BOARD OF DIRECTORS MEETING

IN-CAMERA SESSION

Thursday, March 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 – February 26, 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 7 2.3 Governance Committee In-Camera Report – B. Norton * Pg 9 2.4 Audit & Resources Committee In-Camera Report – B. Norton * Pg 17 2.5 Quality Safety Risk Committee In-Camera Report – M. Kitzul * Pg 60	
3.	Approval of Agenda	
4.	Presentation – 2026-27 QIP – J. Ogden * Pg 85	
5.	Business Arising There was no business arising.	
6.	Strategic Discussion: No discussion this month as will be covered in Item 8.2 (Ethical Decision-Making Framework – standing attachment *) Pg 112	
7.	New Business 7.1 Chief of Staff Report –Medical Staff Privileges - Dr. L. Keffer * Pg 114 7.2 Audit & Resources Committee – Verbal Update 7.3 RRDOHT * Pg 126	
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: April 30, 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, March 26, 2026

3.	Motion to Approve the In Camera Agenda	THAT the RHC Board of Directors approve the Agenda as circulated/amended.
4.	Motion to Approve the 2026-27 QIP	THAT the Board of Directors approve the 2026-27 Quality Improvement Plan submission.
7.1	Chief of Staff Report – Medical Staff Privileges	THAT the RHC Board of Directors approves the privileges for the listed physicians for the 2026 term as reviewed and recommended by the Medical Advisory Committee. AND THAT the RHC Board of Directors approves Medical Learner privileges for the listed learners, as reviewed and recommended by the Medical Advisory Committee.
10.	Termination	THAT the RHC Board of Directors In Camera meeting terminate and return to the Open Session at (time)

RIVERSIDE HEALTH CARE FACILITIES INC.
MINUTES
IN-CAMERA SESSION

Date of Meeting: February 26, 2026 **Time of Meeting**: 5:44 pm

Location of Meeting: Webex / LVGH Board Room

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

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

REGRETS: M. Kitzul, A. Beazley

GUESTS: S. LeBlanc (Item 4.0)

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1. CALL TO ORDER:

D. Clifford called the meeting to order at 5:44 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. Pierroz SECONDED BY: E. Bodnar

THAT the Board approve the Agenda as circulated.
CARRIED.

4. PRESENTATION: Accreditation – Simone LeBlanc

D. Clifford welcomed Simone LeBlanc, Director of Health Informatics & Privacy to the meeting who provided a presentation on Accreditation. The following was highlighted:

- About Accreditation Canada
- Reasons to participate in Accreditation – the entire organization is engaged in Accreditation as well as patients, residents, clients, and families.
- The Accreditation Journey:
  Step 1 – Self-Assessments – 20 sets of standards with more than 2000 criteria assessed
  Step 2 – Required Instruments – Global Workforce Survey and Governing Body Assessment
  Step 3 – Attestations and Evidence
  Step 4 – Onsite survey – the surveyors are a diverse team, and they come for roughly 4 days. We will hopefully receive notice approximately 1 week in advance of their arrival (this is new as we would typically know when the surveyors were coming well in advance of their arrival).
  Accreditation lasts 4 years.

Step 5 – Ongoing Quality Improvement

- Accreditation Status – is either Accredited or Not Accredited. There are only 2 options now (there previously were 4 options).
- Requirements to meet to be Accredited – Governing Body Assessment needs to be completed with a minimum of 80% response rate.
- Discussion took place regarding unmet criteria and follow up timelines.
- RHC is very broad and we cover a lot of criteria/ROP's.
- Simone shared mock tracers will be done to assist with preparation.
- Further discussion took place regarding scheduling everything when the onsite visit occurs, with such short notice of their arrival. Simone noted she will be following up with them to see if more notice can be provided.
- Accreditation Requirements of the Board reviewed.
- Simone noted on top of mock tracers being done, cheat sheets will also be provided.
- Governance Standards.
- Onsite survey Interview (Tracer).
- Governing Body Assessment – requirements.
- Simone reported we requested an exception on the onsite visit due to the Meditech Expanse Project implementation being at the same time, and we were successful. Therefore, the target for the onsite visit is Spring 2028.

Diane thanked Simone for attending. Simone exited the meeting.

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 the following update:

- Rainy River – we do not expect a closure due to the physician's cancelled shifts (this is the physician we received notice on regarding his license restriction). Gaps have been filled.
- Physician Behaviour – we received a patient complaint regarding a Rainy River doctors' behaviour. A meeting occurred with the physician, and he is open to additional education and submitting an apology. Due to this incident, we received a letter from Treaty #3, and a follow up meeting will occur once confirmed dates are nailed down.

7.1.1 Privileges – Medical Staff

2025 and 2026 Appointment and Reappointment Applications for Privileges

It was,

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

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: M. Jolicoeur SECONDED BY: D. Loney

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

CARRIED.

7.2 Audit & Resources Verbal Update

B. Norton provided an update highlighting the following:

- Carla and team are deep into the 2026-27 and 2027-28 Budgets. For 2026-27 the projected deficit is roughly $8.4 million and for 2027-28 the projected deficit is approximately $7.2 million. Budget built ins were discussed.
- Financials – Overall combined deficit is approximately $3 million.
- OT and Sick were reviewed in detail and updates on plan initiatives to mitigate were discussed.
- L-SAA briefing note was reviewed and we are not in compliant due to not being able to balance the budget.
- Discussion took place regarding 1-time funding previously received. Carla noted we never know for sure what we are receiving and nothing is confirmed.
- Further discussion took place around whether the Board could do anything regarding the base funding for our number of beds. Henry noted this will be discussed further in item 8.1.

7.3 2023-2026 Strategic Plan Extension

Diane reported discussion took place at the Governance Committee meeting and prior to putting together a new Strategic Plan we need the Colliers Report/Plan; therefore, it is suggested that we extend our current Strategic Plan until we receive the Colliers information.

It was,

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

THAT the RHC Board of Directors approves the extension of the 2023-2026 Strategic Plan to March 31, 2027, while we await the Colliers Master Service Plan.

CARRIED.

8. OTHER BUSINESS

8.1 For the Good of the Board (Optional)

Henry provided an update highlighting the following:

- He shared comments that were discussed from the Minister of Finance. There is talk about a reorganization of the system however, we are not seeing a lot of impressing changes.
- We now must submit a 3-year forecast plan and need to look at low risk items for cost savings. OH, continues to focus on agency and OT.
- We have received a communication stating that organizations are not to sign any agreements regarding shared services.
- A meeting was held regarding Emo Health Centre, and we were asked whether Emo needed more beds which we do not feel are necessary.
- The Specialist & Diagnostic transportation service will not go on the list to remove for cost saving

purposes.

- We discussed the possibility of moving the 12 LTC beds in Emo to Rainycrest.
- Emo and Rainy River need to be addressed to be sustainable.
- We were told we need to identify cost savings.
- The Ministry LTC meeting today did not lead to meaningful change. The did comment that we do have unique challenges.
- Hospital Centric Table – occupancy will be addressed at this table to try and receive proper funding for the number of beds we occupy. Henry recalled our occupancy is continuously above average which is staffed by agency staff. We are not a 30-bed hospital, and we need to approach OH on this. Agency staff and OT need to be addressed. Occupancy will be a big initiative that will need to be addressed.
- We were asked about funding for Emo and Rainy River today. ELDCAP does not receive funding increases.
- There is pressure coming down on OH from the government and this is causing frustration with many of the CEO's/leaders. People are becoming extremely frustrated as OH/Ministry/Government wants information however there needs to be a succinct way of obtaining it. They need to find a logical way to stabilize the system and get their act together from a change management perspective. Many conversations will occur over the next few months.
- Discussion took place regarding the municipality meeting and topics covered at that meeting.
- Henry reported TBRHSC ended the Regional Pharmacy Program, and we have now implemented a new Regional Pharmacy Program, and seven regional hospitals have signed the agreement. Heidi Loney will be leading this program.
- HHR challenges were discussed in detail.
- Contributing factors to the high census were discussed. Diana noted ALC's contribute. She noted there is a need for an "in between" facility/resource prior to going to LTC. Diana shared MH&As also contribute to the high census. Dr. Keffer shared it's not just ALC's contributing as it's also elderly people needing care due to illness and not necessarily waiting for LTC. He agreed addictions contribute as well and he shared physicians are thankful for security. Henry noted the system is not recognizing these issues and the Ministry/Government need to look at ways to sustain it.
- Further discussion took place regarding the Colliers report; Henry noted currently the report is lean and we are paying more for the "Colliers" name in hopes that the name will be valuable.

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:

March 26, 2026

10. TERMINATION OF THE IN-CAMERA SESSION:

It was,

MOVED BY: D. Pierroz

THAT this meeting terminates and return to the Open Session at 6:52 pm.
CARRIED.

Chair

Secretary/Treasurer

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

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **Finance/Payroll/SC/HR Meetings**
  Weekly meetings are scheduled between finance, payroll, scheduling, and human resources to conduct ongoing review of best practices internal controls and gap identification.
- **Change In Leadership – RRHC**
  Our CNE is now the acting Administrator for the EHC and the RRHC. In addition, the DOC for these locations will be leaving the role in April. An interim plan for management of the Home has been developed. RHC has contracted Maxwell group to assist with the recruitment both of an Administrator and DOC for a contract term to address the change management required to realign the current culture and practice with that of RHC.

One Riverside - Promoting a Consistent and Empowering Culture

- **LVGH Occupancy**
  RHC is undertaking a long-term historical review of average, min, and max occupancy levels at our hospital sites. This information will aid in differentiating Agency and OT costs related to operating at our base budget level versus Net New agency or staffing costs related to supporting an increased patient base. This information will be critical to future funding discussions with OHN.
- **Physician Clinic**
  The physician clinic project at LVGH has been cancelled. The ongoing delays in achieving endorsement from OHN and awareness of current upgrades at the existing clinic have resulted in a redirection of the organization towards achievable improvements.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **Colliers Master Service/Capital Plan**
  After brief review of the Colliers Present Service Delivery report our team returned the report to Colliers requesting context, accuracy, and grammar improvements. The CEO will meet with the project leads to further discuss this matter prior to any further payments for services rendered.
- **Weekly Project Management Team Meeting**
  Project Managers and Engineering leadership meet weekly to ensure coordination between the various active projects. The following is a brief update on these projects:
  - The 3rd floor clinic project has been cancelled due to lack of government support and recent upgrades at the clinic by the FF FHT.
  - The 3rd floor NAPRA compliant pharmacy has been fast tracked given tight timelines.
  - Engineers are identifying required changes at both LVGH and RR to implement the new X-Ray equipment.
  - MRI meetings continue with the architectural firm. Draft tender documents are expected in early April. Funding for the MRI equipment is expected to be flowed by the Ministry of Northern Economic Development and Growth by end of fiscal year.
  - Planning underway for installation of the new flooring at Rainycrest LTC.
  - While funding remains outstanding, the plan to complete roof upgrades at the rate of one tenth per year continues. Our CFO continues to follow up with the MLTC and OHN regarding the absence of funding.
  - The emergency purchase of a new nurse call system at Rainycrest LTC is expected to be formalized by end of fiscal year. Our CFO continues to follow up with the MLTC and OHN regarding the absence of funding.
- **HIROC**
  HIROC, our insurance provider is conducting jurisdictional and loss prevention inspections with our engineering department as part of risk mitigation.
- **Hospital Suction Failure**
  A Code Grey was issued at La Verendrye General Hospital (LVGH) on January 31, 2026, due to the loss of all internal building suction. To ensure continuity of care, portable suction units were used until the backup unit was brought online on March 10, 2026. The loaner unit took additional time to bring online due to challenges during installation. Namely, the old system was water driven and the new one is a dry vac system. Due to the failure of the old system, water made its way into the vacuum lines. A water separator has been installed to remove wastewater from the vacuum lines, allowing

the loaner system to operate properly. A new suction system was previously approved but cannot be installed until it is delivered in 3-4 months.

- **Technology – Communication and Safety Upgrades**
  Aging wireless and phone technologies and increased safety risk to staff requires new technologies be implemented across RHC sites and services. An investment of close to $4 to $5 million is anticipated to replace our wireless system, implement modern unified communication technology (phone, email integration, mobility) and ensure corporate wide staff safety/duress systems are in place.

  IST is currently working on one page briefing notes, including required investment levels, to enable leadership to engage Ontario Health regarding the required financial resources to replace these systems. The required level of investment is not achievable through use of available funds and failure to replace these systems in a timely manner jeopardizes service continuity across our hospitals, LTC Homes, and community services.
- **Surgical Equipment and 2nd General Surgeon**
  An updated Endoscopy contract was received for review and approval; noting that our Pentax contract expires April 1, 2026, and that existing equipment reached end of life. The Team trialed both Olympus and Pentax, the only two practical alternatives on the market. However, with the addition of a 2nd surgeon on the horizon the new lease agreement requires an expanded fleet to allow utilization of endoscopy suites simultaneously, as required to retain the incoming 2nd general surgeon. Lease costs are expected to increase from under $40k per year to over $130k per year, over a 7-year period. The team completed evaluations and a cost comparison has been completed. Pentax will be awarded a new 7-year lease to meet our surgical/endoscopic equipment needs.

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

- **Treaty 3 Meeting**
  Meeting with Treaty 3 in late March 2026, to discuss concerns brought forward, including racist behaviour from an individual at the RRHC site. The formal complaint has been thoroughly addressed; however, we will be engaging the Grand Chief and other representatives from Treaty 3 to discuss broader concerns.
- **OHT Engagement**
  Considerable engagement challenges have arisen at the OHT table in recent months. Correspondence between the OHT Co-Chairs and RHC's CEO related to these issues have been included in this month's in-camera package.

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

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

2.3.2 Nominating & Recruitment Meeting Minutes *

2.3.3 Freedom of Information Report (PHIPPA and FIPPA Breaches *

RIVERSIDE HEALTH CARE FACILITIES INC.
BOARD GOVERNANCE COMMITTEE
MINUTES

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

Location of meeting: LVGH – Board Room / Webex

PRESENT:	D. Clifford	H. Gauthier	D. Pierroz
	E. Bodnar	B. Norton*	*via Webex

REGRETS: K. Lampi, Dr. L. Keffer

1. CALL TO ORDER:

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

1.1 Confidentiality Reminder:

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

2. ADOPTION OF AGENDA:

It was,

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

THAT the agenda be approved as circulated.
CARRIED.

3. MINUTES OF THE LAST MEETING: February 10, 2026

It was,

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

THAT the minutes of the February 10, 2026, meeting be approved as circulated.
CARRIED.

4. MATTERS ARISING FROM THE MINUTES:

There were no matters arising.

5. NEW BUSINESS:

5.1 Nominating & Recruitment Committee Update

B. Norton provided an update noting 1 application has been received to date and the committee agreed to move forward with an interview. The committee agreed that all candidate interviews will be done closer to the application deadline date. Three additional applications have been issued to other potential candidates; however, nothing has been returned as of yet. Brooke will be following up with them to confirm their intention.

5.2 Freedom of Information Report (PHIPPA & FIPPA Breaches)

B. Norton reviewed the briefing note for information. Discussion took place regarding the breaches "used without authority" and whether these were staff. Henry confirmed this was the case noting they were not significant or large breaches resulting in termination. D. Pierroz shared a personal scenario that occurred in December 2025 when he received another patient's medication information in error. He confirmed it was reported and Diana Harris was aware as well. It was questioned whether this scenario would have been captured in the numbers reported on the briefing note.

ACTION: Henry to follow up to confirm this scenario was captured in the numbers reported on in the briefing note.

Discussion took place regarding how these numbers compare to previous years. Henry confirmed the numbers are comparable. It was noted that it would be beneficial to see the previous stats over the last 5 years, and it was suggested this be included in future briefing notes moving forward.

ACTION: Moving forward, the Freedom of Information Report/briefing note to include the previous 5-year data for comparators.

5.3 Annual Meeting Date/Process

Brooke provided an update confirming the Annual Meeting is scheduled for June 23, 2026. The regular Board meeting is scheduled for June 18, 2026. The membership is closed for the Annual Meeting, and the purpose of the meeting is to receive annual financial statements, elect directors, appoint auditors and confirm any special resolutions such as Bylaw revisions. The meeting needs to be held between April 1 and July 31, which we meet the requirement.

5.4 Board Chair/Vice Chair Succession Planning

Diane provided an update noting Edie has agreed to put her name forward for the Vice Chair position. Diane confirmed she will let her name stand for the Chair position for one more year. Discussion took place regarding a 2nd Vice Chair role, and all agreed this would be appropriate for future succession for Board Chair and Vice Chair positions. Discussion took place regarding who would fill the 2nd Vice Chair position, and the committee suggested Dan Loney.

ACTION: Diane will reach out to Dan Loney to confirm his interest in the 2nd Vice Chair position.

5.5 In Camera with CEO

The Board members met with the CEO only.

6. OTHER BUSINESS:

6.1 SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- Freedom of Information Report (PHIPPA & FIPPA Breaches) - Henry to follow up to confirm the discussed scenario was captured in the numbers reported on in the briefing note.
  - Moving forward, the Freedom of Information Report/briefing note to include the previous 5-year data for comparators.
- 2nd Vice Chair position - Diane will reach out to Dan Loney to confirm his interest in the 2nd Vice Chair position.

6.2 Meeting Summary: March Board Meeting Agenda Items

Discussion took place around what items are to appear on the Open and In-Camera agendas for the March 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
- 5.2 Freedom of Information Report (PHIPPA and FIPPA Breaches)

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

7. DATE AND TIME OF NEXT MEETING:

April 14, 2026

8. TERMINATION:

The meeting terminated at 5:15 pm.

_____ _____

Chair Recording Secretary

RIVERSIDE HEALTH CARE

NOMINATING & RECRUITMENT COMMITTEE

MINUTES

Date of Meeting: February 10, 2026 **Time of Meeting:** 3:30 pm

Location of meeting: Webex / LVGH Board Room

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

REGRETS: H. Gauthier, B. Norton

1. CALL TO ORDER:

D. Clifford called the meeting to order at 3:32 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: January 13, 2026:

It was,

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

THAT the minutes of the previous meeting held on January 13, 2026, 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 Update

Diane shared she followed up with all Board members, and all agreed to let their name stand for next term with the exception of Ben and Aimee. She recalled Ben had already

informed the Board of his intention to resign and after following up with Aimee she shared she has too many competing priorities. Therefore, there will be 2 vacancies on the Board. It was confirmed the Board can function without replacing these vacancies if necessary.

Diane noted her term as Board Chair is complete at the end of June however, as per policy an additional year can be added at the discretion of the Board. Diane questioned whether any Board member had interest in the Board Chair role. Discussion occurred and it was noted due to the many priorities; it was suggested that Diane remain in the role. Diane agreed to let her name stand as Board Chair for the 2026-27 term. Further discussion took place regarding the Vice Chair role. Diane recalled that Edith is the Second Vice Chair currently and is being mentored for the Vice Chair role.

ACTION: Diane will follow up with Edith to confirm her interest in the Vice Chair role for the 2026-27 term.

5.2 Skills Based Matrix Update

Diane reviewed noting this reflects the removal of Ben and Aimee. The largest gaps were reviewed, which remain the same as what was reported last month.

5.3 Recruitment Discussion

Discussion took place regarding previous applicants and whether any of them would be potential candidates for this coming term.

Brooke provided an update sharing she followed up with Christie Brown, Indigenous Liaison, to see if she had any candidate recommendations. Christie noted she would think about it. Brooke shared she spoke with Sheila McMahon who seemed interested and provided her with the application however, nothing has been received back as of yet.

Diane shared she followed up with Ben and Aimee to see if they had any recommendations and they were thinking about it as well. She also confirmed she followed up with Lynn Indian who seemed interested and had asked some questions which Diane provided answers to. Diane noted she hasn't heard back from Lynn as of yet however, will follow up.

Further discussion took place around potential candidates.

ACTION: Kathy to reach out to Janice Henderson to see if she would be interested.
ACTION: Diane to reach out to Peggy Loyie and Dan Bird to enquire about their interest.

Conversation ensued around the financial gap experienced when Ben leaves.

6. DATE OF NEXT MEETING:

March 10, 2026

7. TERMINATION:

It was,

MOVED BY: K. Lampi

THAT the meeting be adjourned at 3:56 pm.

CARRIED.

