BOARD OF DIRECTORS MEETING

IN-CAMERA SESSION

Thursday, May 28, 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 – April 30, 2026 * Pg 3 2.2 Board Chair & Senior Leadership In-Camera Report – D. Clifford, H. Gauthier, J. Cousineau, C. Larson, J. Loveday, D. Black, T. Morelli, Dr. L. Keffer * Pg 7 2.3 Governance Committee In-Camera Report – B. Norton * Pg 10 2.4 Audit & Resources Committee In-Camera Report – B. Norton * Pg 22 2.5 Quality Safety Risk Committee In-Camera Report – M. Kitzul	
3.	Approval of Agenda	
4.	Presentation – No presentation as covered in the Open Session under 4.0	
5.	Business Arising There was no business arising.	
6.	Strategic Discussion: No discussion (Ethical Decision-Making Framework – standing attachment *) Pg 44	
7.	New Business 7.1 Chief of Staff Report –Medical Staff Privileges - Dr. L. Keffer * Pg 46 7.2 Audit & Resources Committee – Verbal Update 7.3 Artificial Intelligence (AI) Summary * Pg 56	
8.	Other Business 8.1 In-Camera with CEO 8.2 In-Camera without CEO	
9.	Date of Next Meeting: June 18, 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, May 28, 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.
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: April 30, 2026 **Time of Meeting**: 5:41 pm

Location of Meeting: Webex / LVGH Board Room

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

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

REGRETS: B. Norton, A. Beazley, C. Larson

GUEST: H. Kaemingh (Item 4.0)

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1. CALL TO ORDER:

D. Clifford called the meeting to order at 5:40 pm. B. Booth recorded the minutes of this meeting.

D. Clifford acknowledged the sudden passing of J. Odgen which has left a missing presence here at the Board table. She acknowledged all of Joanne's contributions to the Board and RHC. Joanne will be missed dearly. Round table stories were shared in remembrance of Joanne.

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 2.1 due to the conflict they declared last meeting and therefore will not be participating in the approval of item 3.0 below.

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: E. Bodnar SECONDED BY: M. Jolicoeur

THAT the Board approve the Agenda as circulated.
CARRIED.

4. PRESENTATION: 2025-2030 Fundraising Strategic Plan – Holly Kaemingh

D. Clifford welcomed Holly Kaemingh, Fundraising Director to the meeting who provided a presentation on the 2025-2030 Fundraising Strategic Plan. The following was highlighted:

- Holly thanked the Board for inviting her to attend this evening. She shared for the past 8 months she has been working on a strategic plan.
- Where we are now: what's in place was reviewed; donor database, core fundraising activities underway.

What's in progress; policies and procedures, 5-year strategic plan, Grant Station platform, community presence and community events.

- What have we learned was discussed.
- Where we are heading; Build, Establish, Expand, Grow – the goal is to build a 50/50 program with consistent revenue. A target of $200k annually. The overall goal is to reach $1 million in revenue annually. With these 2 targets, it would be warranted to add another staff member to the department.
- How will we get there? Increase human resources, continue to build community presence and engagement, build on current programs and events, build professional network.
- Current Fundraising Snapshot reviewed:
  $96,868 is left to raise for the Lights, Camera, Diagnosis campaign. Hoping to meet this target by end of September.
- Discussion took place regarding attracting money from other foundations. Holly explained this is through a grant application process. Further discussion took place regarding the work involved with submitting grant applications/proposals.
- Conversation ensued around other fundraising initiatives to come in the future. The Board acknowledged Holly for all her efforts and work and the excellent job she has done.
- Further discussion took place regarding accepting securities from wills. Holly confirmed estate plans are being worked on, and she plans to take this to legal firms and funeral homes. Conversation ensued around in-kind donations.

D. Clifford thanked Holly for her presentation. Holly exited the meeting.

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:

- Dr. Dada is listed on the list to be approved. He is a Rainy River locum who has restrictions on his license. Part of the Rainy River contract is any physician with restrictions on their license can not work. Dr. Dada is aware of this. He is on the list to renew his privileges however, Dr. Keffer confirmed no shifts will be booked for him until his restrictions are lifted.
- Rainy River has some gaps in coverage, and we are working with Todd on filling these.
- Discussion took place with regional ordering privileges for physicians in Toronto for example and whether these requests come in. Dr. Keffer confirmed this does happen and they are required to be credentialed to be able to order. It is a frustrating process.
- Diane thanked all involved for their work with the minimal ER closure that took place in Rainy River.

7.1.1 Privileges – Medical Staff
2026 Appointment and Reappointment Applications for Privileges

It was,

MOVED BY: D. Pierroz SECONDED BY: D. Loney

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: K. Lampi SECONDED BY: M. Kitzul

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.

Change in Status

It was,

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

THAT the Board of Directors approves change of status from Associate to Active for the listed physicians effective April 1, 2026, as reviewed and recommended by the MAC.

CARRIED.

7.2 Audit & Resources Verbal Update

E. Bodnar provided an update highlighting the following:

- Capital Equipment approval is deferred to September.
- Auditors Appointment at the AGM – we have to appoint the auditor at the AGM. We can go out to market afterwards and can have a special meeting to remove them if we wish to appoint someone other than MNP. We would go to market due to the costs. The committee suggests doing this for the 2028 AGM. Discussion took place regarding whether MNP provides an itemized list of hours invested into the audit. Henry noted we pay a flat rate and a list is not provided. Further discussion took place regarding the changes in process of the audit since the pandemic. Henry confirmed a lot of work is done online.
- Overall Deficit = $4.4 million
  Hospital Deficit – roughly $70k
  LTC Deficit – approximately $3.4 million
  CSS Deficit – roughly $660k
  Contributor were discussed noting CSS, Assisted Living and LTC are large contributors.
- OT/Sick – some areas have increased. The plan is being worked on. Sick time and abuse are being worked on. The OT/management plan is being worked on to build up the casual pools. Managers need to submit variances to their sick and OT and will be meeting bi-weekly.
- Henry noted the overall patient census has increased dramatically which causes HR resource and financial challenges and this increased the use of agency staff and increases OT. We need to look at having the government address proper funding for us. Henry discussed other money that needs to be invested in important projects (i.e.. Wi-Fi).
- Bad Debt is roughly $378k primarily due to transient and MH&A patients.
- Performance conversations were reviewed noting the numbers are low however we expect to see a surge in compliance further in the year.
- Auditors will not be attending the AGM.

7.3 Regional Services Council of the Board – Briefing Note

D. Clifford reviewed the circulated for information noting she is the RHC representative on this Board. Diane discussed the purpose of this council and noted it's mainly informational sharing. Henry shared this is similar information that is shared at the CEO and COS tables. There is no operational power at this council. Discussion took place regarding whether this council is mandated by the Ministry. Henry noted it's expected,

not necessarily mandated. Further discussion took place around necessary change that needs to occur at the government/Ministry table to make positive change.

Dr. Arnesen and Dr. Keffer exited the meeting at 6:53 pm.

8. OTHER BUSINESS

8.1 For the Good of the Board (Optional)

Henry reviewed the circulated compliment that was posted on Rant & Rave on social media. It is nice to see a positive compliment. Diane shared she has also seen positive comments on social media regarding people's experience at the hospital.

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:

May 28, 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 8:35 pm.
CARRIED.

_____ _____

Chair Secretary/Treasurer

Riverside Health Care

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

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **Atikokan CSS**
  Work has now been completed on the relocation of the Atikokan Community Support Services office from the DSSAB unit in Fotheringham Court to office space within the Atikokan Gathering Place. This move co-locates staff on a single site, improving coordination, communication, and overall service delivery efficiency. Parking for the Atikokan Handi-Van is now on-site, and storage of equipment and supplies is no longer an issue.
- **Locum Coverage**
  We continue to rely heavily for both Anesthesia and General Surgery with only one local General Surgeon (Dr. Shiraz Elkheir) and Anesthetist (Dr. Carolyn Trottier). Dr. Mohammed Alsammani, General Surgeon has had to adjust his estimated relocation date to Fall 2026 as his family works through the immigration process.
- **Restructuring**
  A new organizational structure went into effect on May 8, 2026. This structure now establishes that only EA's and VP's report directly to the President & CEO.

1. President & Chief Executive Officer - Henry Gauthier
2. VP Long Term Care and RC Administrator - Tara Morelli
3. VP, Hospital Clinical Services & Chief Nursing Executive - Julie Cousineau
4. VP, Community and Transportation Services - David Black
5. VP Infrastructure, Information & CFO - Carla Larson
6. VP, Administrative & Support Services - Julie Loveday (Interim)

Hospital vs LTC services are now streamlined with two senior positions supporting these services. In addition, new Director positions have been added to provide increased management support within the hospital portfolios. The two senior roles in this portfolio have been reorganized into a single VP position.

Financial services are now consolidated under the Senior Director, Financial Services enabling the VP position to increase focus on infrastructure and technology.

Renovations are being discussed at LVGH to enable the full senior team opportunity to work within the admin department to facilitate team building and engagement.

- **UKG Pro - Payroll**
  Go-live of the new payroll component of our HRIS is scheduled for June 9, 2026. At this point there are 6 active work streams. Three streams are 'green' while the other three are 'yellow' and require added attention to go-live on time. The yellow streams include successful parallel testing, mapping to the general ledger, and admin training.
- **Nursing & PSW Vacancies**

Hospital Classifications	Total Baseline FTE	Total Vacancy
LVGH Registered Nurse Vacancy	37.1	15
LVGH Specialty Registered Nurse – ICU, ER, OBS, Chemo	21.7	12
LVGH Med Surg Registered Nurse	8.4	3
LVGH OR Registered Nurse	7.0	0
LVGH Registered Practical Nurse (RPN)	11.5	0
LVGH Nursing Supervisor	4.4	0
RRHC Registered Nurses	6.3	4
RRHC Registered Practical Nurses	6.3	4
RRHC Personal Support Workers	7.0	1
EHC Registered Nurses	4.2	1
EHC Registered Practical Nurses	6.4	2
EHC Personal Support Workers	2.0	0
RC NP	2.0	1
RC RN	7.0	0
RC RPN	19.5	2.9
RC PSW	64.7	2.5

- **Leadership for RRHC/Emo**
  RRHC & EHC have experienced multiple leadership transitions in recent years, and this has challenged our ability to stabilize the environment.

  Interim leadership for LTC, including a DOC & Administrator, as well as for Acute Care is in place. A permanent DOC has been interviewed for the position, and a letter of offer has been provided. If the position is accepted, it is anticipated the candidate will start in mid-June. The Interim Administrator that is set for a 6-month trial will be reevaluated in 6-months.

