BOARD OF DIRECTORS MEETING

IN-CAMERA SESSION

Thursday, June 18, 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 – May 28, 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 6 2.3 Governance Committee In-Camera Report – B. Norton * Pg 8 2.4 Audit & Resources Committee In-Camera Report – B. Norton * Pg 110 2.5 Quality Safety Risk Committee In-Camera Report – M. Kitzul	
3.	Approval of Agenda	
4.	Presentation – Done in the Open Session	
5.	Business Arising There was no business arising.	
6.	Strategic Discussion: No discussion (Ethical Decision-Making Framework – standing attachment *) Pg 140	
7.	New Business 7.1 Chief of Staff Report –Medical Staff Privileges and Joint Medical Staff Elections & Appointments Org Chart - Dr. L. Keffer * Pg 142 7.2 Audit & Resources Committee – Verbal Update 7.3 Election of Directors (See Anticipated Motions page) 7.4 Open Session – Patient Stories	
8.	Other Business 8.1 In-Camera with CEO 8.2 In-Camera without CEO	
9.	Date of Next Meeting: September 2026 (date to be determined)	
10.	Termination	

* denotes attached in board package

**denotes circulated under separate cover

*** denotes previously distributed

Riverside Health Care

BOARD OF DIRECTORS MEETING
ANTICIPATED MOTIONS – IN CAMERA SESSION

Thursday, June 18, 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 approve medical learner privileges for the listed for the 2026 term, as reviewed and recommended by the Medical Advisory Committee.
7.3	Motion to Elect Director(s)	THAT the RHC Board of Directors recommends that the following be Directors: **Kathy Lampi** – current term to end at the 2027 AGM. **Diane Clifford** – current term to end at the 2027 AGM **Marianne Kitzul** – current term to end at the 2027 AGM **Edith Bodnar** – current term to end at the 2027 AGM. **Daniel Pierroz** – current term to end at the 2027 AGM. **Dan Loney** – current term to end at the 2027 AGM. **Mike Jolicouer** – current term to end at the 2027 AGM. **Lynn Indian** – be appointed to fill the vacancy left by Aimee Beazley, term ending at the 2027 AGM. **Michael Puderbach** – be appointed to fill the vacancy left by Benjamin Norton, term ending at the 2027 AGM. AND THAT the RHC Board of Directors recommend the following individuals for leadership roles (appointment of officers) to be considered by the Board at its meeting after the 2026 AGM: Diane Clifford – Board Chair Edith Bodnar – Vice Chair Dan Loney – Second Vice Chair
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: May 28, 2026 **Time of Meeting**: 6:09 pm

Location of Meeting: Webex / LVGH Board Room

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

STAFF: B. Booth, J. Loveday, C. Larson, J. Cousineau, D. Black, T. Morelli

REGRETS: B. Norton, A. Beazley

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1. CALL TO ORDER:

D. Clifford called the meeting to order at 6:09 pm. B. Booth recorded the minutes of this meeting.

1.1 Conflict of Interest & Confidentiality

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

2. CONSENT AGENDA:

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

3. APPROVAL OF AGENDA:

It was,

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

THAT the Board approve the Agenda as circulated.

CARRIED.

4. PRESENTATION:

There was no presentation as this was covered in the Open Session under item 4.0.

5. BUSINESS ARISING:

There was no business arising.

6. STRATEGIC DISCUSSION

There was no strategic discussion. Moving forward this will be covered in Item 8.1.

7. NEW BUSINESS

7.1 Chief of Staff Report – Medical Staff Privileges

Dr. Keffer provided the following update:

- Medical Learner privileges contain NP's working in our ER. This is exciting news.
- Rainy River Staffing – we have managed to cover the month of May. June, July and August have some unfilled days which we are working to fill.
- Our local physicians continue to integrate our International trained doctors. This requires a lot of mentoring and supervision.

7.1.1 Privileges – Medical Staff

2026 Appointment and Reappointment Applications for Privileges

It was,

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

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: M. Jolicoeur SECONDED BY: E. Bodnar

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

M. Jolicoeur provided an update highlighting the following:

- Jeff Savage, MNP Auditor attended the meeting and presented the Audit Plan to the Board members without management present. This is the Board members opportunity to ask questions without management present. The auditor reported no major concerns have been found to date. Information has been well put together, and the finance team was acknowledged for their hard work. Jeff reported the 2025-2026 overall deficit is roughly $5.1 million and the going concern will remain again this year. Jeff confirmed he does not expect any delays.
- OT, Sick & FTE reports were reviewed. We have received some standard reporting from UKG for OT and trends will be looked at. After this has been reviewed, meetings will be scheduled with managers regarding identified trends. HR is working on the sick management plan, and the hope is that training will occur over the summer with a go-live date in the fall.
- Attestations were reviewed. The MSAA and HSAA were highlighted as both have deficits and therefore, we are not in compliance. However, nothing that we didn't expect and the suggestion is to approve.
- CEO Compliance was reviewed and we are in compliance.
- We submitted another cash advance request and are waiting on a response from the Ministry.
- Discussion took place regarding other regional sites deficits. Carla reported we are one of the higher deficit sites.