_____ _____

Chair Recording Secretary

/bb

BRIEFING NOTE

TO: Riverside Health Care Board Chair
FROM: Simone LeBlanc Director, Health Informatics & Privacy
DATE: March 2, 2026; Update March 5, 2026
SUBJECT: **FIPPA, PHIPA and PHIPA Breach Annual Report**

SUMMARY

Freedom of Information and Protection of Privacy Act (FIPPA)

Submission of Annual Report of FIPPA requests to the Information Privacy Commissioner's Office was completed and submitted on March 2, 2026, for the calendar year 2025. The table below outlines the activity for the year.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA)			
Number of Requests	**Full Disclosure**	**Partial Disclosure Exemptions Applied**	**No Disclosure Exemptions Applied**
4	**4**	**0**	**0**

Personal Health Information Protection Act (PHIPA)

Submission of Annual Report of PHIPA requests to the Information Privacy Commissioner's Office will be completed and submitted on March 6, 2026, for the calendar year 2025. The table below outlines the activity for the year.

PERSONAL HEALTH INFORMATION PROTECTION ACT (PHIPA)		
Request Type	**Number of Requests**	**Comments**
Patient	**136**	**These are reportable requests to the IPC**

Personal Health Information Protection Act (PHIPA) Breaches

Submission of Annual Report of PHIPA breaches to the Information Privacy Commissioner's Office was completed and was submitted on March 5, 2026, for the calendar year 2025. The table below outlines the activity for the year.

PERSONAL HEALTH INFORMATION PROTECTION ACT (PHIPA) Breaches				
Number of Breaches	**Stolen Personal Health Information**	**Lost Personal Health Information**	**Used Without Authority**	**Disclosed Without Authority**
5	**0**	**0**	**4**	**1**

RECOMMENDATION

No recommendation. For your information only.

Respectfully Submitted,
Simone LeBlanc
Director, Health Informatics & Privacy

2.4.1 Minutes: Audit & Resources Committee *
February 19, 2026 – reviewed and approved by the Committee

2.4.2 H-SAA, M-SAA and L-SAA Extension Agreements *

2.4.3 Non-Union Wage Review *

2.4.4 Line of Credit *

2.4.5 BDO Engagement Letter *

2.4.6 Approve 2026-27 QIP and Goals & Objectives for Senior Leadership Performance Based Compensation (% allotments)*

2.4.7 2025-26 (Previous Fiscal) QIP and Goals & Objectives Executive Compensation *

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

Date of Meeting: February 19, 2026 **Time of Meeting:** 4:00 pm

Location of meeting: LVGH – Board Room / Webex

PRESENT:	H. Gauthier	C. Larson	M. Jolicoeur	B. Norton*
	M. Kitzul	E. Bodnar	*via Webex	

REGRETS: D. Pierroz

1. WELCOME AND ROUND TABLE CHECK IN:

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

1.1 Confidentiality Reminder

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

2. ADOPTION OF AGENDA:

It was,

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

THAT the agenda be approved as circulated.
CARRIED.

3. REVIEW OF MEETING MINUTES: January 22, 2026:

It was,

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

THAT the minutes of the previous meetings held on January 22, 2026, be approved as circulated.
CARRIED.

4. BUSINESS ARISING:

4.1 Budget

Carla apologized for the late circulation. She reviewed in detail noting we needed to do a 3-year forecast for the Ministry, and this mirrors that. The following was highlighted:

- Hospital deficit forecasted for 2026-2027: **$6,046,180 deficit**
- Rainycrest deficit forecasted for 2026-2027: **$2,158,151 deficit** (aligns with stabilization plan submitted to MOH)
- Combined deficit forecasted: $8,376,431
- **2026-2027 Budget** includes the following assumptions:
  (1) 2% global funding increase
  (2) 3% ONA, CUPE, Non-Union, Management compensation increases (excludes executive management)
  (3) 1% benefits increase
  (4) $2.87M added for Rainy River Primary Care funding and compensation, physician remuneration and other costs.
  (5) 2% across the board inflation increase in select expenditures.
  (6) Included $602.7K Colliers Master Capital Plan
  (7) No funding increases for all other funding

(8) $534.1K unfunded Meditech costs
(9) Rainycrest is in alignment with our stabilization plan that was submitted to the Ministry (including costs savings)
(10) All other programs are moving towards balanced budgets

- Hospital deficit forecasted for 2027-2028: $6,614,836
- Rainycrest deficit forecasted for 2027-2028: $1,615,473 (aligns with stabilization plan submitted to MOH)
- Combined deficit forecasted: $8,230,309
- **2027-2028 Budget** includes the following assumptions
  (1) 2% global funding increase
  (2) 3% ONA, CUPE, Non-Union, Management compensation increases (excludes executive management)
  (3) 1% benefits increase
  (4) No change to Rainy River Primary Care funding or expenditures
  (5) 2% across the board inflation increase in select expenditures
  (6) Removed unfunded Colliers costs
  (7) Another $1.2M in unfunded Meditech costs
  (8) Rainycrest is in alignment with our stabilization plan that was submitted to the Ministry (including further cost savings) and assuming we eliminate a significant portion of agency costs.
  (9) All other programs will have balanced budgets

- Discussion took place regarding the decreasing deficit. Carla reported this was due to the stabilization funding received. Next year we do not receive that 1-time funding.

It was,

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

THAT the Audit & Resources Committee recommend that the Board of Directors approve the 2026-27 Budget and the 2027-28 forecast.

CARRIED.

5. STANDING ITEMS:

5.1 Financial Report – January 2026

Carla reviewed the circulated in detail highlighting the following:

- Thanks to the stabilization and relief funding received the hospital side is sitting with a small surplus of roughly $133k.
- LTC side has a deficit of $3,094,920.
- Overall Combined Deficit is $3,025,034
- There are some concerns with the Fund Type 2's, specifically Mental Health & Addictions and CSS/Assisted Living.
- We are seeing improvements in the agency cost side of things at Rainycrest.

5.2 OT, Sick & FTE Reports – January 2026

Carla reviewed highlighting the following:

- There has been no overwhelming improvement with OT and sick time is remaining level.
- Rainy River and Emo – OT and sick are being covered with agency staff.
- Carla recalled previous discussion around the plan to improve. She highlighted the following updates:
  Casual Pool – we are not seeing much improvement with this due to lack of supply. We will start

to see benefits with the “grow our own” programs supporting our staff to fill hard to fill positions (ie. NP, PSW, RN, RPN, Pharmacy).
Renegotiations of Agency Contract – review has been done with Senior Leadership. We are trying to have the contract reflect the elimination of all OT with agency staff. The contract is back with the Director of Nursing, LTC Administrator and HR to review further and work out how to rid OT from the contract. Henry noted this is evolving, however, more conversations will occur.

- Discussion took place regarding Rainy River sick time, and it was questioned whether this was abuse. Carla confirmed it was not abuse related.
- Henry confirmed we are still concerned with challenges at the Emo and Rainy River sites.

6. NEW BUSINESS:

6.1 Declaration of Compliance - LSAA

Carla reviewed the briefing note reporting we are out of compliance with the balanced budget requirement, nor did we meet the LTC ARR reporting obligations. Discussion took place regarding consequences of being non-compliant. Henry noted we may see consequences. Carla shared other hospitals are submitting the same.

It was,

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

THAT the Audit & Resources Committee recommend that the Board of Directors authorizes the Board Chair to declare that after making inquiries of the President & CEO and other appropriate officers of 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, RHC (Rainycrest LTC) has fulfilled its obligations under the long-term care service accountability agreement (the “Agreement”) in effect during the applicable period.

CARRIED.

6.2 Master Plan Update – January 2026

Henry reviewed the January Colliers update highlighting the following:

- Things are moving slower than we anticipated.
- Colliers have provided us with a lean current state summary document. We have gone back to them requesting more detail. The current state summary document is not ready for release as of yet.
- The next stage is for them to start the Capital Plan.
- They are advancing on the operational level not political.
- The Master Service Plan is expected to go to OH in October 2026.
- The Master Capital Plan is expected to be released to OH and MOH in September 2027.
- Discussion took place regarding their engagement with the Municipalities. Henry noted they have been provided with contact information to connect with the Municipalities, and we won’t get too excited until Colliers comes back to tell us they weren’t able to connect with them or the Municipalities didn’t show up for engagement. Henry shared connecting with the Chiefs has been very difficult. If Colliers come back and says they refuse to meet with them, then this becomes a problem.
- Henry noted current state is what the Master Service Plan is based on (not gaps), and the engagement with the Municipalities and Chiefs is part of the next stage.
- Henry shared we are hoping the “Colliers” name will carry some weight when submitting to the MOH and OH.
- Discussion took place and it was noted the Colliers report lacks detail. Henry noted this is just a project summary report and is generic. At the end, we are hoping there is a credible voice to identify gaps and get these filled. We are trying to guide Colliers. We can not access gaps without identifying services not even offered.

- From an operational perspective we would like to see more details, however, we are focusing on the big-ticket items and will continue to try and guide them. Henry noted it's clear from our conversations, they are perplexed with all that RHC does.
- The goal is to accurately capture current state and gaps and bring this to OH and be impactful.
- Henry noted Colliers are experts and if they need assistance, they will need to ask for it. Colliers carry more weight than we do. They have credibility in their name.

6.3 Capital Equipment Approval

Deferred.

7. SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- Capital Equipment Approval – Bring to next meeting.

7.1 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:
- 6.1 Financial Report – January 2026

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

In-Camera – Consent Agenda:
- January 22, 2026, Meeting Minutes
- 4.1 Budget
- 6.1 Declaration of Compliance - LSAA
- 6.2 Master Plan Update – Colliers January 2026 Update

In-Camera – Separate Item:

- Audit & Resources Verbal Update

8. DATE OF NEXT MEETING:

March 19, 2026

9. TERMINATION:

The meeting terminated at 4:55 pm.

_____ _____

Chair Recording Secretary
/bb

BRIEFING NOTE

TO: **Board of Directors**

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

DATE: **March 13, 2026**

SUBJECT: **Service Accountability Agreements**

SUMMARY

- The Connecting Care Act, 2019 ("CCA") requires Ontario Health ("OH") to notify a health service provider when OH proposes to enter into, or amend, a service accountability agreement with that health service provider.

- On March 2nd and 6th, 2026 Ontario Health gave Notices of Extension to Riverside Health Care for our Hospital Service Accountability Agreement (H-SAA), Long-Term Care Home Service Accountability Agreement (L-SAA) and Multi-Sector Service Accountability Agreement (M-SAA) for the period of April 1, 2026, to March 31, 2027.

- The President & CEO and Board Chair are required to sign the L-SAA, H-SAA and M-SAA extension agreements for the period of April 1, 2026, to March 31, 2027, and submit to Ontario Health by March 27, 2026.

RECOMMENDATION

That the Board of Directors approve the 2026-27 amending L-SAA, H-SAA and M-SAA agreements for the period of April 1, 2026, to March 31, 2027, including Appendix A below as an amendment to the L-SAA agreement consistent with prior year practice.

Appendix A

Amendment to 2026-27
Long Term Care Service Accountability Agreement (L-SAA)

This amendment forms part of the Riverside Health Care April 1, 2026, to March 31, 2027, L-SAA Agreement:

At our monthly Board of Directors meeting held on March 26, 2026, the Board considered the L-SAA agreement for approval. The agreement has been approved with the following amendment:

1. RHC retains the sixteen-week licensure surrender clause for Rainycrest as opposed to the five-year licensure surrender clause established by the MOHLTC;

The Board of Directors conditionally approves our 2026-27 L-SAA conditional on acceptance of this annual amendment by Ontario Health and the Ministry of Health and Ministry of Long-Term Care.

Sincerely,

Henry Gauthier
President & Chief Executive Officer

Sincerely,

Diane Clifford
Board Chairperson

Ontario Health
North West

March 2, 2026

Henry Gauthier
President and Chief Executive Officer
Riverside Health Care Facilities Inc.
110 Victoria Avenue
Fort Frances, ON P9A 2B7
h.gauthier@rhcf.on.ca

Dear Henry Gauthier,

DELIVERED ELECTRONICALLY

Re: CCA s. 22 Notice and Extension of Hospital Service Accountability Agreement ("Extending Letter")

The *Connecting Care Act, 2019* ("CCA") requires Ontario Health ("OH") to notify a health service provider when OH proposes to enter into, or amend, a service accountability agreement with that health service provider.

OH hereby gives notice and advises Riverside Health Care Facilities Inc. (the "HSP") of OH's proposal to amend each hospital service accountability agreement (as described in the CCA) currently in effect between OH and the HSP (each "SAA").

Subject to the HSP's acceptance of this Extending Letter, each SAA will be amended with effect on March 31, 2026, as set out below. All other terms and conditions of each SAA will remain in full force and effect.

The terms and conditions in each SAA are amended as follows:

1. **Term** – In section 2.2, "March 31, 2026" is deleted and replaced by "March 31, 2027".

2. **Schedules** – The Schedules in effect on March 31, 2026, shall remain in effect until March 31, 2027, or until such other time as may be agreed to in writing by OH and the HSP.

Unless otherwise defined in this letter, all capitalized terms used in this letter have the meanings set out in each SAA.

Please indicate the HSP's acceptance and agreement to the amendments described in this Extending Letter by signing below and returning one scanned copy of this letter by e-mail no later than the end of business day on **March 31, 2026**, to: OH-NW-Submissions@OntarioHealth.ca.

The HSP and OH agree that the Extending Letter may be validly executed electronically, and that their respective electronic signature is the legal equivalent of a manual signature.

Should you have any questions regarding the information provided in this Extending Letter, please contact Darcie Collinson, Lead (Hospitals), Performance, Accountability and Funding Allocation at darcie.collinson@ontariohealth.ca.

Sincerely,

Brian Ktytor
Chief Regional Officer

David Newman
Vice President
Performance, Accountability and Funding Allocation

c. Diane Clifford, Chair, Board of Directors

Signature page follows

AGREED TO AND ACCEPTED BY

Riverside Health Care Facilities Inc.

By:

_____ Date:_____
Henry Gauthier mm/dd/yyyy
President and Chief Executive Officer
I have authority to bind the health service provider.

And By:

_____ Date:_____
Diane Clifford mm/dd/yyyy
Chair, Board of Directors
I have authority to bind the health service provider.

Ontario Health
North West

March 2, 2026

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

Dear Henry Gauthier,

DELIVERED ELECTRONICALLY

Re: Approval of Balanced Budget Waiver Request – 2025-2026

Further to your request to waive the total margin performance standard in your Hospital Service Accountability Agreement (HSAA) for fiscal year 2025-2026, Ontario Health North West has approved the applicable balanced budget waiver (BBW) for Riverside Health Care Facilities Inc. with the below notes and conditions.

For 2025-2026, the HSAA total margin (consolidated all sector codes and fund types) percentage performance target has accordingly been amended to (4.99%), resulting in a BBW for your organization.

The hospital will continue to actively participate in the provincial Hospital Sector Stabilization Plan and the regional working groups. The hospital will maintain a Balance Budget Plan (BBP) to improve the hospital's financial position, drive efficiencies and report back regularly on realized benefits with a goal to return to a balance position.

Please indicate your organization's acceptance of the terms and conditions by signing below and returning the signed version of this entire letter by email to OH-NW-Submissions@OntarioHealth.ca within five business days of the date of this letter.

We recognize that this is a challenging time in health care and appreciate your continued dedication to improving the delivery of health care services to your communities.

If you have any additional questions, please contact Darcie Collinson, Lead (Hospitals), Performance, Accountability and Funding Allocation at darcie.collinson@ontariohealth.ca.

Sincerely,

David Newman
Vice President
Performance, Accountability and Funding Allocation

The signature below confirms acceptance of accountabilities as articulated in this notification.

AGREED AND ACCEPTED BY:

Riverside Health Care Facilities Inc.

Henry Gauthier
President and Chief Executive Officer

Name of Binding Authority	Signature	Date

Ontario Health
North West

March 6, 2026

Henry Gauthier
President and Chief Executive Officer
Riverside Health Care Facilities Inc.
110 Victoria Avenue
Fort Frances, ON P9A 2B7
h.gauthier@rhcf.on.ca

Dear Henry Gauthier:

Re: CCA s. 22 Notice and Extension of Multi-Sector Service Accountability Agreement ("Extending Letter")

The *Connecting Care Act, 2019* ("CCA") requires Ontario Health ("OH") to notify a health service provider when OH proposes to enter into, or amend, a service accountability agreement with that health service provider.

OH hereby gives notice and advises **Riverside Health Care Facilities Inc**. (the "HSP") of OH's proposal to amend each multi-sector service accountability agreement (as described in the CCA) currently in effect between OH and the HSP (each "SAA").

Subject to the HSP's acceptance of this Extending Letter, each SAA will be amended with effect on March 31, 2026 as set out below. All other terms and conditions of each SAA will remain in full force and effect.

The terms and conditions in each SAA are amended as follows:

1) **Term** – In section 2.1, "March 31, 2026" is deleted and replaced by "March 31, 2027".

2) **Schedules** – The Schedules in effect on March 31, 2026, shall remain in effect until March 31, 2027, or until such other time as may be agreed to in writing by OH and the HSP.

Unless otherwise defined in this letter, all capitalized terms used in this letter have the meanings set out in each SAA.

Please indicate the HSP's acceptance and agreement to the amendments described in this Extending Letter by signing below and returning one scanned copy of this letter by e-mail no later than the end of business day on **March 31, 2026**, to: OH-NW-Submissions@ontariohealth.ca.

The HSP and OH agree that the Extending Letter may be validly executed electronically, and that their respective electronic signature is the legal equivalent of a manual signature.

Should you have any questions regarding the information provided in this Extending Letter, please contact Chris Wcislo, Director (Community / LTC), Performance, Accountability and Funding Allocation at chris.wcislo@ontariohealth.ca.

Sincerely,

Brian Ktytor
Chief Regional Officer

David Newman
Vice President, Performance, Accountability and Funding Allocation

c. Diane Clifford, Chair, Board of Directors

Signature page follows:

AGREED TO AND ACCEPTED BY

Riverside Health Care Facilities Inc.

By:

_____ Date: _____
Henry Gauthier mm/dd/yyyy
President and Chief Executive Officer
I have authority to bind the health service provider.

And By:

_____ Date: _____
Diane Clifford mm/dd/yyyy
Chair, Board of Directors
I have authority to bind the health service provider.

Ontario Health

Memo

Date:
March 6, 2026

To: CEOs/Executive Directors of Community Health Service Providers (HSPs)

From: Nicole Robinson, Interim Chief Regional Officer, West, Ontario Health
Christine Nuernberger, Interim Chief Regional Officer, Central, Ontario Health
Scott Ovenden, Chief Regional Officer, Toronto and East, Ontario Health
Brian Ktytor, Chief Regional Officer, North East and North West, Ontario Health

Re: Multi-Sector Service Accountability Agreement (MSAA) extension

Background

The MSAA establishes accountabilities and performance expectations and enables Ontario Health to provide funding for the delivery of health services. The MSAA also lays out the commitment between Ontario Health and community health service providers (HSPs) to work together to achieve provincial priorities, including building a connected and sustainable health care system centred around the needs of clients, their families and their caregivers.

Purpose

This memo provides an update on the planned approach to the MSAA for 2026/27.

MSAA Extension

Ontario Health intends to amend each MSAA for the 2026/27 fiscal year to extend the term of the agreement by one year from April 1, 2026 to March 31, 2027. An MSAA extension letter is attached to this memo. Please ensure the MSAA extension is signed by an authorized decision maker and returned to Ontario Health by March 31, 2026.

Additionally in 2026/27, Ontario Health will be working to review and update the schedules within the MSAA for years beyond 2026/27 to ensure alignment with system goals and priorities. The sector will be further engaged in this work, with more information to follow. Following the 2026 Ontario Budget, any required amendments will be completed at that time.

Thank you for your ongoing engagement. If you have any questions please reach out to Chris Wcislo, Director (Community/LTC), Performance, Accountability and Funding Allocation at chris.wcislo@ontariohealth.ca.

Ontario Health
North West

March 6, 2026

Henry Gauthier
President and Chief Executive Officer
Riverside Health Care Facilities Inc.
110 Victoria Avenue
Fort Frances, ON P9A 2B7
h.gauthier@rhcf.on.ca

Dear Henry Gauthier:

Re: CCA s. 22 Notice and Extension of Long-Term Care Home Service Accountability Agreement ("Extending Letter")

The *Connecting Care Act, 2019* ("CCA") requires Ontario Health ("OH") to notify a health service provider when OH proposes to enter into, or amend, a service accountability agreement with that health service provider.

