BOARD OF DIRECTORS MEETING

IN-CAMERA SESSION

Thursday, April 30, 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 – March 26, 2026 * Pg 3 2.2 Board Chair & Senior Leadership In-Camera Report – D. Clifford, H. Gauthier, D. Harris, C. Larson, J. Loveday, Dr. L. Keffer * Pg 6 2.3 Governance Committee In-Camera Report – B. Norton * Pg 8 2.4 Audit & Resources Committee In-Camera Report – B. Norton * Pg 21 2.5 Quality Safety Risk Committee In-Camera Report – M. Kitzul	
3.	Approval of Agenda	
4.	Presentation – 2025-2030 Fundraising Strategic Plan –H. Kaemingh * Pg 31	
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 63	
7.	New Business 7.1 Chief of Staff Report –Medical Staff Privileges - Dr. L. Keffer * Pg 65 7.2 Audit & Resources Committee – Verbal Update 7.3 Regional Services Council of the Board – Briefing Note * Pg 78	
8.	Other Business 8.1 For the Good of the Board * Pg 82 8.2 In-Camera with CEO 8.3 In-Camera without CEO	
9.	Date of Next Meeting: May 28, 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, April 30, 2026

3.	Motion to Approve the In Camera Agenda	THAT the RHC Board of Directors approve the Agenda as circulated/amended.
7.1	Chief of Staff Report – Medical Staff Privileges	THAT the RHC Board of Directors approves the privileges for the listed physicians for the 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. AND THAT the RHC Board of Directors approve change of status from Associate to Active for the listed physicians effective April 1, 2026, 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: March 26, 2026 **Time of Meeting**: 5:55 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
	M. Kitzul	A. Beazley*	K. Lampi	*via Webex

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

REGRETS: Dr. K. Arnesen, C. Larson

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1. CALL TO ORDER:

D. Clifford called the meeting to order at 5:55 pm. B. Booth recorded the minutes of this meeting.

1.1 Conflict of Interest & Confidentiality

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

D. Pierroz and D. Clifford declared a conflict with item 2.4 specific to 2.4.3 Non-Union Wage Review.

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: M. Kitzul SECONDED BY: E. Bodnar

THAT the Board approve the Agenda as circulated.
CARRIED.

4. PRESENTATION: 2026-27 QIP – Joanne Ogden

J. Ogden reviewed the circulated 2026-27 QIP submission documents highlighting the following:

- She noted the confusion experienced due to the new formatting of the 2025-26 Progress Report.
- The indicators linked to executive compensation were reviewed noted 4 out of 6 need to be met.
- Joanne reviewed the Narrative in detail highlighting the implementation of the SUD program.
- Under ED return visits, Joanne explained the process noting audits have been completed for Rainy River and LVGH and are included in this document. She discussed sentinel events.
- Joanne discussed the new indicators/additions in detail and the process of collecting baseline data.
- The 2026-27 QIP indicators were reviewed noting the changes from last year. Joanne discussed indicators that we will be doing a comparator on with other hospitals.
- The 2026-27 Executive Compensation briefing note was reviewed and the 1% holdback and indicators associated with this were discussed.
- Discussion took place regarding restraints in Rainy River. Joanne confirmed we went from 20% to 0%

this quarter, much improvement. Diana shared the implementation of the NP has been very beneficial. Further discussion took place regarding communicating the good job to staff. Diana confirmed we do however, we can always improve on this type of communication.

- Henry discussed the approach to the QIP now compared to previous years.
- Joanne noted the indicators chosen are because we believe they will make the most impact.
- Conversation ensued around performance conversations, and it was confirmed this includes all sites. The results have been good. Herny confirmed this will remain on the QIP to enforce the importance of completion.

It was,

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

THAT the Board of Directors approve the 2026-27 Quality Improvement Plan Submission.
CARRIED.

5. BUSINESS ARISING:

There was no business arising.

6. STRATEGIC DISCUSSION

There was no strategic discussion this month as it will be covered in Item 8.2.

7. NEW BUSINESS

7.1 Chief of Staff Report – Medical Staff Privileges

Dr. Keffer provided the following update:

- The third-year medical students that were working with us finished today. More students are scheduled to come in the fall.
- We are still working on getting a new locum physician into the schedule in Rainy River.

7.1.1 Privileges – Medical Staff

2026 Appointment and Reappointment Applications for Privileges

It was,

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

THAT the RHC Board of Directors approves the privileges for the listed physicians for the 2026 term as reviewed and recommended by the Medical Advisory Committee.
CARRIED.

Medical Learners

It was,

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

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:

- Capital Equipment – roughly $2.6 million was approved for 2025-26 and approximately $800k has been spent all without any Foundation dollars. The 2026-27 capital list will be deferred until September 2026. Henry noted there is roughly $6 million needed to upgrade phone, Wi-Fi etc. and for the Rainycrest call system.
- Financials: the hospital is in a surplus position and LTC is in a deficit. The overall deficit is approximately $3.9 million.
- We are seeing a bit of improvement with OT and sick at Rainycrest.
- A cash advance has been requested. Henry confirmed this was submitted and $10.5 million was requested.
- The auditors were discussed and we will need to look at the competition as we believe MNP's rates are inflated. Henry shared he did follow up with legal to see if we could defer appointing the auditor at the Annual Meeting. Legal noted we do need to appoint the auditor however if we find a more competitive auditor after the Annual Meeting, we can call a special meeting and reappoint.

7.3 RRDOHT

D. Clifford reviewed the circulated for information.

8. OTHER BUSINESS

8.1 For the Good of the Board (Optional)

Henry shared the OHA announced their budget and $1.1 billion is being invested into healthcare. Time will tell what this will look like for us. They are also investing in Home & Community Care and additional money will be going into LTC and research. Henry noted he doesn't believe it will be enough to stabilize the system regardless and we will still need to look at cost savings.

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:

April 30, 2026

10. TERMINATION OF THE IN-CAMERA SESSION:

It was,

MOVED BY: K. Lampi

THAT this meeting terminates and return to the Open Session at 8:00 pm.

CARRIED.

_____ _____

Chair Secretary/Treasurer

Riverside Health Care

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

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **Interim Leadership Changes**
  - Julie Loveday has returned to RHC as an interim member of the senior leadership team to support transition.
  - Leaders have been engaged and will continue to have bi-weekly meetings.
  - David Black has assumed oversight of the Community Counselling service.
- **Reorganization**
  - The tragic loss of a member of our team and impending retirements requires a level of reorganization to ensure the team is stable during the transition.
  - A new organizational chart will be presented at the May Board meeting In-Camera.
  - Changes are being focused on alignment across the distinct hospital, LTC, and community divisions of RHC.
- **Grow your own Nurse Practitioner**
  - RHC's Grow Your Own NPs will be writing their exams in August 2026 with a planned start for October 2026.
- **Lockdown and Evacuation Plans**
  Our Emergency Planning lead met with the head of security in early April to advance redevelopment of lockdown and evacuation plans for RHC locations.
- **Rainy River/Emo Health Centre Leadership Recruitment**
  - Ongoing recruitment continues by HR for the RR-EHC Administrator and DOC. The Supervisor has been extended until May 1, 2026, and will transition into a nursing role.
  - The RR Site is being supported on-site by the Director of Nursing, Practice Manager with our CNE serving as Interim Administrator.

One Riverside - Promoting a Consistent and Empowering Culture

- **Standardization of Long-Term Care**
  - Education and training for documentation to ensure alignment across all LTC.
  - New hires being trained at RC as part of onboarding.
  - Quality Leads being identified for RR and Emo.
- **Foundation**
  - BLG sent the 2nd request for funding to the Foundation on March 31, 2026. This request more specifically noted: (1) transfer of Endowment Funds to RHC to administer them, (2) invoice from year ending March 31, 2025, for services rendered, (3) request for support of approved capital initiatives, and (4) flowing of any remaining funds to RHC.
  - On April 10, 2026, BLG sent a 2nd request to the Foundation, as follows:
    - Request for support to coordinate update of donor recognition displays across RHC.
    - Advisement of where to send current wooden and monitor based donor recognition systems as they are to be replaced with a single solution by RHC.
    - Request for Foundation sharing of information with RHC to appropriately recognize all supporters on new display screens; these individuals will be incorporated into the new digital displays as supporters of the Riverside Foundation for Health Care separate from those noted as supporters directly of Riverside Health Care.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **Rainy River ER Closure**
  - The RR ER was closed on Sunday April 12, 2026, for 6.5 hours**.**
  - Closure was a result of a physician scheduling error.
  - LVGH locum was able to support re-opening.
  - Town of RR supported sign covering.
- **Capital Project Update**
  - Large generator to complete project at LVGH is anticipated to arrive in mid-May 2026.
  - Radiology unit at RR remains on hold as we await further clarification from engineers on extent of renovations required.

- Radiology unit at LVGH anticipated to require minimal renovations.
- Pharmacy contract is in place and work is progressing accordingly. As a result of work remaining outstanding, our team met with the Ministry of Health Hospital Infrastructure Renewal Fund program leadership to inform them of current state.

- **Cash Flow Advance Request**
  - Cash Flow Advance Request for Hospitals was submitted April 15, 2026, and resubmitted April 20, 2026.
  - Cash Flow Management at RHC is specific to our General Bank Account that includes all incoming and outgoing funds for hospitals, community and long-term care for both operating and capital.
  - This caused considerable confusion within OHN. As a result, all capital and the estimated RC deficit value has been extracted to ensure only hospital operations is included.
  - A separate cash advance request will be submitted for Rainycrest LTC operating.
  - Hospital capital projects are fully funded even though OHN seems to interpret otherwise.
  - RC LTC has urgent roof repairs and emergent replacement of the nurse call system – these projects are not currently funded but must proceed due to resident and staff safety concerns.

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

- **Indigenous Care Coordinators**
  Clinical leadership is working with the patient care manager and GHAC's ICCs to improve communication, enhance planning, increase patient satisfaction, and reduce the number of incidents.

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
Julie Loveday, Interim VP Community and Transportation Services
Henry Gauthier, President & CEO
RHC Directors, Managers & Supervisors

Riverside Health Care

In Camera Governance Committee Report – April 2026

2.3.1 Minutes: Governance Committee
April 14, 2026 – not yet reviewed by the Committee *

2.3.2 Nominating & Recruitment Meeting Minutes *

2.3.3 Board Evaluation Tool/Surveys *

RIVERSIDE HEALTH CARE FACILITIES INC.
BOARD GOVERNANCE COMMITTEE
MINUTES

Date of Meeting: April 14, 2026 **Time of Meeting:** 4:00 pm

Location of meeting: LVGH – Board Room / Webex

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

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

1. CALL TO ORDER:

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

1.1 Confidentiality Reminder:

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

2. ADOPTION OF AGENDA:

It was,

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

THAT the agenda be approved as circulated.
CARRIED.

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

It was,

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

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

4. MATTERS ARISING FROM THE MINUTES:

4.1 Freedom of Information Report Follow Up

Henry provided an update confirming the breach scenario that was discussed at the last meeting, was included in the report. Henry read the response provided from Privacy noting the approach taken telling the individual to shred the information was appropriate. It was further noted that this approach is dependent on the information and the depth of confidentiality will determine whether a more aggressive approach be taken.

4.2 Second Vice-Chair Update

Diane confirmed she spoke with Dan Loney, and he has agreed to put his name forward for the 2nd Vice-Chair role. Diane recalled that Edith had agreed to the Vice Chair role, and she had agreed to stay in the Chair role for one more year. This is the proposed Board leadership succession plan moving forward.

Henry discussed Senior Leadership succession noting he now has a date for the CFO retirement at the end

of 2026. With the sudden and tragic loss of Joanne, this will leave 3 gaps in the Senior Leadership team. Henry highlighted the Senior Leadership team at St. Joe's and encouraged all to visit their website to look at their team structure. Discussion took place regarding balancing the budget and Emo and Rainy River. Further discussion occurred around working with partners and frustrations.

5. NEW BUSINESS:

5.1 Nominating & Recruitment Committee Update

Diane shared the committee met prior to this meeting. The interview questions were reviewed, and discussion took place regarding potential candidates. To date, one application has been received and follow up occurred with the three other candidates who received applications and one responded confirming their intention was to submit an application. It was confirmed that all interviews will occur after the application deadline.

5.2 Review Board Evaluation Tools/Surveys

Diane reviewed the survey/tools in detail. All agreed they were good as is and no revisions were required. Brooke confirmed these will go out after the Board meeting.

5.3 CEO Evaluation Review Update

Diane reported as Henry is retiring in December, a 360 review is no longer required. She shared a simple review will be completed and the following will be engaged to complete the review via survey monkey:

Senior Team members including Dr. Keffer
Board Members
Henry will complete a self-assessment

Diane confirmed the same questions will be used, no changes are required.

