the accreditation process by assessing ourselves against Accreditation Canada standards.
- Riverside has 20 sets of standards with more than 2000 criteria that is assessed. 24 of these criteria are Required Safety Practices (RSPs), previously called Required Operational Practices (ROPs)
- We use the self-assessment and the standards to identify areas that need work, and to plan quality improvement activities for the following months

The Accreditation Journey

Step Two: Required Instruments

- Each organization must complete two required instruments during the Accreditation cycle
  - Global Workforce Survey (formally known as Work Life Pulse)
  - Governing Body Assessment (formally known as Governing Functioning Tool)

The Accreditation Journey

Step Three: Attestations & Evidence

- Accreditation is generally scheduled on a 4-year cycle. In year 3 Riverside will complete an "attestation assessment"
- No formal attachments are needed when you publish your Attestation assessment. However, including comments with specific examples, such as referencing policies, procedures, or data points, that support each rating is strongly advised
- 20% of the criteria attested to be "met" will be audited during the on-site survey.

The Accreditation Journey

Step Four: Onsite Survey

- An on-site survey is conducted by expert peer surveyors who assess the organization against evidence-informed standards.
- The surveyors are multidisciplinary health care professionals and administrators.
- After the on-site survey, the surveyors submit a preliminary report to the health care organization and to Accreditation Canada.
- Accreditation Canada examines the surveyors' report and provides the organization with a final report and an accreditation decision based on the on-site survey.
- The accreditation decision lasts for four years.

The Accreditation Journey

Step Five: Ongoing Quality Improvement

- The results of the on-site survey point to areas of success and areas where improvements can be made; the latter are used to bolster the organization's ongoing quality improvement program.
- The organization continues on its quality improvement journey, which is an iterative cycle.

Accreditation Status

- AC has recently removed the different levels of Accreditation Status and has returned to two Accreditation Statuses
  - Accredited
  - Not Accredited

Requirements to meet to be Accredited

Core Criteria	Services Criteria	Required Organizational Practices (ROPs)* Tests for Compliance	Governing Body Assessment (GBA)	Global Workforce Survey (GWS)
≥85% of total core criteria rated Met	≥80% of total service criteria rated Met	≥85% of total Tests for Compliance rated Met	Response rate ≥80%	Deploy the HSO Global Workforce Survey.†
Organizations not meeting the Accredited requirements will be conditional with their current decision and will have up to one year to improve their status to Accredited by meeting requirements. This may involve submitting evidence or undergoing a supplementary assessment.				

* ROPs will continue to be used until Required Safety Practices (RSPs) become applicable to the organization.

† To meet this requirement, organizations must submit evidence of survey deployment to their entire workforce, with details on promotion, launch, data collection, and follow-up with participants.

The Accreditation Decision Committee determines accreditation decisions by reviewing on-site assessment results and reserves the right to exercise discretion in the application of the guidelines.

Accreditation Requirements of the Board

Governance Standard

- Self Assessment
- Action Plan for any unmet or outstanding criteria

Onsite Survey Interview (Tracer)

- During the Onsite Survey, a few members of the Board will meet with the Survey team
- The survey team will ask questions about how the board functions, examples of how decisions are made, how your use the ethics framework, how you demonstrate your commitment to quality
- We will plan to hold a "Mock Tracer" prior to the onsite survey to help prepare those participating in the interview