OH hereby gives notice and advises **Riverside Health Care Facilities Inc.** (the "HSP") of OH's proposal to amend each long-term care home service accountability agreement (as described in the CCA) currently in effect between OH and the HSP (each "SAA").

Subject to the HSP's acceptance of this Extending Letter, each SAA will be amended with effect on March 31, 2026, as set out below. All other terms and conditions of each SAA will remain in full force and effect.

The terms and conditions in each SAA are amended as follows:

1) Term – In section 2.1, "March 31, 2026" is deleted and replaced by "March 31, 2027".

2) RAI MDS

a. In Section 1.1, the definition of "**RAI MDS Tools**" is deleted and replaced with ""**Long-Term Care Facilities Tools**" or **"LTCF Tools"** means the standardized Long-Term Care Facilities Data Set, the Long-Term Care Facilities User Manual, and the Long-Term Care Facilities Practice Requirements, as the same may be amended from time to time."
b. All references to "RAI MDS" are deleted and replaced with "LTCF Data Set".
c. All references to "RAI MDS Tools" are deleted and replaced with "LTCF Tools".
d. All references to "RAI MDS Data" are deleted and replaced with "LTCF Data".
e. All references to "Continuing Care Reporting System" ("CCRS") are deleted and replaced with "Integrated interRAI Reporting System" ("IRRS").

3) Schedules – The Schedules in effect on March 31, 2026, shall remain in effect until March 31, 2027, or until such other time as may be agreed to in writing by OH and the HSP.

Unless otherwise defined in this letter, all capitalized terms used in this letter have the meanings set out in each SAA.

Please indicate the HSP's acceptance and agreement to the amendments described in this Extending Letter by signing below and returning one scanned copy of this letter by e-mail no later than the end of business day on **March 31, 2026**, to: OH-NW-Submissions@ontariohealth.ca.

The HSP and OH agree that the Extending Letter may be validly executed electronically, and that their respective electronic signature is the legal equivalent of a manual signature.

Should you have any questions regarding the information provided in this Extending Letter, please contact Chris Wcislo, Director (Community/LTC), Performance, Accountability and Funding Allocation at chris.wcislo@ontariohealth.ca.

Sincerely,

Brian Ktytor
Chief Regional Officer

David Newman
Vice President
Performance, Accountability and Funding Allocation

c. Diane Clifford, Board Chair

Signature page follows:

AGREED TO AND ACCEPTED BY

Riverside Health Care Facilities Inc.

By:

_____ Date: _____
Henry Gauthier mm/dd/yyyy
President and Chief Executive Officer
I have authority to bind the health service provider.

And By:

_____ Date: _____
Diane Clifford mm/dd/yyyy
Board Chair
I have authority to bind the health service provider.

Ontario Health

Memo

Date:
March 6, 2026

To: CEOs/Executive Directors of Long-Term Care (LTC) Homes

From: Nicole Robinson, Interim Chief Regional Officer, West, Ontario Health
Christine Nuernberger, Interim Chief Regional Officer, Central, Ontario Health
Scott Ovenden, Chief Regional Officer, Toronto and East, Ontario Health
Brian Ktytor, Chief Regional Officer, North East and North West, Ontario Health

Re: Long-Term Care Home Service Accountability Agreement (LSAA) extension

Background

The Long-Term Care Home Service Accountability Agreement (LSAA) establishes accountabilities and performance expectations and enables Ontario Health to provide funding for the delivery of health services. The LSAA also lays out the commitment between Ontario Health and long-term care homes to work together to achieve provincial priorities, including building a connected and sustainable health care system centred around the needs of clients, their families and their caregivers.

Purpose

This memo provides an update on the planned approach to the LSAA for 2026/27.

LSAA Extension

Ontario Health intends to amend each LSAA for the 2026/27 fiscal year by extending the term of the agreement by one year from April 1, 2026 to March 31, 2027. In addition to the term, the LSAA will also be updated to reflect the change from the Continuing Care Reporting System and related RAI MDS Tools to the Integrated interRAI Reporting System and LTCF Tools.

Please find the extension notice and letter attached. Please ensure the LSAA extension is signed by an authorized decision maker and returned to Ontario Health by March 31, 2026.

Looking Ahead

In 2026/27, Ontario Health will be working to review and update the schedules within the LSAA for years beyond 2026/27 to ensure alignment with system goals and priorities. The sector will be further engaged in this work, with more information to follow.

Thank you for your ongoing engagement. If you have any questions please reach out to Chris Wcislo, Director (Community/LTC), Performance, Accountability and Funding Allocation at chris.wcislo@ontariohealth.ca.

BRIEFING NOTE

TO: Audit & Resource Committee

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

DATE: March 13, 2026

SUBJECT: **2026-2027 Salary Increase for Qualifying Non-Union/Management Staff**

SUMMARY

- Riverside Health Care (RHC) historical wage increases for non-union and management staff:

	Board Approved	Bill 124 Increase	Total Wage Increase
2021-2022	1%	1%	2%
2022-2023	1%	2%	3%
2023-2024	2%	1.5%	3.5%
2024-2025	3%	0%	3%
2025-2026	3% (same as CUPE)		3%

- For 2026-27 ONA and CUPE unions have agreed to 2.25% and 2% increases respectively. The ONA increase is for the period of April 1, 2026, to March 31, 2027, and the CUPE increase is for the period of September 29, 2026, to September 28, 2027.

- To maintain alignment with these groups RHC will provide a 2% increase in 2026-27 for non-union and management staff (excluding senior leadership and red lined positions). The cost of the increase is estimated at $80k-$85k.

Recommendation

For Informational Purposes Only

BRIEFING NOTE

TO: Board of Directors

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

DATE: March 13, 2026

SUBJECT: Line of Credit Update

SUMMARY

- From 1990 to 2008 Riverside Health Care (RHC) maintained a $500,000 operating line of credit with the Toronto-Dominion Bank (TD Bank). The line of credit increased to $1,000,000 in November 2008 as a result of the ownership transfer of Rainycrest Home for the Aged to RHC and remained at that level until it moved to $2,000,000 in June 2018 to address our declining bank balance. In April 2019 the level increased to $5,000,000 to ensure adequate funds existed to cover any long-term outstanding debt.

- On October 29, 2020, a $2,500,000 financing arrangement was approved by the Board of Directors for the acquisition of property for an integrated health campus. Property acquisitions to date include $334,200 for 500 Front Street; $350,000 for 209 Armit Avenue; and $267,821 for 213 Armit Avenue.

- The bank balance on March 13, 2026, is $3.58 M – this positive bank balance is due to an additional increase in our base funding and one time relief funding to offset hospital pressures. Without this funding relief RHC would have previously exhausted its $5 M line of credit.

Recommendation

For Informational Purposes Only.

PRIVATE AND CONFIDENTIAL

February 25, 2026

Mrs. Larson
Riverside Health Care Facilities, Inc.
110 Victoria Avenue
Fort Frances, ON P9A 2B7

Dear Mrs. Larson:

You have requested that we perform an audit of the financial statements of Riverside Health Care Facilities, Inc. ("the Client", "you", "your") (the "**Services**"). This letter will confirm the arrangements discussed with you regarding the Services MNP LLP ("MNP", "we", "us", or "our") will render to the Client commencing with the fiscal year ending March 31, 2026.

This engagement letter, including appendices, (the "**Engagement Letter**") and the attached standard terms and conditions (the "**Terms and Conditions**"), together form our agreement (the "**Agreement**"). Capitalized terms used but not defined in the Engagement Letter have the meanings ascribed to them in the Terms and Conditions and vice versa.

Our responsibilities

We will audit the financial statements of the Client for the year ended March 31, 2026.

Our audit will be conducted in accordance with Canadian generally accepted auditing standards. Accordingly, we will plan and perform our audit to obtain reasonable, but not absolute, assurance that the financial statements taken as a whole are free of material misstatement, whether caused by fraud or error.

Our responsibilities, objective, scope, independence and the inherent limitations of an audit conducted in accordance with Canadian generally accepted auditing standards are detailed in Appendix A, which forms part of our mutual understanding of the terms of this engagement.

Management's responsibilities

The operations of the Client are under the control of management, which has responsibility for the accurate recording of transactions and the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards. This includes the design, implementation and maintenance of the system of internal control relating to the preparation and presentation of the financial statements.

Appendix B, which describes in detail management's responsibilities with respect to this engagement, forms part of our mutual understanding of the terms of this engagement.

Reporting

Unless unanticipated difficulties are encountered, our report will be substantially in the form illustrated in Appendix C.

Fees and expenses

Our fees and expenses are discussed in detail in Appendix D.

Other matters

Based on our firm's client acceptance and continuance procedures, we will make inquiries and require certain information from the Client before final client acceptance is approved. We reserve the right to decline appointment if the results of our client acceptance procedures are not satisfactory.

We will, as permitted by the Code of Professional Conduct, provide additional services upon request, in areas such as taxation, leadership and human resource management, communication, marketing, strategic planning, financial management and technology consulting.

MNP does not warrant and is not responsible for any third-party product or service obtained independently by the Client notwithstanding any participation or involvement by MNP in the procurement of such services.

Praxity

We are an independent accounting firm allowed to use the name "PRAXITY" in relation to our practice. We are not connected by ownership to any other firm using the name "PRAXITY" and we will be solely responsible for all work carried out by us on your behalf. In deciding to instruct us you acknowledge that we have not represented to you that any other firm using the name "PRAXITY" will in any way be responsible for the work we do.

In the event that you choose to terminate this engagement based on the terms of this Agreement, we reserve the right to notify all financial statement users of the change.

We believe the foregoing correctly sets forth our understanding, but if you have any questions, please let us know. Please confirm your acceptance of the terms of this Agreement by signing in the space below, returning a copy of this Agreement to us, and retaining a copy for your files.

It is a pleasure for us to be of service to you. We look forward to many years of association with you.

Sincerely,

MNP LLP

Chartered Professional Accountants
Licensed Public Accountants

encls.

AGREEMENT AND AUTHORIZATION:

Riverside Health Care Facilities, Inc. has reviewed and agrees to the terms and conditions of this Agreement.

Officer Signature	Title	Date
[signature]	Chief Financial Officer	2026-02-25

cc: Audit and Resource Committee

Appendix A: Our Audit Responsibilities, Objective, Scope and Limitations

The following details our responsibilities as auditors and the objective, scope, independence and inherent limitations of an audit conducted in accordance with Canadian generally accepted auditing standards.

Our responsibilities, objective and scope

Our audit will be planned and performed to obtain reasonable assurance that the financial statements taken as a whole are free of material misstatement, whether caused by fraud or error. If any of the following matters are identified, they will be communicated to the audit committee:

- Misstatements, resulting from error, other than immaterial misstatements;
- Fraud or any information obtained that indicates that a fraud may exist;
- Material uncertainties related to events or conditions that may cast significant doubt on the Client's ability to continue as a going concern;
- Any evidence obtained that indicates non-compliance or possible non-compliance with laws and regulations, has occurred;
- Significant deficiencies in the design or implementation of controls to prevent and detect fraud or misstatements; and
- Related party transactions identified that are not in the normal course of operations and that involve significant judgments made by management concerning measurement or disclosure.

The matters communicated will be those that we identify during the course of our audit. Audits do not usually identify all matters that may be of interest to management in discharging its responsibilities. The type and significance of the matter to be communicated will determine the level of management to which the communication is directed.

Furthermore, we will consider the Client's system of internal control over financial reporting for the purpose of identifying types of potential misstatement, considering factors that affect the risks of material misstatement, and determining the nature, timing and extent of auditing procedures necessary for expressing our opinion on the financial statements. This consideration will not be sufficient to enable us to render an opinion on the effectiveness of controls over financial reporting nor to identify all significant deficiencies in the Client's system of financial controls.

Independence

The Code of Professional Conduct require that we are independent when conducting this engagement. We will communicate to the Board of Directors any relationships between the Client (including related entities) and MNP that may reasonably be thought to bear on our independence.

Audit limitations

An audit involves performing procedures to obtain audit evidence regarding the amounts and disclosures in the financial statements. This includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation, structure and content of the financial statements, including disclosures.

It is important to recognize that an auditor cannot obtain absolute assurance that material misstatements in the financial statements will be detected because of factors such as the use of judgment, selective testing of data, inherent limitations of controls, and the fact that much of the audit evidence available is persuasive rather than conclusive in nature.

Appendix A: Our Audit Responsibilities, Objective, Scope and Limitations *(continued from previous page)*

Furthermore, because of the nature of fraud, including attempts at concealment through collusion and forgery, an audit designed and executed in accordance with Canadian generally accepted auditing standards may not detect a material misstatement due to fraud.

While an effective system of internal control reduces the likelihood that misstatements will occur and remain undetected, they do not eliminate that possibility. Therefore, we cannot guarantee that fraud, misstatements and non-compliance with laws and regulations, if present, will be detected when conducting an audit in accordance with Canadian generally accepted auditing standards.

Notwithstanding anything to the contrary in the Internal Use section of the Terms and Conditions, the audit of the financial statements and the issuance of our audit opinion are solely for the use of the Client and those to whom our report is specifically addressed. We make no representations of any kind to any third party in respect of these financial statements and we accept no responsibility for their use by any third party. If, with our prior written consent, our name is to be used in connection with the financial statements, you will attach our independent audit report when distributing the financial statements to third parties.

Our name may be used only with our written consent and any information to which we have attached a communication must be issued with that communication unless otherwise agreed to by us.

Appendix B: Management Responsibilities

During the course of our audit, management will be required to provide and make available complete information that is relevant to the preparation and presentation of the financial statements, including:

- Financial records and related data, including data relevant to disclosures made in the financial statements;
- Copies of all minutes of meetings of directors and committees of directors;
- Access to personnel to whom we may direct our inquiries;
- Information relating to any known or possible instances of non-compliance with laws, legislative or regulatory requirements (including financial reporting requirements);
- Information relating to all related parties and related party transactions; and
- Allowing access to those within the Client from whom the auditor determines it necessary to obtain audit evidence.

Management's responsibility with respect to fraud and misstatement includes:

- The design and implementation of internal control for its prevention and detection;
- An assessment of the risk that the financial statements may be materially misstated;
- Disclosure of situations where fraud or suspected fraud involving management, employees who have significant roles in internal control, or others, where the fraud could have a material effect on the financial statements, have been identified or allegations have been made; and
- Communicating management's belief that the effects of any uncorrected financial statement misstatements aggregated during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

In accordance with Canadian generally accepted auditing standards, we will request a letter of representation from management at the close of our audit in order to confirm oral representations given to us and reduce the possibility of misunderstanding concerning matters that are the subject of the representations. These representations are used as evidence to assist us in deriving reasonable conclusions upon which our audit opinion is based.

If the Client plans any reproduction or publication of our report, or a portion thereof, printer's proofs of the complete documents should be submitted to us in sufficient time for our review, prior to making such documents publicly available. It will also be necessary for you to furnish us with a copy of the printed report. Further, it is agreed that in any electronic distribution, for example on the Client's website or on designated public document databases such as SEDAR, management is solely responsible for the accurate and complete reproduction of our report and the subject matter on which we reported, and for informing us of any subsequent changes to such documents. However, we are responsible to read the documents to ensure accuracy, and consider the appropriateness of other information accompanying the audited financial statements, upon initial posting.

Appendix C: Illustrative Independent Auditor's Report

To the Board of Directors of Riverside Health Care Facilities, Inc.:

Opinion

We have audited the financial statements of Riverside Health Care Facilities, Inc. (the "Organization"), which comprise the statement of financial position as at March 31, 2026, and the statements of operations, changes in net assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at March 31, 2026, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Material Uncertainty Related to Going Concern

We draw attention to X in the financial statements, which indicates that, as of March 31, 2026, the Organization's current liabilities exceeded its current assets by $Y representing a working capital deficit. As stated in Note X, these conditions, along with other matters as set forth in Note X, indicate that a material uncertainty exists that may cast significant doubt on the Organizations ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Fort Frances, Ontario

Chartered Professional Accountants

Licensed Public Accountants

Appendix D: Fees and Expenses

Our fees are determined on the basis of time spent on the engagement at the tariff rates of various members of our team. Any disbursements will be added to the billing.

MNP will use all reasonable efforts to complete, within any agreed-upon time frame, the performance of the Services described in the Agreement. However, MNP shall not be liable for failures or delays in performance that arise from causes beyond our control, including the untimely performance by the Client of its obligations as set out in the Agreement.

Our estimated fees are based on our past experience and our knowledge of the Client. This estimate relies on the following assumptions:

- No significant deficiencies in the system of internal control which cause procedures to be extended;
- No major unadjusted misstatement(s) or un-reconciled balances;
- Significantly all adjusting entries are completed prior to the trial balance and journal entries being provided to us;
- All management and required staff are available as needed;
- Information and working papers required, as outlined in our letter of fiscal year-end requirements, are provided in the mutually agreed form and timing; and
- There are no changes to the agreed upon engagement timetable and reporting requirements.

We will ask that your personnel, to the extent possible, prepare various schedules and analysis, and make various invoices and other documents available to our team. This assistance will facilitate the progress of our work and minimize the cost of our service to you.

If any significant issues arise during the course of our audit work which indicate a possibility of increased procedures or a change in the audit timetable, these will be discussed with management by the practitioner leading your engagement so a mutually agreeable solution can be reached. If significant changes to the arrangements set forth in this Agreement are required, any change in scope of the engagement will be communicated to you.

Standard Terms and Conditions

1. **Services and Cooperation.** Our performance of the Services outlined in the Engagement Letter will require your cooperation, including, without limitation, by providing MNP with, as applicable, reasonable and timely access to your facilities, data, information, and personnel. If your obligations are fulfilled by your personnel, we will rely upon information and instructions provided by them as if they were from you. You are responsible for the performance of your personnel and for the accuracy and completeness of all data, facts, assumptions, representations and information provided to us. Unless specifically included in the Services, we will not verify the information nor perform any review or procedures designed to discover errors, fraud, or other irregularities in the information. You must promptly notify us if you learn that information provided to us is inaccurate, incomplete, or should not be relied upon or if there is new information that may impact this Agreement or the Services. Any inaccuracies or incompleteness in the information provided could have a material effect on MNP's Services, including our conclusions or Deliverables. We may, but are not obligated to, revise our advice or Deliverables in light of any change to the information that we become aware of after the completion of our Services. In the event the Services include or are provided while MNP (or an affiliate) is also providing audit or assurance services to you, you agree to take steps as MNP deems necessary to ensure that provision of the Services does not impair generally accepted audit or accounting principles or practices applicable in the jurisdiction(s) where you operate.

   Additional services may be requested by you verbally, by email, or by other written or electronic means. Generally, additional services will be subject to a new written agreement however, in the absence of such agreement, by making a request for additional services, you will be deemed to have agreed that such services will be provided at our standard professional rates and will be subject to the terms of this Agreement.

2. **Fees and Taxes.**

   a. Our fees will be charged as specified in this Agreement. If a fee estimate is provided to you it is based on assumptions regarding the scope and nature of our Services and is subject to adjustment which will be communicated to you. Failure to provide timely and accurate information to MNP may result in an increase to our estimated fees. We reserve the right to modify our rates from time to time, and no less than annually. A non-reimbursable administrative fee equal to 5% of our professional fees will be levied for administrative expenses. All out-of-pocket expenses, including travel and accommodation expenses incurred in connection with and necessary to the provision of our Services and other disbursements will be charged to you. MNP fees are exclusive of federal, provincial, and other taxes or duties, as applicable. Any such taxes or duties shall be assumed and paid by the Client without deduction from the fees and charges hereunder.

   b. All invoices are due and payable when rendered. If payment is not received within 30 days of the invoice date, interest will apply at a rate of 19.56% per annum (1.5% per month, compounded monthly). Without limiting our rights or remedies, we reserve the right to suspend or terminate our work for non-payment of fees until full payment has been received, including replenishment of any Advanced Fees (defined below). If we commence or pursue legal action to seek payment of unpaid amounts owing to us in connection with this engagement, you shall be responsible for all related costs, including, without limitation, reasonable lawyer and other professional fees on a full indemnity basis.

c. Fees paid in advance of Services being provided ("Advanced Fees"), if any, will be applied against invoices in the order issued, until no Advanced Fees remain. The balance of any Advanced Fees will remain on your account and will be reported on each invoice until such Advanced Fees have been depleted. Advanced Fees will be commingled in our general account without interest and will not be held in trust. Advanced Fees remaining after payment of all invoices will be refunded to you within 30 days of your written request or applied towards future services. In the event we determine we cannot perform the Services, any Advanced Fees less any invoiced amounts will be refunded to you within 30 days of your request.