One Riverside - Promoting a Consistent and Empowering Culture

- **Outbreak Updates**
  - LVGH had a respiratory outbreak (RSV) in March lasting 9 days and affecting 4 patients and no staff members. Mask usage was high and difficult to keep stock readily available. Follow up with Tara Hamilton has a plan in place for Stores to replenish supply daily when they are here.
  - RC Outbreaks:
    - Respiratory outbreak (RSV) in March lasting 27 days and affecting 27 residents and no staff members, 1 resident was hospitalized and 1 death was directly related to the outbreak.
    - Respiratory outbreak (Rhinovirus) in March lasting 9 days and affecting 5 residents and no staff members. There were no hospitalizations or deaths.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **Critical Unfunded Projects**
  On May 19, 2026, a meeting was held with the Acting Regional CIO at TBRHSC to discuss the best path forward to progress $6.5 million in projects to replace aged Wi-Fi and phone systems and address staff duress requirements.

  It was determined that the right individual was required at OH to assist in the conversation with OHN. While there are no know funding pots, there was discussion around financing these upgrades as services. The Regional CIO is currently considering who may best fulfill this role.

  Our future ability to operate requires upgrading of these essential systems that support communications, Meditech and PCC, and staff/patient safety.

  RHC is preparing a summary need statement and will be submitting to OHN leadership once we have a clear path forward.
- **Pharmacy Redevelopment**
  Onsite work began on May 11, 2026, with a 32-week timeline and anticipated opening of December 21, 2026. The abatement report showed lead paint and some asbestos on the outside windows caulking so working with the abatement team (Keating).

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

- **Rainycrest Quality Committees**
  The Rainycrest quality committees include Pain & Palliative, Skin, Wound & Continence, Falls & Restraints and Responsive Behaviours. Below are the Quality Indicators being tracked for the quarter ending September 30, 2025.

Rainycrest - Quality Indicator Snapshot	RC	ON
E-Reports updated Q1- Mid-September, Q2-Mid - December, Q3- Mid- March, and Q4- Mid-June.	**Q4- 2025**	
Percent of Residents without a Diagnosis of Psychosis	**16.20 %**	**21.40%**
Percent of Residents Who Fell in the Last 30 Days	**17.90%**	**16.80%**
Percent of Residents Who Had a Stage 2 to 4 Pressure Ulcer	**12.70%**	**6.50%**
Percent of Residents Whose Stage 2 to 4 Pressure Ulcer Worsened	**5.00%**	**2.20%**
Percent of Residents With a Newly Occurring Stage 2 to 4 Pressure Ulcer	**4.70%**	**2.20%**
Percent of Residents in Daily Physical Restraints	**1.20%**	**1.60%**

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

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
Tara Morelli, VP - Long Term Care & RC Administrator
Julie Cousineau, VP - Hospital Clinical Services & CNE
David Black, VP - Community & Transportation Services
Carla Larson, VP - Infrastructure, Information & CFO
Julie Loveday, Interim VP - Administrative & Support Services
Henry Gauthier, President & CEO
RHC Directors, Managers & Supervisors

Riverside Health Care

In Camera Governance Committee Report – May 2026

2.3.1 Minutes: Governance Committee
May 12, 2026 – not yet reviewed by the Committee *

2.3.2 Nominating & Recruitment Meeting Minutes *

2.3.3 Board Orientation Agenda *

2.3.4 Board Meeting Effectiveness Survey – April 2026

RIVERSIDE HEALTH CARE FACILITIES INC.
BOARD GOVERNANCE COMMITTEE
MINUTES

Date of Meeting: May 12, 2026 **Time of Meeting:** 4:00 pm

Location of meeting: LVGH – Board Room / Webex

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

REGRETS: D. Pierroz, Dr. L. Keffer

1. CALL TO ORDER:

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:

ADD: 5.5 Leave of Absence
Renumber current 5.5 to 5.6

It was,

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

THAT the agenda be approved as amended.
CARRIED.

3. MINUTES OF THE LAST MEETING: April 14, 2026

It was,

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

THAT the minutes of the April 14, 2026, meeting be approved as circulated.
CARRIED.

4. MATTERS ARISING FROM THE MINUTES:

There were no matters arising.

5. NEW BUSINESS:

5.1 Nominating & Recruitment Committee Update

Ben provided an update noting 2 applications were received, from Michael Puderbach and Lynn Indian. Interviews will be conducted with both candidates. More information will be reported at the June meeting.

5.2 Governance Policy Review

Deferred.

5.3 Board Orientation Review

Ben reviewed the circulated draft orientation agenda. Diane noted there are 2 sections for the Board Chair, one at 8:00 am and the other at 11:35 am. She noted from last year's orientation experience, 2 sections are no longer required, and this can be combined into one section at 8:00 am.

ACTION: Brooke will revise the orientation agenda as per the above.

5.4 Board Meeting Effectiveness Survey – April 2026

Ben reviewed the survey results in detail. Diane noted 7/9 members completed the survey and most comments were positive.

5.5 Leave of Absence

Diane shared that Dan Pierroz has submitted a request for a leave of absence due to medical reasons. Dan has asked if he could still receive information and have access to the Board portal to keep up to date during his absence. His hope is to be back in September. Diane reported she had confirmed with Dan that he would still receive information and access the Board portal. Discussion took place and it was decided by consensus that a letter approving the leave of absence and remaining access to the Board portal be issued to Dan. Further discussion took place regarding quorum, implications and risks associated with this.

ACTION: Brooke and Diane will provide Dan with a letter approving the leave of absence.

ACTION: Diane will provide a reminder to Board members regarding the importance of attendance over the next couple of months.

5.5 In Camera with CEO

The Board members met with the CEO only.

6. OTHER BUSINESS:

Henry provided an update regarding the conflict-of-interest concern between the Board Chair and the new VP Community and Transportation Services position. He confirmed legal was engaged and reported that anything HR relating to the individual and anything involving approval regarding the VP's portfolio would require a conflict of interest to be declared. Otherwise, there is no issue. Henry shared legal is providing a 1-page document with this update and Henry suggested this be uploaded to the Board portal for information.

6.1 SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- Governance Policy Review – Deferred to next meeting.
- Board Orientation Review - Brooke will revise the orientation agenda as per discussion.
- Leave of Absence – Brooke and Diane to issue a letter approving Dan Pierroz's leave of absence request and continuing Board portal access.
  Diane will remind Board members of the importance of attendance for the remainder of the Board term.

6.2 Meeting Summary: May Board Meeting Agenda Items

Discussion took place around what items are to appear on the Open and In-Camera agendas for the May 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
- 5.3 Board Orientation Review
- 5.4 Board Meeting Effectiveness Survey – April 2026

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

7. DATE AND TIME OF NEXT MEETING:

June 2, 2026

8. TERMINATION:

The meeting terminated at 4:25 pm.

_____ _____

Chair Recording Secretary

RIVERSIDE HEALTH CARE

NOMINATING & RECRUITMENT COMMITTEE

MINUTES

Date of Meeting: April 14, 2026 **Time of Meeting:** 3:30 pm

Location of meeting: Webex / LVGH Board Room

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

REGRETS: H. Gauthier, B. Norton

1. CALL TO ORDER:

D. Clifford called the meeting to order at 3:38 pm. B. Booth recorded the minutes of the meeting.

1.1 Confidentiality Reminder

Diane reminded members of the confidentiality of the session.

2. AGENDA:

It was,

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

THAT the agenda be accepted as circulated.

CARRIED.

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

It was,

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

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

CARRIED.

4. MATTERS ARISING FROM THE MINUTES:

There were no matters arising.

5. NEW BUSINESS:

5.1 Interview Questions Review

Diane reviewed the circulated interview questions in detail. Discussion took place. Question #9 was highlighted specific to the language. It was decided to remove question #9 altogether.

ACTION: Remove question #9.

Further discussion took place regarding question #4. It was noted question #4 should be a 3-part question, as follows:

1. Can you explain to us what a conflict of interest means to you.
2. How would you interpret a “perceived” conflict of interest.
3. Do you feel you have any actual or potential conflicts with becoming a Riverside Health Care Board member?

ACTION: Brooke will make the above revisions to the interview question document.

It was also noted that when interview invitations are extended to candidates, that camera’s need to be on and they need to be in a confidential space, if the interview is done virtually.

5.2 Recruitment Discussion

It was shared that follow up emails went out to the 3 individuals who received applications. Lynn Indian responded and confirmed her intention to apply. Brooke confirmed no additional applications have been received to date. Discussion took place regarding additional potential candidates.

ACTION: Kathy will reach out to Janice Henderson to see if she is interested.

6. DATE OF NEXT MEETING:

May 12, 2026

7. TERMINATION:

It was,

MOVED BY: D. Pierroz

THAT the meeting be adjourned at 4:00 pm.

CARRIED.

_____ _____

Chair Recording Secretary

/bb

New Board Member Orientation
TBD – September 2026 at 8:00 am
Board Room, La Verendrye General Hospital

Board and Governance	TIME
Introduction to the Board – Meeting Format & Expectations - Agendas - Policy – Board Surveys– Code of Conduct – Ontario Health – Governance & Board Process – Accreditation - Diane Clifford	8:00 - 9:15 am
Credentialing Process for Physicians and Medical Advisory Committee – Chief of Staff	9:15 – 9:45 am
The Organization	**TIME**
Operations Services – Henry Gauthier, VP Infrastructure & CFO, and VP Admin and Support Services	9:45 – 10:15 am
BREAK	10:15 – 10:30 am
Hospital Clinical Services – Julie Cousineau	10:30 - 11:00 am
Long Term Care – Tara Morelli	11:00 – 11:30 am
Community Services – David Black	11:30 – 12:00 pm
LUNCH	12:00 – 1:00 pm
Quality Safety Risk (incl. Patient/Resident Safety) / Accreditation / Confidentiality & Privacy – Cindy Cole / Simone LeBlanc	1:00 – 2:00 pm
Key Stakeholders and External Relationships	**TIME**
BLG Board Governance Education Sessions – Q&A Education Overview – Diane Clifford / Henry Gauthier	2:00 – 2:20 pm
BREAK	2:20 – 2:40 pm
Tour LVGH	2:40 – 3:40 pm
Windup / Evaluation	3:40 – 4:00 pm

Q1 What was the date of the meeting?