Diane discussed the Chief of Staff review noting 4 physicians have been identified and the survey will go out after the Board meeting. On top of the 4 physicians, the Senior Team members, including Brooke, will complete the survey as well, Dr. Keffer will complete a self-assessment.

5.4 In Camera with CEO

The Board members met with the CEO only.

6. OTHER BUSINESS:

6.1 SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

6.2 Meeting Summary: April Board Meeting Agenda Items

Discussion took place around what items are to appear on the Open and In-Camera agendas for the April 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 Board Evaluation Tools/Surveys

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

7. DATE AND TIME OF NEXT MEETING:

May 12, 2026

8. TERMINATION:

The meeting terminated at 4:31 pm.

_____ _____

Chair Recording Secretary

RIVERSIDE HEALTH CARE

NOMINATING & RECRUITMENT COMMITTEE

MINUTES

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

Location of meeting: Webex / LVGH Board Room

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

REGRETS: K. Lampi

1. CALL TO ORDER:

B. Norton called the meeting to order at 3:37 pm. B. Booth recorded the minutes of the meeting.

1.1 Confidentiality Reminder

Ben reminded members of the confidentiality of the session.

2. AGENDA:

It was,

MOVED BY: D. Clifford SECONDED BY: D. Pierroz

THAT the agenda be accepted as circulated.

CARRIED.

3. REVIEW OF MEETING MINUTES: February 10, 2026:

It was,

MOVED BY: D. Pierroz SECONDED BY: D. Clifford

THAT the minutes of the previous meeting held on February 10, 2026, be accepted as circulated.

CARRIED.

4. MATTERS ARISING FROM THE MINUTES:

There were no matters arising.

5. NEW BUSINESS:

5.1 Application – Michael Puderbach

Ben reviewed the circulated application and resume from Michael Puderbach. Detailed discussion took place regarding his experience noting he has some financial background, conflict of interest, personal legalities/responsibilities of reporting outside

business activities to industry regulators and insurance.

Further discussion took place regarding process and interviewing candidates. It was agreed by consensus that all interviews will be done together closer to the deadline when all applications have come in.

Conversation ensued around financial experience and importance. Henry noted having "Business" knowledge would be an asset. He noted conflict of interest and having an actual understanding of this as well as business knowledge would be important.

The committee agreed to move forward with an interview with Michael closer to the deadline date.

ACTION: An interview will be offered to Michael Puderbach closer to the May 4, 2026, application deadline.

5.2 Recruitment Discussion

Diane shared she spoke with Lynn Indian and she was interested in the Board. Brooke has provided her with the Board application. Diane noted Lynn also recommended Jim Leonard for the Board as well. Diane noted she followed up with Jim, and he seemed interested as well. Brooke has issued him an application as well. Brooke recalled Shiela McMahon has also received an application and confirmed that we have not received anything back as of yet from these 3 candidates. Dan shared he spoke with Frank Sheppard however due to medical reasons he declined. Dan noted he also followed up with Rob Georgeson, however even though he seemed interested he couldn't commit at this time due to work commitments. Dan shared he had not followed up with Laura Horton as of yet. Discussion took place regarding sending a follow-up email to those who have received applications to gauge their interest. Everyone will continue to think about potential candidates.

ACTION: Brooke to send a follow up email to the 3 candidates who have received applications.

6. DATE OF NEXT MEETING:

April 14, 2026

7. TERMINATION:

It was,

MOVED BY: D. Pierroz

THAT the meeting be adjourned at 4:06 pm.

CARRIED.

_____ _____

Chair Recording Secretary

/bb

THIS SURVEY IS DONE VIA SURVEY MONKEY.
CIRCULATED FOR REVIEW PURPOSES.

2025-26 Evaluation of the Board Chair

PRESENT PERFORMANCE:

Evaluate the following expectations of the Board Chair. Under comments, feel free to provide constructive input.

1. ***Leadership***: the Chair exhibits visionary leadership, keeping the mission, vision, values and strategic goals of the organization foremost and articulating them as the basis for board work.

Strongly agree	Agree	Disagree	Strongly disagree	Can't assess

Comments:

2. ***Board Conduct:*** the Chair sets a high standard for board conduct by exhibiting trust and respect toward others and honouring the board's conflict of interest and confidentiality policies.

Strongly agree	Agree	Disagree	Strongly disagree	Can't assess

Comments:

3. ***Chairing Meetings:*** the Chair runs effective meetings, developing (with the Chief Executive Officer) appropriate agendas and board packages and optimizing participation, information sharing and efficient conduct of board business.

Strongly agree	Agree	Disagree	Strongly disagree	Can't assess

Comments:

4. ***Role clarification***: the Chair understands and effectively communicates, at the Board level, the role and functions of the board, committees, medical staff and management.

Strongly agree	Agree	Disagree	Strongly disagree	Can't assess

Comments:

5. ***CEO Relationship:*** the Chair promotes a positive, collaborative relationship with the CEO.

Strongly agree	Agree	Disagree	Strongly disagree	Can't assess

Comment:

6. ***CEO Performance Appraisal:*** the Chair effectively leads the CEO Performance Appraisal and compensation review processes, keeping the board well informed and appropriately involved.

Strongly agree	Agree	Disagree	Strongly disagree	Can't assess

Comments:

7. ***Succession Planning:*** the Chair mentors a Chair-elect; the Chair also participates in identification, recruitment and orientation of new trustees.

Strongly agree	Agree	Disagree	Strongly disagree	Can't assess

Comments:

8. ***Self Evaluation:*** the Chair is open to feedback on his or her performance and promotes an effective, objective board self-evaluation process.

Strongly agree	Agree	Disagree	Strongly disagree	Can't assess

Comments:

9. ***Representation:*** the Chair effectively represents the organization at official functions and with key stakeholders

Strongly agree	Agree	Disagree	Strongly disagree	Can't assess

Comments:

THIS SURVEY IS DONE VIA SURVEY MONKEY.
CIRCULATED FOR REVIEW PURPOSES.

Board Member: Date:

Board Director Self-Assessment Questionnaire (2025-26)

Trait/Characteristic	4	3	2	1	N/A
Reads materials and comes prepared for meetings	❑	❑	❑	❑	❑
Participates - actively engaged at meeting	❑	❑	❑	❑	❑
Supports and promotes the facility	❑	❑	❑	❑	❑
Consistently demonstrates integrity and high ethical standards	❑	❑	❑	❑	❑
Complies with the conflicts of interest policy	❑	❑	❑	❑	❑
Respects confidentiality as required	❑	❑	❑	❑	❑
Communicates ideas and concepts effectively	❑	❑	❑	❑	❑
Listens well and respects those with differing opinions	❑	❑	❑	❑	❑
Thinks independently - will express view contrary to the group	❑	❑	❑	❑	❑
Inquisitive-asks appropriate and incisive questions	❑	❑	❑	❑	❑
Thinks strategically in assessing the situation and offering alternatives	❑	❑	❑	❑	❑
Exhibits sound, balanced judgement for the benefit of all stakeholders	❑	❑	❑	❑	❑
Develops and maintains sound relationships-a team player	❑	❑	❑	❑	❑
Understands the role of board committees	❑	❑	❑	❑	❑
Understands and respects the role of the chair	❑	❑	❑	❑	❑
Demonstrates financial literacy though not necessarily an expert in the field	❑	❑	❑	❑	❑
Effectively applies and contributes his/her special skills, knowledge or talent to the issues	❑	❑	❑	❑	❑
Supports board decisions - acts as one on all board actions once the decision has been made	❑	❑	❑	❑	❑
Contributes effectively to board performance	❑	❑	❑	❑	❑

Scoring		
4	Outstanding/Above Average	Consistently performs beyond expectations; does more than is expected of a director; frequently contributes more than average.
3	Fully Satisfactory	Consistently demonstrates the quality at a standard expected of a director; a solid performer.
2	Adequate	Demonstrates the expected qualities but may be inconsistent in the demonstration or has minor weaknesses that could be improved with attention.
1	Could Improve	Would benefit by modifying this aspect of his/her behaviour to conform to the expectations.
x	N/A	Cannot assess the individual on this question; lack exposure to, or knowledge of, demonstrated behaviours or traits.

DONE VIA SURVEY MONKEY

Chief of Staff Evaluation	**PRESENT PERFORMANCE:** Evaluate the following expectations of the Chief of Staff. Under comments, feel free to provide constructive input.

1. ***Leadership***:

The Chief of Staff exhibits visionary leadership and keeps the mission, vision, values and strategic goals of the organization at the forefront.

Strongly agree	*Agree*	*Disagree*	*Strongly disagree*	*Cannot assess*
☐	☐	☐	☐	☐

Comments:

_____

_____

_____

2. ***Organization:***

Oversees the organization of the Medical/Dental Staff and the quality of medical care provided to patients in the facilities of the corporation.

Oversees the appointment/reappointment process for physicians, dentists, visiting specialists, nurse practitioners, locums and ensures the credentialing process is done in accordance with the by-laws and the Public Hospitals Act.

Ensures medical staff participation in continuing medical education through yearly reporting in the reappointment process.

Strongly agree	*Agree*	*Disagree*	*Strongly disagree*	*Cannot assess*
☐	☐	☐	☐	☐

Comments:

_____

_____

_____

3. Reporting to the Board:

Attends board meetings, provides reports on the activities of the medical staff and the quality of care provided in the facilities of the corporation.

Strongly agree	*Agree*	*Disagree*	*Strongly disagree*	*Cannot assess*
☐	☐	☐	☐	☐

Comments:

_____

_____

_____

4. Utilization of Medical Resources:

With the President/CEO is responsible for the appropriate utilization of resources by all medical departments.

Works with the Medical Advisory Committee to plan medical manpower needs of the facilities in accordance with the corporation's strategic plan.

Participates in resource allocation decisions.

Strongly agree	*Agree*	*Disagree*	*Strongly disagree*	*Cannot assess*
☐	☐	☐	☐	☐

Comments:

_____

_____

_____

5. Complaints Process:

Ensures physician complaints are investigated and responded to as needed.

Strongly agree	*Agree*	*Disagree*	*Strongly disagree*	*Cannot assess*
☐	☐	☐	☐	☐

Comments

_____

_____

_____

6. ***Other Comments:***

THIS SURVEY IS DONE VIA SURVEY MONKEY.
CIRCULATED FOR REVIEW PURPOSES.

2025-26 Committee Self-Assessment Survey

NOTE: One Survey per Committee

Please specify which Committee(s) you participate on: ☐ Board Audit & Resources ☐ Board Governance ☐ Quality, Safety & Risk Committee ☐ Ethics (Core) Committee ☐ Board Nominating/Recruitment	Strongly Agree	Somewhat Agree	Disagree	Strongly Disagree
Terms of Reference and Composition				
1. The committee has clear and appropriate Terms of Reference.				
2. The committee has the right number of members.				
3. The committee has members with the skills and expertise that are needed by the committee.				
Committee Management				
4. The committee meets at the appropriate time and day of week.				
5. The committee receives the right information it needs to fulfil its responsibilities.				
6. Information is received sufficiently in advance of the meeting.				
7. The committee meets the right number of times over the year.				
Committee Effectiveness				
8. The committee is working effectively.				
9. The committee is effectively performing its roles as outlined in its Terms of Reference.				
10. Discussions at committee meetings are open, respectful and air opposing views effectively.				
Chair Effectiveness				
11. The Chair is prepared for committee meetings.				
12. The Chair keeps the meetings on track.				
13. The Chair fairly reports the committee's work to the Board.				
14. The Chair encourages participation and manages discussion.				
Overall Committee Performance				
15. Overall, I am satisfied with my contribution to the committee.				
16. Overall, I am satisfied with the committee's contribution to the Board.				

Comments on/Suggestions for the Committee (specify Committee when commenting):

Other Comments:

Date Completed:_____ Completed by:_____

Riverside Health Care

In Camera Audit & Resources Committee Report – April 2026

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

2.4.2 Bad Debts *

2.4.3 Performance Conversations *

2.4.4 Board & Management Travel *

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

Date of Meeting: March 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 4:01 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. Jolicoeur SECONDED BY: M. Kitzul

THAT the agenda be approved as circulated.
CARRIED.

3. REVIEW OF MEETING MINUTES: February 19, 2026:

It was,

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

THAT the minutes of the previous meetings held on February 19, 2026, be approved as circulated.
CARRIED.

4. BUSINESS ARISING:

4.1 Capital Equipment Approval

Henry recalled $2.7 million was approved last year however, we are down to roughly $2.3 million due to not purchasing the spine equipment. We have spent approximately $800k without any Foundation money.