Governing Body Assessment

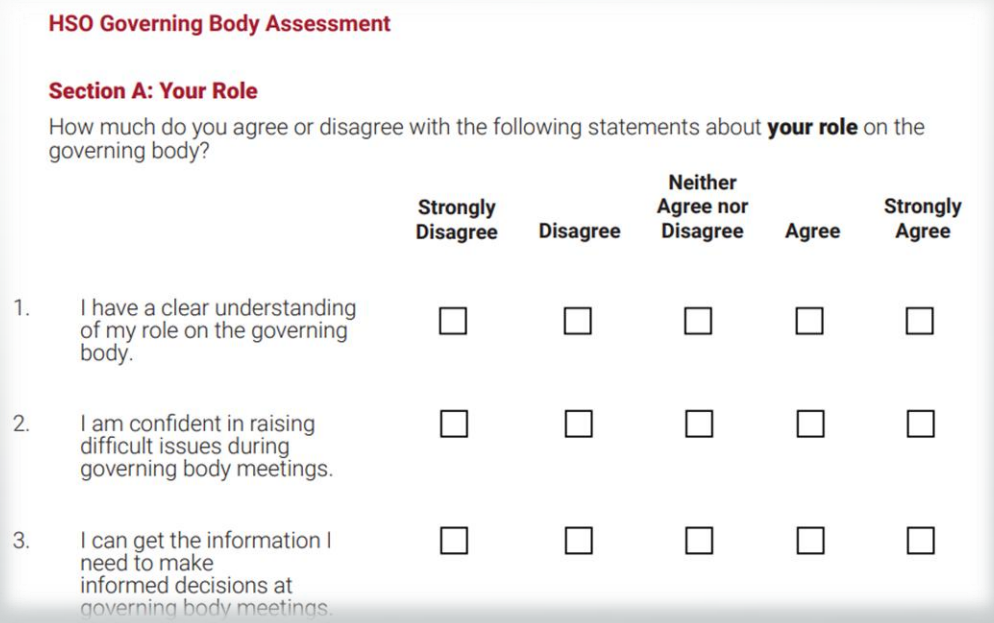
- Formally known as Governing Functioning Tool
- It is a mandatory assessment
- We MUST achieve an 80% response rate to be accredited
- The goal of the Governing Body Assessment is to enable governing bodies to guide the organization in the provision of safe, high-quality care for patients/residents/clients 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.

Governing Body Assessment

- There are 6 sections on the GBA
  1. Your Role
  2. Education & Feedback
  3. Your Organization & Its Governing Body
  4. Your Governing Body
  5. Overall Assessment
  6. Demographics

Governing Body Assessment

- The questions have been circulated previously
- If there are any questions that are unclear or confusing, please bring this forward to the board for discussion. Senior Leadership will be meeting with Board members to specifically go through and complete the Governing Body Assessment. Reminder, we will need a minimum of 80% response rate. Attendance and completion of the assessment will be important.