Answered: 7 Skipped: 0

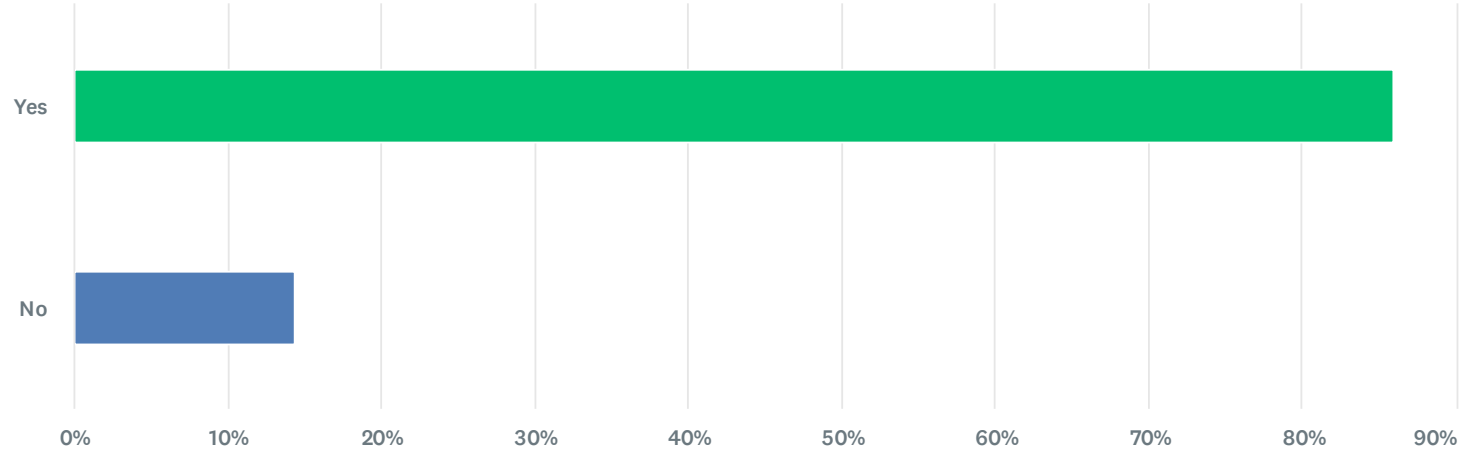
ANSWER CHOICES	RESPONSES	
The RHC Board of Directors meeting took place on:	100.00%	7

#	THE RHC BOARD OF DIRECTORS MEETING TOOK PLACE ON:	DATE
1	04/30/2026	5/4/2026 7:57 PM
2	04/30/2026	5/4/2026 5:26 PM
3	04/30/2026	5/1/2026 10:00 AM
4	04/30/2026	5/1/2026 8:47 AM
5	04/30/2026	4/30/2026 10:21 PM
6	04/30/2026	4/30/2026 10:13 PM
7	04/30/2026	4/30/2026 9:38 PM

Q2

7 responses

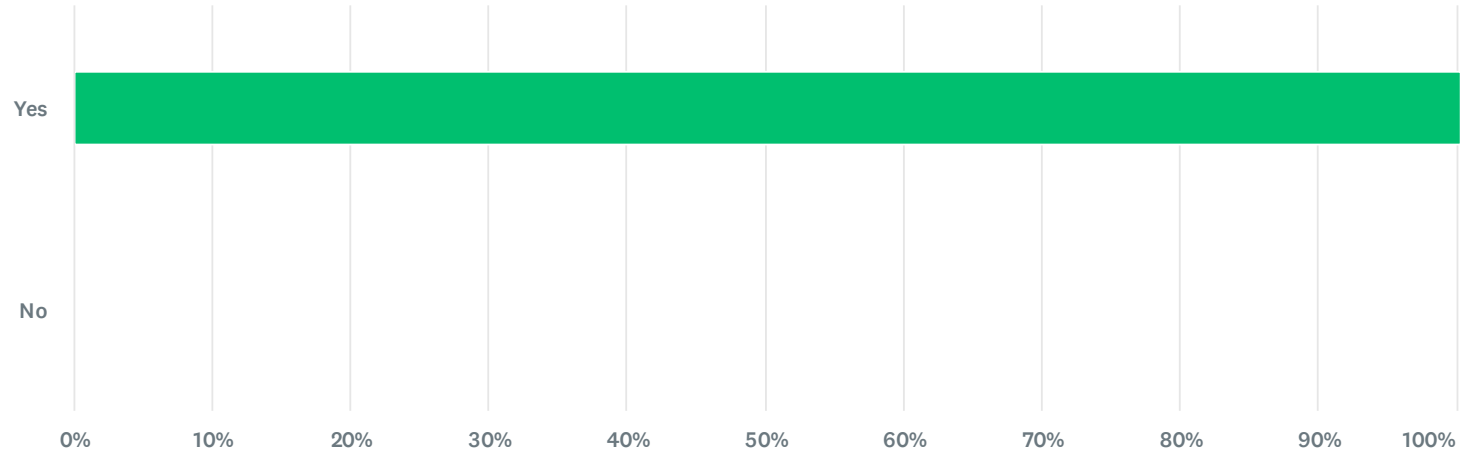
Did you attend this meeting?



Q3

6 responses

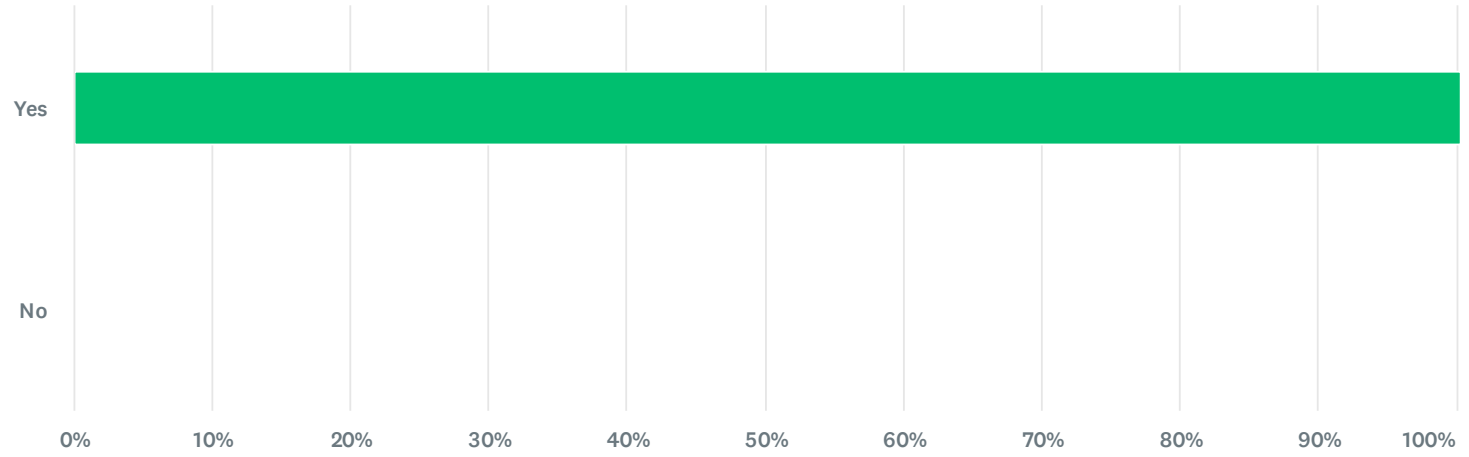
Did you receive the materials in sufficient time for you to prepare for the meeting?



Q4

6 responses

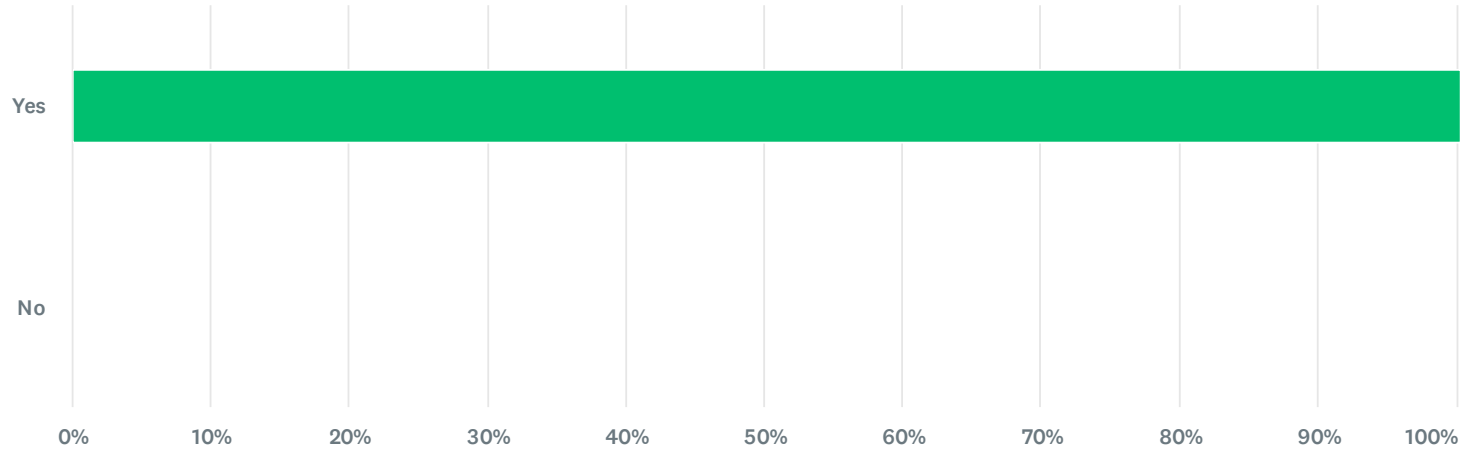
Were relevant materials provided?