The 2026-27 Capital list will need to be delayed until roughly September due to financial challenges and not being able to afford the purchases. Henry shared we also need roughly $5 million in funds to replace our Wi-Fi, phone etc. The 2026-27 capital list will be deferred to September 2026 unless there are emergent purchases. Discussion took place regarding Foundation dollars and if we receive these funds, would we move forward with the list. Henry confirmed this would be the best-case scenario. Henry shared we are waiting on legal to address the Foundation and submit them a letter however, legal is moving very slowly which is frustrating. The money raised by the Foundation was specific to RHC and we need this money. Henry referenced the last correspondence sent to legal on February 11, 2026. He shared legal has been working on other large initiatives for RHC as well (ie. Rainy River Clinic, MOU with GHAC, Professional Bylaws etc.). We do not know for sure when/if the Foundation money will flow to us. Legal council needs to move to the next steps with the Foundation. Henry noted he will be following up with legal again. In the interim the 2026-27 list is on hold as we are in a cash crisis.

5. STANDING ITEMS:

5.1 Financial Report – February 2026

Carla reviewed the circulated in detail highlighting the following:

- Hospital Surplus is approximately $153k. Carla shared as per the funding agreement, surplus' get returned however, if we have a surplus position at the end of the year, we can use this towards the CSS deficit and offset these types of deficits.
- LTC Deficit is roughly $3.3 million. Carla noted we are starting to see a decline in agency costs and Rainycrest is starting to manage OT hours.
- RHC Corporate Deficit is approximately $3.9 million. All is Rainycrest, CSS and Assisted Living. CUPE wage adjustments contribute as well.

5.2 OT, Sick & FTE Reports – February 2026

Carla reviewed the circulated reports and provided an update on the previously discussed mitigation plan. She highlighted the following:

- The casual pool continues to be a challenge.
- A draft re-negotiated contract for agencies will go out to re-negotiate rates.
- OT has improved on the LTC front; however, we won't see improvements on the hospital front as all staff in all capacities are being used.
- The sick management plan is still being worked on by HR.
- Henry noted our activity levels are higher in hospital; we aren't just seeing an increase in OT and sick; we are also caring for an increased number of patients which comes with additional costs. Henry noted there needs to be a focus on the increase in the base level of activity. If we were being funded for 60 beds we would be in a surplus position. Henry shared we are going back to look at occupancy rates over the years at LVGH to approach right size funding with the Ministry.
- There is an upstaff problem because of the increase in patients.
- Discussion took place regarding the increase in admitted patients. Henry confirmed the reasons for admission are an assortment (ie. MH&A, aging population etc.)
- A new normal has fallen into place and our HHR challenges are at a high as well.
- Henry shared agency costs were shared with the region and Kenora was high with agency costs with only 1 site. Henry confirmed we are fairly comparable with the region.

6. NEW BUSINESS:

6.1 H-SAA, M-SAA and L-SAA Extension Agreements

Henry reviewed the briefing note. Carla reported some hospitals are refusing to sign off. Henry shared hospitals do not have any leverage on not signing, however.

It was,

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

THAT the Audit & Resources Committee recommends 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 as an amendment to the L-SAA agreement consistent with prior year practice.

CARRIED.

6.2 Non-Union Wage Review

Carla reviewed the briefing note for information, confirming a 2% increase will be provided to maintain alignment with the unions. This will be effective April 1, 2026.

6.3 Line of Credit

Henry reviewed the briefing note for information. Carla confirmed the bank balance is still in the black, which is good. Carla discussed the delay with surgical dollars. Henry noted Carla will be putting in a request for cash flow shortly. The line of credit remains at $5 million, and this will not be increased. OH, is not timely with flowing funds so we will need to watch this. Henry reported we will need a large infusion of cash by the end of June in order to survive therefore Carla will be requesting a large amount of funds. Discussion took place regarding the $2.5 million for property and we have only spent roughly $1 million. It was confirmed we only pay the interest on what we have spent/purchased and not on the full $2.5 million.

6.4 Review MNP Engagement Letter

Carla reviewed the letter for information. Henry noted we pay a lot of money for MNP as there is no competition for them currently. Their rates look grossly inflated, and we will need to keep this in mind for future and possibly look at new audit providers/competitors. Discussion took place regarding the auditors being appointed at the Annual Meeting.

ACTION: Henry will reach out to legal counsel to see if we can defer the appointment of the auditor at this coming Annual Meeting in order to be able to look into different audit firm options.

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

Ben reviewed the circulated briefing note.

It was,

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

THAT the Audit & Resources Committee recommend that the Board of Directors approve the 1% holdback for Executives in regard to the 2026-27 QIP indicators specific to performance-based compensation.

CARRIED.

6.6 2025-26 (Previous Fiscal) QIP and Goals & Objectives Executive Compensation

Henry reviewed the briefing note confirming targets were met at 100%.

It was,

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

THAT the Audit & Resources Committee recommend that the Board of Directors approve the qualifying incentive payment due to the Senior Leadership Team for 2025-26 QIP compensation as attached hereto and forming part of this resolution.

CARRIED.

7. SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- 2026-27 Capital List – Deferred to the September 2026 meeting.
- Henry will reach out to legal counsel to see if we can defer the appointment of the auditor at this coming Annual Meeting in order to be able to look into different audit firm options.

7.1 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:

- 6.1 Financial Report – February 2026

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

In-Camera – Consent Agenda:

- February 19, 2026, Meeting Minutes
- 6.1 H-SAA, M-SAA and L-SAA Extension Agreements
- 6.2 Non-Union Wage Review
- 6.3 Line of Credit
- 6.4 BDO Engagement Letter
- 6.5 Approve 2026-27 QIP and Goals & Objectives for Senior Leadership Performance Based Compensation for Senior Staff (% allotments)
- 6.6 2025-26 (Previous Fiscal) QIP and Goals & Objectives Executive Compensation

In-Camera – Separate Item:

- Audit & Resources Verbal Update

8. DATE OF NEXT MEETING:

April 23, 2026

9. TERMINATION:

The meeting terminated at 5:03 pm.

_____ _____

Chair Recording Secretary
/bb

BRIEFING NOTE

TO: Audit & Resource Committee

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

DATE: April 1, 2026

SUBJECT: **Bad Debts - April 1, 2025 to March 31, 2026**

SUMMARY

- Some of the contributing factors to the bad debt are mental health & addictions transient patients who require more care & long hospital stays. 26.97% of the overall bad debt write-off is Emergency, Outpatient and Diagnostic costs that are most often patients that have no OHIP coverage.
- 40.87% of the total bad debt write-off is attributed to the inpatient costs for one patient.
- $344K of Long Term Care resident accounts have been set up as Allowance for Doubtful Accounts. They are currently under review by ISC (Indigenous Services Canada) and PGT (Public Guardian Trustee) for potential collection and have not been selected for write-off until there is certainty that the are uncollectible.
- The total bad debt write-off for the period of April 1, 2025 to March 31, 2026 for the hospital is $353,468 and for long term care is $24,719 (total of $378,187). Please refer to Appendix A.

Information Only

Carla Larson

Attachment

APPENDIX A

Riverside Health Care Facilities Inc.

Bad Debt Summary by Service Category

For April 1, 2025 to March 31, 2026

Bad Debt Write-Off Summary	2025-2026 April 1 to June 30, 2025	2025-2026 July 1 to September 30, 2025	2025-2026 October 1 to December 31, 2025	2025-2026 January 1 to March 31, 2026	Comments
Medication and Crutches	$170	$0	$273	$1,070	Patients without OHIP coverage, primarily our transient patient population, contribute to the Emergency, Outpatient & Radiology/Lab uncollectible accounts. After numerous engagements with SDM, POA, PGT and ISC, all of the Eldcap and Long Term Care Accommodation accounts for deceased residents have been written off. The remainder of the accounts are still under review with ISC and PGT and have been recognized as Allowance for Doubtful Accounts until the reviews are finalized.
Emergency & Other Outpatient	$10,422	$0	$16,561	$26,114	
Inpatient	$12,903	$154,559	$10,613	$3,687	
Ambulance	$4,425	$0	$3,990	$6,420	
Day Surgery	$0	$0	$386	$1,875	
Radiology and Lab	$14,011	$0	$19,380	$15,505	
TV and Phones	$0	$0	$0	$0	
ALC	$0	$0	$0	$1,577	
Long Term Care Rent	$21,125	$0	$0	$3,594	
Eldcap Rent	$613	$0	$0	$10,055	
CSS	$0	$0	$0	$0	
Semi Private/Private	$11,696	$0	$900	$20,850	
Allowance for Doubtful Accounts moved to bad debt	$0	$0	$0	$0	
Other (Staff Benefits, O/S Loans and Vendors, Education, Agency Nursing Private Expenses)	$838	$0	$0	$4,575	
	$76,203	**$154,559**	**$52,103**	**$95,322**	

Total Uncollectible and Bad Debt Write off for 2025-2026	**$378,187**

Allowance for Doubtful Accounts	Opening	April 1, 2025 to March 31, 2026	TOTAL	
LTC Allowance for Doubtful Accounts	$147,579	$196,926	$344,505	8 Long Term Care residents make up the Allowance for Doubtful Accounts. All 8 residents have had capacity assessments and are waiting for financial review with ISC (Indigenous Services Canada) or PGT (Public Guardian Trustee). None of these residents have family who will act on their behalf and have significant debts that continue to grow. Finance works actively with PGT, ISC and ODSP to act on behalf of the residents, but Long Term Care accommodation accounts can accumulate quickly. The Indigenous Care Coordinators & the Indigenous Care Liaison have been critical to uncollectible account follow-up.
LVGH Allowance for Doubtful Accounts (incl. Eldcap)	$19,696	$34,658	$54,354	
	$167,275	**$231,584**	**$398,859**	

Total Bad Debt Expense & Allowance for Doubtful Accounts 2025-2026	**$609,771**

APPENDIX A

Riverside Health Care Facilities Inc.

Bad Debt Summary by Service Category

For April 1, 2025 to March 31, 2026

Bad Debt Write-Off Summary	2025-2026	2024-2025	2023-2024	2022-2023	Average of Last three years prorated at Q1 YTD	% Increase /Decrease from 3 year average	
Medication and Crutches	$1,513	$2,480	$3,286	$855	$2,207	-31%	
Emergency & Other Outpatient	$53,097	$79,549	$42,701	$22,396	$48,215	10%	
Inpatient	$181,762	$54,166	$2,374	$2,079	$19,540	830%	$154.6K of the inpatient bad debt is a result of one transient Mental Health & Addictions patient.
Ambulance	$14,835	$18,034	$9,575	$19,140	$15,583	-5%	
Day Surgery	$2,261	$1,385	$4,155	$3,006	$2,849	-21%	
Radiology and Lab	$48,896	$30,262	$6,413	$0	$12,225	300%	
TV and Phones	$0	$0	$0	$25	$8	0%	
ALC	$1,577	$36,689	$8,427	$19,369	$21,495	-93%	
Long Term Care Rent	$24,719	$49,438	$39,644	$4,709	$31,264	-21%	
Eldcap Rent	$10,669	$14,494	$18,317	$542	$11,118	-4%	
CSS	$0	$3,348	$23	$8	$1,126	-100%	
Semi Private/Private	$33,446	$4,380	$0	$21,000	$8,460	295%	Change in billing practice has resulted in an increase in Semi Private/Private fees. Process under review.
Other (Staff Benefits, O/S Loans and Vendors)	$5,413	$10,953	$13,000	$19,204	$14,385	-62%	
Bad Debt Write-Off Before AFDA	**$378,187**	**$305,178**	**$147,915**	**$112,333**	**$188,475**	**101%**	
Allowance for Doubtful Accounts Increase/Decrease	$231,584	$55,070	$1,412	$12,434	$22,972	908%	All of the Allowance for Doubtful Accounts increase in 2025-26 are directly related to long term care accommodations.
Hospital Bad Debt & AFDA	**$388,126**	**$252,392**	**$108,248**	**$107,616**			
Long Term Care Bad Debt & AFDA	**$221,645**	**$107,856**	**$41,078**	**$17,151**			

Performance Conversations 2026- as of April 9, 2026			
Department- Director/Supervisor	**Completed Conversation**		**Employees Less Than One Year**
Community Services- D. Black/G.Miller (NPSH, Transportation)	0/32 (0%)		
Community Support Services- K. Bolen	13/74 (18%)		
Mental Health and Addiction- J.Ogden	0/11 (%)		
Risk Management- C. Cole	0/3 (0%)		
Capital Planning and Engineering- E. Cousineau (Maintenance, Bio-Med)	0/15 (0%)		
Nursing LVGH- J. Cousineau	5/97 (5%)		17 Agency
Finance- C.Larson	0/5 (0%)		
Security- Z. Degagne	0/4 (0%)		
DI /Lab/Registration- A. Faragher	2/45 (5%)		
IST- J. Gleeson	0/4 (0%)		
Store/Supply Chain- T. Hamilton	0/5 (0%)		
Health Informatics and Privacy- S. Leblanc	2/8 (25%)		
EVS All Sites- A. Deveau	4/66 (6%)		
FNS- All Hospital- N.Piotrowski	1/33 (3%)		
FNS RCLTC- S.Monahan	1/22 (4%)		
Payroll/Scheduling- G.Lecuyer	0/6 (0%)		
Therapeutic/Pharmacy- H.Loney	1/26 (4%)		
Nursing EHC/RRHC- Meghie	0/53 (0%)		13 Agency
RCLTC-Nursing-S.Labelle	8/118 (4%)		5 Agency
Amdinistrator RCLTC- Tara Morelli	0/1 (0%)		
Patient/Resident Exp.- C.Vandenbrand	0/17 (0%)		
Patient/Resident Exp. C. Mcormick	0/1 (0%)		
Professional Practice- S. Patey	0/6 (0%)		
Human Resources- K.Woods	0/7 (0%)		
Rainy River Clinic - S. Ivall	0/3 (0%)		
Total Number of Performace Converstions	35/662 (5%)		

RIVERSIDE HEALTH CARE

operating as Riverside Health Care Facilities, Inc.