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.	☐	☐	☐	☐	☐

Governing Body Assessment

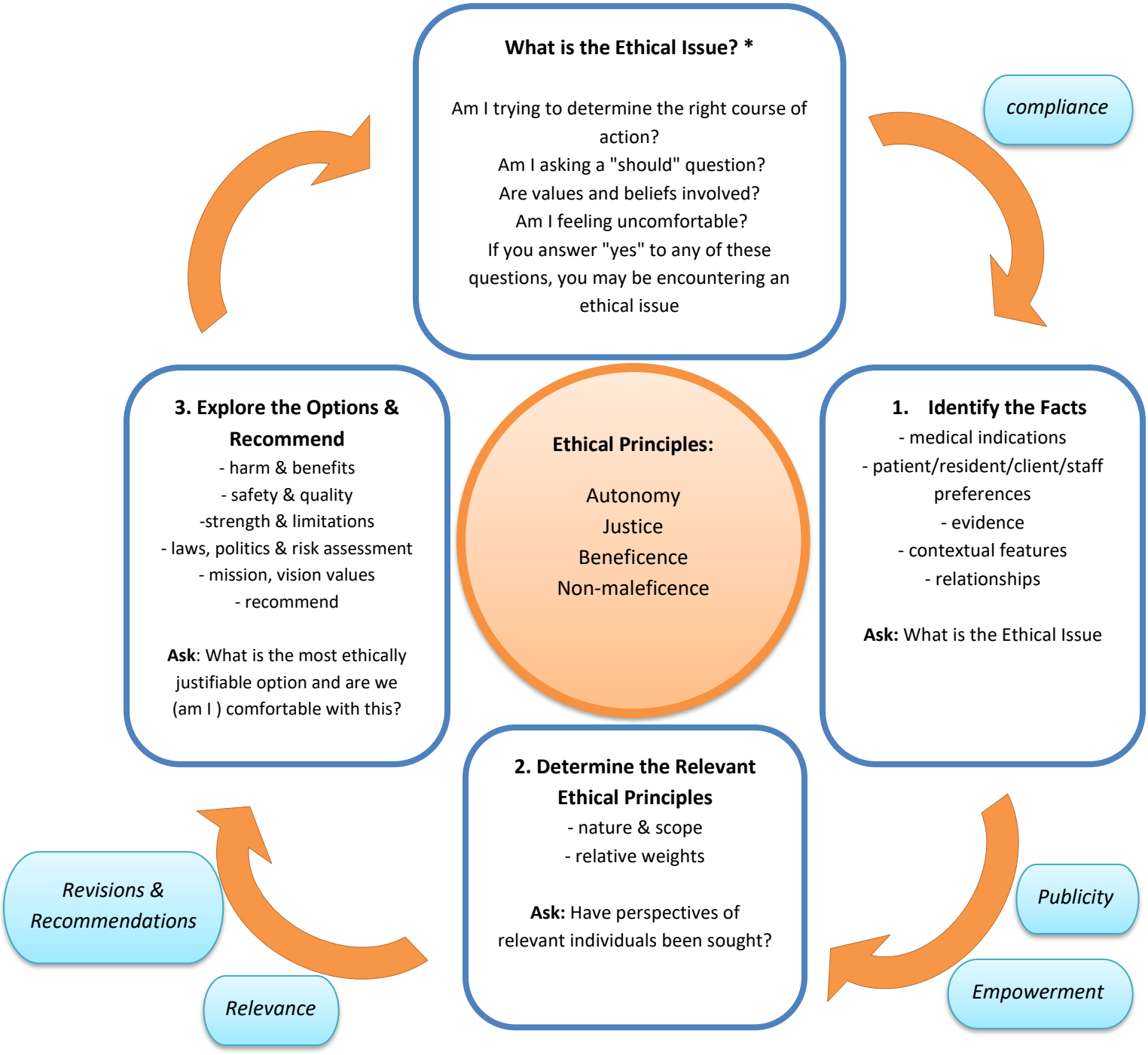
- Once Complete, the aggregate data will be returned to the board for review
- Areas for improvement will be identified, and the board will develop an action plan

Remember:

Accreditation is an ongoing journey.
The goal is to keep improving the care you provide and to maintain accreditation.
Every survey offers new opportunities to strengthen quality and safety for the people you serve.

Riverside Health Care

Ethical Decision-Making Framework



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

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

Updated Sept 2022

Key Terms:

The Ethical Principles

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

Justice - Fairness and impartiality ought to prevail;

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

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

The Conditions:

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

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

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

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

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

Deciding How To Decide

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

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

Scope:

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

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

Updated Sept 2022

Medical Staff Privileges – February 2026

2025 and 2026 Appointment and Reappointment Application for Privileges

See attached list.

Medical Learners

Maxime Schonbeck (PGY2) – Supervisor Dr. T. Marion – January 12 – 15, 2026
Megan Mertz (UGY2) – Supervisor Dr. M. Ruppenstein – February 17, 2026 – March 1, 2026
Alexandra Stubbs (UGY2) – Supervisor Dr. M. Ruppenstein – February 17, 2026 – March 1, 2026
Dr. Ebisinde Osadolor (PRO Candidate) – Supervisor Dr. K. Arnesen – February 2 – May 1, 2026 (12 week assessment/rotation)
Michael Christie (PGY5) – Supervisor Dr. D. Puskas – February 9 – 12, 2026

Riverside Health Care Facilities

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-02-2026

2025

Appointment				
	Staff Status		Alt Department / Primary Org	Area Of Work
Radford, Dr. David Randall	Courtesy	Physician		

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

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

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Edwards, Mr. Craig	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Hau, Ms. Athena	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Tinsley, Mr. Gregory Aaron	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-02-2026

2026

Appointment

	Staff Status		Alt Department / Primary Org	Area Of Work
Ahmed, Dr. Amtul Noor Aisha	Associate	Physician		

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

Reviewer Comments:

Comment Added By	Date Added	Comment
Dr. Lucas Keffer	2/4/2026 2:02:24 PM	Reviewed reference comments with Dr. Rodrigues.