Q5

6 responses

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



Q6 Please add any comments here:

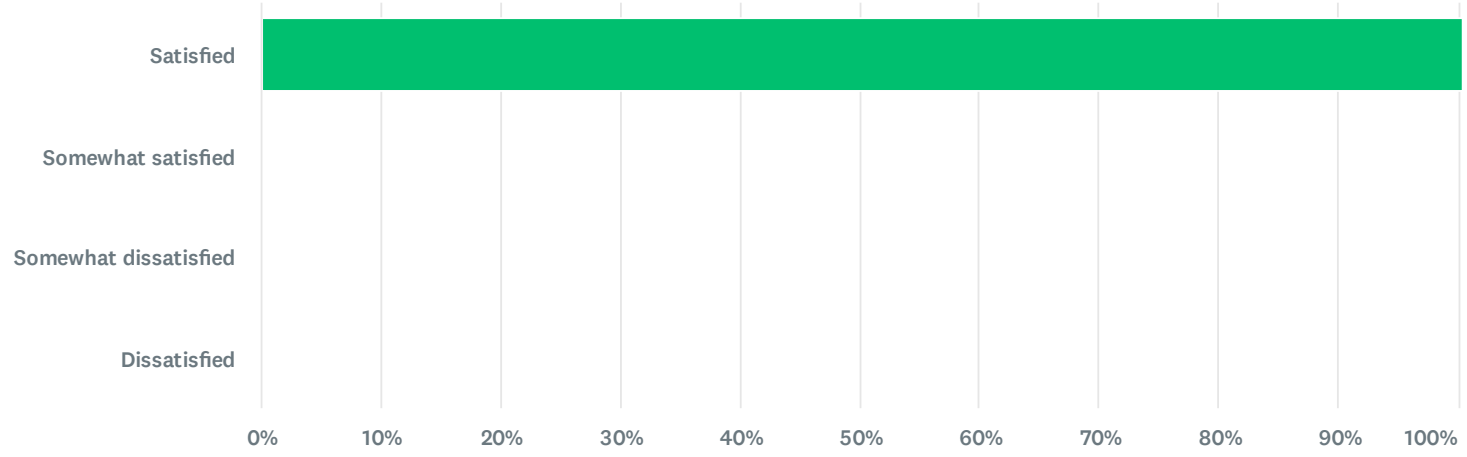
Answered: 2 Skipped: 5

#	RESPONSES	DATE
1	Thank you Brooke and Diane for you guidance. I really enjoyed Holly's presentation. It's nice to see the personal commitment of time and energy of RSH employees.	5/1/2026 10:09 AM
2	Great job Brooke	5/1/2026 8:49 AM

Q7

6 responses

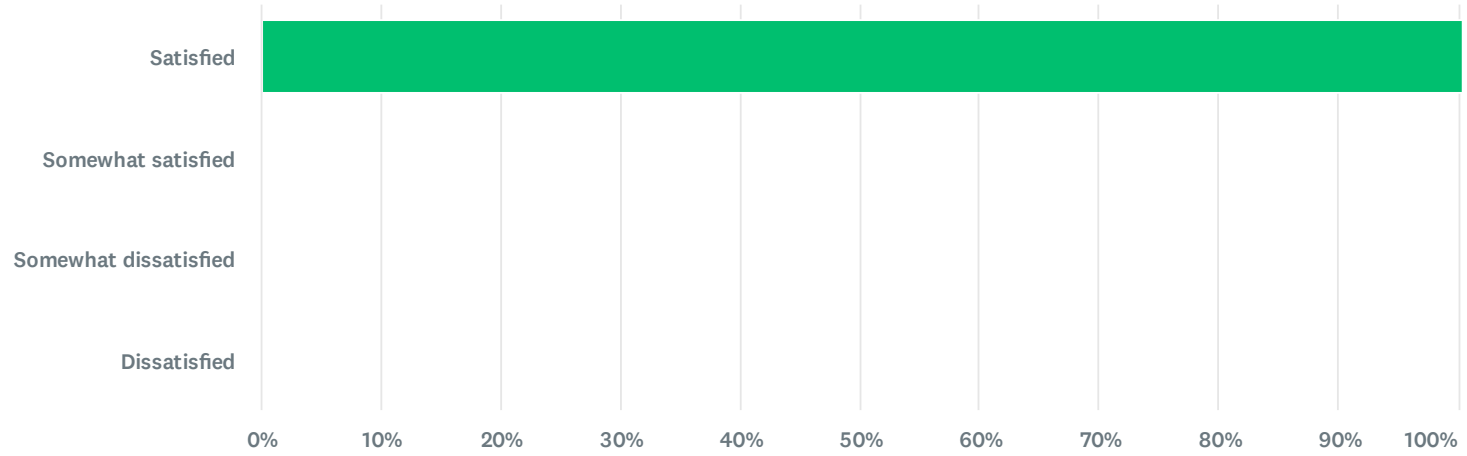
Were you satisfied with your opportunity to participate in the debate/discussion?



Q8

6 responses

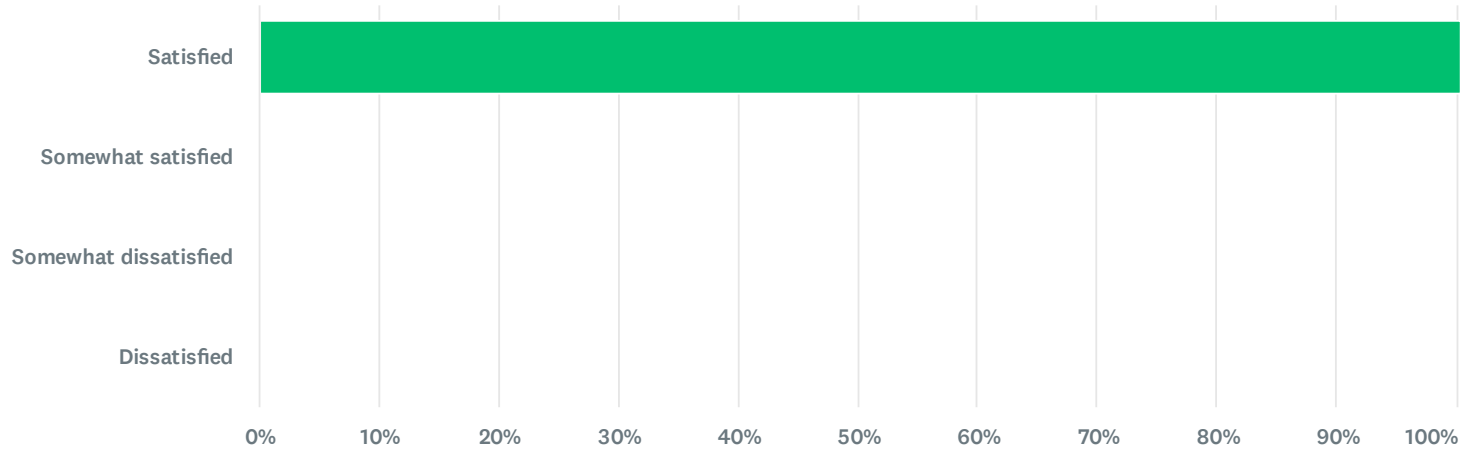
Were you satisfied with the manner in which other board members contributed to the debate/discussion?



Q9

6 responses

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



Q10 Please add any comments here:

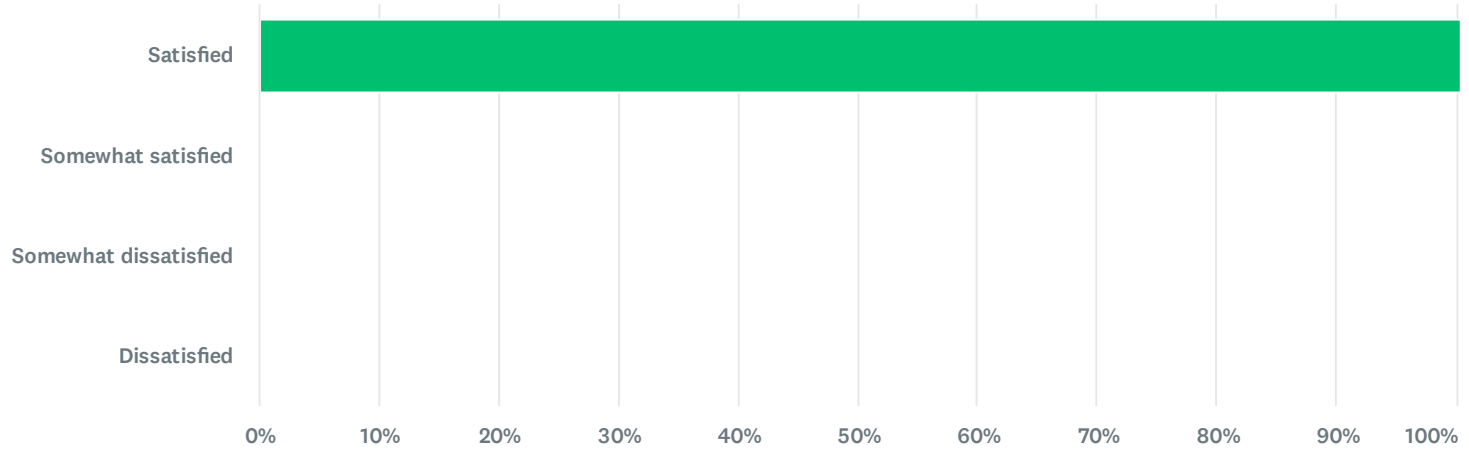
Answered: 2 Skipped: 5

#	RESPONSES	DATE
1	It is good to see RHC's commitment to ethical principles regarding potential conflicts of interest.	5/1/2026 10:09 AM
2	Diane always provides time for everyone to be a part of the discussion	5/1/2026 8:49 AM

Q11

6 responses

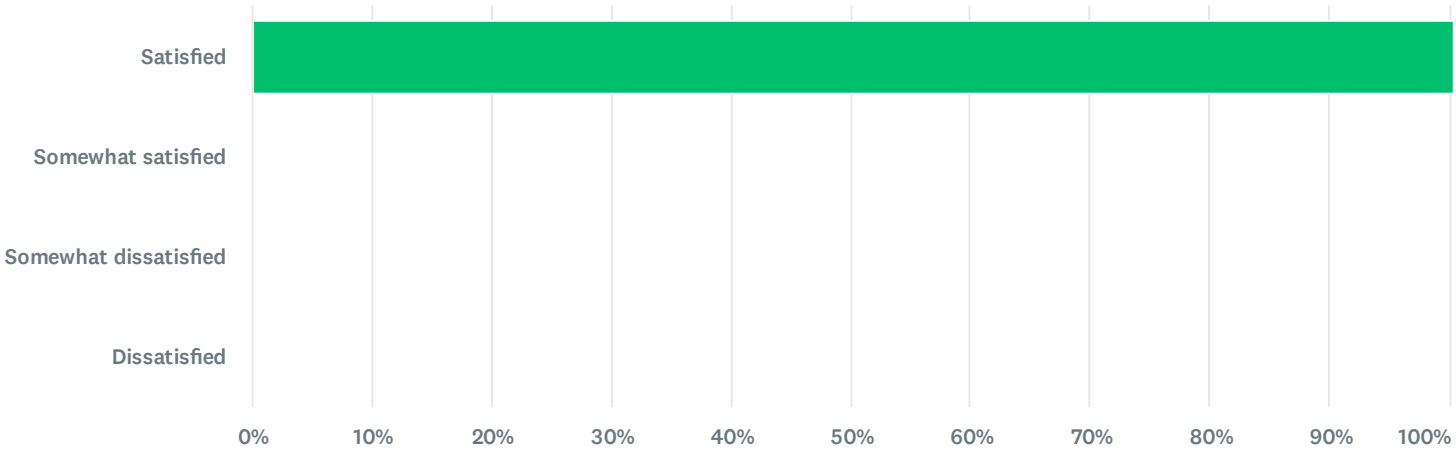
Were you satisfied with what the board accomplished?