3. **Term & Termination.**

a. **Term.** Our engagement starts when you sign this Agreement and continues until completion or termination of the Services, whichever occurs first ("Term").

b. **Termination.** This Agreement shall terminate on the earlier of the completion of the Services or 10 days after either party provides written notice of termination to the other party. If we determine, in our sole discretion, that the provision of the Services may result in an actual or potential breach of applicable professional standards, we may terminate this Agreement upon written notice to you, without liability, effective immediately. You agree to compensate us for the Services performed and expenses incurred up to the termination date, and for the time and expense incurred to bring our Services to a close. We will not be responsible for any loss, cost, or expense resulting from our termination of this Agreement. We reserve the right to seek all other remedies available at law and in equity if we terminate for cause.

4. **Intellectual Property.**

a. **Background IP and MNP Knowledge.** Each party retains exclusive ownership of all background intellectual property rights which are developed or owned by such party either prior to or independent of this Agreement. MNP owns all rights, title, and interest, including intellectual property rights, in and to all methodologies, processes, techniques, data, tools, ideas, concepts, trade secrets, artwork, logos, identifying script and know-how that MNP may develop, author, expand, or improve in connection with this Agreement ("MNP Knowledge"), whether or not embodied in its Deliverables. For clarity, MNP Knowledge shall include any general experience, skills, knowledge, or ideas learned or acquired while performing the Services, and subject to any confidentiality restrictions herein or as proscribed by applicable law, MNP may use the MNP Knowledge for any purpose.

b. **Deliverables.** All finalized documents, materials, and information produced by MNP for delivery to you ("Deliverables") are prepared in contemplation of your use only, for the sole purpose stated in this Agreement and remain the exclusive property of MNP. MNP grants you a limited, non-exclusive, perpetual, royalty free, world-wide license without payment of any royalty, solely for your internal business purposes, to use, copy, and distribute internally the Deliverables, without modification. The Client shall not use the Deliverables for any purpose competitive with the business of MNP.

c. **Working Papers and Tools.** MNP owns all of its internal working papers (including drafts, notes, calculations, analyses, conclusions, opinions, etc.) and may, but is under no obligation to, provide you with a copy. MNP may also develop software, spreadsheets, databases, and other tools, to assist us with this engagement. Unless otherwise contemplated by this Agreement, any such tools remain the exclusive property of MNP and if provided, are made available on an "as is" basis. You agree not to use, copy, rely on, or disclose any working papers or tools made available to you by MNP, and to return them to MNP, upon request. Moreover, you should not consider or rely upon any oral advice from MNP. If you need to rely on any oral information we have provided, please inform us, and we will provide it in writing, where possible.

d. **Internal Use.** The Services are not intended for the express or implied benefit of any third party and as such no third party is entitled to rely on any part of such Services. Unless required by law, you shall not share our advice, opinions, reports, Deliverables, or any part of the Services with a third party without our prior written consent. MNP may, in its discretion, grant such consent provided that the third party seeking such materials executes an acknowledgement of non-reliance and a release acceptable to MNP.

5. **Information Management.**

a. **Personal Information.** Except to the extent necessary for the performance of the Services, you agree not to provide any personal information, as defined in Canadian federal and provincial privacy legislation, ("Personal Information") to MNP in connection with this Agreement. If the nature of the Services require MNP to collect, use or disclose Personal Information, you consent to the same and covenant that you have or will collect all necessary consents, provide all necessary notices, and do all such other things as are required under applicable law in respect of such Personal Information. Any collection, use or disclosure of Personal Information will be subject to MNP's privacy notice (available for review at https://www.mnp.ca/en/privacy policy) and will comply with applicable Canadian federal and provincial laws.

b. **Confidentiality.** MNP will not use or disclose any of your proprietary or confidential information, or Personal Information in our possession without your consent, except: (a) in connection with providing the Services (including to Providers (as defined herein) and advisors), or (b) as required or permitted by applicable laws or regulations. You consent to your files being reviewed by MNP personnel, including those that may be located outside of your home jurisdiction or territory to (i) assist in performing the Services, and (ii) to ensure we are adhering to professional and MNP standards. You further consent to your files being reviewed by provincial and national practice inspectors and regulators, including for reporting-issuers by the Canadian Public Accountability Board and the Public Company Accounting Oversight Board.

c. **Third Party Services and Products.** MNP may use affiliates, contractors, suppliers, or other third parties to provide professional, administrative, analytical and other services or products ("Providers"). As a result, your information may transit, or be used, stored or accessed in jurisdictions outside of your province or territory of residence, or outside of Canada, and may be subject to laws of disclosure applicable in such jurisdiction, which laws may not provide the same level of protection as Canadian federal and provincial privacy laws. MNP will not be liable for any disclosure, loss or damage arising from the use of the Providers' services or products.

d. **Insights.** You agree that MNP may use portions of your information for performing individualized (using your data only, for your eyes only) as well as aggregated benchmarking and industry models and reports (using data that has been de-identified and/or aggregated to reasonably avoid identification to a specific client or individual (the "De-identified Data")). Aggregated benchmarking services will be performed to provide valuable insights on financial and other trends either (a) within your specific business organization over time, or (b) on an aggregated basis across an industry or sector. MNP may also use De-Identified Data for other business purposes and will not re-identify or attempt to re-identify any De-Identified data.

e. **Reference.** You agree that MNP may refer to you as a client of MNP for internal and external marketing and training purposes, including on MNP's websites and social media, indicating the general services rendered.

6. **Conflict of Interest.** It is possible that you may have legal and business interests that conflict with those of other MNP clients. You agree that with appropriate reasonable procedures or safeguards to manage conflicts, which may include, in MNP's discretion, cones of silence, internal barriers (such as fire walls or ethical screens), restricting access to files, physical separation of personnel or departments, and limiting our scope of services (collectively, the "Safeguards"), MNP may (i) accept or continue providing services for such other MNP clients on matters that are not related to the Services, even if the interest of such other clients may be directly adverse to you, and (ii) provide advice or services to any other person or entity making a bid or proposal that is competitive with you. MNP will not use your confidential information in connection with its engagements with other clients. You shall promptly notify MNP of any potential or actual conflict that becomes known to you that may affect the Services. Notwithstanding the foregoing, you further agree that MNP may, as it deems reasonably necessary and without further notice or consent, disclose the fact of its engagement with you to assess the conflict and/or obtain the consent of another client or potential client in order to permit MNP to act or continue to act for such client. Where a conflict becomes known or escalates, which in MNP's sole opinion cannot be adequately managed through the use of the Safeguards, MNP may terminate this Agreement, without liability, immediately upon written notice.

7. **Limited Warranty.** MNP warrants that the Services will be rendered in a professional and competent manner in accordance with generally accepted industry standards. This limited warranty is the sole and exclusive warranty provided by MNP with respect to the Services. All other warranties, express or implied, including but not limited to representations, or conditions of merchantability or fitness for a specific purpose, are expressly disclaimed and excluded.

8. **Limitation of Liability.** To the extent permitted by law, MNP's aggregate liability under this Agreement will not exceed the fees paid by you for the Services or, if the Services are provided over a period longer than 12 months, the fees paid by you over the most recent 12-month period of the Services, unless such liability has been finally judicially determined to have resulted from the bad faith or intentional misconduct of MNP. MNP will only be liable for its proportionate share of the total liability based on the degree of fault of MNP, as finally determined by a court of competent jurisdiction. You agree that in respect of this Agreement you will have no recourse to and may only bring a claim against the MNP entity that is party to this Agreement and not against any partner, officer, director, employee, or contractor of MNP or any of its affiliates. In no event will MNP be liable for consequential, special, indirect, incidental, punitive, or exemplary loss, damage, or expense, or any loss of revenue or profit, or any other commercial or economic loss or failure to realize expected savings. Any notice required under this provision or any action by way of filed court process against MNP by the Client must be brought and served within eighteen (18) months after the cause of action arises, if not so brought, such notice or action shall be null and void to the same extent as if the right to bring such were statute barred.

9. **Indemnification.** You agree to jointly and severally indemnify, defend, and hold harmless MNP from and against all claims, losses, damages, penalties, expenses or liabilities of any nature, including legal fees and costs on a solicitor and own client basis, and reasonable professional fees of MNP incurred in connection with any action, proceeding, investigation, claim or otherwise, brought or threatened against you or MNP by a third party ("Claim") that relates to, directly or indirectly, the Services.

   In the event MNP determines that the Limited Liability and Indemnification clauses of this Agreement would impair the independence of MNP or otherwise be prohibited under applicable law, the parties will modify the Agreement accordingly, and in the interim, these paragraphs shall be severed from this Agreement and treated as void and unenforceable to the extent necessary to avoid the independence prohibition or impairment, without invalidating the remaining provisions herein. You agree to inform MNP as soon as practicable of a determination by you that the audited information subject to this Agreement will be filed with or furnished to the United States Securities and Exchange Commission.

10. **Regulatory and Other Authorities.** MNP will use professional judgment in providing the Services. For certain Services, our Deliverables or other assistance may be audited or challenged by authorities who may not agree with MNP's positions. You acknowledge that the advice, opinions, and conclusions reached by MNP in respect of the Services are not binding on such authorities or the courts and should not be considered a representation, warranty, or guarantee that these authorities or the courts will concur with MNP's advice, opinions or conclusions. MNP is not responsible to update any Services or Deliverables for, or to otherwise notify you of, any events, circumstances, or changes in law or administrative practices of relevant authorities that occur after completion of the Services. If MNP is or becomes legally required to produce information collected under this engagement to any party, MNP shall be reimbursed for time spent responding to the requirement.

11. **Mandatory Disclosure to Tax Authorities.** Tax law in Canada requires reporting or notification of certain tax related transactions to the Canada Revenue Agency and other applicable taxing authorities by certain individuals and entities and their advisors (such as MNP) within specified time periods, the failure of which may result in substantial penalties being incurred by them (the "Mandatory Disclosure Rules"). The obligations of MNP in this regard are separate and apart from any obligations of its client, and you may be billed for time spent or costs incurred by MNP complying with these Mandatory Disclosure Rules. You acknowledge and agree that (a) any decision to report or provide notification in respect of any such transactions by MNP to the Canada Revenue Agency or other applicable taxing authority, shall at all times be and remain at the sole and absolute discretion of MNP, and MNP shall not be obligated to you whatsoever in complying with the Mandatory Disclosure Rules even in circumstances where there is a disagreement between you and MNP as to the necessity of reporting or making a notification, whether in whole or in part; and (b) MNP shall not be liable to you for any cost, expense or penalty relating to or arising from MNP's or your compliance or non-compliance with the Mandatory Disclosure Rules. You also agree to notify MNP immediately should you become aware that any third party intends to report or has reported to the CRA any transaction with respect to which MNP has advised you.

Standard Terms and Conditions *(continued from previous page)*

12. **Non-Solicitation.** During the Term of this Agreement and for a period of 12 months after its termination or expiration you will not directly or indirectly solicit for employment, partnership or contracting work, for yourself or any third party, any MNP personnel. In the event of a breach of this section, you will pay to MNP liquidated damages in the amount of one hundred fifty (150%) percent of the relevant MNP personnel's total current annual compensation. You further acknowledge that any breach by you of this provision may result in a threat to our independence which may prevent us from providing assurance services to you. In this provision "MNP personnel" means all partners, officers, directors, employees, and contractors of MNP or its affiliates, whether for a defined or indefinite period or on a part-time or full-time basis, with whom you had direct or indirect contact during the Term of this Agreement.

13. **Force Majeure.** No party shall have breached or defaulted under this Agreement for any failure or delay in fulfilling any term of this Agreement, where such failure or delay is caused by acts beyond that party's reasonable control and cannot be avoided with reasonable care ("Force Majeure Event"). Each party shall use diligent efforts to minimize the effects of such Force Majeure Event on the performance of the Agreement. For clarity, a Force Majeure Event shall not excuse or delay payment obligations under this Agreement.

14. **Notices.** Any notice required to be given shall be in writing and shall be effectively delivered if: (a) on the same business day when delivered personally or delivered by prepaid courier service; (b) on the fifth business day after the postmarked date when sent by registered mail; or (c) on the same business day when sent by email to an email address the recipient party has used for communication with the other party during the Term.

15. **Assignment.** You may not assign, transfer or delegate any of your rights or obligations under this Agreement without our prior written consent. For clarity, and not by way of limitation, we may, without your consent, assign or subcontract our rights and obligations under this Agreement to (a) any affiliate or related entity or (b) an entity which acquires all or part of our assets or business. This Agreement shall enure to the benefit of and shall bind the parties and their successors.

16. **Survival.** Elements of this Agreement that are stated to continue (or which, by their nature, continue) beyond the completion or termination of the Term will survive any such completion or termination and remain in full force and effect, including, without limitation, clauses concerning confidentiality, limitation of liability, indemnification, non-solicitation, termination, non-solicitation, and payment of our fees, disbursements, and costs.

17. **Governing Law.** This Agreement shall be governed in accordance with the laws of the province of the MNP office issuing this Agreement and the laws of Canada applicable in that province, without regard such province's rules on conflicts of law. The parties irrevocably submit to the exclusive jurisdiction of the courts of such province.

18. **Severability, No Waiver and Entire Agreement.** If any provision of this Agreement is found by a court to be invalid, illegal or unenforceable, such provision shall not affect the validity, legality or enforceability of any other provision. The unenforceable provision will be modified to the extent necessary to render it enforceable, preserving the intent of the parties, failing which such provision will be deemed to be severed from this Agreement. The failure of a party to insist upon strict adherence to any term of this Agreement on any occasion shall not be considered a waiver of such party's rights or deprive such party of the right thereafter to insist upon strict adherence to that term or any other term of this Agreement. This Agreement is the entire agreement between the parties with respect to the subject matter hereof and supersedes all prior and contemporaneous agreements, understandings, proposals, negotiations, representations, or warranties of any kind whether oral or written and may only be amended in writing by all the parties.

Standard Terms and Conditions *(continued from previous page)*

19. **Electronic Communications and Counterpart Signing.** You consent to the use of electronic communication of both sensitive and non-sensitive documents and communications. In doing so, you acknowledge and accept the risks inherent in this form of communication and agree that MNP will not be liable for any losses resulting from such communication. You also agree that this Agreement may be executed by electronic signatures, and in counterparts, each of which shall be deemed an original and which taken together is deemed to be the same original agreement.

20. **Order of Precedence.** If there is a conflict between the Engagement Letter and these Terms and Conditions, these Terms and Conditions will prevail except to the extent an exception is specifically and clearly stated in the Engagement Letter.

21. **Interpretation.** In this Agreement, where the terms "include," "including," or "includes" are used, the terms will not act as a limitation. For clarity, an "affiliate" of MNP includes all entities that, directly or indirectly, control, are controlled by, or are under common control with MNP or that operate as part of the MNP group.

BRIEFING NOTE

TO: Quality, Safety, Risk Committee

FROM: Joanne Ogden
Quality Assurance Auditor

DATE: March 12, 2026

SUBJECT: Performance Based Compensation and the 2026/27 QIP

SUMMARY

- Excellent Care for All Act (ECFAA) requires compensation of CEOs and other executives to be linked to the achievement of performance improvement targets laid out in the QIP of every hospital in Ontario.
- A description of the manner in and extent to which executive compensation is to be tied to performance must be included in the QIP and available to the public.
- The legislation and regulations do not include specific requirements regarding the percentage of salary that should be subject to performance-based compensation, the number of targets that should be tied to executive compensation, weighting of these targets, or what the targets should be.

Executives accountable to performance-based compensation include the President & CEO, CNE, Chief Financial Officer and Quality Assurance Auditor. The executive team continues to support the quality improvement work of our staff across all sites and all sectors within the QIP, as well as ensuring we are fostering engaged work teams. The indicators selected for performance-based compensation are:

- Employee retention (excluding retirements)-Goal 98%
- Performance Conversation-Goal 100%
- Mandatory Education Compliance-Goal is 100%
- Appropriate Referral to Addiction Services follow-up -collecting baseline
- # Riders utilizing Specialist and Diagnostic transportation-goal 500 visits
- Number of WPV reported LTC/ELDCAP-goal decrease events by 10-20% (reporting validated last QIP

The percent of salary linked to each achievement of the QIP targets recommended by the Riverside Board of Directors is 1% for President & CEO, CNE, Chief Financial Officer and for Quality Assurance Auditor based on achieving a minimum of 3 out of 6 goals achieved.

Respectfully Submitted,

Joanne Ogden

BRIEFING NOTE

To : Carla Larson

From: Gabrielle Lecuyer, Compliance and Reporting Manager

Date: March 12, 2026

Subject: Report on Quality Improvement Plan (QIP) Compensation

SUMMARY

- Effective April 1, 2011, under the *Excellent Care for All Act (ECFAA), 2010* hospitals in Ontario are required to annually create a board-approved Quality Improvement Plan (QIP).

- At a Board Meeting in March 2025, the Board approved the following resolution: It is recommended that the Board of Directors approve that in 2025-26, and moving forward, that the Goals & Objectives hold back be eliminated and the QIP hold back reduced to 1% for all senior leaders.

- The percent of salary linked to each achievement of the 2025-26 QIP targets is 1% for President & CEO, CNE, Chief Financial Officer and for Quality Assurance Auditor based on achieving a minimum of 3 out of 6 goals achieved. Four out of the 6 goals were achieved this past fiscal year therefore the target was met at 100%.

RECOMMENDATION

It is recommended that the Board of Directors approve the qualifying incentive payment due to the Senior Leadership Team for 2025-26 for QIP Compensation as attached hereto and forming part of this resolution.

attachment

Appendix A
Performance Payout
April 1, 2025, to March 31, 2026

Senior Position	Rate	Annualized Salary
President & CEO	$144.68	$282,132
Chief Nursing Executive	$92.31	$180,000
CFO	$85.11	$165,960
Quality Assurance Auditor & OHT Executive Lead	$78.30	$152,685

Senior Position	% Holdback	Percent Achieved
	QIP	QIP
President & CEO	1.00%	1.00%
Chief Nursing Executive	1.00%	1.00%
CFO	1.00%	1.00%
Quality Assurance Auditor & OHT Executive Lead	1.00%	1.00%

Senior Position	Compensation Earned at March 29-26
	QIP Total
President & CEO	$2,821.32
Chief Nursing Executive	$1,800.00
CFO	$1,659.60
Quality Assurance Auditor & OHT Executive Lead	$1,526.85
Total	**$7,807.77**

Riverside Health Care

In Camera Quality Safety Risk Committee Report – March 2026

2.5.1 Minutes: Quality Safety Risk Committee
March 12, 2026 – not yet reviewed by the Committee *

2.5.2 Critical Incident Report (Q3) *

2.5.3 Experience Surveys (Q3)*

2.5.4 Scorecard Trends (Q3)*

2.5.5 Quality Reports – Summary Spreadsheet *

2.5.6 Risk Register *

2.5.7 QIP Quarterly Update (Q3) *

2.5.8 2025-26 QIP Results (last fiscal year) for Performance Based Compensation for Senior Leadership (Indicators) *

RIVERSIDE HEALTH CARE FACILITIES INC.

MINUTES
QUALITY SAFETY RISK COMMITTEE

Date of Meeting: March 12, 2026 **Time of Meeting:** 12:00 pm

Location of Meeting: Webex/LVGH – Board Room

PRESENT:	M. Kitzul	S. LeBlanc	J. Ogden	Dr. L. Jenks
	D. Black	D. Harris	E. Bodnar	D. Loney*
	C. Cole	C. Larson	*via Webex	

REGRETS: H. Gauthier, A. Beazley, J. Cousineau, T. Morelli

1. CALL TO ORDER:

M. Kitzul called the meeting to order at 12:04 pm. B. Booth recorded the minutes of the meeting. M. Kitzul reviewed the virtual meeting etiquette and welcomed everyone.

1.1 Confidentiality Reminder

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

2. CONSENT AGENDA

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

3. ADOPTION OF THE AGENDA:

ADD: 7.3 March Work Plan

It was,

MOVED BY: C. Cole SECONDED BY: D. Loney

THAT the agenda be accepted as amended.

CARRIED.