Executive and Board - Travel, Meal and Hospitality Expenses

October 1, 2025 to March 31, 2026

Date	Event Description	Expense	Expense Category
Henry Gauthier President & Chief Executive Officer			
Joanne Ogden Quality Assurance Auditor & OHT Executive Lead			
Diana Harris Chief Nursing Executive			
Carla Larson Chief Financial, Technology & Information Officer			
Diane Clifford Board Chair			
Benjamin Norton Vice Chair			
Edith Bodnar Second Vice Chair			
Marianne Kitzul Board Member			
Kathy Lampi Board Member			
Aimee Beazley Board Member			
Dan Loney Board Member			
Michael Jolicoeur Board Member			
Dr. Daniel Pierroz Board Member			
**** Travel Expenses that are reimbursed by other agencies are not included in this report****			
Total for October 1, 2025 to March 31, 2026		**$0.00**	

Printed: April 14th, 2026

Riverside Health Care

Fundraising Department Update

WHERE WE ARE NOW

IN PLACE

- Donor Database (CRM)
- Core fundraising activities underway
  - Online Donations
  - 50/50 Program
  - Staff Giving

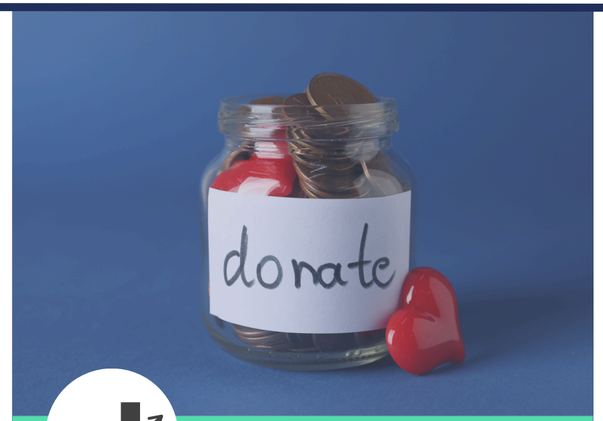
IN PROGRESS

- Policies and procedures
- 5-year Strategic Plan
- Effectively using GrantStation Platform
- Community Presence
- Community Events

WHAT WE HAVE LEARNED

- Impact of major gifts and donor stewardship
- Balancing local community and broader initiatives is key
- Need for community engagement and consistency
- Keeping focus on positivity and things within our control

WHERE WE ARE HEADING



Build

- A sustainable fundraising program generating $1M+ annually
- Fundraising team capacity to support long-term growth and sustainability

Establish

- 50/50 program to bring in a consistent revenue stream - over $200,000 annually

Expand

- Continue to diversify revenue sources (explore more grant funding and organizations outside of NWO)

Grow

- Continue to build network with donors, businesses, groups and organizations.
- Grow community engagement and awareness.

HOW WILL WE GET THERE?

- Increase human resources
- Develop and build upon current programs and events
- Continue to build community presence and engagement
- Build professional network

Current Fundraising Snapshot

$1,605,521.09

raised to date across all facilities/ departments (includes pledges)

$114,262.50

50/50 Revenue
July 2025 - March 2026

$130,262.50

prizes awarded

3,685 *Contacts in donor database*

Riverside Health Care

lights, camera,

DIAGNOSIS

BRINGING ADVANCED DIAGNOSTIC IMAGING TO RIVERSIDE

LVGH MRI • LVGH DIGITAL RADIOGRAPHY • RAINY RIVER DIGITAL RADIOGRAPHY

$103,088

left to raise campaign
Goal $1,667,000

94%

Riverside Health Care

Caring, Together

Fundraising Department
Riverside Health Care Facilities

5 Year Strategic Plan
2025-2030

Authored by: ***Holly Kaemingh, Director of Fundraising***

Version: ***Draft v4***

Report Date: ***April 8, 2026***

STATEMENT OF PURPOSE

The Fundraising Department generates capital revenue for the acquisition of medical, technological and capital equipment and fixed assets not supported by government funding, which facilitates improvement in the health of our communities through the enhanced quality of services offered by Riverside Health Care facilities across the Rainy River District and beyond.

LAND ACKNOWLEDGEMENT

Riverside Health Care respectfully acknowledges that we are operating on the traditional lands of the Anishinaabeg, within Treaty Three Territory, and on the land that the Métis call home.

In recognition of this, we commit to building relationships that respect Indigenous knowledge, cultures and ways of being, and to fostering an inclusive environment that supports well-being for all community members we serve across the Rainy River District.

TABLE OF CONTENTS

Exhibits

1. Key Relationships
2. Riverside Health Care Organizational Chart

Attachments

A. Year One Implementation Plan

B. Five-year Expense Projections

C. Communications Plan

D. Human Resource Plan

I. Introduction

This Strategic Plan (SP) represents Riverside Health Care (RHC) Fundraising Department's purpose and mandate. Responsibility is assigned to the Director of Fundraising for the establishment of fundraising, operations and marketing initiatives to support RHC Facilities' acquisition of equipment across the entire portfolio of assets.

The purpose of this strategic plan is to provide a 5-year view on which the fundraising initiatives and their projects and events are based, as of the date of this report. The plan is reviewed annually.

The contact point for decision making and information alike is:

Ms. Holly Kaemingh
Director of Fundraising
Riverside Health Care Facilities

Phone: **807.274.6635**
Email: **h.kaemingh@rhcf.on.ca**
Web: **https://riversidehealthcare.ca**

The plan is organized in accordance with the following content: a Statement of Purpose; the body of the plan, as outlined in the table of contents; and supporting documentation in the form of exhibits and attachments.

II. Executive Summary

The Mission of Riverside Health Care is *'Improving the Health of Our Communities,'* across the Rainy River district. Aging equipment across all sites in the district no longer supports the needs of the community, forcing those who have higher diagnostic needs to travel to other locations. Replacing the aging equipment and related infrastructure with new state-of-the-art equipment and technology requires substantial capital generation.

One of Riverside's Four Strategic Pillars - *'Tomorrow's Riverside Today'* – is focused on making investments today to support Riverside tomorrow, to provide quality health care to the residents of the District now and in the future.

To that end, a new internal Fundraising Department has been established in April 2025, with the specific mandate to generate the required capital targets established by the Senior Leadership Team and Board of Directors to enable Riverside Health Care to facilitate the acquisition of new state-of-the art diagnostic equipment and technology.

A Director of Fundraising has been appointed to the department, accountable for substantive capital generation, through public marketing and communication campaigns, fundraising events and building lasting relationships within the philanthropic community at large within the Rainy River District, Northwestern Ontario, Manitoba and beyond.

The Fundraising Department's initial capital target has been set at $1.6M, to support the introduction of the District's first MRI machine, along with new digital X-ray units for La Verendrye General Hospital and the Rainy River Health Centre.

This investment in the new state-of-the-art technology and equipment today will ensure the lasting ability to diagnose, treat and care for District patients with the most advanced technology available now and well into the future.

This Strategic Plan sets the qualitative performance Goals for the next five years – 2025-2030 – and the quantitative Objectives for 2025. The achievement of these strategies is essential to the Fundraising Department's success.

III. The Philanthropic Environment

III.i External Environment *(in order of priority)*

1. **Competition** – from other foundations; donor organizational preferences
2. **Donor Fatigue** – emerging negative environment due to increase in the overall volume of fundraising requests
3. **Innovations in Healthcare** – growth and technological improvements in diagnostic equipment and care requires larger investment from hospitals to maintain modern standards of care
4. **Nations** – Emerging economic Sovereignty of the Nations in the health community
5. **Labour** – Large presence of union employees in the health community
6. **Political and economic global climate –** may affect Federal Government funding; donor contributions; increase in fundraising targets to support higher supplier costs
7. **Rise in endemic diseases -** raises awareness of the need of preparedness by the health care system
8. **RHC geographic location** – remoteness may lead to reluctance from donors outside of the health district
9. **Cultural composition** – cultural diversity of the health district is an asset

III.ii Internal Environment *(in order of priority)*

1. **Support of Fundraising Department** – consistent and visible support is required from the Senior Leadership Team and Board of Directors
2. **Budget** – Fundraising Department budget is segmented by function
3. **Acquisition of Skills and Knowledge** – Professional Development of the Director and staff of the Fundraising Department is required
4. **Communications Plan** – a comprehensive plan is required
5. **Information Technology Management** – grows organically in alignment with the growth of the donor base
6. **Relationship Management** – ongoing relationship and legal challenges with the Foundation

III.iii Key Relationships

Categorize entities and relationships based on their relationship to the Fundraising Department its initiatives, and the how their decisions or actions could affect the overall development and success of the department:

1. Riverside Health Care: Board of Directors, Senior Leadership Team, and other hospital departments that are directly delivering, managing, and governing the activities of the Fundraising Department

2. Direct Relationships: All entities that directly engage with the department, with likely actions (or potential likely actions) that will directly affect the development and success of the department

3. Indirect Relationships*:* All entities that are indirectly involved with the Fundraising Department, with potential actions that may affect the development and success of the department

4. Significant Influence: All entities that could significantly influence the actions of others related to the Fundraising Department, either in a positive or negative manner

The responsibility and accountability of all key relationship management lies with the Director of Fundraising, who will escalate issues, as required, to the CEO.

Exhibit 1 – Key Relationships

Exhibit 2 – Riverside Health Care Organizational Chart

III.iv Summary of the Philanthropic Environment

The philanthropic environment is diverse and complex, with rapidly increasing demand for philanthropic participation. The environment is comprised of individuals and the local business community, major philanthropic donors, corporate entities, not-for-profit organizations, First Nations, and all levels of Government.

There are numerous internal and external key relationships to be developed, requiring a high degree of articulation to and interaction with the community at large and continuity of relationships thus developed.

In the philanthropic environment, it is not the size of the request but the fit with the organization. Therefore, large requests are as viable as small ones. Pace of decision making varies by composition of the donor – i.e. private foundations often make decisions more expeditiously.