Q12

6 responses

Were you satisfied with the board's overall performance?



Q13 Please add any comments here:

Answered: 4 Skipped: 3

#	RESPONSES	DATE
1	Discussions are interesting but can be lengthy	5/4/2026 8:01 PM
2	the meaningful stuff is never easy.	5/1/2026 10:09 AM
3	Great meeting, a lot of info to absorb	5/1/2026 8:49 AM
4	Always appreciate the conversations we have and the opportunity to ask questions.	4/30/2026 10:23 PM

Riverside Health Care

In Camera Audit & Resources Committee Report – May 2026

2.4.1 Minutes: Audit & Resources Committee *
April 23, 2026 – reviewed and approved by the Committee

2.4.2 Attestations *

2.4.3 CEO Compliance *

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

Date of Meeting: April 23, 2026 **Time of Meeting:** 4:00 pm

Location of meeting: LVGH – Board Room / Webex

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

REGRETS: B. Norton

1. WELCOME AND ROUND TABLE CHECK IN:

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

1.1 Confidentiality Reminder

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

2. ADOPTION OF AGENDA:

It was,

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

THAT the agenda be approved as circulated.
CARRIED.

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

Discussion took place regarding item 5.2 specific to the budgeted beds. It was suggested to remove that sentence. Brooke will make that revision.

It was,

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

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

4. BUSINESS ARISING:

4.1 2026-27 Capital Equipment Approval

Deferred to September 2026.

4.2 Annual Meeting – Appointment of Auditor Follow Up

It was noted that legal was engaged on this and we need to appoint the auditor at the Annual meeting. Legal did note, however, that if we go out to market and decide on a different auditing firm, a special meeting could be called during the year to remove them and then appoint a new auditor if required. Discussion took place regarding cost of the auditors and if we remove the appointed auditor (MNP), would we still need to pay them. Carla noted she didn't feel this would be the case.

5. STANDING ITEMS:

5.1 Financial Report – March 2026

Carla reviewed the circulated in detail highlighting the following:

- Carla apologized for the report being late, noting this was due to the cash advance request and the work involved in getting everything to OH that they requested.
- Overall Deficit – approximately $4.4 million. Contributors are CSS Assisted Living and LTC.
- Hospital Deficit is roughly $71k
- LTC Deficit is roughly $3.4 million
- The deficit for CSS Assisted Living is approximately $660k
- Contributors were discussed and the following were highlighted: OT/Agency costs, increase in patient acuity, unfunded costs for equipment, visiting specialty funding as we do not receive enough funding to account for all expenses.
- Rainycrest agency staff have decreased due to PSW hires. RN/RPN staffing is still an issue at Rainycrest.

5.2 OT, Sick & FTE Reports – March 2026

Carla reviewed the circulated reports highlighting the following:

- Some areas have gone up, especially on the Rainycrest side.
- Carla provided an update to the plan as follows:
- The sick management plan is moving forward. HR is addressing sick time abuse however; Carla confirmed not all sick time is abused.
- OT Management Plan – we continue to try and replenish staff and will continue to address the casual pool. Managers are requested to submit variances for their OT and sick time. This is being done monthly however, we will be requesting this bi-weekly to have a better sense of what's going on. Finance, Scheduling and Managers of areas will be meeting bi-weekly.
- Contributors to the OT and sick were highlighted noting scheduling, generational, increase in hours at Rainycrest and the surge at the hospital, all contribute.
- Henry discussed 3rd parties addressing sick time management, however, such efforts have not proven fruitful in recent history. It is difficult to find agencies that can effectively impact change in this regard.
- Henry noted the finance department has struggled with HR challenges and absences and Carla has picked up the slack in finance over the years. Recruitment is occurring for additional staff however the right people need to be found. It's a complex system and overwhelming.
- Henry shared Diane joined the meeting with Senior Leadership yesterday regarding the cash advance with the Ministry. Carla and her team have invested a lot of time to provide the information they required, which was extremely time-consuming and most information requested was not necessary. Henry discussed frustrations experienced and the need for change on the Ministry/OH part. If they continue to roadblock us it will drive our people out. Discussion took place regarding whether the Ministry will acknowledge and do something about OH's incompetence. Henry noted he doesn't feel this will happen anytime soon.

6. NEW BUSINESS:

6.1 Bad Debts

Carla reviewed for information noting this has increased. Most is due to transient and MH&A patients. The Indigenous Liaison, Navigator and Social Worker have been beneficial with speaking to some of the clients and have assisted with collecting some dollars back for these types of transient clients. Discussion took place regarding out of province clients and whether we can bill them (eg. Manitoba care). Carla confirmed we can do this if the individual has coverage.

6.2 Performance Conversations

Henry reviewed for information noting it is early in the cycle, and we foresee there will be another surge in compliance further in the year.

6.3 Talent Management

Deferred.

6.4 MNP Audit Engagement Board & Management Meetings Discussion

Henry confirmed that MNP will be appointed as the auditor at the Annual meeting. He recalled if we want to go out to market this year or next, this will be something we need to discuss. From an accounting perspective, Henry recommended doing this next year.

Discussion took place regarding the auditor's attendance at meetings. Henry noted he doesn't feel the auditors need to attend the Annual meeting. All agreed by consensus that the auditor's attendance is as per last year. Therefore, they will attend the following:

- May 21, 2026 – Audit & Resources Meeting – auditors present the audit plan without management present
- June 16, 2026 – (early meeting) – Audit & Resources Meeting – auditors present the draft audited statements to committee for recommendation to approve
- June 18, 2026 – (early meeting) – Board of Directors Meeting – auditors present the draft audited statements to Board for approval
- June 23, 2026 – AGM – The auditors are not required to attend.

Henry noted May 21, 2026, Audit & Resources meeting is the committee's opportunity to ask questions of the auditors without management present.

6.5 Operational Reviews

Deferred to the next quarterly update.

6.6 Board & Management Travel

Henry reviewed for information.

7. SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- 2026-27 Capital Equipment Approval – Deferred to September 2026
- Talent Management – Deferred to next meeting
- Operational Reviews – Deferred to the next quarterly update

7.1 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:

- 6.1 Financial Report – March 2026

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

In-Camera – Consent Agenda:

- March 19, 2026, Meeting Minutes
- 6.1 Bad Debts
- 6.2 Performance Conversations
- 6.6 Board & Management Travel

In-Camera – Separate Item:

- Audit & Resources Verbal Update

8. DATE OF NEXT MEETING:

May 21, 2026

9. TERMINATION:

The meeting terminated at 5:03 pm.

_____ _____

Chair Recording Secretary
/bb

BRIEFING NOTE

TO: Board of Directors

FROM: Henry Gauthier
President and Chief Executive Officer

DATE: May 09, 2026

SUBJECT: 2025-2026 Attestations

- As of April 1, 2011, under the Broader Public Sector Service Accountability Agreement (BPSAA), every hospital is required by Ministry of Health and Long Term Care to complete reports to Ontario Health on the hospital's use of consultants and compliance. In addition, every hospital is also required by the Ministry of Health to publicly post Executive/Board expense claim information semi-annually on its website.

- The following attestations are required as per our H-SAA and M-SAA and have been included along with this briefing note:
  - BPSAA Requirements (informational)
  - BPSAA Hospital Compliance Attestation
  - BPSAA Hospital Report on Consultant Use
  - M-SAA Requirements (informational)
  - M-SAA Declaration of Compliance
  - H-SAA Declaration of Compliance
  - Criticall Declaration of Compliance

Recommendation

It is recommended that the Board of Directors approve the Hospital Broader Public Sector Service Accountability Agreement (BPSAA) Compliance Attestation, Hospital BPSAA Report on Consultant Use, M-SAA Declaration of Compliance, H-SAA Declaration of Compliance and CritiCall Declaration of Compliance.

Henry Gauthier

Attachments

BPSAA COMPLIANCE ATTESTATION
RIVERSIDE HEALTH CARE (RHC)

TO: Riverside Health Care (RHC) Board of Directors, (the "Board")

FROM: Henry Gauthier, President and Chief Executive Officer

Date: May 11, 2026

RE: April 1, 2025 to March 31, 2026 ("the Applicable Period")

On behalf of RHC (the Hospital), I attest to:

- the completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants;
- the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;
- the Hospital's compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;
- the Hospital's compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
- the Hospital's compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet, during the Applicable Period.

In making this attestation, I have exercised care and diligence that would reasonably be expected of a Chief Executive Officer in these circumstances, including making due inquiries of Hospital staff that have knowledge of these matters.

I further certify that any material exceptions to this attestation are documented in Schedule A to the attestation.

Dated at Fort Frances, Ontario this 9th day of May 2026.

Henry Gauthier, Chief Executive Officer/President
Riverside Health Care

Diane Clifford, Board Chair
Riverside Health Care

APPENDIX A

BPSAA Requirements

Issue	Compliance attestations, report on the use of consultants, and Executive/Board expense claim information are legislated requirements for all Ontario Hospitals as per the BPSAA and Ministry directives
Link to Strategic Plan	The intent of the BPSAA and required compliance attestations is to ensure higher accountability standards for hospitals and other broader public sector organizations around the use of lobbyists, consultants, expenses, procurements and perquisites. The corporate values of progressive, integrity, caring and accountable are reinforced through compliance reporting as it adds a level of assurance around the appropriate and ethical use of public funds and ensures integrity in RHC policies, procedures, processes and practices. RHC continues to enhance best practices as part of continuous quality improvement.
Background	In June 2011 the BPSAA received Royal Assent and the Ministry of Health and Long-Term Care issued reporting requirement directives to Hospitals specifying that every hospital in Ontario must submit compliance attestations to their Ontario Health (OH), as prescribed.
Current Status	RHC is required to report the hospital compliance attestations (Appendix B), report on the hospital use of consultants (Appendix C) and M-SAA declaration of compliance for the fiscal year. These reports must be approved by the Board and attested to by the Chief Executive Officer and Chair of the Board prior to submission to the OH. RHCF has posted Executive/Board expense claim information on its website for the fiscal year for informational purposes.
Considerations	**<u>Reporting Requirements</u>** Compliance attestations are reports that must be prepared and submitted by every hospital. The CEO of every hospital must attest to: • The completion and accuracy of reports required on the use of consultants (section 6 of the Act); • Compliance with the prohibition on engaging lobbyist services using public funds (section 4 of the Act); • Compliance with any applicable expense claims directives issued by the Management Board of Cabinet (under section 10 of the Act); • Compliance with any applicable perquisites directives issued by Management Board of Cabinet (under section 11.1 of the Act); and • Compliance with any applicable procurement directives issued by the Management Board of Cabinet (under section 12 of the Act). In addition to attesting to compliance with the requirements listed above, each hospital must report any “material exceptions” to compliance.