4. PRESENTATION – 2026-27 RHC QIP and Performance Based Compensation for Senior Leadership – Joanne Ogden

Joanne reviewed the circulated 2025-26 Progress Report, 2026-27 Narrative, 2026-27 QIP, and the 2026-27 briefing note for Executive Compensation. The following was highlighted:

- The QIP remains the same as last year and executive compensation remains at 1% for the noted indicators associated. Joanne reviewed the indicators linked to executive compensation, noting 3 out of the 6 need to be met.
- Joanne noted we are looking at appropriate referrals for MH&A and collecting baseline data.
- It was noted that the "Employee Retention" indicator on the 2026-27 QIP was not showing that it is linked to executive compensation. Joanne confirmed this will be corrected and the proper document will go to the Board for approval.
- Discussion took place regarding the narrative and the abbreviation "CB". Joanne confirmed this means collecting baseline.
- Further discussion took place regarding the 2025-26 progress report. Joanne

explained the process noting this is a new format and process due to the program we need to work with. She shared it is not an easy site to navigate.

- Joanne shared there are mandatory requirements we need to abide by.
- Joanne confirmed that all data is validated. Simone shared some data is provided to us (ie. from CIHI), and all of this data is also validated.
- Conversation ensued around the indicators collecting baseline and Joanne shared that we are collecting baseline data, so we know what kind of goals to set. She noted that the P4R indicator is mandated and we are collecting baseline data currently. Simone confirmed we need to disclose where our data comes from on the QIP as well.

It was,

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

THAT the Quality, Safety & Risk Committee recommends that the Board of Directors approve the 2026-27 Quality Improvement Plan submission.

CARRIED.

5. MATTERS ARISING FROM THE MINUTES:

There were no matters arising.

6. UPDATES AND REPORTS:

6.1 Quality Reports – Summary Spreadsheet

Joanne reviewed the circulated noting a request came from the working group to include a short progress report summary of the summary spreadsheet. Joanne referenced the circulated progress report and questioned whether the progress report would be sufficient for this committee or whether the summary spreadsheet was still required. Discussion occurred and Marianne noted she prefers the summary spreadsheet as it contains more detail. Joanne confirmed that the summary spreadsheet will continue to come to this committee.

Joanne reviewed the reports sharing there are good incentives happening. Echo's will be done again at our facility. Discussion took place regarding tracking falls monthly. Joanne confirmed this has been addressed in a quality review and recommendations go back to whomever needs to carry out the follow-up.

6.2 Accreditation

Simone provided an updated noting work continues in prep of accreditation. Self-assessments are still being worked on and are almost complete. Assessment tools are being looked at. Simone shared she attended last month's Board meeting and provided a presentation on Accreditation and highlighted the governance tool confirming a plan is in place for the Board to complete this.

6.3 Risk Register

Cindy reviewed noting this was reviewed with the Senior Team in December and all risk were rated. Some decreased due to improvements. Cindy highlighted the following:

- Rainycrest has done well with decreasing the use of agency staff. The hope is to eliminate agency staff at Rainycrest in the next few months.
- HR is still working on specialty areas and staffing.
- There have been great improvements at some sites.
- Discussion occurred and clarification was requested on why the risk register would go to the Governance Committee as noted in the QSR Working Group meeting minutes. Joanne provided clarification noting items that are highly confidential will be pulled and would then go to Governance in a closed report. The Quality, Safety and Risk Committee has many staff members on the committee and until staff are aware of the information it would not be appropriate for the confidential information to be included at this committee until all is communicated out to staff. Cindy confirmed the risk register is reviewed twice a year.

6.4 QIP Quarterly Update (Q3)

Joanne reviewed highlighting the following:

- Employee Retention is above target.
- Carla has developed some great tools for her areas.
- Performance Conversations did very well with 99% compliance.
- MH&A had some issues with coding.
- The short survey had some issues initially. We are hoping to see improvements moving forward.
- Med Req's – have improved dramatically. Joanne acknowledged all involved for a job well done.
- # of riders (transportation) – we are seeing good numbers.
- Rainycrest Activation is at 75% - this is at a standstill until maintenance jobs are complete.
- Physical Restraints – ELDCAP Rainy River; we are waiting on stats.
- Joanne noted all these indicators are tracked on the scorecard as well.

7. NEW BUSINESS:

7.1 Review 2025-26 QIP Results (last fiscal year) for Performance Based Compensation for Senior Leadership (Indicators)

Joanne reviewed noting as per the Q3 QIP results and the data reported on the scorecard, 3 out of the 6 indicators associated with performance-based compensation, have been met.

Discussion took place regarding what other hospitals are doing with performance-based compensation and indicators. Joanne reiterated this is not a salary increase; however, it is a holdback. Simone reported it is publicly available and we have looked into this prior and we are inline. She noted most hospitals have between 1-3% holdbacks for performance-based compensation. Joanne recalled this committee approves the indicators and the Audit & Resources Committee will approve the payouts associated.

It was,

MOVED BY: D. Loney SECONDED BY: D. Black

THAT the Quality, Safety & Risk Committee recommends that the Board of Directors approve that indicators related to the 2025-26 QIP Performance Based Compensation have been met.

CARRIED.

7.2 June Presentation & Department Walk-Around

Joanne recalled the circulated QI reports. It was suggested that a presentation be provided on the NPSH QI Report on “Selection Committee Process” and Dave and Gwen Miller be invited to present.

ACTION: Brooke will confirm Dave and Gwen’s availability to present their QI report at the June meeting.

7.3 March Work Plan

Marianne referenced the Quality, Safety and Risk Committee workplan questioning why the Patient Complaints were not included on this agenda as it is on the March workplan. It was confirmed that Patient Complaints were reported on in November as per the revised workplan. It was confirmed Marianne was referencing the wrong workplan.

8. OTHER/FUTURE BUSINESS:

8.1 SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- June Presentation - Brooke will confirm Dave and Gwen’s availability to present their QI report – NPSH – Selection Committee Process, at the June meeting.

8.2 Meeting Summary – March Board Meeting Agenda Items

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

Open session – Consent Agenda

- 2.3 Board Quality Metrics

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

In – Camera – Consent Agenda

- Draft Minutes
- 2.4 Critical Incident Report (Q3)
- 2.5 Experience Surveys (Q3)
- 2.6 Scorecard Trends (Q3)
- 6.1 Quality Reports – Summary Spreadsheet
- 6.3 Risk Register
- 6.4 QIP Quarterly Update (Q3)
- 7.1 2025-26 QIP Results (last fiscal year) for Performance Based Compensation for Senior Leadership (Indicators)

In – Camera – Separate Agenda Items:

- 4.0 2026-27 RHC QIP and Performance Based Compensation for Senior Leadership – Board Presentation – J. Ogden

9. DATE OF NEXT MEETING:

June 2, 2026

10. TERMINATION:

It was,

MOVED BY: S. LeBlanc

THAT the Quality Safety Risk Committee Meeting terminated at 1:00 pm.
CARRIED.

/bb

2025/2026 Q3 Critical Incident Summary

Long Term Care Critical Incident Summary

(This includes incidents at Rainycrest, EHC and RRHC)

A total of 12 critical incidents were submitted to the MOHLT Critical Incident System.

7 were no harm incidents and 5 were harmful incidents.

4 - Falls – 4- Harmful

2- Outbreaks – Respiratory (1-Rhinovirus- No harm, 1-Influenza A - Harmful)

5- Environmental Hazards: 2-scheduled power outage, 2- Heat failure, 1-Call bell failure (all no harm)

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

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

Acute Care Critical Incident Summary

2 - Fall – Harmful

Actions / Improvements:

Falls:

- Encourage participation in PT program and support patients/residents through physiotherapy program for strengthening and improved mobility.
- Ensure 4P's are addressed every time prior to leaving room – comfort rounds
- Transfer wheelchair made available to assist with transfers
- Sit to stand lift to assist transfers
- Encourage resident use of additional aids to prevent injury ie: hip protectors.
- Reinforce early identification of change in status to implement additional falls prevention interventions as appropriate

Outbreaks:

- Education and reinforcement of outbreak measures and proper wearing of PPE for family and visitors.
- Daily huddles with staff throughout the outbreak reinforcing all best practices.
- Reinforce prompt internal reporting to OH&S and IPAC or delegates

- Education to Registered Staff on process for suspect outbreak specimens.

Aggression:

- Activation to engage in additional activities of interest
- Medication review completed
- Continued CMHA BSO involvement with residents.

Environmental Hazards:

- Call bell: Engineering stocking spare fuses onsite, aging system currently on Capital Equipment for replacement.
- Heating failure:
    - Continue to follow Code Grey contingency for heating loss.
    - New HVAC system will allow for controls in each resident room with monitoring and alerts
    - Ongoing temperature checks and recording by Engineering staff and Nursing (on night shift).
    - Workflow plan created with the Contractor
- Planned power outages: Process established to ensure door lock per schedule after power outage.

Riverside Health Care

Caring, Together

Patient Experience Overview Q3

Surveys completed both short and extended survey indicate 63% were of the long variety and 91.78% of the long surveys were completed at LVGH, none in Emo and 8.22% in Rainy River.

Long Survey

- 83.56% of responders thought they received good to excellent care and 16.44% thought it was poor.
- 44.87% of all respondents received their care in ER
- 15.38% were from inpatient, 20.51% rehab and 15.38% DI/Lab. Only 11.44% felt that they had a long wait for care.

All responses were shared with the appropriate dept. to address, both positive and areas of concern. Area that received 100% Satisfaction from patients was Chemo.

Short Survey

- Almost 49% of the respondents had visited diagnostics, either lab or DI
- 5.8% were in the ER and 11.76% were from the 1st floor inpatient areas (ICU, Med-Surg, Maternity)
- Chemo, telehealth and other were the remaining short surveys
- 80.85% of respondents thought their needs were met.
- LVGH had 76% of the surveys, Emo had none, the rest were from Rainy River and Rainy Crest.
- All responses on the short survey were positive there were no concerns shared

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

Financial, Customer, Internal Process, and Learning and Growth.

Riverside Health Care
Balanced Scorecard
2025-26 Fiscal Year

Indicator	Trending	Preferred Direction	Target		Q4			YTD
				December	January	February	March	
Current Ratio	⇔	⬆	2	0.78	0.74			
admin allocation percentage				13.34%				
Total Margin	⇔	⬇	1%	-5.33%	-5.67%			
Employee Satisfaction (annual survey)	⇔	⬆	85%	closes May1	113 responses			
Medical Staff Satisfaction (annual survey) Q6	⇧	⬆		81.82%	81.82%			
Average Sick Days Per Employee	⇔	⬇	85hrs/staff avg.	Due Jan 20	Due Feb 20			
Turnover Rate	⇔		20%	Due Jan 20	Due Feb 20			
Appropriate referral to Mental Health follow up for those meeting criteria through the Emergency Department	⇧	⬆	70%					
Number of clients seen through the ED who are experiencing a MH disorder and or substance RR	⇧	collecting baseline	collecting baseline					
Number of clients seen through the ED who are experiencing a MH disorder and or substance LVGH								
Number of clients seen through the ED by the HSN who are experiencing a MH disorder.	⇧	⬆	75% seen by HSN	30(279)	26(305)	42(347)		#VALUE!
Emergency Department Wait Time for Physician Initial Assessment- LVGH	⇩	⬇	collecting baseline	88 min				

Emergency Department Wait Time for Physician Initial Assessment- RR				57 min				
Emergency Department Wait Time for Registration to Triage/Assessment -LVGH			**collecting baseline**	11 min				
Emergency Department Wait Time for Registration to Triage/Assessment -RR				18 min				
ER Dept. Time in ER until disposition decision-High urgency CTAS (<8hrs goal)- LVGH			**collecting baseline**	210 min				
ER Dept. Time in ER until disposition decision-High urgency CTAS (<8hrs goal) -RR				282 min				
ER Dept. Time in ER until disposition decision-low urgency CTAS (<4hrs goal) -LVGH			**collecting baseline**	146 min				
ER Dept. Time in ER until disposition decision-low urgency CTAS (<4hrs goal) -RR				129 min				
Experience Survey-Short Survey Reponse Rate			**500/year**	40/63 (103)	49/67 (116)			
Mandatory Education Compliance			**100%**	97.1% (30th)	11%			
Performance Conversations			**100%**	95% (30th)	1%			

Employee retention (excluding retirements)			**97%**	97.20%	97.00%			
Position Stabilization (#filled positions / #total FT & PT positions)			**82%**					
Quality of work life - vacation utilization (% = vacation hours used/total vacation hours accrued within year)		baseline	**collecting baseline**					
Workforce stability - agency staffing utilization (% = agency costs (wages, fees and housing)/ total expenditures)			**20%**	10.84%				
OT Hours total corporation				10.38%	8.69%			
OT hours Rainy Crest (Staff and Agency)			**50% reduction**	16.38%	12.45%			
Number of workplace violence incidents reported by workers (physical violence or threat of physical violence) within a 12 month period. Hospital/Community			**10-20% increase**	8(24)	1(25)			39
Number of workplace violence incidents reported by workers (physical violence or threat of physical violence) within a 12 month period. LTC/ELDCAP			**10-20% increase**	2(101)	1(102)			
Behaviours		baseline	**collecting baseline**	12(109)	7(116)			
Rainy Crest Activation Program			**Milestone 1-3**	75%	75%			
Review of Residents in Daily Physical Restraints in Rainy River Eldcap			**20%**		3rd Quarter march 15th			
Falls report			**600/yr**	71(535)	74(609)			
Falls with moderate/severe/death injury			**collecting baseline**	1(13)	4(17)			
Medication Reconcilliation on Admission				100	100			

Medication Reconciliation on Admission form signed			**100%**	78.7	93%			
Medication Reconciliation on Discharge form signed			**100%**	76.10%	61.80%			
Medication Incidents			**100/yr**	11(131)	20(151)			
VTE (AppropriateDrug)				100%				
VTE Prophylaxis Audit Report (patients assessed)			**100%**	100%				
Surgical Services			**100%**	100%	100%			
IPAC			**125 days**	10/131	12(143)			
IPAC			**97%**	95.31%	96.43%			
IPAC-corporate			**80%**	53.20%	56.60%			
AEMS			**1200**	137(1194)	157(1351)			
Number of hospital patients admitted as ALC			**decrease by 15% (126)**	6/92	15(107)	10(117)		
Number of riders to utilize Specialty and Diagnostic Transportation			**500/yr**	25/53(78))	33/58(91) Total 224/608(832)	42/74(116)Total 266/682(948)		

Quality Improvement Summary
Report Name: Wireless Network Infrastructure Refresh
Dept: Information Systems and Technology
Goal: Wireless Connectivity all sites
Summary: provide a wireless network that allows for better connectivity and reliability.Implementation will require installation of wireless controllers at the LVGH site and installation of access switches and access point at most other RHC sites.
Manager: Jamie Gleason
Progress to date
Review date: June-October
Progress to date: RFP in progress

Quality Improvement Summary
Report Name: Integration of Remote Care Monitoring (RCM) to support older adults at risk of hospital admission
Dept: ALC Community Nurse
Goal: Trial falls remote monitoring before instituting other equipment
Summary:This Quality Improvement project focuses on introducing and tracking the use of fall alert devices for older adults identified as being at risk of hospital admission.
Manager: Samantha Keown
Review date: February 2026
Progress to date: pilot client identified and instillation complete

Quality Improvement Summary
Report Name: HSO Governing Body Assessment Survey – Accreditation - Compliance
Dept: Governance
Goal: All board members familiar with answers to accreditation survey
Summary: Accreditation Survey The goal is to have the education, tabletop, and survey completed by July 2026 with current Board members.
Manager: Diane Clifford/Brooke Booth
Review date: Education, tabletop and survey complete by July 2026
Progress to date: Survey review at Governance and to Board February

Quality Improvement Summary
Report Name: Selection committee process
Dept: NPSH
Goal: Consistent ranking of clients admission process
Summary: committee members will participate in a group selection ranking session. Selection reports will be reviewed collectively, allowing members to discuss perspectives, clarify scoring criteria, and reach more consistent decisions through dialogue.
Manager: Gwen Miller
Review date: March- April
Progress to date: 1st review held

Quality Improvement Summary
Report Name: Cardiac Sonography - Echo
Dept: Diagnostic Imaging
Goal: Echocardiograms being completed in dept.
Summary: Planned implementation of cardiac sonography services at the facility in 2027.
Manager: Andrea Faragher
Review date: End 2026
Progress to date: Staff in training

Quality Improvement Report

Wireless Network Infrastructure Refresh

Team/Dept

Information Systems and Technology

PLAN: Briefly describe the project

Current wireless network infrastructure has been in place since 2013. The manufacturerno longer supports the equipment. The technology has greatly advanced. The replacementequipment aims to provide a wireless network that allows for better connectivity and reliability.While providing a platform that will enable the new EHR application to work to the expectations ofthe organization Future milestones include engagements with Riverside leadership, Ontario Health which may also include discussing other technologies such as Unified Communications Risksinclude age of equipment and lack of support as well as replacement costs..

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

Timeframe for the DO phase:Anticipated implementation to begin in June with a late fall completion
Description:Implementation will require installation of wireless controllers at the LVGH site and installation of access switches and access point at most other RHC sites.

What was the Outcome?

Timeframe for the STUDY phase:The study phase will run concurrently with the DO phase.
Description:Wireless signal will be measured at various times during equipment installation. Application testing will also be part of the process.

ACT: What will you do next?

Timeframe for the ACT phase:Late fall 2026Description:IST will work with the vendor to adjust the system as necessary. The project will not be closed with the vendor until satisfactory performance is achieved.

Quality Improvement Report

Integration of Remote Care Monitoring (RCM)

Team/Dept

ALC Community Nurse

PLAN: Briefly describe the project

Description: Older adults transitioning from hospital to home, including those designated as AlternativeLevel of Care (ALC), are at increased risk for falls and clinical deterioration following discharge. A gap was identified in the ability to provide ongoing monitoring and timely response to risk once these patients return home.This Quality Improvement project focuses on introducing and tracking the use of fall alert devices for older adults identified as being at risk of hospital admission. The aim of the project is to support patientsafety and establish a standardized, trackable process for distributing fall alert devices as part of hospital discharge planning and ALC Community Nurse follow-up, creating a foundation for future Quality mprovement cycles.

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

Description: During the planning and early implementation phase, discussions were held with hospitalleadership and community services to explore the integration of fall alert devices into hospital discharge planning and ALC Community Nurse follow-up. A partnership with Toronto Grace Health Centre wasestablished to support access to fall alert technology.An Excel tracking spreadsheet was identified as the primary data collection tool to document fall alertdevice distribution. The spreadsheet will be used to record the number of devices distributed and monitor progress toward the annual target.

What was the Outcome?

Description: At the time of reporting, this initiative remains in the planning and earlyimplementation phase. No fall alert devices have been distributed yet. Baseline data will beestablished through initial device distribution and tracking, which will inform evaluation andrefinement in future Quality Improvement cycles.

ACT: What will you do next?

March 2026 – ongoingDescription: The change will be adopted. Next steps include initiating fall alert device distribution forappropriate patients, continuing to track uptake using the Excel spreadsheet, and refining eligibility and workflow processes as implementation progresses. Data collected during the first year will be used toinform sustainability, potential expansion, and future outcome-focused Quality Improvement initiatives.

Quality Improvement Report

HSO Governing Body Assessment Survey – Accreditation - Compliance

Team/Dept

Governance

PLAN: Briefly describe the project

Description: · The HSO Governing Body Assessment was formally known as “Governing Functioning Tool” that has been used by Accreditation Canada for many years · The survey instrument reflects on, and measures topics directly aligned with the Governance Standard and associated Required Organizational Practice (ROP) Accountability for Quality of Care · The goal of the Governing Body Assessment is to enable governing bodies to guide the organization in the provision of safe, high-quality care for patients/residents/clients and to offer actionable results that can improve their role in governance. · Completing the HSO Governing Body Assessment is a mandatory requirement for Accreditation Canada’s Qmentum™ programs once every accreditation cycle. · The requirement for the administration of the HSO Governing Body Assessment is to complete the survey instrument and to achieve a target response rate of 80%. o To be accredited your organization must complete the survey instrument. o To achieve commendation or exemplary your organization must achieve the target response rate of 80%.