7.3 Artificial intelligence (AI) Summary

Henry reviewed the circulated summary for educational purposes. He noted this is a guidance document and policy and procedures are in process of being developed.

8. OTHER BUSINESS

8.1 In-Camera with CEO

The Board met with the CEO.

8.2 In-Camera without the CEO

The Board met without the CEO.

9. DATE OF NEXT MEETING:

June 18, 2026

10. TERMINATION OF THE IN-CAMERA SESSION:

It was,

MOVED BY: D. Loney

THAT this meeting terminates and return to the Open Session at 7:35 pm.
CARRIED.

_____ _____

Chair Secretary/Treasurer

Riverside Health Care

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

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **Leadership Recruitment**
  Arrangements for recruitment of the VP, Administrative & Support Services and VP, Infrastructure, information & CFO is advancing through a recruitment firm. It is anticipated that candidates will begin to be presented for consideration in August 2026.
- **Rainy River Clinic**
  The Rainy River Clinic has proactively planned for continuity of care during the Nurse Practitioner's scheduled two-week absence in June. Coverage has been secured through another Nurse Practitioner for one week, while two physicians will be on-site during the second week to support clinic operations. These arrangements will help ensure continued access to primary care services for clinic patients and minimize disruption to care during the temporary absence.

One Riverside - Promoting a Consistent and Empowering Culture

- **Andgo Shift Fill Automated Software**
  Review of the business case for implementing the Andgo system occurred on June 11, 2026. The implementation of Andgo's is expected to achieve net savings of $216k (one time cost of $53k), reduce shift fill time to 4 minutes from 35 minutes, reduce grievance by 80%, reduce unfilled shifts by 60%, and improve overall satisfaction.
  Andgo will:
    - Optimize how scheduling teams receive, direct, and process incoming phone calls.
    - Smart Call – automate communication of immediate shift needs to eligible employees.
    - Inform – create and send message vacant shift information to qualified employees in minutes.
    - Shift Prebooking Module – streamline communications to enable optimization of filling future vacation shifts and enable ease of approval/rewarding.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **LVGH NAPRA Compliant Pharmacy**
  Development of our new NAPRA compliant pharmacy on the 41 Wing 3rd floor continues with expected completion by December 2026. This $2.7 million project will ensure quality workflow and air exchange in our pharmacy, enabling us to continue to mix chemotherapy drugs for the district at LVGH in Fort Frances.
- **50/50 Fundraising**
  MADHUB is a FULL STACK PERFORMANCE AGENCY that enables brands to find their audience and keep them. MADHUB has been instrumental in transforming the Dryden Regional Health Center's 50/50 program to a program that raises a considerable amount each month. Our Fundraising lead has negotiated a highly discounted agreement with MADHUB. The investment level and duration make this initiative low risk and the demonstrable success of this group with other small hospitals is expected to lead to a noticeable increase in our 50/50 fundraising. MADHUB will prepare advertising, communicate out to the public, and track progress. Creative planning will start the week of June 8, 2026.

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

- **Whitefish Bay FN**
  Our Indigenous Liaison identified some responsiveness challenges with the Health Director at Whitefish Bay FN. The communication breakdown occurred in relation to a resident at Rainycrest LTC. As a result of ongoing issues, our Liaison escalated the matter to the Council Member responsible for the healthcare portfolio at White Fish Bay FN. Chief and Council have requested further information on this matter from our Liaison. This information will be shared as soon as the Liaison can return to the office for this strict purpose.
- **RAAM Clinic**
  Through Substance Use Disorder (SUD) funding, Riverside has continued advancing enhancements to the RAAM Clinic, including transportation supports, expanded clinical services, and strengthened community partnerships.

  A dedicated vehicle has been purchased and is on-site to support transportation for clients from the west end of the district for access to RAAM. Clinical capacity has been expanded through the hiring of a Nurse Practitioner to provide primary care services and the retention of two Registered Nurses to support on-site injections and expanded clinic hours.

  Work continues with partner organizations to strengthen care coordination and support the long-term sustainability of the program. The new RAAM Coordinator has made significant progress in re-establishing relationships with community partners, including the resumption of regular monthly stakeholder meetings. These engagements have been positive and

productive, with a renewed focus on collaborative service delivery and improving access to care for clients across the district.

Overall, partner engagement and program development activities continue to gain momentum, positioning the RAAM Clinic for continued growth and enhanced service delivery in the future.