	Non Competitive Procurement Based on the terms of the Procurement Directive, hospitals are not required to report incidents of non- competitive procurement if: • It is for goods or non-consulting services below the $100,000 threshold; or • An acceptable exemption, exception or non-application clause under the Agreement on Internal Trade (AIT) or other trade document applies.
	Consultants – Summary from Ontario Hospital Association Backgrounder • The Directive defines consultant as, "a person or entity that under an agreement, other than an employment agreement, provides expert or strategic advice and related services for consideration and decision-making." It further defines consulting services as, "the provision of expertise or strategic advice that is presented for consideration and decision-making." For example, network restoration services that occurred in August & September 2013 were an emergency technical service and do not meet the definition of a consultant. • The Directive allows for exemption of select licensed professionals from the definition of consultant as defined in the AIT. • Exempt professionals include: medical doctors, dentists, nurses, pharmacists, veterinarians, engineers, land surveyors, architects, chartered accountants, lawyers, notaries, services of financial analysts or the management of investments by organizations who have such functions as a primary purpose, health services or social services and advertising and public relation services. • Unless exempt under the AIT, RHC must competitively procure consulting services irrespective of value.

Appendix B to the Compliance Attestation

Following my review, I certify that, to the best of my understanding, knowledge and belief, the Hospital has no material exceptions to declare regarding its compliance with the procurement directive issued under section 12 of the BPSAA by the Management Board of Cabinet (the "Procurement Directive"), other than those listed below.

1. Exceptions to the completion and accuracy of reports required in section 6 of the BPSAA on the use of consultants **(no known exceptions);**
2. Exceptions to the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds **(no known exceptions)**;
3. Exceptions to the Hospital's compliance with the expense claims directive issued under section 10 of the BPSAA by the Management Board of Cabinet **(no known exceptions)**;
4. Exceptions to the Hospital's compliance with the perquisites directive issued under section 11.1 of the BPSAA by the Management Board of Cabinet **(no known exceptions)**; and
5. Exceptions to the Hospital's compliance with the procurement directive issued under section 12 of the BPSAA by the Management Board of Cabinet (**no known exceptions)**

Appendix C

Hospital Report on Consultant Use

Name of Hospital	Riverside Health Care
OH	Northwest OH - 14
Reporting Period	April 1, 2025 to March 31, 2026

No.	Reporting Period	Consultant Firm Name(s)	Name & Title of Consulting Contract	Contract Term	Procurement Value (excludes applicable tax)	Consultant Selection Process	Modifications to Agreement
1	April 1, 2025 to March 31, 2026	Julie Loveday	Master Capital & Service Plan	N/A	$9,075	N/A	N/A
2	April 1, 2025 to March 31, 2026	Colliers	Master Capital & Service Plan	N/A	$452,192	RFP	N/A
3	April 1, 2025 to March 31, 2026	Rankin Seabourne	Fundraising Consultant	N/A	$108,306	N/A	N/A
4	April 1, 2025 to March 31, 2026	Parminder Jawanda	Long Term Care Consultant	N/A	$2,922	N/A	N/A

110 Victoria Avenue
Fort Frances, ON
P9A 2B7

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

Annex A

DECLARATION OF COMPLIANCE
Issued pursuant to the Hospital Service Accountability Agreement

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

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

Date: May 09, 2026

Re: April 1, 2025 to March 31, 2026 (the "Applicable Period")

The Board has authorized me, by resolution dated May 09, 2025, to declare and attest to you that, after making inquiries of Henry Gauthier, President and Chief Executive Officer and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled its obligations in respect of CritiCall under the hospital service accountability agreement (the "Agreement") in effect during the Applicable Period.

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement.

This Declaration of Compliance, together with its Appendix, will be posted on the HSP's website on the same day that it is issued to OH.

Diane Clifford, Chairperson

Appendix 1 – Exceptions

Please identify each obligation in respect of CritiCall under the H-SAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.

Riverside Health Care has met the proceeding obligations with respect to Critical under the H-SAA for the period of April 1, 2025 to March 31, 2026 with no known exceptions.

The specific tasks for hospitals referenced above are listed below. They have been developed and reviewed by CritiCall Ontario, the CritiCall Secretariat and the Provincial Programs Branch:

I. Hospitals will utilize CritiCall Ontario to access medical consultations and transfers for defined critically ill/emergent patients for Ministry of Health & Long Term Care (Ministry) mandatory cases that may require transfer to another hospital within or outside of the Ontario Health (OH). (Currently includes Neurosurgery/Spine & out-of-country cases and any other cases that may be ministry-mandated in the future).

II. Hospitals with accountability for the provision of specific specialty services within the OH will be responsive to requests for consultation from CritiCall on behalf of OH hospitals regardless of bed status and will implement minor surge strategies to accommodate transfers.

III. Hospitals with accountability for the provision of specific specialty services for a defined set of referral hospitals within their OH and across OHs (eg. Neurosurgery, Trama, Paediatric Critical Care Response Teams) will be responsive to request for consultation from CritiCall on behalf of these hospitals regardless of bed status and will implement minor surge strategies to accommodate transfers according to the provincial Surge Capacity Management Plan.

IV. Hospitals will update the Critical Care Information System (CCIS) immediately for each admission and discharge to a critical care bed and complete patient specific data a minimum of once per day during their stay in a critical care bed per the requirements of the CCIS Data Collection Policy Guide (V2.0). Note Neurosurgical centers are required to update their bed availability tool every four hours starting at 10am daily.

V. Hospitals will update CritiCall Ontario's Provincial Hospital Resource Systems four (4) times a day (0800, 1200, 1600, 2400) to provide other hospital stakeholders with accurate bed availability information and to enable CritiCall Ontario to respond to urgent requests for non-critical beds during natural disasters or hospital Code Green or Orange situations.

VI. Hospitals will partner with CritiCall Ontario and other hospitals within the OH and province to establish on-call coverage for critical care and related medical specialities. CritiCall Ontario will utilize these schedules to facilitate consultations and referrals for emergently ill or injured patients in Ontario.

HSAA ARTICLE 8 – FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

To: **Ontario Health** (“OH”).

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

Date: Thursday, May 21, 2026

Re: April 1, 2025 – March 31, 2026 (the “Applicable Period”)

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Hospital Service Accountability Agreement between OH and the HSP in effect during the Applicable Period (the “Agreement”).

The Board has authorized me, by resolution dated May 21, 2026, to declare to you as follows:

After making inquiries of Henry Gauthier, President & CEO, and other appropriate officers of the HSP, and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled its obligations under the Agreement during the Applicable Period and has received the required reports referred to in Section 8.6 of the Agreement.

_____

Diane Clifford, Board Chair

HSAA ARTICLE 8 – FORM OF COMPLIANCE DECLARATION

Appendix 1

(i)	The HSP has complied with the provisions of the *Connecting Care Act, 2019* (the "CCA") and the *Broader Public Sector Accountability Act* (the "BPSAA") that apply to the HSP;
(ii)	The HSP has complied with its obligations in respect to CritiCall that are set out in the Agreement;
(iii)	Every Report submitted by the HSP is complete, accurate in all respects and in full compliance with the terms of the Agreement; and
(iv)	The representations, warranties and covenants made by the Board on behalf of the HSP in the Agreement remain in full force and effect.

Appendix 2 - Exceptions

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

The hospital is not in compliance with 8.6.1 “its obligation to plan for and achieve an Annual Balanced Operating Budget”. Riverside Health Care’s (RHC) 2026-27 and 2027-28 budgets are forecasting deficits because of staff and physician recruitment & retention challenges; aged & declining capital equipment & buildings; a competitive job market; growth of services that is outpacing operating funding; and the increase in patient census & complex patient population. The year-over-year cumulative losses and our degrading working capital have also degraded RHC’s cashflow position and eliminated any reserves that could support the organization during challenging times.

SCHEDULE F – DECLARATION OF COMPLIANCE

DECLARATION OF COMPLIANCE

To: The Board of Directors of the Northwest Ontario Health Attn: Board Chair.

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

Date: Thursday, May 21, 2026

Re: April 1, 2025 – March 31, 2026 (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the multi-sector service accountability agreement between Ontario Health and the HSP in effect during the Applicable Period (the "Agreement").

The Board has authorized me, by resolution dated May 21, 2026, to declare to you as follows:

After making inquiries of Henry Gauthier, President & CEO, and other appropriate officers of the HSP, and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled its obligations under the Agreement in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

(i) Article 4.8 of the Agreement concerning applicable procurement practices;

(ii) The *Connecting Care Act*; 2019; and

(iii) Any compensation restraint legislation which applies to the HSP.

_____

Diane Clifford, Board Chair

Appendix A

M-SAA Compliance Requirements
Informational Summary

Requirement	Assurance Required
Article 4.8 of the M-SAA concerning applicable procurement practices	Compliant with BPSAA requirements as identified in BPSAA Requirements Guidelines & Directives.
The Local Health System Integration Act, 2006	The focus of this requirement is for the Health Service Provider to assure the OH that it will not open or close programs/services or integrate without meeting the reporting and approval requirements set forth in the Act
The Public Sector Compensation Restraint to Protect Public Services Act, 2010	Comply with wage freeze for Executive Leadership
Home First Philosophy requirement	To contribute to an improved health system, the HSP will align its strategic and operating activities with, and proactively adopt the North West OH's "Home First" philosophy. As requested by the North West OH, the HSP will collaborate with stakeholders with planning, implementation and reporting related to adoption of the Home First philosophy.
Diversity Planning requirement	The HSP will implement its OH approved cross-cultural competency plan. In cases where the plan has not been endorsed by the OH, the HSP will work with the OH to amend the plan as necessary. The HSP will report back on progress made on implementation as requested by the OH.
Behavioural Supports Ontario (BSO) Action Plan requirement	The Health Service Provider will work with the North West OH and partners to: • Implement the Behavioural Supports Ontario Action Plan and participate in quality improvement training related to the Behavioural Support Ontario Strategy; • Integrate care for the target population through the creation of common care pathways and commit to training of front-line staff as it relates to this strategy.
Emergency Preparedness Plans requirement	To minimize risks to the North West health system, the HSP will review and update its emergency preparedness plan annually and include in the plan the process for communication with the North West OH in the event of an emergency situation.
E-Health requirement	The HSP will participate in the development and implementation of a harmonized North West OH eHealth Strategic Plan and subsequent iterations of that plan
Information Technology requirement	The HSP will ensure that any Information Technology/Information System implementations material to provincial (eHealth Ontario) and local (North West OH) eHealth Strategic and Tactical Plans will be aligned with and contribute to the advancement of these Plans.
Health Services Blueprint requirement	The North West OH is implementing the North West OH Health Services Blueprint (the Blueprint), a ten-year plan to reshape the health care system in the North West OH. The provincial Health Link initiative is aligned to this local plan and is being implemented in conjunction with the Blueprint at the Integrated District Network level. More details about the Blueprint and