D'Amour, Ms. Hazel	RN EC	Nurse Practitioner		

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

Kaur, Dr. Davinder Preet	Locum Tenens	Physician		

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

* Emergency Privileges as per training and experience [T]

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-02-2026

	Staff Status		Alt Department / Primary Org	Area Of Work
Kickbush, Dr. Julie Ann	Locum Tenens	Physician	Lake of the Woods District Hospital	

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

Nesbitt, Dr. Raenelle	Courtesy	Physician		

Ordering of Diagnostic Tests [T]

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Alrashidi, Dr. Sulaiman	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Aniol, Dr. Wojciech (Vic)	Regional Staff	Physician	Red Lake Margaret Cochenour Memorial Hospital	
Cardy, Ms. Katie Viola Marie	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-02-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Deschenes, Dr. Madeleine	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Ebere, Dr. Michelle	Regional Staff	Physician	Atikokan General Hospital	
Erickson, Dr. Gabrielle	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Hautala, Ms. Rebecca	Regional Staff	Midwife	Thunder Bay Regional Health Sciences Centre	
Henderson, Ms. Amanda	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Hutchinson, Ms. Elizabeth Anne	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Inkila, Mr. Todd	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Marquis, Dr. Maude Guo	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Martin, Ms. Heather Elizabeth [R]	Regional Staff	Midwife	Thunder Bay Regional Health Sciences Centre	
Penwarden, Dr. Robin Sunita	Regional Staff	Physician	Lake of the Woods District Hospital	
Seargeant, Ms. Megan Tlell Pearl	Regional Staff	Midwife	Thunder Bay Regional Health Sciences Centre	
Sheth, Dr. Anoop	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Taha, Dr. Karim	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-02-2026

2026

Reappointment

	Staff Status		Alt Department / Primary Org	Area Of Work
Chambers-Bedard, Dr. Catherine	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	

* Family Practice Privileges as per training and experience

Choi, Dr. Perry	Courtesy	Physician	Sioux Lookout Meno Ya Win Health Centre	

Radiology Privileges as per training and experience

Reviewer Comments:

Comment Added By	Date Added	Comment
Dr. Lucas Keffer	2/4/2026 2:24:50 PM	CPSO Complaint reviewed with applicant, no concern on my part. He informed me that the investigation is complete with no disciplinary action taken.

Emmadi, Ms. Sridevi	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 - 10-02-2026

	Staff Status		Alt Department / Primary Org	Area Of Work
Harris, Dr. William Alexander	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	

Appendix and continguous tissues	Hernias of abdominal wall
Ischio rectal abscesses	Haemorrhoidectomy
Other procedures on the rectum and perirectal tissues	Cholecystectomy and common bile duct procedures
Bowel restrictiosn 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, lmph 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	

Jomphe, Dr. Michele	Locum Tenens	Physician		

* Family Practice Privileges as per training and experience
* GP Anesthesia 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 - 10-02-2026

	Staff Status		Alt Department / Primary Org	Area Of Work
Kirsch, Dr. David Mendel	Locum Tenens	Physician		

* Family Practice Privileges as per training and experience
* GP Anesthesia as per training and experience
* Emergency Privileges as per training and experience

Reviewer Comments:

Comment Added By	Date Added	Comment
Brooke Booth	2/4/2026 9:28:43 AM	Dr. Kirsch is responsible for providing updated ON CMPA prior to any locum work. He is aware.

McGuire, Dr. Catherine Loretta	Locum Tenens	Physician	Thunder Bay Regional Health Sciences Centre	

* Family Practice Privileges as per training and experience
* Emergency Privileges as per training and experience

O'Brien, Dr. John	Courtesy	Physician	Thunder Bay Regional Health Sciences Centre	

Radiology Privileges as per training and experience

Reviewer Comments:

Comment Added By	Date Added	Comment
Brooke Booth	1/29/2026 11:02:59 AM	Dr. O'Brien is responsible for providing updated ON CMPA prior to any work. He is aware.