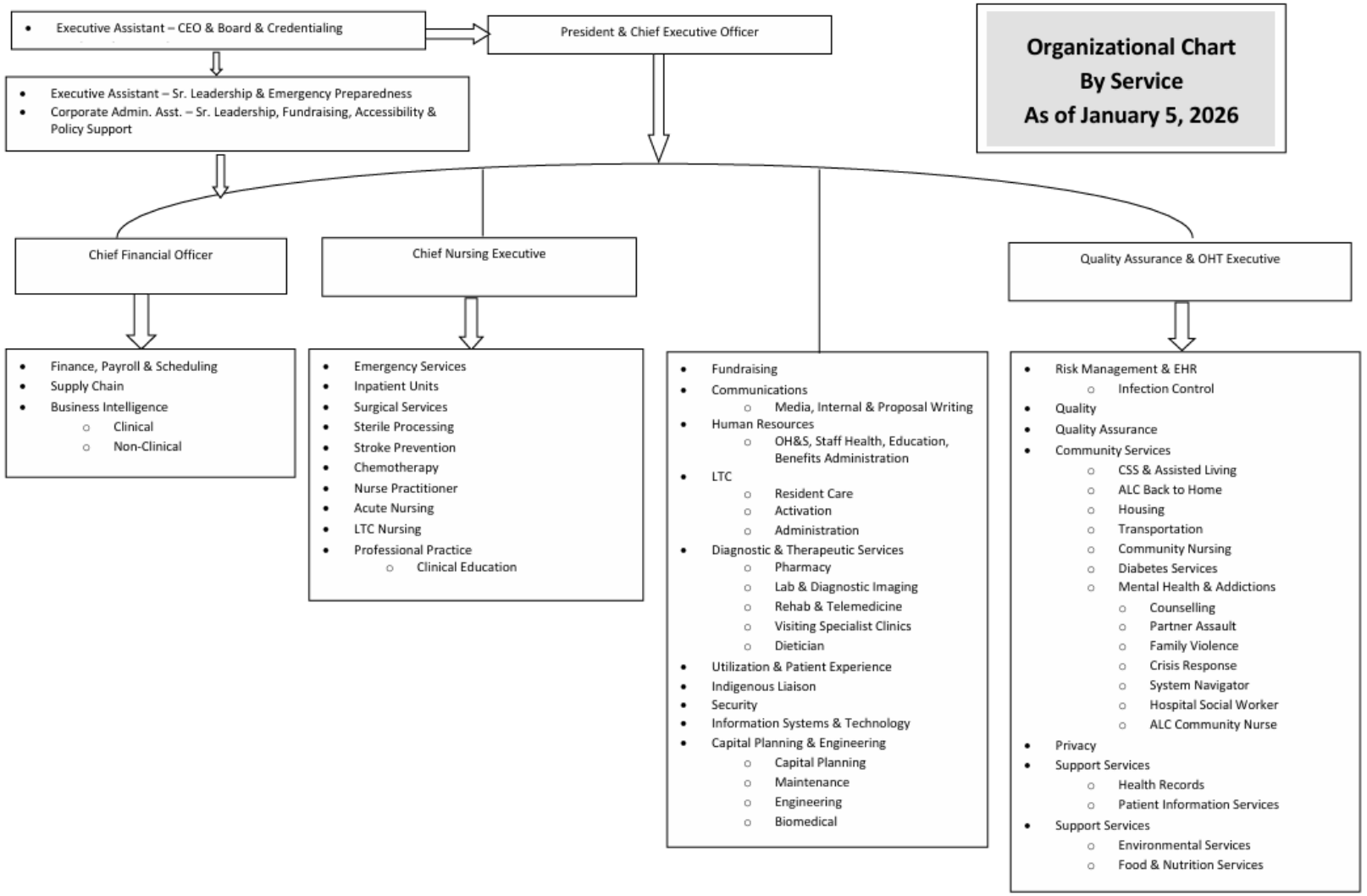
Riverside Health Care Key Relationships

Riverside Health Care	*Direct Relationships*	*Indirect Relationships*	*Significant Influence*

• ***Board of Directors***
• ***Senior Leadership Team***
• ***Auxiliaries***
• ***Core Leadership Team***
• ***Medical Staff***
• ***Administrative Team***
• ***Services Support***
  o Finance
  o Human Resources
  o Information Technology
  o Stores
  o Maintenance
  o Registration
	• ***Private Donors***
	• ***Volunteers***
	• ***Business Community***
	• ***Service Clubs***
	  o Lions
	  o Kiwanis
	  o Legions
	• ***Government funding authorities***
	• ***Licensing Groups***
	• ***Acadia Broadcasting***
	• ***Event Coordinators***
	• ***Fort Frances Times***
	• ***First Nations***
	• ***Metis Nations***
	• ***District Communities' Municipal Govt's***
	• ***Software Suppliers***
	  o Keela
	  o Raffle Nexus
		• ***Care-home residents***
		• ***Funeral homes***
		• ***Hospital patients***
		• ***Religious organizations***
			• ***Members of Provincial Parliament and Members of Parliament***
			• ***Ministers of Governments***
			• ***Nations Governance***
			• ***Philanthropic Foundations***
			• ***Large Corporate entities***
			• ***Legal and wealth management professionals***
			• ***Other fundraising Foundations***

EXHIBIT 2

Riverside Health Care Organizational Chart



IV. Key Issues and Challenges *(in order of priority)*

1. **Board commitment** – The necessity of long-term commitment and support of the Fundraising Department

2. **Department Funding** – Management of the Finance relationship to ensure the Department is appropriately financed

3. **Department Resource Growth** – Continuity of the development of professional fundraising and concomitant resources to keep pace with the growing service demand as the department establishes itself

4. **Consequences** – Funding Reductions of Provincial and Federal Governments directly affects fundraising targets

5. **New Donor Base** – Developing effective contact and ongoing communications to the new prospective donors, through database development and prioritization

6. **Historical Donor Base** – Initiating effective and continuing communications to the historical donor base

7. **Relationship Challenges** – Management of the declining relationship outcomes with the Foundation

V. Alternative Courses of Action

V.i ‘External Contracting’

- Contract out to a fundraising organization – ***Do nothing and have others do it***
    - **Pros**: Less work for RHC; expertise in fundraising; objectivity (unbiased and new approach)
    - **Cons**: Lack of direct RHC control; donor relationships built externally; cost

V.ii ‘Making it Ourselves’

- Hire director internally – ***Making it ourselves***
    - **Pros**: more control over day-to-day operations; more communications with staff; organizational knowledge; cultivate donor relationships over the long term
    - **Cons**: More expensive; longer ramp-up time; risk of turnover

V.iii ‘Cooperation for the Common Good’

- Work collaboratively with another organization – ***Cooperation for the common good***
    - **Pros:** larger donor database/network; shared resources and costs; undertake larger campaigns as a team
    - **Cons**: sharing proceeds; brand & donor confusion; possibility for misalignment of goals, mission and management

V.iv ‘Communication is it’

- Communicate to major donors and have no staff – ***Communication is it***
    - **Pros**: cost savings; relationships – donors would like to hear from a CEO, shows strong commitment to cause/campaign
    - **Cons**: time constraints; unsustainable for the long term/burnout; lack of fundraising experience

VI. Course of Action Selection Criteria

1. Community recognition of the direct relationship and application of fundraising efforts with Riverside Health Care
2. Internal acceptance and collaboration of the departments within the organization
3. Long-term relationship and trust built directly between Riverside Health Care and the community
4. Ease of Administration and Management
5. Acceptable levels of risk for the organization

The current chosen course of action is alternative **V.ii –** '***Making it ourselves.'***

An external consultant has been engaged in a short-term capacity to assist in setting the strategic goals and objectives of the Fundraising Department. Support includes the development of a department Strategic Plan, assistance in the ramp-up and stabilization of the Fundraising Department operational functions, and the identification and prioritization of prospective major philanthropic and corporate donor contacts in an effort to achieve capital generation objectives.

VII. Goals and Objectives

VII.i Goals (Qualitative (5 Years) *(in order of priority)*

1. ***Confirm*** – RHC needs for medical, technological and capital equipment and fixed asset development, and the required generation and allocation of capital funding to support those needs in the order of priority

2. ***Develop*** – Ensure the Department is fully competent in capital generation at the highest levels, through the acquisition of skills, knowledge, and resources

3. ***Manage*** – Develop and apply effective and efficient management systems and policies, including process development, data management and key performance indicator reporting to the President and CEO, Senior Leadership Team, and the Board of Directors

4. ***Build*** – Promote and build the Department's public image and trust for all donor categories through demonstrated actions

5. ***Expand -*** Develop and expand grant funding opportunities to supplement community fundraising and support priority equipment needs.

6. ***Demonstrate*** – Remove any concerns amongst all partners and participants through demonstrated performance that '***Making it ourselves***' is the best course of action

VII.ii Objectives (Quantitative – 1 Year) *(in order of priority)*

1. ***Capital Generation*** – Year one target of raising $1.6M of capital dollars through government funding , substantial philanthropic gifts and the development of various ongoing fundraising programs

2. ***Donor Relationship Management*** – Acquire and implement a donor relationship management software program to track donation history, manage current and future communications, and track relevant data used for statistical reporting and the design of future strategic efforts

3. ***Donor Database Development*** - Build a qualified database of 2,500 individual and company donors

4. ***Communications*** – Develop an internal communications plan and send external communications to all categories of donors

5. ***Public Awareness*** – Design and test a public awareness program. While the Rainy River District remains at the core of fundraising efforts, the small population and

increasing funding needs require building public awareness regionally, provincially, and beyond.

6. ***Community Presence*** – Plan and facilitate two or more annual community events

7. ***Community Networking*** – Attend annual local, regional or national events

VIII. Key Performance Indicators *(in order of priority)*

Key Performance Indicators (KPI's) are directly related to the achievement of yearly Objectives, upon which the overall performance and success of the Fundraising Department and the Director are measured.

The Objectives and KPI's are designed to be set during the annual Strategic Plan and Director performance reviews, over the course of the initial five-year period of plan implementation.

KPI 1 – Capital Generation - Generate $1.6M of donations

KPI 2 – Donor Relationship Management - Acquire and implement a donor relationship management software program

KPI 3 – Donor Database Development - Build a qualified database of 2,500 individual and company donors

KPI 4 – Community Presence and Networking - Plan and facilitate two or more annual community events, and attend annual local, regional or national events

IX. Critical Success Factors

A critical success factor is a matter, that if unaddressed, may lead to departmental failure.

1. ***Active and Applied Support*** – Support from Riverside Health Care President and CEO, Senior Management Team and the Board of Directors

2. ***Adequate Budget -*** Support the incremental growth of the Department's portfolio of Administrative and Human Resource requirements to keep pace with the growth of the verified donor base and increased level of Community Presence and Networking

3. ***Donor Verification Efforts*** – Qualify and interact with major prospective philanthropic and corporate donors

4. ***Resource Efficiency*** – Identify how Department resources are best prioritized to achieve objectives most effectively

X. Attachments

A. Year One Implementation Plan

B. Five-Year Expense Projections

C. Communications Plan

D. Human Resource Plan

Fundraising Department Year One Implementation Plan

	Complete												In progress
Objective	25-Apr	25-May	25-Jun	25-Jul	25-Aug	25-Sep	25-Oct	25-Nov	25-Dec	26-Jan	26-Feb	26-Mar	
Capital Generation	**$1.5M raised to date**												**$120K remaining**
Raise $1.67M in capital for MRI machine													
Donor Relationship Management	**Acquired and Implemented**												
Acquire and implement a donor relationship management software program													
Donor Database Development	**3561 Individual/163 Company**												
Build a donor database of 2500 individual and company contacts													
Communications	**Internal Plan developed/ External Plan Ongoing**												
Develop an internal communications plan and send external communications to all categories of donors													
Public Awareness	**50/50 program; website; media; donation announcements; mail campaign; campaign updates**												
Design and test a public awareness campaign													
Community Presence	**Canada Day; Fort Frances Markets; Emo Fair; Fort Frances Mall Days, Lowey's Fall Market, Couchiching Christmas Market, Barwick Market, Hockey Fights Cancer, Golf Tournament**												
Plan and facilitate two or more community events annually													
Community Networking	**AHP Convene Canada; RRVAS Hoedown Gala Emo; Tim Hortons Smile Cookie November & April**												
Attend local, regional and national events annually													

Fundraising Department – 5-year Expense Projections

	Year 1	Year 2	Year 3	Year 4	Year 5
Media Advertising	$ 38,000.00	$ 40,000.00	$ 42,000.00	$ 45,000.00	$ 47,000.00
Marketing	$ 10,000.00	$ 12,000.00	$ 14,000.00	$ 16,000.00	$ 18,000.00
Donor Management Software	$ 15,000.00	$ 17,500.00	$ 20,000.00	$ 22,500.00	$ 25,000.00
Office Equipment and Supplies	$ 2,500.00	$ 3,000.00	$ 3,500.00	$ 4,000.00	$ 4,500.00
Permits and Licenses	$ 3,500.00	$ 3,500.00	$ 3,500.00	$ 3,500.00	$ 3,500.00
Events	$ 10,000.00	$ 10,000.00	$ 15,000.00	$ 15,000.00	$ 15,000.00
Travel	$ 4,000.00	$ 6,000.00	$ 6,000.00	$ 6,000.00	$ 6,000.00
Meals and Related Expenses	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00
Salaries	$ 90,000.00	$ 160,000.00	$ 170,000.00	$ 180,000.00	$ 190,000.00
Professional Development	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00
Professional Fees	$ 100,000.00	$ 50,000.00	$ 50,000.00	$ 50,000.00	$ 50,000.00
Totals	**$ 278,500.00**	**$ 307,500.00**	**$ 329,500.00**	**$ 347,500.00**	**$ 364,500.00**

Notes and Assumptions

Media Advertising: paper, radio, electronic, social media, any other publications; based on monthly accruals

Marketing: business cards, brochures, event materials (banners, booth, etc.) estimated

Donor Marketing Software: initial software cost/ongoing monthly costs; costs increase with size of database and number of user

Permits & Licenses: 50/50 license costs; any other permit costs

Events: costs related to hosting in-person events in the community/conferences, etc.