	Health Links in the North West OH are available at http://www.northwestOH.on.ca/. Align its strategic and operating activities with the Blueprint and Health Link objectives and local priorities; - Continue to collaborate with stakeholders with planning, implementation and reporting related to the implementation of the Blueprint and Health Links, and formalize this commitment to collaboration through a Collaboration Agreement (e.g. providing human resource expertise, information, data and analysis to the North West OH, Health Link Steering Committees or Working Groups, or Local, District and Regional Planning Tables as necessary to inform and support planning and implementation activities); • Play an active role in the implementation of the Blueprint and Health Links through: ○ Actively leading and championing Blueprint and Health Links implementation; ○ Formalizing planning tables at the Local Health Hub and Integrated District Network levels; ○ Initiating partnerships across both OH-funded and non OH-funded providers; ○ Initiate planning and implementation activities with a focus on system level improvement across the continuum of care; ○ Identifying and promoting innovative approaches to integrated health care delivery with a focus on improving the client experience through improved transitions in care across the continuum, improving access to care, and improving value for health care dollars; ○ Providing ongoing education to staff, partner and public stakeholders; ○ Participation in knowledge exchange forums, channels and value stream mapping sessions; ○ Realignment of services and related delivery as necessary; ○ Coordination of implementation activity, including stakeholder analysis, communications and change initiatives; and ○ Implementation of standardized, quality based care pathways, processes and associated standardized costings.

SCHEDULE F – DECLARATION OF COMPLIANCE

Appendix B - Exceptions

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

The hospital is not in compliance with 4.5(a)(4) “to plan for and achieve an Annual Balanced Budget”. Riverside Health Care’s (RHC) 2026-27 and 2027-28 budgets are forecasting deficits because of staff recruitment & retention challenges; aged & declining capital equipment & buildings; a competitive job market; and growth of and an increase in demand for services that is outpacing operating funding. The year-over-year cumulative losses and our degrading working capital have also degraded RHC’s cashflow position and eliminated any reserves that could support the organization during challenging times.

BRIEFING NOTE

TO: Board of Directors

FROM: Henry Gauthier

DATE: May 9, 2026

RE: Chief Executive Officer Certificate of Compliance 2025-2026

SUMMARY

- Riverside Health Care must comply with all applicable government laws and remittances, in accordance within the terms below:
  - Income Tax Act (Canada);
  - Canada Pension Plan Act (Canada);
  - Employment Insurance Act (Canada);
  - Employer Health Tax (Ontario);
  - All material taxes collected pursuant to the Excise Tax Act (GST); and
  - Retail Sales Tax Act (Ontario).

- On a quarterly basis, the President & CEO and Chief Financial Officer will review all items on the Compliance Certificate to ensure that there are no irregularities. If all are in compliance, the CEO will sign and submit the certificate to the Board through the Audit and Resource Committee. If irregularities are found, they will be noted with a resolution plan.

- The attached report covers the period from April 1, 2025 to March 31, 2026.

RECOMMENDATION

That the Board of Directors approve the CEO Certificate of Compliance for the period of April 1, 2025 to March 31, 2026.

Henry Gauthier

attachment

Riverside Health Care

Compliance Certificate

The undersigned, President and Chief Executive Officer of Riverside Health Care hereby certifies as set forth below:

1. That all material source deductions relating to the employees of Riverside Health Care have been made and remitted to the proper authorities, under the following statutes in respect of the financial year ended March 31, 2025:
    - Income Tax Act (Canada)
    - Canada Pension Plan Act (Canada)
    - Employment Insurance Act (Canada)
    - Employer Health Tax (Ontario)

2. That all material taxes collected pursuant to the Excise Tax Act (GST) and the Retail Sales Tax Act (Ontario) have been collected and remitted to the appropriate authorities in respect of the financial year ended March 31, 2026.

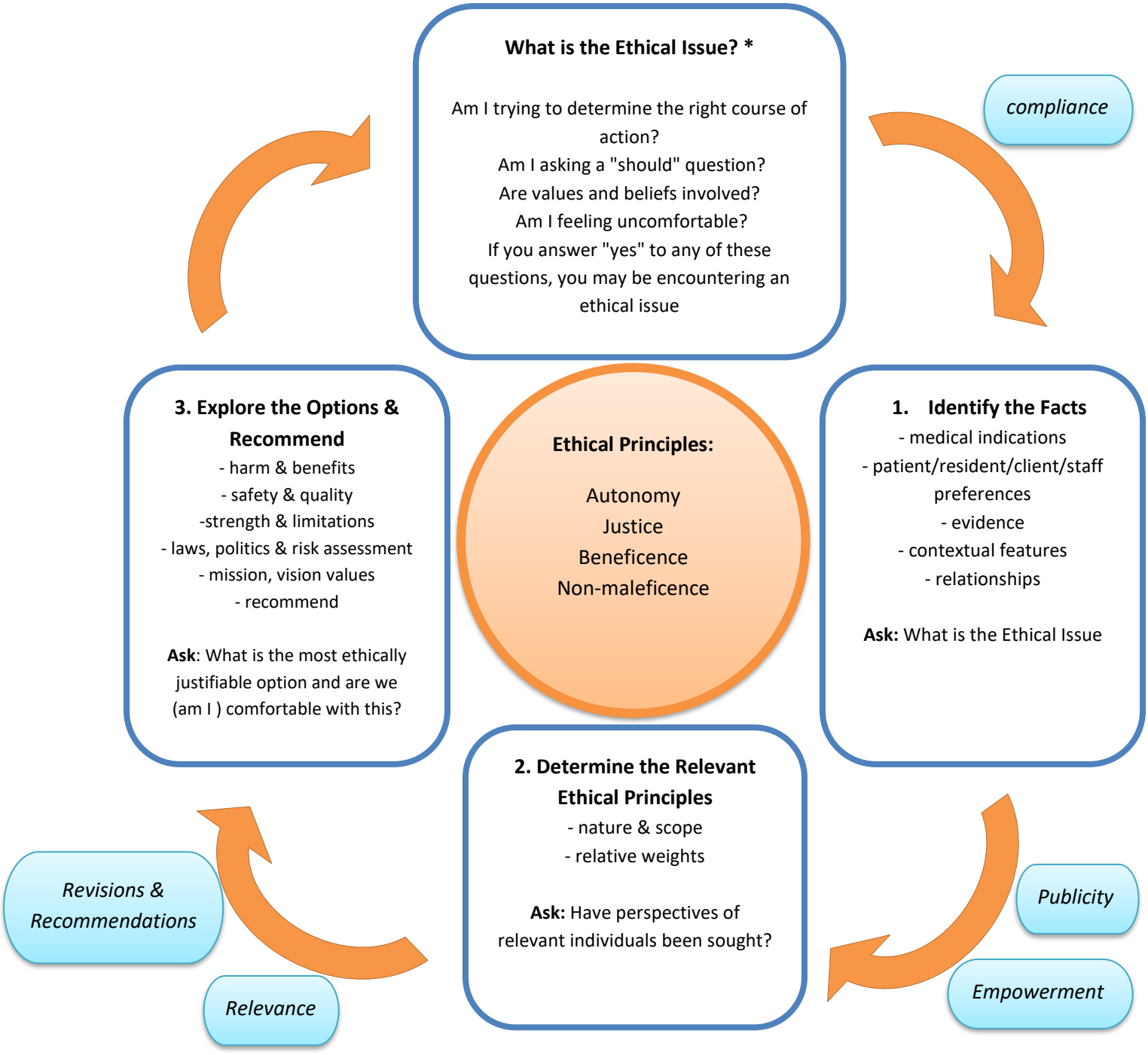
As President and Chief Executive Officer of Riverside Health Care, I hereby certify, that to the best of my knowledge, Items 1 and 2 detailed above have been completed.

Henry Gauthier, President/CEO

Date

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 – May 2026

2026 Appointment and Reappointment Application for Privileges

See attached list.

Medical Learners

Meghyn Turcotte (NP student) – Supervisor Dr. D. Mitchell – January 5 – March 27, 2026
Elisa Little (NP student) – Supervisor Dr. D. Mitchell – April 27 – July 27, 2026
Haley Duchesne (PGY3) – Supervisor Dr. B. Bodkin – April 30 – May 1, 2026
Claire Calarco (PGY2) – Supervisor Dr. M. Ruppenstein – July 27 – August 23, 2026

Riverside Health Care Facilities

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 12-05-2026

2026

Appointment				
	Staff Status		Alt Department / Primary Org	Area Of Work
Skory, Dr. Leah	Locum Tenens	Physician		

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

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

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Adamo, Dr. Elyssia	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Asghari-Roodsari, Dr. Alaleh	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Button, Dr. Erica Aleda	Regional Staff	Physician	Lake of the Woods District Hospital	
Clarizio, Dr. Alexandra	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Clements, Ms. Vanessa	Regional Staff	Nurse Practitioner	Sioux Lookout Meno Ya Win Health Centre	
Colledanchise, Dr. Kayla Nicole	Regional Staff	Physician	North of Superior Healthcare Group	
Ghumman, Dr. Simranjit	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Griffiths, Dr. Sarah	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Hildebrand, Dr. Julia Katherine	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Lai, Dr. Wendy	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 12-05-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Sobchak, Dr. Curtis	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Truong, Dr. Mathew	Regional Staff	Physician	North of Superior Healthcare Group	
Xu, Dr. Honghao	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 12-05-2026