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-02-2026

	Staff Status		Alt Department / Primary Org	Area Of Work
Riddell, Ms. Jennifer	RN EC	Nurse Practitioner		

* 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	

Roth-Albin, Ms. Karina Vanessa	Locum Tenens	Physician		

Consultations	
Appendix and continguous tissues	Hernias of abdominal wall
Ischio rectal abscesses	Haemorrhoidectomy
Other procedures on the rectum and perirectal tissues	Cholecystectomy and common bile duct procedures
Bowel restrictiosn 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, lmph 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 - 10-02-2026

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

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

Sharma, Dr. Savita	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	1/12/2026 9:45:59 AM	Dr. Sharma is responsible for providing updated ON CMPA prior to any locum work. He is aware.

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

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-02-2026

	Staff Status		Alt Department / Primary Org	Area Of Work
THERRIEN, Ms. NICOLE Jeanne	RN EC	Nurse Practitioner		

Diagnostic services within the legislated scope of practice for Nurse Practitioners

Wess, Dr. Anas	Locum Tenens	Physician	Sioux Lookout Meno Ya Win Health Centre	

Consultations

Appendix and continguous tissues	Hernias of abdominal wall
Ischio rectal abscesses	Haemorrhoidectomy
Other procedures on the rectum and perirectal tissues	Cholecystectomy and common bile duct procedures
Bowel restrictiosn 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, lmph 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 - 10-02-2026

	Staff Status		Alt Department / Primary Org	Area Of Work
Westgard, Dr. Bjorn	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	1/27/2026 12:25:25 PM	Work permit valid until October 6, 2026

Woodcock, Dr. Timothy Peter	Locum Tenens	Physician		

* Family Practice Privileges as per training and experience
* Emergency Privileges as per training and experience

Zaki, Dr. Mahmood Omar	Locum Tenens	Physician		

* GP Anesthesia as per training and experience

Reviewer Comments:

Comment Added By	Date Added	Comment
Brooke Booth	1/9/2026 3:53:22 PM	Dr. Zaki is responsible for providing updated ON CMPA prior to any locum work. He is aware.

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Alkenbrack, Dr. Brianna	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-02-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Apriasz, Dr. Izabela	Regional Staff	Physician	Dryden Regional Health Centre	
Boutwell, Ms. Cass	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
DeMiglio, Dr. Lily	Regional Staff	Physician	North of Superior Healthcare Group	
Dooley, Dr. Lorraine	Regional Staff	Physician	Lake of the Woods District Hospital	
Dyck, Dr. Alexander	Regional Staff	Physician	Lake of the Woods District Hospital	
Greive-Price, Dr. Timothy	Regional Staff	Physician	Atikokan General Hospital	
Herbacz, Ms. Cassandra	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Ladd, Dr. Aedan	Regional Staff	Physician	Lake of the Woods District Hospital	
Lam, Dr. Amy	Regional Staff	Physician	Lake of the Woods District Hospital	
Lindquist, Ms. LeeAnn Elizabeth	Regional Staff	Nurse Practitioner	Dryden Regional Health Centre	
Ly, Dr. Donald	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Massei, Dr. Michael	Regional Staff	Physician	Nipigon District Memorial Hospital	
Melton, Dr. Ellen	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Olivier, Ms. Sharon	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-02-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Orrantia, Dr. Eliseo	Regional Staff	Physician	North of Superior Healthcare Group	
Peplinskie, Ms. Alexis	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Peshcha, Dr. Denis	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Polewiczowska-Nowak, Dr. Beata Ewelina	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Ramchandar, Dr. Kevin	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Tadwalkar, Dr. Sayali	Regional Staff	Physician	North of Superior Healthcare Group	
Trudeau, Dr. Madelaine	Regional Staff	Physician	Lake of the Woods District Hospital	
Vasdev, Dr. Shawn	Regional Staff	Physician	Lake of the Woods District Hospital	
Viherjoki, Dr. Stephen Richard	Regional Staff	Physician	Dryden Regional Health Centre	
Vijayakanthan, Dr. Anand	Regional Staff	Physician	Lake of the Woods District Hospital	
WEHNER, Dr. TIM Michael	Regional Staff	Physician	Lake of the Woods District Hospital	
Wong, Dr. Casey	Regional Staff	Physician	Lake of the Woods District Hospital	
Zelek, Dr. Barbara	Regional Staff	Physician	Nipigon District Memorial Hospital	

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