Travel: Airfare, hotel, fuel

Meals & Related Expenses: Networking, external expenses

Salaries: Support position added to the department Year 2; subject to department and resource growth

Professional Development: Courses, Conferences

Professional Fees: External resources directly related to fundraising

Fundraising Department Communications Plan

Internal Plan

Internal communication of the Fundraising Department's status and accomplishments will consist of regular reports from the Director to the President and Chief Executive Officer, at a frequency to be determined.

Information requests may be made to the Director from the CEO to support additional reporting requirements from other internal departments and the Board of Directors.

External Plan

Prospective Major Donors - Donation requests will be forwarded to prospective donors in all categories through various methods – one-on-one direct phone calls to major donors from the Director; industry-specific mail-out campaigns; organizational website contact; and in-person contact through stand-alone meetings and local, regional and national networking events

Historical Donors - Individual and company donor contacts within the donor relationship management software will receive annual communications through future mail outs and email campaigns

In-Memoriam Donors - Individuals and companies who have made in-memoriam or in-honor donations will receive written correspondence directly from the Director of the department

Community at large - Communications related to fundraising programs and accomplishments will be made through the media (radio, paper and social media), the Fundraising Department page on the Riverside Health Care website, local electronic boards, and at public events

Fundraising Department Human Resource Plan

Success of the Riverside Health Care Fundraising Department rests considerably on employee capabilities and management acumen. The Human Resource Plan reflects these elements.

The Fundraising Department Management team is currently comprised of the Director and part-time support staff. Substantial growth of the department will require additional budget for full-time support staff.

The addition of a full-time Fundraising Coordinator will be considered when departmental activity reaches operational thresholds that indicate the need for expanded leadership and administrative capacity.

These thresholds include:

- Annual 50/50 fundraising revenue reaching $200,000
- Annual fundraising revenue exceeding $500,000

These benchmarks represent the minimum operational thresholds at which fundraising growth and program complexity may require additional staff support. They have been established to guide future staffing decisions as the department expands. While these targets represent key indicators for departmental expansion, the addition of the Fundraising Coordinator may also be considered at other times should operational demands, strategic initiatives, or significant campaign activity warrant additional capacity.

As the department continues to build within the organization, growth toward long-term annual fundraising goals exceeding $1 million will occur progressively over time.

The Director is appointed by the Chief Executive Officer, and other positions within the Department are appointed by the Director of Fundraising.

Fundraising Team candidates will be measured against the following Position Specifications, as attached:

Exhibit 1 – Position Specification - Director of Fundraising

Exhibit 2 – Position Specification – Fundraising Coordinator

Leadership Development

An important business operation of the Fundraising Department is leadership development, to support the function of the department and ensure future ongoing success.

The President and Chief Executive Officer is responsible for the Leadership Development of the Director.

Position Specification

Director of Fundraising

The Fundraising Department generates revenue to supplement government funding for the acquisition of health care diagnostic equipment and fixed asset requirements identified by the Riverside Health Care Senior Leadership team, to enhance the quality of services offered by Riverside Health Care facilities across the Rainy River District and beyond.

Reporting to Riverside Heath Care President and Chief Executive Officer, the Director of Fundraising is expected to work collaboratively, productively, strategically, and wholly within the spirit of the Riverside Health Care Mission of improving the health of our communities.

Incumbent Profile

The Director is a member of the Riverside Health Care management team and is expected to function both individually and in team environments. Qualities of the successful incumbent will include:

- Genuineness and sincerity of character, with the ability to recognize and acknowledge appreciation
- Personable, with outstanding communications and public relations abilities that foster alliances, partnerships and strong relationships when interacting with clients, coworkers, and the donor community at large
- Professionalism and integrity of the highest order
- Agility to efficiently adapt to changing environments, and the ability to multi-task and self-prioritize work as required
- Self-motivated, accountable and dependable
- Ability to bring stability and continuity to the Department
- Willingness and openness to continue to develop, both personally and positionally
- Willingness to accept guidance and direction from the Riverside Health Care President and Board of Directors

Position Profile

The Director of Fundraising is accountable for substantive capital generation, through public marketing and communication campaigns, fundraising events and working within the philanthropic community at large within the Rainy River District, Northwestern Ontario, Manitoba and beyond, while discharging the following duties and responsibilities:

- Generation of substantive capital funds to support the acquisition of equipment and fixed assets
- Understanding the profile of Government grants and funding opportunities
- Understanding the community profile of private fundraising and philanthropic donors, including the fostering and development of future partnerships
- Acting as a professional public-facing representative of Riverside Health Care
- Supervision of one direct report staff, as well as providing guidance and developing structure to the management office
- Development of a communications plan, including the generation of communication materials, social media profiles and public broadcasting campaigns
- Leading the growth of existing programs and facilities in support of the Department of Fundraising's Strategic Plan
- Preparation of annual and multi-year budgets and accompanying analyses, as well as measurement of performance to budget
- Timely monthly and quarterly reporting to the President and Chief Executive Officer

Compensation

Once the position is fully established, monetary compensation should be in the six-figure category, with the opportunity of year-over-year performance incentives as measured against the Strategic Plan goals and objectives. Additionally, the position is compensated with the Riverside Health Care staff benefits programs, including the HOOP Pension Plan and paid vacation.

Position Specification

Fundraising Coordinator

The Fundraising Department generates revenue to supplement government funding for the acquisition of health care diagnostic equipment and fixed asset requirements identified by the Riverside Health Care Senior Leadership team, to enhance the quality of services offered by Riverside Health Care facilities across the Rainy River District and beyond.

Reporting to Riverside Heath Care Director of Fundraising, the Fundraising Coordinator is expected to work collaboratively, productively, strategically, and wholly within the spirit of the Riverside Health Care Mission of improving the health of our communities.

Incumbent Profile

The Fundraising Coordinator is a member of the Riverside Health Care Fundraising Department team and is expected to function both individually and in team environments. Qualities of the successful incumbent will include:

- Genuineness and sincerity of character, with the ability to recognize and acknowledge appreciation
- Personable, with outstanding communications and public relations abilities that foster alliances, partnerships and strong relationships when interacting with clients, coworkers, and the donor community at large
- Professionalism and integrity of the highest order
- Agility to efficiently adapt to changing environments, and the ability to multi-task and self-prioritize work as required
- Self-motivated, accountable and dependable
- Ability to support stability and continuity to the Department
- Willingness and openness to continue to develop, both personally and positionally
- Willingness to accept guidance and direction from the Riverside Health Care Director of Fundraising

Position Profile

The Fundraising Coordinator supports the day-to-day operation of the Fundraising Department, while discharging the following duties and responsibilities:

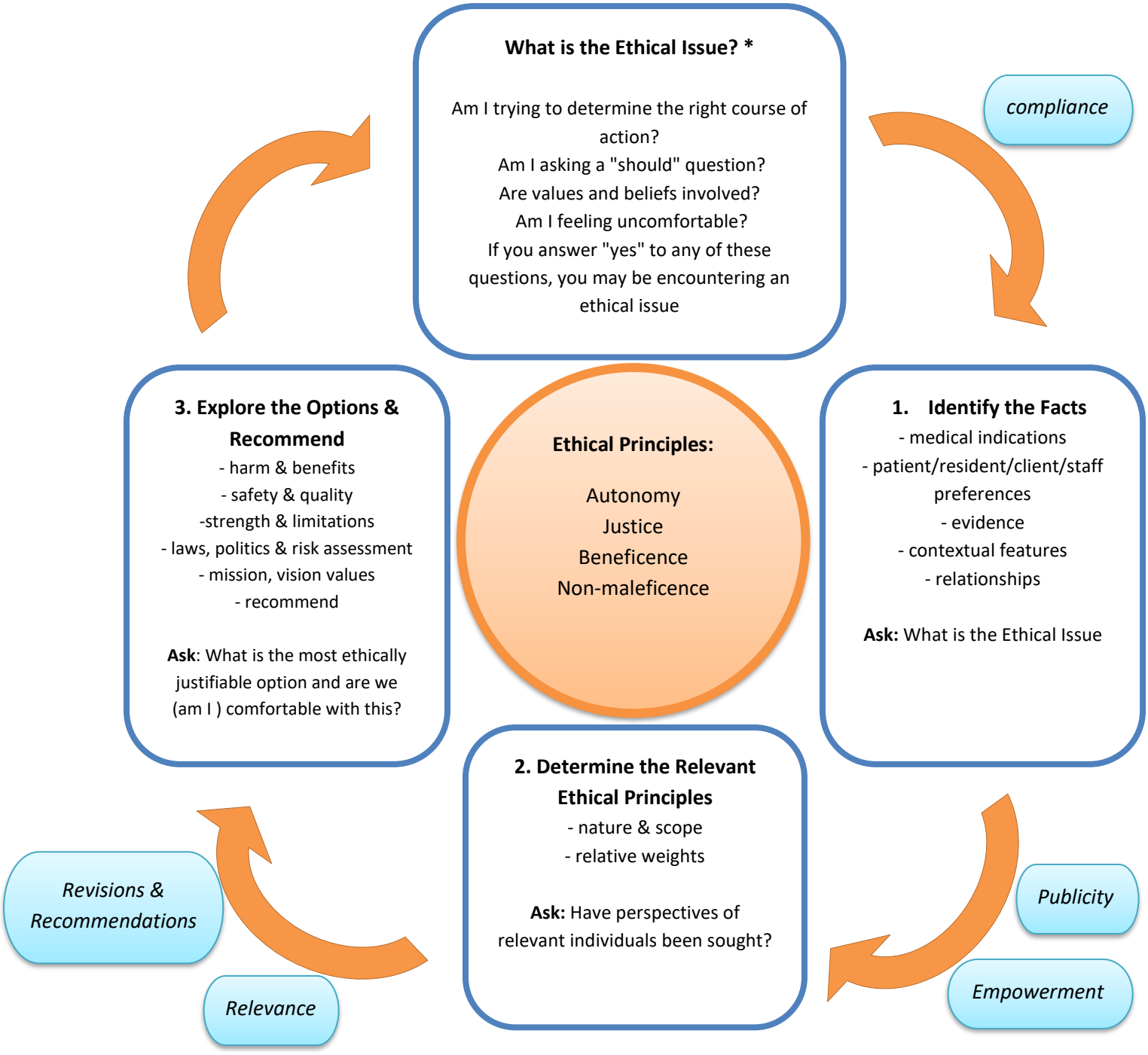
- Maintain and update the Donor database
- Process donations, issue receipts and prepare thank-you letters
- Assist the Director in the planning, promotion and execution of Fundraising events
- Coordinate mailings, email campaigns and social media updates related to fundraising efforts
- Assist the Director with Donor stewardship activities
- Support sponsor recognition by ensuring commitments and benefits are fulfilled
- Liaise with other hospital departments, as required
- Act as a professional public-facing representative of Riverside Health Care
- Assist the Director in the preparation of annual and multi-year budgets
- Assist the Director in the preparation of monthly and quarterly reports

Compensation

Once the position is fully established, monetary compensation should be in the mid to high five-figure category, with the opportunity of year-over-year performance incentives as measured against the Strategic Plan goals and objectives. Additionally, the position is compensated with the Riverside Health Care staff benefits programs, including the HOOP Pension Plan and paid vacation.

Riverside Health Care

Ethical Decision-Making Framework



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

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

Updated Sept 2022

Key Terms:

The Ethical Principles

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

Justice - Fairness and impartiality ought to prevail;

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

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

The Conditions:

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

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

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

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

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

Deciding How To Decide

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

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

Scope:

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

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

Updated Sept 2022

Medical Staff Privileges – April 2026

2026 Appointment and Reappointment Application for Privileges

See attached list.