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

Description:The Accreditation Coordinator will be invited to attend the February 2026 Board of Directors meeting to provide a presentation on Accreditation which will include a highlight on the HSO Governing Body Assessment Survey. A separate meeting will occur with the Board Members and Senior Leadership, and a table-top exercise will be done to review the HSO Governing Body Assessment survey questions. The goal is to review and educate the Board members on the mandatory survey and encourage completion. We need to have a minimum of 80% completion compliance of the survey.

What wsa the Outcome?

Description:The Board presentation will occur in February 2026, with the separatemeeting/tabletop exercise occurring after this. The success of this awareness and education will be ultimately measured by the % of Board members who complete the survey.

ACT: What will you do next?

Description:The goal is to have the education, tabletop, and survey completed by July 2026 withcurrent Board members.

Quality Improvement Report

Selection committee process

Team/Dept

NPSH

PLAN: Briefly describe the project

Currently, selection reports are prepared for each applicant and distributed to committee members, who independently score each application. Once scoring is completed, reports are returned to me for tallying. While overall scores are generally consistent, this process does not allow for discussion of individual perspectives or the rationale behind scoring decisions. As a result, valuable insight and dialogue among committee members is missing. In addition, committee members are not currently compensated for the time they invest in reviewing applications, which may impact engagement and sustainability of the process. An in-person gathering with a lunch provided will assist with involvement and long-term viability. Description:Planning began in November with individual consultations with committee members to obtain feedback and agreement to participate in a revised group-based process. Implementation is planned for February, pending completion of renovations to Unit 109.

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

Description:In February, committee members will participate in a group selection ranking session. Selection reports will be reviewed collectively, allowing members to discuss perspectives, clarify scoring criteria, and reach more consistent decisions through dialogue. To recognize the time commitment of committee members, lunch will be provided during the meeting. The session will be facilitated to ensure structured discussion, timely completion of scoring, and respectful debate. .

What was the Outcome?

Description:We will compare timelines for completion of selection rankings before and afterimplementation, we will gather feedback from committee members on the clarity, fairness, and effectiveness of the new process, assess whether discussion improved understanding of scoring criteria and decision-making consistency and review any challenges or barriers encountered during the group session.

ACT: What will you do next?

Description: Adjustments will be made based on e valuations results to improve the process. If successful, the group selection ranking model will be adopted as the standard practice moving forward with tenant selection.

Quality Improvement Report

Cardiac Sonography - Echo

Team/Dept

Diagnostic Imaging

PLAN: Briefly describe the project

Description: 2025 -Enrollment of a registered Technologist in cardiac sonography program - Preliminary review of equipment and space readiness 2026 -Ongoing monitoring of Technologist training progress -Planning for credentialing and reporting processes - Development of cardiac sonography protocols and workflow

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

Timeframe for the DO phase:2027 Description:-Final assessment upon training progress-Validation of staff, protocols, and operational equipment-Preparation for the go-live phase

What was the Outcome

Description:We will follow the volume of patients using this service. These are all people that would have had delays on testing as well as travel out of town

ACT: What will you do next?

Description:Adopt. This change adds a vital resource for diagnostics to our community

QSR Integrated Risk Management - Open Report
All Risks Update
Date: December 2025

Summary:
The top organizational risks were reveiwed in July 2025 and December 2025 where the risk rating was updated for each identified risk. Great efforts and focus on recruitment for Rainycrest has been very successful with the LMIA program which has reduced the risk of HHR shortages in that home, projecting that early to mid 2026 agency staff will be eliminated. LVGH however does continue to have clinical HHR shortages especially in the specialty areas which have been maintained with agency staff. HR efforts continue to secure specialty trained nurses to mitigate this risk, which resulted in the rating remaining severe.
Ensuring safety of RHC staff from violence has been a focus with the establishment of Security 24/7 onsite at LVGH with plans for having our own security program. Additional measures include the expansion of FOB access that enhances ability to lock down areas limiting access along with addition of more CCTV camera views. Annual education requirements for all staff on Code of Conduct and Workplace Violence also occurs with HR follow-up on any breach of these policies. The overall risk rating has been reduced due to all these meansures.
An additional top priority risk for the organization has been added related to the Financial risk of maintaining sufficient cashflow to manage day to day obligations. Given current capital projects and unfunded increased costs, cashflow is inadequate to address day to day operating, increased demands as well as the numerous capital projects. Cashflow management requirements intensify with Ontario Health and Ministry of Health where funding relies on having one time funding expedited.
The majority of remaining top risks remained with the same rating despite many mitigation strategies being achieved and focused on as significant gain can be quite timely.

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

NAME Of RISK				
Human Resources: Development Risk of RHC not having qualified leadership to ensure the existence of competent well trained staff and ineffective oversight of resources. (HR, capital, financial, technological and service models)	Initial Level Mar 2022	Previous Level	Current Level	**Risk Mitigation Achieved:** 1. Various Leaders enrolled and completing role specific higher level education. 2. Additional new identified leaders provided access to Harvard Mentor Manager **Current Risk Mitigation Focus:** 1. Develop succesion plan with Senior Lead. 2. Identify successors within organization. 3. HR project, Mandatory Manager training for Managers, Union/Non Union, target spring 2026 4. Identified leaders that will be enrolled in Leadership programs.
	High(12)	High(12)	High (16)	
			⇑	

NAME Of RISK				
Leadership: Culture Risk of RHC failing to engage staff will result in recruitment/retention issues, service continuity challenges, organizational reputational risks and constraint on advancing strategic plan.	Initial Level Mar 2022	Previous Level	Current Level	**Risk Mitigation Achieved/In progress:** 1. In person staff Indigenous training in progress 2. Third party review to implement recommendations for Rainy River Clinic incuding Mon-Fri Nurse Practitioner, schedule for virtual and onsite Physician coverage. 3. Municipality Meetings continue to be held quarterly 4. Physician worklife pulse review showed great improvement from previous in 2023. **Current Risk Mitigation Focus:** 1. Introduction of updated RHC Innovation Program 2. Mitigating reputational risk related to Riverside Foundation for Health Care 3. Level of agency staff, requires ongoing sensitivity and responsiveness as we improve the percentage of permanent RHC staff.
	High (15)	High (15)	Medium (6)	
			⇓	

NAME Of RISK				
Leadership: Information Gap Risk of RHC ineffective processes is adverse impact on patient care experience and retention challenges resulting from ineffective process design.	Initial Level Mar 2022	Previous Level	Current Level	**Risk Mitigation Achieved:** 1. Revitalization of Patient and Family Advisory Council with first meeting January 2026 2. Deployment of Kiosks for satisfaction survey **Current Risk Mitigation Focus:** 1. Focus on replacement for software solutions for incident reporting, Staff Health, IPAC and Quality Auditing 2. Policy/Procedure redesign 3. UKG HR/ Payroll Solutions 4. Complexity of BridgeNW Meditech Expanse Program
	High (15)	High (15)	High (15)	
			⇔	

NAME Of RISK				
Finance: Revenue / Funding: Risk of RHC having decreased cashflow for day to day operations..			Initial/Current Level Dec 2025	**Risk Mitigation Achieved:** 1. December:Received one time pressures relief funding **Current Risk Mitigation Focus:** 1. CEO participate with NW Region Crisis Management of Hospitals 2. CFO submits weekly cashflow to Ontario Health and Ministry of Health
			Severe (25)	

NAME Of RISK				
Information Management/Technology: **Breach / Loss of Information:** Risk of RHC system failure resulting in loss of business continuity, privacy and reputational (modernizing email/office, disaster recovery)	Initial Level Mar 2022	Previous Level	Current Level	**Risk Mitigation Achieved:** 1. Multi-factor authentication implemented across NW region 2. DNS-Layer security implemented at all RHC locations 3. Migrate Goldcare database to cloud-based archive **Current Risk Mitigation Focus:** 1. Web access layer security 2. Browser-based credentials 3. Secure VPN for mobile users
	Severe (20)	Severe (20)	High (15)	
			⇓	

NAME Of RISK				
Information Management/Technology: **System Technology Failure:** Risk of RHC system failure resulting in loss of business continuity (replace aging phone system, Wifi, camera systems, routers/switches)	Initial Level Mar 2022	Previous Level	Current Level	**Risk Mitigation Achieved/In progress:** 1. Vulnerability management has been implemented in the NW region 2. UPS units audited monthly **Current Risk Mitigation Focus:** 1. Dedundant systems for network services in planning stages 2.Wireless network replacement RFP responses being reviewed
	Severe (25)	Severe (25)	High (16)	
			⇓	

NAME Of RISK				
Facilities; Aging/ Maintenance: Risk of RHC not advancing technological and aging infrastructure and redevelopment plan.	Initial Level Mar 2022	Previous Level	Current Level	**Risk Mitigation Achieved/In Progress:** 1. Rainycrest roof replacement ongoing in stages over time. (Phase 2 of 10 tender documents complete, awaiting funding approval) Estimate completion March 31, 2026. Each new phase will be ongoing. 2. New HVAC system at Rainycrest, contractors on site starting project.Estimate date of completion December 2025. **Current Risk Mitigation Focus:** 1. 52 wing roof replacement - several leeks over the last couple of years. 2. Controls for all elevators. - Front entrance elevators door controls will need to be reworked. System needs to be assessed for elevator needs. 3. Vacuum pump replacement - old unit having problems getting parts. This will be a HIRF Project this year. 4. LVGH new generator that will allow for power of entire facility during power outage with minimal interruption of day to day operation including ability to continue with CT scan and future MRI as well as running airconditioning during summer months. Estimated target date of completion Spring 2026. 5. Napra compliant funding approval for pharmacy redesign.
	Medium (5)	Medium (5)	High (15)	
			⇑	

NAME Of RISK				
Care: Access to care: Risk of RHC not being able to provide an appropriate level or access to services; risk of RHC not being able to provide services, including risk of closing services.	Initial Level Mar 2022	Previous Level	Current Level	**Risk Mitigation Achieved:** 1. RRHC Emergency Department Locum Physicians have signed Physician Agreements while continuing to recruit. 2. Acute care equipment standardization across all sites. 3. Extended Care Policies implented in all LTC/Eldcap sites. **Current Risk Mitigation Focus:** 1. Increase in Inpatient capacity to manage mental health and substance use disorders 2. RHC chosen to be a pilot site for substance use disorder integrated care pathway. Three year funding provided. Planning initiated to include community partners. 3. Ongoing Recruitment of Anaesthetist and second General Surgeon. 4. Current recruitment for Emergency Department Nursing to reduce agency coverage. Exploring Ministry of Health endorsed programs such as LMIA, IEN etc
	High (15)	High (15)	High(12)	
			⇓	

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

Trend

⇑ **Risk Rating is increasing**

⇔ **Risk Rating remains stable**

⇓ **Risk Rating is decreasing**

Riverside Health Care 2025/26QIP

Theme	Measure/Indicator		2024/25 performance (Q3)	Suggested 2024/25Target	Q1 Apr-Jun	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar
Experience	**Employee retention (excluding retirements)**	x	96.0%	97.0%	99.2%	97.7%	97.2%	
Experience	**Position Stabilization** (1.0 - (# filled positions/ # total FT & PT positions)) x100		80.00%	82.0%	84.9%	85.8%		
Experience	**Workforce stability - agency staffing utilization** (% = agency costs(wages, fees and housing)/ total expenditures)		13.90%	20.0%	14.9%	23.3%		
Experience	**Quality of work life - #days refused vacation requests** (% = vacation days refused within year)		n/a	collecting baseline	pending	pending		
Experience	**Performance Conversations**	☒	n/a	100.0%	19.0%	41.0%	95.0%	99.8%
Equity	**Mandatory Education Compliance**		n/a	100.0%	27.0%	36.9%	97.1%	
Equity	**Appropriate referral to Mental Health follow up for those meeting criteria through the Emergency Department**	☒	41.0%	70.0%	42%	67%		
Experience	**Experience Survey-Short Survey Reponse Rate**	☒	collecting baseline	500/year	14	26	40	
Experience	**Emergency Department Wait Time for Registration to Physician/NP Initial Assessment (min)**		n/a	collecting baseline	70	62	88.0%	
Safety	**# completion of medication reconciliation upon discharge**			100%	84.0%	77.3%	61.8%	
Experience	**# riders to utilize specialist and diagnostic transportation**		n/a	collecting baseline	48	105	224	
Experience	**OT hours Rainycrest (Staff and Agency)**		n/a	collecting baseline	8.9%	14.6%		
Experience	**Rainycrest Activation Program**	☒	n/a	Milestone 1,2,3	40.0%	50.0%	75.0%	
Experience	**Emergency Department Wait Time for Registration to Triage/Assessment (min)**			collecting baseline	12 min	8	11min	
Safety	**Review of Residents in Daily Physical Restraints in Rainy River ELDCAP**		39.90%	20%	31.1%	20.70		
Safety	**Number of workplace violence incidents reported by workers (physical violence or threat of physical violence) within a 12 month period Hospital/Community sites**		# wpv in 24-25	10-20% increase in reporting	5	3	16.00	
Safety	**Number of workplace violence incidents reported by workers (physical violence or threat of physical violence) within a 12 month period. LTC/ELDCAP Sites**	x	# wpv in 24-25	10-20% increase in reporting	28	16	5	

⌘ =performance based compensation

Updated Feb 2024

BRIEFING NOTE

TO: Quality, Safety, Risk Committee

FROM: Joanne Ogden
Quality Assurance Auditor

DATE: March 12, 2026

SUBJECT: Performance Based Compensation and the 2025/26 QIP

SUMMARY

- Excellent Care for All Act (ECFAA) requires compensation of CEOs and other executives to be linked to the achievement of performance improvement targets laid out in the QIP of every hospital in Ontario.
- A description of the manner in and extent to which executive compensation is to be tied to performance must be included in the QIP and available to the public.
- The legislation and regulations do not include specific requirements regarding the percentage of salary that should be subject to performance-based compensation, the number of targets that should be tied to executive compensation, weighting of these targets, or what the targets should be.

Executives accountable to performance-based compensation include the President & CEO, CNE, Chief Financial Officer and Quality Assurance Auditor. The executive team continues to support the quality improvement work of our staff across all sites and all sectors within the QIP, as well as ensuring we are fostering engaged work teams. The indicators selected for performance-based compensation are:

- Performance Conversations
- Employee Retention
- Appropriate referral to Mental Health follow-up
- Experience Short Survey
- Rainycrest Activation project
- Number of reported workplace violence incidents reported in LTC/ELDCAP

The percent of salary linked to each achievement of the QIP targets recommended by the Riverside Board of Directors is 1% for President & CEO, CNE, Chief Financial Officer and for Quality Assurance Auditor based on achieving a minimum of 3 out of 6 goals achieved.

Four out of the 6 goals were achieved this past fiscal year, noting a coding issue for mental health follow-up and a programming issue with the Kiosks for short surveys.

Respectfully Submitted,

Joanne Ogden

Access and Flow | Timely | Custom Indicator

Indicator #4

Emergency Department Wait Time for Registration to Physician/NP Initial Assessment (Riverside Health Care Facilities Inc.)

Last Year		This Year		
CB	**CB**	**NA**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Staff education on cTAS and new ER form. Documentation engagement of locum MDs on new ER form

Process measure

- chart audits reviewed monthly by Director of Nursing, Quality Auditor, Clinical specialist

Target for process measure

- seeking baseline to set target for next year

Lessons Learned

education and new form worked well for flo through the process. Process has slowed somewhat with the digital eCTAS implementation as the time registers after input not when the client is actually assessed.

Comment

education and new form worked well for flo through the process. Process has slowed somewhat with the digital eCTAS implementation as the time registers after input not when the client is actually assessed.

Indicator #3

Emergency department Wait time (Time in ER to Disposition decision) (Riverside Health Care Facilities Inc.)

Last Year		This Year		
CB	**CB**	**NA**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Staff education on cTAS and new ER form. Documentation engagement of locum MDs on new ER form

Process measure

- chart audits reviewed monthly by Director of Nursing, Quality Auditor, Clinical specialist

Target for process measure

- seeking baseline to set target for next year

Lessons Learned

education and new form worked well for flo through the process. Process has slowed somewhat with the digital eCTAS implementation as the time registers after input not when the client is actually assessed.

Comment

We are meeting or exceeding all targets through ER...chart audits have not shown any sentinel events thus far and chart audits show an area of improvement needed for referral to HSN. This is being shared with ER staff through education updates

Equity | Equitable | Optional Indicator

Indicator #11

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Riverside Health Care Facilities Inc.)

Last Year		This Year		
100.00	**100**	**100.00**	**0.00%**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

yearly completion of all staff with accountability landing with directors

Process measure

- monthly completions in a metered response as opposed to a mass response near year end.

Target for process measure

- 100% completed by December 31

Lessons Learned

Core leadership review of data
HR report and Scorecard monthly reported at QRS working
Letters of expectation to employees and managers that did not comply with education.

Comment

Continue to have HR report, continue on Scorecard data. Directors and managers now reviewing at staff meetings and leadership will continue at Core leadership meetings.

Experience | Patient-centred | Custom Indicator

Indicator #5

Employee retention (excluding retirements) (Riverside Health Care Facilities Inc.)

Last Year		This Year		
96.00	**97**	**97.20**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

staff engagement and front line interactions lunch with leadership yearly PAs (3 questions) Please highlight the areas you believe highlight your strengths and identify just a few of your successes over the past year. Please identify 3 What are your opportunities for improvement and growth? Please identify 3 What are your goals for the next year? Example: - Performance goal - Professional Growth - Self Management - Stronger problem solving skills - Build stronger relationships Identify 2 achievable goals and how you will achieve them. WLP results and review with managers to staff addressing concerns challenges and goals to address

Process measure

- WLP response on survey QI report initiatives

Target for process measure

- 100% completion of PAs WLP satisfaction results maintained or elevated from last year

Lessons Learned

Met education and Performance conversation engagement. New PC form is much more engaging. Many grow your own opportunities have advanced current staff into new positions within the organization instead of leaving to another organization.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #13 Position Stabilization (1.0 - (# filled positions/ # total FT & PT positions)) x100 (Riverside Health Care Facilities Inc. (Emo Long-term care))	**80.00** Performance (2025/26)	**82** Target (2025/26)	**85.80** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

LMIA- PSW and RPN Allsion Jones consulting in coordination with both PSW and RPN LMIA- Allison Jones has access to individuals looking for work who are already within Canada. Attending new conference held in conjunction with other organization such as Northern Training and Adjustment Board and ACCES Employment for individuals new to Canada with PR Having an online presence with our ads Being available to college career days Visiting local graduating classes- Confederation College and Seven Generations Looking into hosting events with local community organizations, ex. NCDS Being open to taking placement and CO-OP opportunities from all different education institute (high school to university).

Process measure

- quarterly reports via UKG

Target for process measure

- as noted in Change idea

Lessons Learned

grow your own NP
grow your own RN/RPN. LMIAs moving from PSW roles to RPN and RN roles

	Last Year		This Year		
Indicator #17 Workforce stability - agency staffing utilization (% = agency costs(wages, fees and housing)/ total expenditures) (Riverside Health Care Facilities Inc. (Emo Long-term care))	**19.70** Performance (2025/26)	**20** Target (2025/26)	**23.26** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

LMIA- PSW and RPN Allsion Jones consulting in coordination with both PSW and RPN LMIA- Allison Jones has access to individuals looking for work who are already within Canada. Attending new conference held in conjunction with other organization such as Northern Training and Adjustment Board and ACCES Employment for individuals new to Canada with PR Having an online presence with our ads Being available to college career days Visiting local graduating classes- Confederation College and Seven Generations Looking into hosting events with local community organizations, ex. NCDS Being open to taking placement and CO-OP opportunities from all different education institute (high school to university).

Process measure

- quarterly reports via UKG

Target for process measure

- as per change idea

Lessons Learned

more need now in hospital sector for specialty areas. LTC home has stabilized but acute care has high specialty needs (ICU, ER, OBS)

	Last Year		This Year		
Indicator #14	**CB**	**CB**	**NA**	**--**	**NA**
Quality of work life - #days refused vacation requests (% = vacation days refused within year) (Riverside Health Care Facilities Inc. (Emo Long-term care))	**Performance (2025/26)**	**Target (2025/26)**	**Performance (2026/27)**	**Percentage Improvement (2026/27)**	**Target (2026/27)**

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

finding true baseline of vacation requests denied utilization of new scheduling program UKG and will audit monthly to confirm validity before monitoring yearly next year

Process measure

- baseline to ensure validity before following as a QI

Target for process measure

- confirmation that baseline is accurate.