2026

Reappointment

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Adatia, Dr. Safina	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Anderson, Dr. Kerry Ann	Regional Staff	Physician	Lake of the Woods District Hospital	
Austin, Dr. Michael	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Baginski, Dr. Adam	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Barnes, Dr. Jeffrey Garrett	Regional Staff	Physician	Lake of the Woods District Hospital	
Barrie, Dr. Kyla	Regional Staff	Physician	Dryden Regional Health Centre	
Bassi, Dr. Jaspreet	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Bester, Dr. Michiel Adriaan	Regional Staff	Physician	Dryden Regional Health Centre	
Bollinger, Dr. Megan	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Bolton, Dr. Gregg	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Boutwell, Mr. Dan	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Boyle, Dr. Mara Elizabeth Hetherington	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Bradley, Dr. Jeffrey Robert	Regional Staff	Physician	Dryden Regional Health Centre	
Brooks, Dr. Ryan Charles	Regional Staff	Physician	Lake of the Woods District Hospital	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 12-05-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Campisi, Dr. Paolo	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Church, Dr. Karalyn	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Costain, Dr. Nicholas A	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Daubney, Ms. Katelyn	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Despotovic, Dr. Nikola	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Drake, Dr. Emily	Regional Staff	Physician	Lake of the Woods District Hospital	
Fesdekjian, Dr. Marina Lara	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Filler, Dr. Talia	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Gali, Dr. Alfiya	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Gartner, Dr. Stephanie Chantelle	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Gilic, Dr. Filip	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Goulet, Dr. Kristian Bernard	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Graff, Ms. Kelly	Regional Staff	Midwife	Lake of the Woods District Hospital	
Haas, Dr. Yvonne Maria	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Hallgrimson, Dr. Zachary Edward	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 12-05-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Hamlin-Douglas, Dr. Lauren	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Hamstra, Dr. Joel Matthew	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Hull, Dr. Margaret	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Hyett, Dr. Sarah Louise	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Jamal, Dr. Moosa	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Kennedy, Dr. Colton Keith	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Khumalo, Ms. Sibonginkosi	Regional Staff	Nurse Practitioner	Sioux Lookout Meno Ya Win Health Centre	
Klaiman, Dr. Michelle	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Kryworuchko, Dr. Kalyna	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Kyle, Dr. Bradley	Regional Staff	Physician	Lake of the Woods District Hospital	
Laakso, Dr. Laurel	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Lee, Dr. Anson	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Lee, Mr. Jae Ho	Regional Staff	Nurse Practitioner	Sioux Lookout Meno Ya Win Health Centre	
Leger, Dr. Philip	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 12-05-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Lennox, Dr. Harriet Anne	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Lesperance, Dr. Alexa	Regional Staff	Physician	Lake of the Woods District Hospital	
Lorbetskie, Dr. Brian	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Lyon, Dr. Nelson Campbell	Regional Staff	Physician	Atikokan General Hospital	
Ma, Dr. Vivian	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
MacNaughton, Dr. Kate	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Manchester, Dr. Lucy Frayne Duval	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Mann, Dr. Gary Michael	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Marr, Dr. Stephanie	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Marshall, Dr. Brodie	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Mascotto, Ms. Gracie	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Maskalyk, Dr. Milton James	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
McEachern, Ms. Katelyn Melissa	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Migabo, Dr. Jennifer	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 12-05-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Moayedi, Dr. Yasbanoo STEMI	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Nagji, Dr. Alim	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Nedeljkovic, Dr. Alexander Maximilian	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Nelly, Ms. Tolu	Regional Staff	Nurse Practitioner	Sioux Lookout Meno Ya Win Health Centre	
Nidumolu, Dr. Aditya	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Ocampo, Ms. Cynthia Lynn	Regional Staff	Nurse Practitioner	Sioux Lookout Meno Ya Win Health Centre	
Pavan, Dr. Mira Ivanna	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Preater, Dr. Beverley Erin	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Ross, Dr. Heather Lapkin tax free	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Schwindt, Dr. Stephanie Marie	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Scott, Dr. Bethany Justine Joosse	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Scully, Ms. Mairead Kathryn	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Sheng, Dr. Yang	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Shum Sin, Dr. Lucy Teresa	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 12-05-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Simms, Dr. Kayla	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Snyder, Dr. Laurel	Regional Staff	Physician	Lake of the Woods District Hospital	
Sprague, Dr. Celia	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Srivastava, Dr. Sonali	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Stewart, Dr. Kirk Anthony	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Stone, Dr. Laura	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Sun, Dr. Stephanie Wei-Ming	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Teklemariam, Dr. Helen Rahwa	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Thiyagaratnam, Dr. Dilusha	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Tran, Dr. Maxwell	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Van Leeve, Dr. Karenza	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
VanDevanter, Dr. Eden	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Vanek, Dr. Jaclyn Maya	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Verrilli, Dr. David Vincent	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

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PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 12-05-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Walker, Dr. Jennifer	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Weissman, Dr. Shannon	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Wiebe, Dr. Jeff	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Williams, Ms. Margaret Karen	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Wong, Dr. Catherine Chi-Fun	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Xu, Dr. Kai Man (Lily)	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Zhang, Dr. Linda	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	

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Riverside Health Care

ARTIFICIAL INTELLIGENCE (AI) GUIDANCE DOCUMENT

STRATEGIC PILLARS

TOMORROW'S RIVERSIDE, TODAY - Riverside continues to respond to the rapidly changing healthcare and technology landscape through proactive planning, organizational guidance, and investments that support future readiness, innovation, and the responsible adoption of emerging technologies.

ONE RIVERSIDE - The development of the Artificial Intelligence (AI) Guidance Document supports One Riverside by helping establish a more consistent, aligned, and enabled organizational culture related to the responsible use of emerging technologies across all programs, departments, and sites.

SUMMARY OF ACTIVITY

The Artificial Intelligence (AI) Guidance Document supports awareness, consistency, and responsible decision-making related to the use of AI technologies across Riverside.

The document was developed in recognition of the rapidly evolving healthcare and technology landscape and the increasing integration of AI-enabled tools within operational, administrative, and clinical workflows. It began through early work led by the Director of Information Technology Services (IST), informed by regional guidance, with further additions made by the AI Lead to support responsible AI use, governance, and future implementation planning.

The document establishes foundational principles related to responsible and ethical AI use, privacy, confidentiality, security, human oversight, accountability, organizational expectations, and ongoing AI literacy and learning.

It is intended to serve as a starting point for broader organizational work related to AI policy development, implementation planning, education, and future organizational processes related to AI use.

Respectfully Submitted,

Kathryn Pierroz
Communications Coordinator/ AI Lead

ATTACHMENTS

- Riverside Artificial Intelligence (AI) Guidance Document

Riverside Artificial Intelligence (AI) Guidance Document

Artificial Intelligence (AI) is increasingly used across healthcare to support clinical, operational, and administrative functions. While AI presents opportunities to improve efficiency, support decision-making, and enhance experiences for patients*, staff, and families, it also introduces important considerations related to privacy, security, accuracy, accountability, and ethical use.

This guidance document provides overarching direction for the responsible, ethical, and secure use of AI at Riverside Health Care.

**For the purpose of this document, "patients" includes patients, residents, clients, and individuals receiving services or participating in Riverside Health Care programs.*

ROLE OF THIS GUIDANCE DOCUMENT

This document provides high-level guidance to support awareness, consistency, and responsible decision-making related to AI use across Riverside..

While the Artificial Intelligence (AI) Policy establishes formal requirements, approval processes, and organizational expectations, this guidance document outlines broader principles and considerations that should help inform AI use in practice.

Given the rapidly evolving nature of AI technologies, this document provides a practical framework grounded in Riverside's strategic pillars and values, Code of Conduct, and commitment to safe, patient-centred care.

WHAT IS ARTIFICIAL INTELLIGENCE (AI)?

Artificial Intelligence (AI) refers to technologies that can generate, analyze, summarize, organize, or support decision-making using large amounts of information and pattern recognition.

AI tools may support activities such as:

- Administrative and operational work
- Communication and documentation support
- Workflow automation
- Data analysis and reporting
- Clinical and decision-support technologies

AI technologies continue to evolve rapidly and may already exist within systems and platforms used in everyday work.

ALIGNMENT WITH RIVERSIDE STRATEGIC PRIORITIES

The use of AI must support Riverside's vision of *Caring, Together* by enhancing care and safety, supporting staff in their roles, improving efficiency and workflows where appropriate, and maintaining trust with those we serve and our communities.

All AI use must align with Riverside's Code of Conduct, including expectations related to professionalism, accountability, privacy, confidentiality, and respectful workplace practices.

PRINCIPLES FOR RESPONSIBLE AI USE

AI should only be used as a support tool to assist users in their work. It does not replace professional expertise, clinical judgement, critical thinking, organizational policies, or human accountability.

Users remain responsible for reviewing, validating, and appropriately applying AI-generated information or content.

All AI use at Riverside should reflect the following principles:

Patient-Centred Care - AI should support safe, quality, and patient-centred care.

Privacy and Confidentiality - Personal health information and sensitive organizational information must always be protected.

Accuracy and Human Oversight - AI-generated information may be inaccurate, incomplete, outdated, or biased and must be reviewed before use.

Ethical and Fair Use - AI should support fairness, respect, inclusion, and equitable care.

Transparency and Accountability - Users remain accountable for decisions, actions, and content produced as part of their work, regardless of whether AI tools were used.

QUESTIONS TO CONSIDER BEFORE USING AI

Before using AI tools, staff should review Riverside's Artificial Intelligence (AI) Policy and any related supporting documents or guidance materials. Users should also consider whether the use of AI involves personal health information or sensitive organizational information, whether the tool or platform has been approved for organizational use, whether outputs could contain inaccurate, incomplete, or biased information, and whether professional review or verification is required.

If uncertain, users should consult their leader, Riverside's AI Lead, or Privacy as appropriate, and may receive technical support through Information Technology Services (IST).

RISKS AND CONSIDERATIONS

AI technologies introduce additional considerations and risks, including:

- Privacy and confidentiality concerns
- Bias or inequitable outcomes
- Security and data protection risks
- Inaccurate or misleading outputs
- Over-reliance on automation
- Limited transparency in how outputs are generated

Healthcare organizations must continue to meet applicable legislation, professional standards, ethical obligations, and organizational requirements when using AI technologies.

BEST PRACTICES FOR AI USE

All users of AI tools must follow organizational best practices, including:

- Reviewing Riverside's Artificial Intelligence (AI) Policy before using AI tools
- Using only approved organizational AI tools and platforms
- Following all privacy, confidentiality, and security requirements
- Using AI thoughtfully, responsibly, and appropriately
- Reviewing and verifying outputs before use
- Always exercising professional judgement and human oversight
- Seeking clarification or guidance when unsure about appropriate use or approved processes

AI LITERACY AND ONGOING LEARNING

AI technologies and healthcare applications continue to evolve rapidly. Riverside recognizes the importance of ongoing learning and awareness related to AI opportunities, limitations, risks, and responsibilities.

Building organizational AI literacy supports informed decision-making, safe implementation, and responsible adoption of emerging technologies.

FUTURE CONSIDERATIONS

AI technologies, regulatory expectations, and healthcare applications will continue to evolve. Riverside's approach to AI will continue to adapt alongside emerging technologies, legislation, professional guidance, regional collaboration efforts, and organizational needs while remaining grounded in organizational values and strategic direction.