Medical Learners

Charles David (PGY2) – Supervisor Dr. T. Lefrancois – April 6-7, 2026
Allison Jones (UGY4) – Supervisor Dr. M. Ruppenstein – April 27 – May 9, 2026

Change in Status

Dr. M. Mansour – Change in Status from Associate to Active effective April 1, 2026
Dr. S. Pearce – Change in Status from Associate to Active effecitve April 1, 2026

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-04-2026

2026

Appointment				
	Staff Status		Alt Department / Primary Org	Area Of Work
Denver, Dr. Dominique F.	Locum Tenens	Physician	Dryden Regional Health Centre	

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

* Emergency Privileges as per training and experience [T]

Elkoushy, Dr. Mohamed	Courtesy	Physician	Lake of the Woods District Hospital	

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

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Alao, Dr. Oluwabusayo	Regional Staff	Physician	Lake of the Woods District Hospital	
Cassie, Dr. Scott	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Cuglietta, Ms. Kristina	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Eruvwetaghware, Dr. Erhuvwu Jeffrey	Regional Staff	Physician	Red Lake Margaret Cochenour Memorial Hospital	
Holmes, Dr. Matthew	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Hughes, Dr. Sarah Kathleen	Regional Staff	Physician	Red Lake Margaret Cochenour Memorial Hospital	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-04-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Lass, Dr. Rowena	Regional Staff	Physician	Lake of the Woods District Hospital	
Shaban, Dr. Ashraf	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Talachian, Dr. Elham	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-04-2026

2026

Reappointment

	Staff Status		Alt Department / Primary Org	Area Of Work
Dada, Dr. Olayinka ABIODUN [R]	Locum Tenens	Physician		

* Family Practice Privileges as per training and experience

* Emergency Privileges as per training and experience

Reviewer Comments:

Comment Added By	Date Added	Comment
Dr. Lucas Keffer	4/8/2026 5:34:21 PM	Dr. Dada is aware that he is not eligible for work in Rainy River while his license is restricted.

Michon, Ms. April Lee-Ann	RN EC	Nurse Practitioner		

Diagnostic services within the legislated scope of practice for Nurse Practitioners

Radford, Dr. David Randall	Courtesy	Physician		

* Family Practice Privileges as per training and experience

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

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Abdel-Hamid, Dr. Mohamed Nabile	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Abugharib, Dr. Ahmed	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-04-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Acedillo, Dr. Rey	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Akbari, Dr. Vahid	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Al-Atawneh, Dr. Jamal Nawaf	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Al-Den, Dr. Ahmed Sami	Regional Staff	Physician	Lake of the Woods District Hospital	
Alvarado Bolanos, Dr. Alonso Alejandro	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Amhalhal, Dr. Ismeil Moammar	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Anttonen, Mr. Joshua Cole	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Archibald, Ms. Ellen	Regional Staff	Midwife	Thunder Bay Regional Health Sciences Centre	
Armstrong, Ms. Corine	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Arnold, Ms. Gillian	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Barbas, Ms. Petrina Elizabeth	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Bebedjian, Dr. Razmik	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Bhambhwani, Dr. Vishaal	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Bhat, Dr. Gita	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-04-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Bhatti, Dr. Sumbel	Regional Staff	Physician	North of Superior Healthcare Group	
Bill, Ms. Kathryn	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Block, Dr. Stephanie Karen	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Bonacina, Dr. Javier	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Boo, Ms. Hsu-Yin Margaret	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Bowerman, Dr. Brian	Regional Staff	Physician	Lake of the Woods District Hospital	
Breukelman, Ms. Courtney Kaitlyn	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Burrell, Dr. Althea	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Calonego, Dr. Kathleen	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Campbell, Ms. Caitlin	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Chan, Dr. Wai Chak (Carlos)	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Chow, Dr. Yen	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Churchley, Dr. Lindsay	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Coderre, Ms. Jenna	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-04-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Cooper, Dr. Mary Anne	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Coulombe, Dr. Rene	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Coulombe, Ms. Normalyn	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Coulter, Ms. Michaela	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Crookall, Dr. Matthew Jake	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Cuglietta, Ms. Nakita	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Czolpinski, Dr. Thaddeus R	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Davierwala, Dr. Piroze Minoo	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Delgaty, Ms. Pam	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Derbyshire, Dr. George Edward	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Dookie, Mr. Shawn	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Dosen, Ms. Lidija Katarin	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Doyle, Dr. Crystal	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Dunn, Ms. Taylor	Regional Staff	Nurse Practitioner	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 - 14-04-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Fotheringham, Dr. John Morson	Regional Staff	Physician	Atikokan General Hospital	
Gagliardi, Dr. Martin	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Gleeson, Ms. Sara	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Graham, Dr. Sarah	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Green, Dr. Steven Andrew	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Guay, Dr. Evelyne	Regional Staff	Physician	Lake of the Woods District Hospital	
Gunnell, Ms. Erin	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Gusola, Ms. Taylor	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Haggarty Edwards, Dr. Moira K	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Hansen, Ms. Ashleigh Nicole	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Hassan, Dr. Ayman Emam	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Hendren, Ms. Laura	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Hildebrand, Dr. Emily	Regional Staff	Physician	Lake of the Woods District Hospital	
Hinkkala, Dr. Kaarlo Samuel	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-04-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Holland, Dr. Jessica Ashley	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Hoogsteen, Ms. Kelsey	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Hudecova, Dr. Maria	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Hummel, Dr. Rachel	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Jaffar, Dr. Huma	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Jaspers, Ms. Sharon C	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Kalan, Dr. Mohammed MH	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Kale, Dr. Shoan	Regional Staff	Physician	North of Superior Healthcare Group	
Kaukinen, Ms. Crystal	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Keyes-Begall, Ms. Chelsey	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Koshy, Ms. Seenu	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Krasowski, Ms. Hayley Irene	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Kuper, Ms. Iryna	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Lahlouh, Dr. Amro Bassam Ahmad	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-04-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Latimer, Ms. Robin	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Lepage, Dr. Julia	Regional Staff	Physician	Lake of the Woods District Hospital	
Lindberg, Mr. James	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Lubbers, Dr. Sonja	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Lukankin, Dr. Victor	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Mathew, Ms. Lekha	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
McDermid, Dr. Stacy	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
McGoldrick, Ms. Deborah Ann	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Merat, Dr. Shahin	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Mercado, Mr. Albert John	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Micks, Dr. Taft Gordon	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Milko, Ms. Brandi Laura-Lee	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Mofid, Dr. Azadeh	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Morgan, Dr. Alanna	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-04-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Morrow, Ms. Colleen	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Murray, Dr. Nathaniel	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Neckoway, Dr. Rebekah Eden	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Nelsen, Dr. Andrea	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
North, Dr. Rosamaria	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
O'Connor, Ms. Katelyn	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Oyella, Dr. Jacinta	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Pacey, Dr. Lyall	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Perrier, Ms. Andree V	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Pietila, Ms. Evie	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Pisig, Dr. Alex Umali	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Plante, Dr. Sarah	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Proper, Ms. Veronica	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Prowse, Dr. Owen	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-04-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Qu, Ms. Chunyan	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Ralph-Edwards, Dr. Anthony Charles	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Ranta, Ms. Karen Vera	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Roberts, Ms. Stacy	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Schenk, Dr. Meagan Marie	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Scott, Dr. Michael	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Sereda, Ms. Nicole	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Shah, Mr. Chiragkumar	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Siciliano, Ms. Vivian maragret	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Slowik, Ms. Erin	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Smith, Dr. Andrew	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Spencer, Ms. Jane Patricia	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Stoger, Dr. Nikka Marie	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Sweeney, Dr. Allison	Regional Staff	Physician	Lake of the Woods District Hospital	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 14-04-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Tempelman, Dr. Justine	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Thayer, Ms. Carolan Catherine	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Thomas, Ms. Ani	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Turner, Dr. Lauren Margaret Emily	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Vanderzwet, Dr. Kyla	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
VanDusen, Dr. Jonathan Westley	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Vincent, Ms. Stephanie	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Wark, Dr. Sheryl Catherine	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Watkins, Ms. Caitlin Marie	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Whalen, Ms. Heather	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Wood, Dr. David	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Young, Dr. Athena	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Young, Dr. Todd	Regional Staff	Physician	Nipigon District Memorial Hospital	
Zezos, Dr. Petros	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	

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BRIEFING NOTE

TOPIC	Regional Services Council Meeting (March 31, 2026) – Cascading Messaging to Boards
PREPARED BY	Jessica Logozzo, Vice President, Strategy & Regional Transformation
PREPARED FOR	Regional Services Council Members (to share with respective Hospital Boards)
DATE PREPARED	April 6, 2026

Our Regional Vision:

To be a leading health system, where partners work together to achieve the best outcomes and care experience for the people of Northwestern Ontario.

PURPOSE

To summarize key messages from the Regional Services Council (the 'Council') meeting that was held on March 31, 2026; to support Council members to share these messages and discussion points with their respective Boards.

SUMMARY OF MEETING MESSAGES

- The Regional Services Council met on March 31, 2026. The key topics covered included:
  - Regional Transformation and Integration – progress report and briefing on system level challenges, risks and mitigations
  - Local and Provincial Integration Strategy – update on Ontario Health Teams in the North West, with focus on regional efforts via the Regional Specialized Services Network
  - Education item – Regional Electronic Health Record Renewal and Cybersecurity
- There was a total of 11 members in attendance at the meeting, representing 7 hospitals. Susan Fraser (St. Joseph's Care Group) chaired the virtual meeting.
- Jessica Logozzo, Vice President, Strategy & Regional Transformation presented a progress report on **regional transformation and integration priority initiatives, and a summary of system level risks and mitigations**. Key takeaways included:
  - Progress on all regional initiatives is on track. Specific highlights included:
    - Electronic Health Record (EHR) Renewal – Phase 2 is underway and activities are progressing on time and on budget. Current efforts are focused on system build, testing, and training, with active engagement from clinicians and subject matter experts to ensure readiness and adoption. Regional cybersecurity capacity continues to be strengthened through the North West Regional Cyber Security Operations Centre and Local Delivery Group.
    - Health Human Resources (HHR) – The NW Health Human Resources Network has received over $800K in funding. This funding has been deployed to expand regional capacity, including the launch of regional clinical placement coordinators and a dedicated regional recruiter. Investments are also advancing "grow your own" initiatives and targeted recruitment and retention incentives across priority clinical specialties.
    - Laboratory Services Regionalization – In partnership with the University Health Network, regionalization efforts are progressing well and now align with provincial direction. Advocacy is underway to secure funding to mitigate financial pressures associated with unfunded community laboratory testing.

    NOTE: The attached dashboard provides further detail on progress.
  - The following system level risks continue to be monitored and mitigated through significant regional efforts: digital infrastructure and significant resources required to renew; health human resources

constraints; and, service access and equity. No changes for this quarter. *NOTE: The attached dashboard provides further detail on progress and risks.*

- Jessica Logozzo provided an update on **Ontario Health Teams in the North West, including the Regional Specialized Services Network**. Key updates included:
    - The Regional Specialized Services Network has again received $1.85M to enhance backbone regional infrastructure and specialized services.
    - Some Network accomplishments in 2025/26 included:
        - Expanded membership to include primary care leadership from all four Ontario Health Teams, aligning with provincial investments in interprofessional primary care teams.
        - Hired a Regional Indigenous Director, who is collaborating with Ontario Health Teams and Indigenous leaders, conducting a comprehensive review of regional initiatives and advancing partnerships and engagement.
        - Built a Core Team of data, analytics and research resources from Thunder Bay Regional Health Sciences Centre, St. Joseph's Care Group and NOSM University. This team provides data and evaluation support for Ontario Health Teams, as well as various regional programs/initiatives including Primary Care Capacity Planning as a major priority this year.
        - Built a partnership with the Rotman School of Management at the University of Toronto to launch a leadership development program in Fall 2026, aimed at new and emerging leaders.
        - Working in close collaboration with Ontario Health North and the four Ontario Health Teams to develop a coordinated regional primary care strategy/plan. The plan will outline needs and regional opportunities to enable a robust system of primary care at a local level (i.e. Digital, HHR, specialized supports).
    - Upcoming provincial priorities for OHTs include advancing primary care access and attachment, implementing chronic disease management models, and supporting reduction of alternate level of care.
- Mark Farrow, Interim Regional Chief Information Officer, presented on the **Regional Electronic Health Record Renewal and Cybersecurity**. Key takeaways included:
    - The new EHR system will enhance patient safety, quality, and provider collaboration, offering a unified, web-based platform with improved decision support, alerts, and real-time device integration. The project is in the build phase, with testing and training scheduled for later in the year and a targeted go-live in Spring 2027. The project is supported by a comprehensive governance and assurance framework, including regional oversight through Bridge North West program structures, an Executive Steering Committee, and the NW CEO Council, alongside local governance via Delivery Boards and Senior Leadership Teams. Assurance is further strengthened through seven formal gateway reviews and three independent third-party assessments embedded within the work plan.
    - Regional cybersecurity efforts include standardized policies, asset inventories, endpoint detection, multi-factor authentication, and 24/7 third-party monitoring, resulting in a maturity score above the provincial average.
- The Council reviewed and approved the updated Terms of Reference and Council work plan.
- The Council reviewed the previous meeting evaluation results and were encouraged to submit additional education topics for further meetings via the meeting survey.