Lessons Learned

implementation issues and reset required

Indicator #12

Performance Conversations (Riverside Health Care Facilities Inc. (Emo Long-term care))

Last Year		This Year		
85.00	**100**	**100.00**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

short 3 question PA instead of traditional PA and completed with direct supervisor as an all in one conversation Now added to Surge learning as a mandatory yearly review HR will issue letters of expectation to those managers, supervisors

Process measure

- metered progression instead of mass year end quality reviews and more front line engagement on a yearly basis

Target for process measure

- 100% completion by March 31 2026 and yearly , tracked by HR through surge.

Lessons Learned

3 question PA very effective and improved engagement of staff

Comment

Continue to monitor

	Last Year		This Year		
Indicator #2	**41.00**	**70**	**67.00**	**--**	**NA**
Appropriate referral to Mental Health follow up for those meeting criteria through the Emergency Department (Riverside Health Care Facilities Inc. (Emo Long-term care))	**Performance (2025/26)**	**Target (2025/26)**	**Performance (2026/27)**	**Percentage Improvement (2026/27)**	**Target (2026/27)**

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

change in ER sheet to include referral to Heath Systems Navigator Liaison meetings with FACS and Weechi Services as audits show a predominance of under 18 referrals required vs. over 18 New in house procedure for followup charting on meditech vs casenotes to ensure easy followup of continuity

Process measure

- goal to achieve 70% or better by year end developed process for children under 18 with local agencies

Target for process measure

- goal to achieve 70% or better by year end developed process for children under 18 with local agencies

Lessons Learned

HSN has seen 305 clients through the ER most, however, are because of addictions over mental health (coding is giving us a lower number than the number of clients seen so data is an issue)

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

Because of Substance Use Disorder funding and the discrepancy in data we will change this indicator to reflect appropriate referral to addictions services. We have also added a BI position to track this data specifically. We have added an RAAM coordinator and a hospital Social Worker to assist in the pathway development

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

HSN has seen 305 clients through the ER most, however, are because of addictions over mental health (coding is giving us a lower number than the number of clients seen so data is an issue)
Instituting a more reflective indicator for next fiscal.

Comment

Because of Substance Use Disorder funding and the discrepancy in data we will change this indicator to reflect appropriate referral to addictions services. We have also added a BI position to track this data specifically. We have added an RAAM coordinator and a hospital Social Worker to assist in the pathway development

Indicator #6

Experience Survey-Short Survey Response Rate (Riverside Health Care Facilities Inc. (Emo Long-term care))

Last Year		This Year		
CB	**500**	**CB**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

short survey option kiosk link to long survey for specific concerns

Process measure

- new program for survey response for patients and families accessing care goal 500/year

Target for process measure

- survey response for patients and families accessing care goal 500/year

Lessons Learned

New Kiosks had issues with programming that IT was unable to address. did not become fully operation until just before Christmas. Long option survey was available and advertised and promoted as well with distribution of QR code cards.

Indicator #1

riders to utilize specialist and diagnostic transportation (Riverside Health Care Facilities Inc. (Emo Long-term care))

Last Year		This Year		
CB	**CB**	**CB**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

new program added to enhance MSPT and address needs of our regional for specialist appointments and diagnostic for those that have limited family or mobilization concerns.

Process measure

- target 500 clients per year and evaluation thereafter of projected need

Target for process measure

- target 500 clients per year and evaluation thereafter of projected need

Lessons Learned

Slow start related to transportation regulation clarity and vehicle acquisition. Full rollout of program did not occur until end June.
Access from the west end of our district was a challenge and we instituted a hotel voucher program that allowed the West end of the district. This is not ideal as clients are away from home 1-2 days more but it still provides access to those without.
Now that this program is fully running it has had extensive use. Survey results are all positive with the only improvement request from clients is that it be at least a Monday to Friday service. The program had over 224 client trips for just the S&D shuttle up to the end of the 3rd quarter despite the slow start.

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

Incorporating a west end transportation unit 3 days a week that will allow access to RAAM clinic as well as access to Specialist and Diagnostic transportation without an overnight stay in Fort Frances. Need to source funding for this program as we continue to wait on response from Funders, working in collaboration with OHT, partners and municipalities.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Starting this west end route 3 days a week hopefully in March

Comment

Needs base committed funding as this is a much needed and valued program both for the District and to mobilize Clients from Thunder Bay for surgical care and MRI

Indicator #10

OT hours Rainy Crest (Staff and Agency) (Riverside Health Care Facilities Inc. (Emo Long-term care))

Last Year		This Year		
CB	**CB**	**NA**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☐ Implemented ☐ Not Implemented ☑ In Progress

Overtime evaluation as we have just instituted scheduling via UKG system. Will audit monthly on OT use and Agency OT to ensure accuracy of information. Rainy Crest site only to ensure validity of program

Process measure

- acquiring baseline information to confirm validity of program

Target for process measure

- confirmation that program vs actual is valid

Lessons Learned

UKG implementation was not set up as required to document.
this is also an issue for BI as our baseline staff number is skewed with agency staff numbers

Change Idea #2 ☐ Implemented ☐ Not Implemented ☑ In Progress

monthly reports on overtime are being sent to managers with a request to validate and institute change ideas to address.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Will continue to follow monthly reporting and change ideas

Comment

UKG specialist assisted in reimplementation and will follow data

	Last Year		This Year		
Indicator #15	**CB**	**CB**	**100.00**	**--**	**NA**
Rainy Crest Activation Program (Riverside Health Care Facilities Inc. (Emo Long-term care))	**Performance (2025/26)**	**Target (2025/26)**	**Performance (2026/27)**	**Percentage Improvement (2026/27)**	**Target (2026/27)**

Change Idea #1 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

common area to be fitted with activities to engage residents in their down time plan to complete 1 of 5 areas this year

Process measure

- resident and family satisfaction post completion

Target for process measure

- completion of project by end fiscal year

Lessons Learned

Achieved all 5 milestones this year. Very successful and enjoyed by residents was the virtual travel glasses.

Safety | Safe | Custom Indicator

Indicator #16

Review of Residents in Daily Physical Restraints in Rainy River ELDCAP (Riverside Health Care Facilities Inc. (Rainy River Health Centre))

Last Year		This Year		
39.90	**20**	**20.70**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

review of medication restraints to minimal usage NP full time to review and engage family and care plans with staff staff training to utilize distraction methods full time activation staff Monday to Friday

Process measure

- reduction of restraints by 50% in RRRLDCAP staff via huddle boards and trends

Target for process measure

- reduction of restraints by 50% in RRRLDCAP

Lessons Learned

NP in place to address medication restraints... great improvement but needs to be followed. Missing activation staff due to illness data was second quarter only as CIHI wont report 3rd quarter until after march 15.

Indicator #9

Number of workplace violence incidents reported by workers (physical violence or threat of physical violence) within a 12 month period. LTC/ELDCAP Sites (Rainycrest)

Last Year		This Year		
33.00	**40**	**120.00**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

education on importance of reporting to staff by Risk Director surge education identifying violence incidents separate AEMS report for staff to staff incidents followed by HR

Process measure

- AEMS report quarterly to QSR

Target for process measure

- increased reporting

Lessons Learned

Now that we are aware that are data is being accurately reported we will endeavor to institute processes to decrease the number of incidents in the upcoming QIP

Comment

huge increase in reporting.

Safety | Safe | Optional Indicator

Indicator #7

Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged. (Riverside Health Care Facilities Inc.)

Last Year		This Year		
CB	**100**	**NA**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

huddle board QI daily on status of reconciliations daily audits by unit manager monthly audits by DON and QAA

Process measure

- increase in percentage of reconciliations completed

Target for process measure

- as listed in indicator

Lessons Learned

Inconsistent audits as we had casual ward clerks until recently. Now have new ward clerk in place and reconciliation's are more consistent. Expect no issues in the upcoming yar.

Comment

target met in last quarter on audit.

Safety | Safe | Custom Indicator

Indicator #8

Number of workplace violence incidents reported by workers (physical violence or threat of physical violence) within a 12 month period Hospital/Community sites (Riverside Health Care Facilities Inc.)

Last Year		This Year		
50.00	**60**	**25.00**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

education on importance of reporting to staff by Risk Director surge education identifying violence incidents separate AEMS report for staff to staff incidents followed by HR

Process measure

- AEMS report review quarterly reports to QSR

Target for process measure

- increased reporting

Lessons Learned

Still under reporting incidents? or is it because we have full time security in hospital. at LVGH.

Comment

Still under reporting incidents? or is it because we have full time security in hospital. at LVGH.

2026-27 QIP Narrative

Overview

Riverside Health Care is a multi-function health care system serving the residents of the Rainy River District. Riverside consists of a hospital in Fort Frances, health care centres in Emo and Rainy River, a long-term care home, and nonprofit supportive housing. Each community is also served by mental health and addictions, community support services, community nursing program, medically stable patient transport, specialist and diagnostic transport, diabetes education, and assisted living (Fort Frances, Atikokan and Rainy River).

Riverside is a fully accredited, multi-site organization that was awarded Commendation standing from Accreditation Canada in the fall of 2023.

Riverside provides a welcoming, respectful and culturally sensitive environment. Riverside is proud of the excellent quality and range of services provided to allow our patients, residents, and clients to receive care close to their home communities.

Access and Flow

As a multi-sector organization, Riverside works as a team and with community partners to optimize timely access to care, and smooth and safe patient flow to improve outcomes and ensure a positive experience of care for patients, clients, and residents.

Riverside's Client, Patient and Resident Flow Strategy detail the roles and responsibilities of our team members to create safe and efficient care transitions and meeting the needs of our community. We monitor our success in client flow through our QIP, CIHI, LTC Quality Indicator Flow sheet as well as regular patient, resident/client experience surveys and quality audits. Riverside has instituted a full-time ALC position that is addressing needs in the community before they advance to the ER department. The position works closely with both our Manager of Patient/Client Experience and Utilization and our Community Support Services program as well as our Health Systems Navigator in the ER. New to this team in February is a full-time social worker in hospital to enhance support and system flow.

Riverside has just been approved for the Hospital to Home program funding and as well is now also utilizing the remote care monitoring program through Ottawa Civic Hospital to support client in their home rather than becoming another ALC patient in hospital.

One example of how Riverside works with community partners to support patient/client/resident access to care in the right place at the right time is the Rainy River District Rapid Access Addiction Medicine (RAAM) clinic. The RAAM clinic is a low-barrier clinic that people can attend to get help for a substance use disorder without an appointment or formal referral. The overall goal is to stabilize patients in the

short term and subsequently link them to community care providers for ongoing monitoring, support, and rehabilitation of their substance use disorder.

Riverside is now also instituting Substance Use Disorder Integrated Care Pathways and has engaged both a program manager and hired a much-needed RAAM clinic coordinator to support our clients from ER to appropriate supports and treatment and will also maintain peer support in the ER.

Specialist and Diagnostic Transportation has been implemented through our OHT partners and is an example of the organization finding solutions to address the medical transportation needs of the district. This program did not fully become operational until late April but has quickly become a highly utilized necessity to mobilize hundreds of community members to their medical appointments in Thunder Bay. There is a call from the public to increase services to 5 days a week and to expand transportation to Winnipeg as well. We are currently seeking funding to maintain this service. Medically Stable Patient Transport continues to grow and has assisted in reducing the burden of our EMS by mobilizing non-urgent patients to and from the airport as well as from other facilities. We continue to work with RRDSB and our indigenous partners at Gizhewaadiziwin to address the gaps that are caused by HR constraints.

Equity and Indigenous Health

A key pillar of our strategic plan is “Striving to Excel In Equity, Diversity, and Inclusion (we will support EDI in all that we do)”. Mandatory training will be completed each April. This training will include Indigenous, multi-cultural, racism and LGTBQ2+ education as well as code of conduct and customer service modules.

Riverside supports Indigenous healing practices and treatment. For example, we may provide the umbilical cord to mothers, if desired. We welcome doulas in the labour & delivery rooms, as well as facilitate traditional practices during natural delivery and c-section births. Rainycrest hosted Couchiching First Nation last year to complete a pipe ceremony and drumming for everyone who wished to participate during Resident Council week. In partnership with Gizhewaadiziwin Health Access Centre the ground floor meeting room at LVGH celebrated the opening of our ceremonial space. This space has been fully renovated and has specialized ventilation to support smudging.

Indigenous Care Coordinators have been on site at LVGH since June 2021 and are proving to be a valuable resource in the delivery of care. This program is planned for future expansion to other sites. Indigenous Care Coordinators (ICC) are staff of Gizhewaadiziwin Health Access Centre. Gizhewaadiziwin

Health Access Centre currently provides support for interpretation services for indigenous population accessing care in our facilities.

We also have instituted an Indigenous Liaison to collaborate with indigenous patients/clients/residents in all facilities as well as engage with community leaders and residents in their own communities. She also provides translation services and FNIHB navigation. She supports clients in family meetings, through our complaints process as required and with local and regional indigenous governance. This past year saw almost 1/3 of our staff attend an all day, in person indigenous training with Robert Horton. (Seven Generations Educational Institute)

We participate in Orange Shirt Day and National Day for Truth and Reconciliation. Residents and staff attended the Truth and Reconciliation Pow Wow at Rainycrest Long Term Care.

Patient/Client/Resident Experience

In 2023/24 Riverside embarked on a full refresh of our experience surveys provided to our patients, clients, residents and staff. This initiative was successful and will be continued as well as evaluated for improvements as needed. We have instituted rapid survey Kiosks at locations frequented by families, visitors and patients within our organization. We believe engaging with and hearing from those who receive and provide care is key to continuous quality improvement at Riverside.

Overall Riverside has over 20 ongoing and annual experience surveys that monitor patient, resident, client, family and staff experience. This feedback is used to improve care, service and experience for those who receive and provide care and service at Riverside.

Provider experience

Recruitment and retention continue to be a priority for Riverside. This priority is reflected on the 2026.27 QIP, continuing our efforts from previous years to stabilize our workforce. This includes measuring employee retention, position vacancy, agency staffing utilization, overtime utilization and vacation utilization.

Riverside continues to work to improve workplace culture. The Wellness Committee and in person corporate orientation were re-instated. Staff appreciation pop-ups, BBQs and holiday meals continue to be enjoyed by the staff each month. All departments hold monthly (minimum) staff meetings. These are key venues to share and discuss topics to move the Riverside vision of Caring, together forward. Lunch with Leadership has also proven to be a successful event in which staff engage confidentially and directly with senior leadership.

We know communication is key to building a strong and unified workplace culture. Our staff portal continues to be well utilized, and we were excited to have our new website launched in November. Riverside has worked hard to establish a positive culture, and this was reflected in the Work life Pulse survey that reflective the highest level of satisfaction of employees seen in over a decade.

Safety

When patient safety incidents occur a report through the Adverse Event Management System (AEMS) is made. AEMS supports reporting of patient/resident/client safety incidents as well as reportable events. All incidents are investigated by managers. Managers are responsible for sharing learning and improvements to process with the entire team after each safety event. An employee incident section will be developed later this year within the AEMS program. Quality Auditor, Risk and Professional Practice work as a team to ensure that issues are addressed in a timely manner.

Process for event reviews include debriefs, huddles and the Quality-of-Care Committee. Recommendations are shared with staff, MAC, patients/residents/clients/families as appropriate.

Learning from adverse events is communicated to team members via departmental communications (memos, e-mails, staff meetings), as well as the staff newsletter and Staff portal when appropriate.

Patient Safety Data Trends are reviewed monthly as we have instituted a scorecard review which are shared at both our Quality, Safety, Risk working group and our QSR board committee. Trends and any planned quality improvements are shared with leaders, Committees, Board, MAC, PFAC and will now be posted on the staff portal for reference. Professional Practice has ensured appropriate orientation and education is addressed and maintained.

Quality, safety and risk are a standing item on departmental staff meeting agendas as well as many committee agendas. Leaders routinely discuss any safety incidents, issues, concerns with staff on a regular basis and bring forward any concerns.

Recent infrastructure improvements including upgrades to the sprinklers systems and air conditioning at Rainycrest LTC and Rainy River Health Centre were important activities to contribute to our patient and residents' safety.

The requirement of e-learning modules including LGBTQ, multicultural, indigenous, and customer services training builds capacity within the team to provide services and care that is culturally and psychologically safe for those who work and are cared for at Riverside.

Palliative Care

Riverside has a robust palliative care program at all three sites as well as a respite bed at our long-term care home. Home care nursing and community support services are also available to those wishing to palliate at home are also provided.

Riverside provides Medical Assistance in Dying (MAID) in both LVGH and Rainy Crest long-term care. Patient Controlled Analgesia is available in all facilities as well as mental health counsellors and clergy. Our Indigenous Liaison ensures that traditional care is available for our Indigenous clients. Clergy and chapel spaces are available as well to those that are requiring support as well as our newly added social worker. All codes (blue/pink) are now attended by one of either our Health Systems Navigator, our Indigenous Liaison or our Social Worker to ensure that families are supported during this difficult time.

Population Health Approach

Riverside is an active and dynamic partner in the Rainy River District OHT. Some of the collaborative initiatives include the medical transportation collaborative with Gizhewaadiziwin Health Access Centre, Riverside Health Care and Atikokan Hospital. Riverside has taken the lead in coordinating services for all sites and utilizing programs of Riverside, Town of Fort Frances and Gizhewaadiziwin Health Access Centre to ensure appropriate out of town care is accessed.

The OHT has collaborated in the virtual wound care initiative with St. Joseph's Care Group utilizing Tele-View glasses for assessment and training to improve wound care outcomes and can be expanded into other areas of health throughout the district. Digital Health is a current initiative with all partners on agreement to have information access appropriate to care across all partners. Riverside is also partnering with Giishkaandago'ikwe Health Services on a shared EMR for the RAAM program

RAAM program collaborative with Gizhewaadiziwin Health Access Centre, Giishkaandago'ikwe Health Services, Fort Frances Family Health Team and Canadian Mental Health Association including St. Joseph (MetaPHI) continues to grow and expand with support from the OHT and the influx of new funding for substance use disorder.

Emergency Department Return Visit Quality Program.

Riverside has incorporated a Quality Assurance Auditor who assists with the P4R program in both the LVGH and Rainy River sites. Continual quality improvement and ongoing audits of return visits are being followed as part of the P4R program as well as independent facility audits as well. All audits were completed and no sentinel events were noted at this time. Minor improvements from audits were instituted to refine process and support quality care.

Executive Compensation

Executives accountable to performance-based compensation include the President & CEO, CNE, Chief Financial Officer and Quality Assurance Auditor/OHT Executive Lead. The executive team continues to support the quality improvement work of our staff across all sites and all sectors within the QIP, as well

as ensuring we are fostering engaged work teams. The indicators selected for performance-based compensation are:

- Employee retention (excluding retirements)-Goal 98%
- Performance Conversation-Goal 100%
- Mandatory Education Compliance-Goal is 100%
- Appropriate Referral to Addiction Services follow-up -collecting baseline
- # Riders utilizing Specialist and Diagnostic transportation-goal 500 visits
- Number of WPV reported LTC/ELDCAP-goal decrease events by 10-20% (reporting validated last QIP

The percent of salary linked to each achievement of the QIP targets recommended by the Riverside Board of Trustees is 1% for President & CEO, CNE, Chief Financial Officer and for Quality Assurance Auditor/OHT Executive Lead. The terms that will be used to determine payout are full compensation for a minimum of 3 out of 6 goals achieved.