NEXT STEPS

- Next Council meetings will commence in Spring or Fall 2026 (the Spring meeting will need to be rescheduled or likely cancelled due to recent conflicts)

ENGAGEMENT QUESTIONS/TOPICS (FOR RESPECTIVE HOSPITAL BOARDS TO CONSIDER)

- What topics does the Board want to see considered as part of the Council work plan, or as part of a broader Governance to Governance session (with all Board members)?
- Does the Board have any feedback on the communication and engagement process to date?

ATTACHMENTS

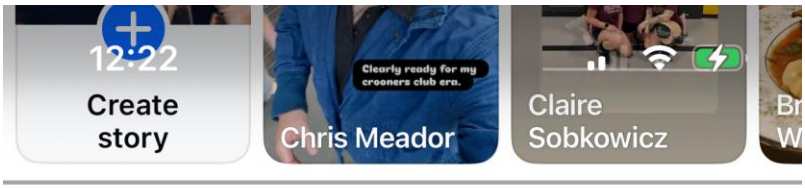
1. Regional Transformation and Integration – **Quarterly Performance Dashboard** (March 31, 2026)

Our Shared Vision
To be a world leading health system, where partners work together to achieve the best outcomes and care experience for the people of Northwestern Ontario.

Priority/Deliverable	Status	Key Achievements	Outstanding/Next Steps
Digital Health – Electronic Health Record (EHR) Renewal and Cybersecurity	On Track	• Continued progress on Electronic Health Record (EHR) renewal initiative – Phase 2 activities successfully launched; focused on: building and testing the system and training individuals. Clinicians and subject matter experts are reviewing and refining workflows, order sets, templates, and clinical content so Expanse supports safe, efficient, and patient-centered care. More frequent communication has begun with the introduction of Town Halls for leadership, staff recognition and leveraging existing front-line forums. Secured additional funds for total project costs >$1.3M in 2024/25 and 2025/26. • Ongoing regional cybersecurity work continues through North West Regional Cyber Security Operations Centre and Local Delivery Group.	• Complete Phase 2 EHR renewal activities, including: building, testing and training. Go-live targeted in Spring 2027. • Secure additional funds towards EHR.
Regional Health Human Resource Planning	On Track	• Ongoing operations of Regional Health Human Resources Network – received ~$900K for NW HHR Network. Utilized funding to hire Regional Recruiter and Regional Clinical Placement Coordinator roles; all roles hired in 2025/26. Also utilized funding to support various hospitals in 'Grow Your Own' programs and recruitment/retention incentives for priority roles, including: Ultrasound Technician, Pharmacy Technician, Laboratory Technician, Physiotherapist, Occupational Therapist, Medical Radiation Technologist, General Surgery and Anaesthesia. • Ongoing regional advocacy with Ministry of Health and Ontario Health on recruitment and retention strategies via Network, Northern HHR Secretariat and Northern Health System Response Table.	• Advance NW HHR Network and investments. • Advance an advocacy plan, on key regional topics for alignment across partners
Regional Laboratory	On Track	• Continued advancement of Laboratory Services Regionalization, among 10 hospitals in the region. Work is now aligned to Health Sector Stabilization Planning work, as a provincial priority. • Developed and submitted business case to Ontario Health and Ministry of Health to secure funding for regional hospitals to advance regionalization, stabilize laboratory services operations and support hospitals in funding community lab testing. • Ongoing operational deliverables, per work plan. • Advancing deliverables for EHR Renewal.	• Complete Phase 2 activities of lab regionalization plan; align to Health Sector Stabilization Planning. • Complete EHR clinical and project deliverables.
Regional Pharmacy	Ongoing/ operational	• Advancing deliverables for EHR Renewal.	• Complete EHR clinical and project deliverables.
Regional Integrated Care (Ontario Health Team planning)	On Track	• Received continued funding for Regional Specialized Services Network ($1.85M) and provincial recognition. • Supporting Ontario Health North, and working collaboratively with the four Ontario Health Teams, in developing a regional Primary Care strategy/plan. The plan will outline needs and regional opportunities to enable a robust system of primary care at a local level (i.e. Digital, HHR, specialized supports).	• Advance regional system priorities and ensure connection to CEO Working Group.

System Level Risks	Detail	Likelihood (H, M, L)	Impact (H, M, L)	Mitigation/Status
Electronic Health Record (EHR)	Current regional EHR is end-of-life; upgrade of system is required in order to support quality care, connected care across the region (and across the continuum of care)	M	H	Ongoing work re: Electronic Health Record renewal. Program is on track. Continued advocacy re: funding to support capital and operating expenses.
Health Human Resources	Significant recruitment and retention issues across region and across many disciplines (i.e. nursing, pharmacy, lab, rehab, etc.); exacerbated by pandemic	H	H	Ongoing regional advocacy to support recruitment and retention incentives that set NW apart from rest of province. Advancement of Northern HHR Strategy through NW HHR Network – implementation of funding to support recruitment and retention in region.
Service Access and Equity	Inequities exist related to service access, both regionally and locally, across various services (i.e. mental health and addictions)	M	H	Prioritization of laboratory services due to regional/local program sustainability Regional (and local) work underway related to psychiatry services and repatriations. Advocacy with MOH and MOLTC re: LTC capacity and tertiary/specialized capacity.

Metric	Target	Actual
[Regional Oversight] Achievement of goals/deliverables related to regional priorities (HIS, HHR, laboratory)	100% of annual work plan deliverables	Year 1 – 100% Year 3 – 100% Year 2 – 100% Year 4 – 100%
[Service Access and Equity] Pharmacy – access to chemotherapy, as close to home as possible	Sustain safe delivery of chemo in 9 communities	100% (9/9 communities)
[Service Access and Equity] Laboratory – sustainable access to quality laboratory services for all hospitals	Sustain safe laboratory services in 11 communities	100% (11/11)
[Cyber security] # Cyber Security Critical Incidents for the Period	0	1
[Board engagement] Number of Boards (and members) engaged, annually	RSC meetings – 100% of hospitals in attendance G2G (TBD) – 100% of hospitals in attendance	2020/21 Q4 – 100% (12/12) 2021/22 Q1 – 75% (9/12) 2021/22 Q2 – 75% (9/12) 2021/22 Q3 – 75% (9/12) 2021/22 Q4 – 50% (6/12) 2022/23 Q1 – 67% (8/12) 2023/24 Q1 – 50% (6/12) 2024/25 Q1 – 75% (9/12) 2024/25 Q2 – 50% (6/12) 2025/26 (Q1) - 67% (8/12)



Fort Frances Rant & Rave (ab...

Faye Flatt · 53m ·

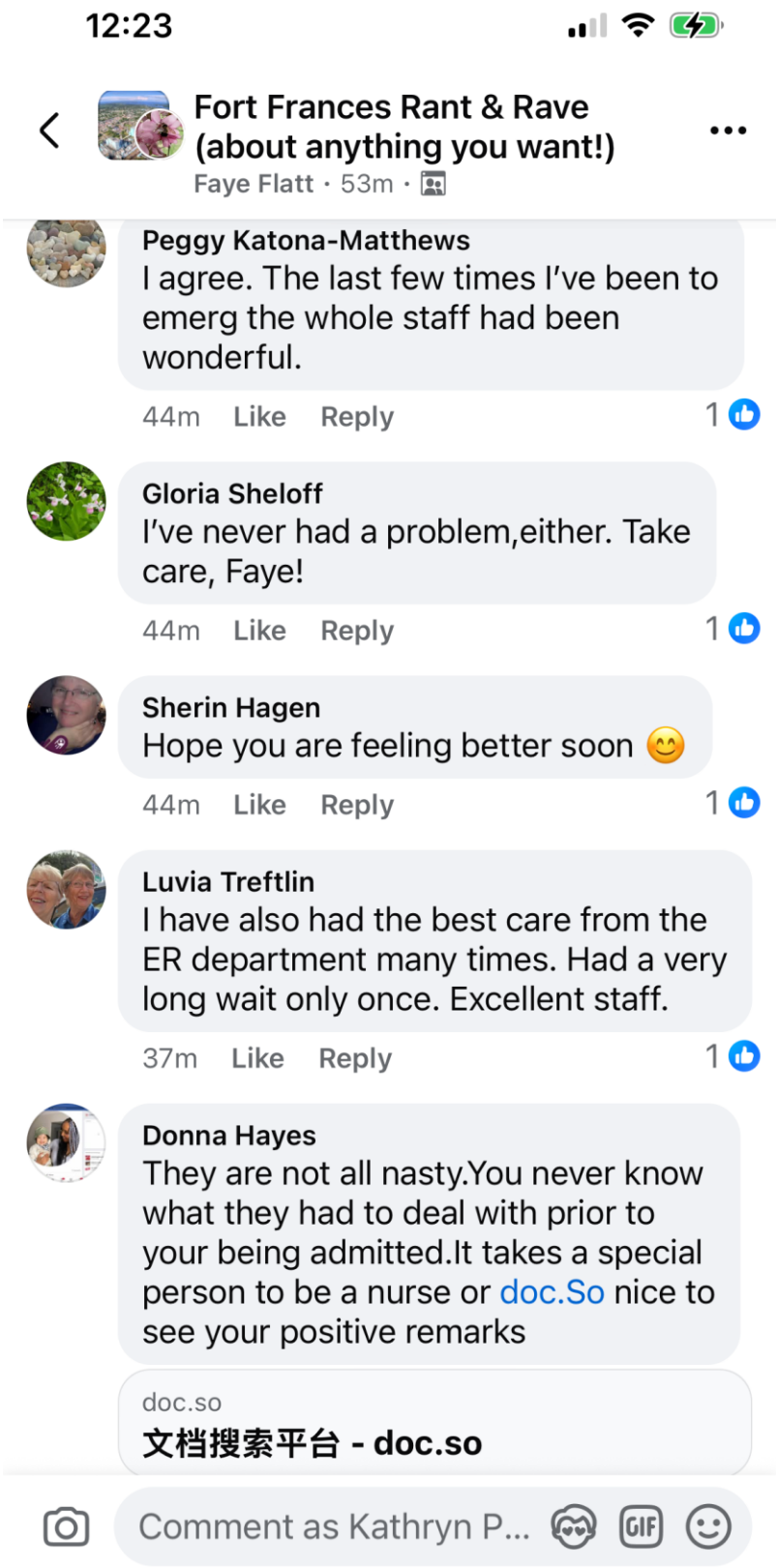
HUGE RAVE!!! People rant about how poor health care here - long waits to get in, rude staff, etc but that was not my experience this past weekend. From the time I was greeted at reception to triage nurses, then by nurses and doctors in emerg, I encountered only caring and compassionate attention as they did tests to determine the cause of my pain. That experience continued through to hospital admittance and surgery the following day to remove perforated appendix aa well as my stay at Riverside.

I am home recuperating but want to extend a huge thank you to the all of the staff in addmittance, er nurses, diagnostics and doctors; to the Riverside team of doctors, operating room staff and those here for short duration – Susan, Tyler, Dr. Ruppenstein, Lucille, Kaily, Khenna, Grace, Dr Halverson and Dr Keshoofy and everyone else on duty Thursday night through Sunday morning – THANK YOU!

I wish I could recall the name of everyone that showed top of the line compassion and kindness because each and every one deserves, and has, my appreciation! ❤️👋

69 10

Reels


12:23
Fort Frances Rant & Rave (about anything you want!)
Faye Flatt · 53m ·
Peggy Katona-Matthews
I agree. The last few times I've been to emerg the whole staff had been wonderful.
44m Like Reply 1
Gloria Sheloff
I've never had a problem,either. Take care, Faye!
44m Like Reply 1
Sherin Hagen
Hope you are feeling better soon 😊
44m Like Reply 1
Luvia Treftlin
I have also had the best care from the ER department many times. Had a very long wait only once. Excellent staff.
37m Like Reply 1
Donna Hayes
They are not all nasty.You never know what they had to deal with prior to your being admitted.It takes a special person to be a nurse or doc.So nice to see your positive remarks
doc.so
文档搜索平台 - doc.so
Comment as Kathryn P...
GIF


12:23
Fort Frances Rant & Rave (about anything you want!)
Faye Flatt · 53m ·
30m Like Reply
Kevin Marusyk
I walked into emerg in T Bay just after Xmas to see at least 60 people and a five a five hour wait. We have it pretty good here.
19m Like Reply 1
Bev Smeeth-McCoy
Agreed. I had the same great experience last Thursday
16m Like Reply 1
Linda J Armstrong
Good to know, things are changing
9m Like Reply
Ian McDowell
The hospital here is the best I've ever been for care. Not to mention they got my daughter to winnipeg on emergency flight, for going into labor early. The complaints I've seen have no merit to the service we all recieve from this great hospital.
8m Like Reply
Comment as Kathryn P...
GIF