Contact information

Joanne Ogden RN
Quality Assurance Auditor and
OHT Executive Lead
Riverside Health Care Facilities Inc
110 Victoria Avenue
Fort Frances, ON P9A 2B7
Phone: 807-274-4847
Fax: 807-274-4832

Riverside Health Care 2026/27 QIP

Theme	Measure/Indicator		2025/26 performance (Q3)	Suggested 2026/27Target	Q1 Apr-Jun	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar
Experience	**Employee retention (excluding retirements)**	X	97.2%	98.0%				
Experience	**Position Stabilization** (1.0 - (# filled positions/ # total FT & PT positions)) x100		85.5%	88.0%				
Experience	**Workforce stability - agency staffing utilization** (% = agency costs(wages, fees and housing)/ total expenditures)		23.30%	20.0%				
	Quality of Worklife-vacation utilization (%=vacation hours used/total vaction hours accrued in a year)							
Experience	**Quality of work life - #days refused vacation requests** (% = vacation days refused within year)							
Experience	**Performance Conversations**	×	96.00%	100.0%				
Equity	**Mandatory Education Compliance**	×	97.40%	100.0%				
Equity	**Appropriate referral to AddictionServices follow up for those meeting criteria through the Emergency Department**	×	collecting baseline					
Experience	**Experience Survey-Short Survey Reponse Rate**		40.0	100.0				
	Emergency Department Wait Time for Registration to Physician/NP Initial Assessment (min) RR (Atikokan comparator)			Atikokan				
Experience	**Emergency Department Wait Time for Registration to Physician/NP Initial Assessment (min) LVGH (Dryden comparator)**			Dryden				
Safety	**# completion of medication reconciliation upon discharge**		77.3%	100%				
Experience	**# riders to utilize specialist and diagnostic transportation**	×	191	500.0				
Experience	**OT hours Rainycrest (Staff and Agency)**			collecting baseline				
Experience	**Emergency Department Wait Time for Registration to Triage/Assessment (min) RR (Atikokan Comparator)**			Atikokan				
Experience	**Emergency Department Wait Time for Registration to Triage/Assessment (min) LVGH (Dryden Comparator)**			Dryden				
Safety	**Review of Residents in Daily Physical Restraints in Rainy River ELDCAP**		20.70%	15%				
Safety	**Number of workplace violence incidents reported by workers (physical violence or threat of physical violence) within a 12 month period Hospital/Community sites**		30	decrease events by 10-20%				
Safety	**Number of workplace violence incidents reported by workers (physical violence or threat of physical violence) within a 12 month period. LTC/ELDCAP Sites**	x	120	decrease events by 10-20%				

⌘ =performance based compensation

Updated Feb 2024

BRIEFING NOTE

TO: Quality, Safety, Risk Committee

FROM: Joanne Ogden
Quality Assurance Auditor

DATE: March 12, 2026

SUBJECT: Performance Based Compensation and the 2026/27 QIP

SUMMARY

- Excellent Care for All Act (ECFAA) requires compensation of CEOs and other executives to be linked to the achievement of performance improvement targets laid out in the QIP of every hospital in Ontario.
- A description of the manner in and extent to which executive compensation is to be tied to performance must be included in the QIP and available to the public.
- The legislation and regulations do not include specific requirements regarding the percentage of salary that should be subject to performance-based compensation, the number of targets that should be tied to executive compensation, weighting of these targets, or what the targets should be.

Executives accountable to performance-based compensation include the President & CEO, CNE, Chief Financial Officer and Quality Assurance Auditor. The executive team continues to support the quality improvement work of our staff across all sites and all sectors within the QIP, as well as ensuring we are fostering engaged work teams. The indicators selected for performance-based compensation are:

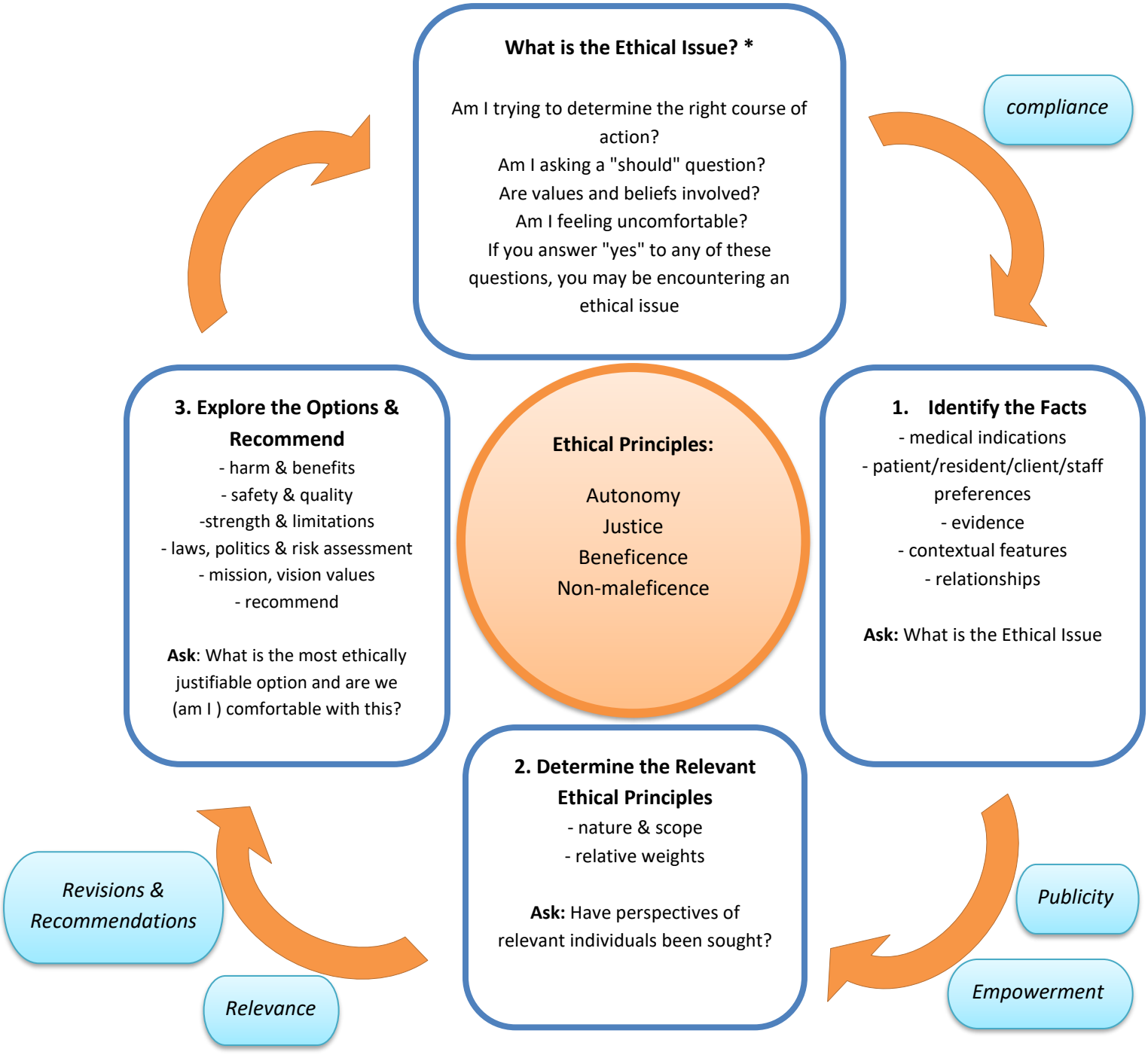
- Employee retention (excluding retirements)-Goal 98%
- Performance Conversation-Goal 100%
- Mandatory Education Compliance-Goal is 100%
- Appropriate Referral to Addiction Services follow-up -collecting baseline
- # Riders utilizing Specialist and Diagnostic transportation-goal 500 visits
- Number of WPV reported LTC/ELDCAP-goal decrease events by 10-20% (reporting validated last QIP

The percent of salary linked to each achievement of the QIP targets recommended by the Riverside Board of Directors is 1% for President & CEO, CNE, Chief Financial Officer and for Quality Assurance Auditor based on achieving a minimum of 3 out of 6 goals achieved.

Respectfully Submitted,

Joanne Ogden

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 – March 2026

2026 Appointment and Reappointment Application for Privileges

See attached list.

Medical Learners

Kavin Qiu (UGY4) – Supervisor Dr. M. Ruppenstein – March 16 – 29, 2026

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-03-2026

2026

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

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

* Emergency Privileges as per training and experience [T]

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Ackery, Dr. Alun	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Adamakos, Dr. Frosso	Regional Staff	Physician	Lake of the Woods District Hospital	
Elkoushy, Dr. Mohamed	Regional Staff	Physician	Lake of the Woods District Hospital	
Fletcher-Stackhouse, Ms. Tannice	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Mathers, Dr. Paul	Regional Staff	Physician	Lake of the Woods District Hospital	
Pipitone, Dr. Jon Carl	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Shapera, Dr. Shane	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Velsher, Dr. Lea Shechter	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 - 10-03-2026

2026

Reappointment

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

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

Dada, Dr. Olayinka ABIODUN	Locum Tenens	Physician		

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

Djuric, Dr. Miroslav	Locum Tenens	Physician	Dryden Regional 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	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-03-2026

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

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

Manoharan, Dr. Jamuna	Locum Tenens	Physician		

* Family Practice Privileges as per training and experience

Shahabi, Dr. Ali	Locum Tenens	Physician		

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

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Addison, Dr. Kirsten Mya Lynn	Regional Staff	Physician	St. Joseph's Care Group	
Ahmad, Dr. Zahraa	Regional Staff	Physician	Atikokan General Hospital	
Anderson , Ms. Alexandra	Regional Staff	Nurse Practitioner	Atikokan General Hospital	
Anthes, Dr. Margaret Lyn	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Arpin, Dr. Skylar Paige	Regional Staff	Physician	Dryden Regional Health Centre	
Atwood, Dr. Jennifer	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-03-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Bakovic, Dr. Linda	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Balec, Dr. Raymond John	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Balfour-Boehm, Dr. Jazmyn Amethyst	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Bannon, Dr. Diane Marie	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Bezanson, Dr. Kevin Douglas	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Bhanabhai, Dr. Hitesh	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Bidari, Dr. Ali	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Biman, Dr. Birubi Rani	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Bohler, Dr. Hillary	Regional Staff	Physician	St. Joseph's Care Group	
Boparai, Dr. Dennis	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Bruni, Dr. Teresa	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Cook, Dr. Bruce	Regional Staff	Physician	Dryden Regional Health Centre	
Davenport, Dr. Eric	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
de Bakker, Dr. Peter	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 - 10-03-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Dhillon, Dr. Rajwinder Singh	Regional Staff	Physician	St. Joseph's Care Group	
Dineen, Dr. Sarah Marie	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Ding, Dr. Jonathan	Regional Staff	Physician	Atikokan General Hospital	
Doiron, Dr. François	Regional Staff	Physician	Dryden Regional Health Centre	
Donio, Dr. Patrick	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Dubois, Dr. Carla Dawn Marie	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Dykstra, Dr. Alyson	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Echum, Dr. Michelle Ellen	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
El Sherif, Dr. Hanan Elsayed A	Regional Staff	Physician	St. Joseph's Care Group	
Exley, Dr. Graham Douglas	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Facca, Dr. Sarah	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Fairley, Dr. Henry Stephen	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Fidler, Dr. Wesley Keith [R]	Regional Staff	Physician	St. Joseph's Care Group	
Franchi, Dr. Donald Brian	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-03-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Fuller, Dr. Colleen	Regional Staff	Physician	Atikokan General Hospital	
Gagnon, Dr. Yvon Rene	Regional Staff	Physician	Dryden Regional Health Centre	
Gamble, Dr. David Greg	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Gillen, Dr. Lorna Elsie	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Golding, Dr. Catherine	Regional Staff	Physician	St. Joseph's Care Group	
Goulet, Dr. David	Regional Staff	Physician	Dryden Regional Health Centre	
Green, Dr. Jordan	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Greenwood (Brent), Ms. Emilie Carol	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Hagerty, Dr. Marlon	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Hampe, Dr. Kyle Allen Wilfred	Regional Staff	Physician	St. Joseph's Care Group	
Hilton, Ms. Ashley	Regional Staff	Nurse Practitioner	Red Lake Margaret Cochenour Memorial Hospital	
Hwang, Dr. Christine	Regional Staff	Physician	Atikokan General Hospital	
Ingves, Dr. Matthew	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Jagger, Dr. Justin	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-03-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Janhunen, Dr. David Richard	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Johnsen, Dr. Jon	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Jumah, Dr. Naana Afua	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Kehler, Dr. Faye Elaine	Regional Staff	Physician	Dryden Regional Health Centre	
Kolobov, Dr. Anton	Regional Staff	Physician	St. Joseph's Care Group	
Kothanda Raman, Dr. Kalyanapuram R	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Lansdell, Dr. Kyle	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Latifi Soofi, Dr. Afshin	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Lewis, Dr. Alison Bailey	Regional Staff	Physician	Dryden Regional Health Centre	
Lindsay, Ms. Erin	Regional Staff	Nurse Practitioner	Atikokan General Hospital	
Lobb, Dr. Ian	Regional Staff	Physician	Red Lake Margaret Cochenour Memorial Hospital	
Ma, Dr. Yi Qing (Rae)	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
MacDonald, Dr. Mary Elizabeth	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Magee-Adams, Dr. Kelly Marian Addea	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 - 10-03-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Marchuk, Dr. Graeme	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Matichuk, Ms. Nikita Kathleen	Regional Staff	Nurse Practitioner	Atikokan General Hospital	
McCluskey, Dr. Stephen Douglas	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
McEwen, Dr. Virginia	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
McLean, Dr. Heather	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
McPhail, Dr. Jennifer Jo-Ann	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Minor, Dr. Shawn Stephen	Regional Staff	Physician	Atikokan General Hospital	
Mishra, Dr. Anamika	Regional Staff	Physician	Red Lake Margaret Cochenour Memorial Hospital	
Mozzon, Dr. Jeremy B	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Mulligan, Dr. P. Kyle	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Murphy, Dr. Katie	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Murray, Dr. Carolyn Marie	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Myslik, Dr. Frank	Regional Staff	Physician	Dryden Regional Health Centre	
Naqi, Dr. Hadia	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-03-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Nelson, Dr. Delene	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Neufeld, Dr. Troy	Regional Staff	Physician	Dryden Regional Health Centre	
Nicholls, Dr. Valerie	Regional Staff	Physician	St. Joseph's Care Group	
Noy, Dr. Janet	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Odulaja, Dr. Omolara	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Payandeh, Dr. Jubin Bijan	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Quevillon-Dussault, Ms. Nathalie	Regional Staff	Midwife	Thunder Bay Regional Health Sciences Centre	
Raynard, Dr. Alexandra Leigh	Regional Staff	Physician	Red Lake Margaret Cochenour Memorial Hospital	
REID, Dr. JOANNE Mary	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Rodrigues, Dr. Melanie	Regional Staff	Physician	Atikokan General Hospital	
Saliba, Dr. Cynthia	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Schoales, Dr. Blair Robert	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Schreiber, Dr. Yoko Saschin	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Sellick, Dr. Megan	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-03-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Shack, Dr. Jason Alan	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Shahi, Dr. Bahram	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Shamsuyarova, Dr. Anastasia	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Shewfelt, Dr. Megan Carol	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Shojaei, Dr. Hadi [R]	Regional Staff	Physician	St. Joseph's Care Group	
Simpson, Dr. Kathleen	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Sinnemaki, Dr. Lauren	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Siren, Dr. Andrew	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Spencer, Dr. Joanne	Regional Staff	Physician	Atikokan General Hospital	
St. Jacques, Dr. Arianne	Regional Staff	Physician	St. Joseph's Care Group	
Stevenson, Dr. Johnathan Warren	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Swerdlyk, Dr. Jennifer	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Tassone, Dr. Marlena	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Telang, Dr. Harshad	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 10-03-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Thibert, Dr. Mark R	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
To, Dr. David	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Trochimchuk, Dr. Teegan	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Turner, Dr. Lauren Diane	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Valiquette, Dr. Nicole Lorraine	Regional Staff	Physician	Dryden Regional Health Centre	
Van Der Loo, Dr. Sara Ellinor	Regional Staff	Physician	Atikokan General Hospital	
Vehling, Ms. Lorena Marie Louise Plastino	Regional Staff	Midwife	Thunder Bay Regional Health Sciences Centre	
Ward, Dr. Katrina	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Wilson, Dr. Tracy	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Wong, Dr. Tammy Hin Wing	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Zaib, Dr. Jehan	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Zavagnin, Dr. Nicole Jacqueline	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Zielke, Dr. Diane B	Regional Staff	Physician	Red Lake Margaret Cochenour Memorial Hospital	
Zroback, Dr. Jesse	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

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

Rainy River District
Ontario Health Team

info@rrdoht.ca
www.rrdoht.ca

Feb. 27, 2025

Subject: RRDOHT Leadership Council Representation Request

Dear Henry, Dianne and members of the Riverside Health Care Board,

On behalf of the Rainy River District Ontario Health Team (RRDOHT), we are writing to reaffirm our shared commitment to strengthening health system stability and collaborative progress across the district.

Riverside Health Care plays a critical and foundational role in the delivery of services throughout the Rainy River District. As such, Riverside's voice at the RRDOHT Leadership Council table is both valued and essential.

As the RRDOHT priorities continue to evolve and the complexity of system-level challenges increases, the Leadership Council is increasingly engaged in discussions that require timely decision-making. Being composed of organizational leaders with full authority supports efficient movement on matters affecting district-wide system performance.

Recent discussions have highlighted the importance of ensuring direct Principal Officer-level engagement at the table to strengthen alignment, minimize delays associated with layered approval processes, and support collaborative leadership during a period of heightened system pressure. In our view, the current model of representation may be limiting the Council's ability to function as effectively as intended under the OHT framework.

In light of this, the Co-Chairs respectfully request that Riverside Health Care's President and CEO attend Leadership Council meetings during this critical phase of system advancement, with others serving as delegates when necessary. We believe direct Principal Officer participation would enhance collaborative momentum, strengthen shared accountability, and support timely resolution of matters affecting the broader district health system.

info@rrdoht.ca
www.rrdoht.ca

This request is made in the spirit of partnership and collective responsibility. Our shared objective remains the stabilization and advancement of a coordinated health care system that best serves the residents of the Rainy River District.

We welcome the opportunity to discuss this further and remain committed to constructive collaboration.

Sincerely,

Jennifer Learning

Jennifer Learning
Rainy River District Ontario Health Team Co-Chair
learningj@aghospital.on.ca

Kayla Caul-Chartier
Rainy River District Ontario Health Team Co-Chair
Kcaul-chartier@fftahs.org

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E-mail: riverside@rhcf.on.ca
www.riversidehealthcare.ca

March 2, 2026
ADM-034

Jennifer Learning
Rainy River District Ontario Health Team Co-Chair
Email: learningj@aghospital.on.ca

Kayla Caul-Chartier
Rainy River District Ontario Health Team Co-Chair
Email: Kcaul-chartier@fftahs.org

Dear Jennifer and Kayla:

RE: RRDOHT Leadership Council Representation Request

This is to acknowledge receipt of your letter requesting President & CEO presence at leadership council meetings. This is under review and a response is forthcoming.

Sincerely,

Brooke Booth
for
Henry Gauthier
President & CEO

/bb
cc: Diane Clifford, Board Chair

Riverside Health Care

March 10, 2026
ADM-036

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Jennifer Learning
Rainy River District Ontario Health Team Co-Chair
Email: learningj@aghospital.on.ca

Kayla Caul-Chartier
Rainy River District Ontario Health Team Co-Chair
Email: Kcaul-chartier@fftahs.org

Dear RRDOHT Co-Chairs, Jennifer and Kayla:

RE: RRDOHT Leadership Council Representation Request

Thank you for your correspondence of February 27, 2026.

Our Executive Lead is employed in this role rather than simply delegated; as such, I am not aware of any compelling reason to change representation.

RHC's RRDOHT lead has considerable clinical experience, broad system knowledge, and the necessary authority to sit at this table. The very nature of RHC and Joanne's prior experience gives her broader system knowledge of health care than most. This awareness is instrumental in identifying and supporting the closure of gaps in care affecting the Rainy River District.

The perception of continued decline of partner relationships at the RRDOHT Leadership Table is quite disconcerting as are some of the reported behaviors. The Seven Grandfather Teachings (Wisdom, Love, Respect, Bravery, Honesty, Humility, and Truth) need to be pursued across the partners, both at the table and beyond. Without this sincere effort, the RRDOHT will remain challenged in supporting the residents of the Rainy River District.

As the RRDOHT representatives are executives of their respective organizations one would firmly expect that collective professionalism would facilitate healthy engagement. What authentic steps are being taken to improve trust, respect, and true collaboration where actions instead of words are leading change efforts?

RHC participates on the RRDOHT to support improving patient access and care. However, RHC cannot allow its representatives, now the 6th and 7th to participate from our organization, to continue to be subject to a toxic environment and one that appears to operate in contradiction to our principles of conduct.

I recommend a highly confidential meeting of the primary members only, without RRDOHT staff, to facilitate the opportunity to rebuild the council and maintain the RRDOHT intact.

Thank you for taking my perspective into consideration.

Henry Gauthier
President & CEO

/bb

Progressive • Integrity • Caring • Accountable