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 – June 2026

2.3.1 Minutes: Governance Committee
June 2, 2026 – not yet reviewed by the Committee *

2.3.2 Governance Policy Review*

2.3.3 Nominating & Recruitment Meeting Minutes *

2.3.4 Board Evaluations/Survey Results – Board Chair, Self-Assessment, Committee Assessments *

2.3.5 Board Workplan*

2.3.6 Board Attendance Review*

2.3.7 Chief of Staff Evaluation Results*

2.3.8 2026-2027 Board Committee Composition Draft*

2.3.9 Board Member Consolidated Confidentiality, Accountability, Roles & Responsibility Review*

RIVERSIDE HEALTH CARE FACILITIES INC.
BOARD GOVERNANCE COMMITTEE
MINUTES

Date of Meeting: June 2, 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* Dr. L. Keffer* *via Webex

1. CALL TO ORDER:

B. Norton called the meeting to order at 4:00 pm. B. Booth recorded the minutes of the meeting.

1.1 Confidentiality Reminder:

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

2. ADOPTION OF AGENDA:

It was,

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

THAT the agenda be approved as circulated.
CARRIED.

3. MINUTES OF THE LAST MEETING: May 12, 2026

It was,

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

THAT the minutes of the May 12, 2026, meeting be approved as circulated.
CARRIED.

4. MATTERS ARISING FROM THE MINUTES:

4.1 Governance Policy Review

Ben reviewed the circulated highlighting the revised policies noted on the table of contents. Diane confirmed the Ad-hoc working group met and reviewed all policies and what is circulated are the suggested policies requiring revisions. All agreed the policies were acceptable as revised.

It was,

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

THAT the Governance Committee recommends that the Board of Directors approve the Governance policies as revised.
CARRIED.

5. NEW BUSINESS:

5.1 Nominating & Recruitment Committee Update

Ben reported a meeting occurred prior to this meeting. Interviews with the 2 candidates occurred and went well and the committee is recommending Lynn Indian and Michael Puderbach be appointed to the Board to fill the 2 vacancies that will be left when Ben and Aimee exit.

It was,

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

THAT the Governance Committee recommends that the Board of Directors recommend that that membership appoint the following to the Board of Directors effective June 23, 2026, for 1-year terms each:

Lynn Indian
Michael Puderbach

CARRIED.

Discussion took place regarding the leadership roles, and it was recalled that as per policy, Diane is able to do a fourth year as Board Chair, as per the Board's agreement. Therefore, the following will be suggested for approval at the Special Board meeting following the Annual meeting:

- Diane Clifford – Board Chair
- Edith Bodnar – Vice Chair
- Dan Loney – Second Vice Chair

5.2 Board Evaluations/Survey Results – Board Chair, Self-Assessment, Committee Assessments

Ben reviewed the circulated results in detail. Discussion occurred regarding the "somewhat agree" option. Henry noted these are based off of the OHA template. It was suggested that this be reviewed next round when the surveys are due to be done again. There were no concerns noted about the results.

5.3 Exit Interview Results

Diane shared these are not complete as of yet. She will follow up with both Ben and Aimee to complete next week.

ACTION: Diane to complete exit interviews on Ben and Aimee and bring results back to next meeting.

5.4 Board Workplan Review

Ben reviewed the circulated in detail. Discussion took place regarding the reference to the NWHIN on page 86 of the package. It was noted that all reference to the NWLHIN throughout the document would be replaced with Ontario Health. Further discussion took place regarding the reference to the "Blueprint" as this is no longer relevant as it expired in 2022. Herny noted we will look at Ontario Health to confirm whether there is another document that replaced the blueprint.

ACTION: Henry and Brooke to look at Ontario Health to confirm whether there is another document that replaced the Blueprint. Brooke will also replace any reference to the NWHIN with Ontario Health, throughout the document.

All agreed with the Board Workplan with the above noted revisions.

Henry shared once the new strategic plan is established the pillars will be realigned to reflect the new plan. It was noted that the strategic plan is due to be reviewed, therefore it didn't make sense to realign the workplan now, until the new strat plan is complete. All agreed with this approach.

5.5 Board Attendance Review

Diane reviewed the circulated for information confirming issues with attendance are followed up on throughout the year when necessary.

5.6 President & CEO Evaluation Results

Diane reported the evaluation is complete, however, she and Henry need to connect to review prior to the results coming to this committee. Diane noted she will follow up with Henry to schedule a touch base. Once this occurs, the results will come to the next meeting.

ACTION: Diane to follow up with Henry to review the evaluation results. Bring the results back to the next meeting.

5.7 Chief of Staff Evaluation Results

Diane reviewed the circulated confirming her and Dr. Keffer met and reviewed the results. Good comments were noted. Dr. Keffer confirmed he tries to engage different physicians each year. He shared the information is useful and identifies how some interpret things and where there may need some follow-up or education done. Discussion took place regarding COS succession and Diane noted the Board supports any education that would go towards COS leadership succession planning.

Diane thanked Dr. Keffer for all his work noting he has been a great asset to the senior leadership team.

5.8 2026-2027 Board Committee Composition Draft

Diane shared discussion took place at the last Board meeting In Camera with Board only and the draft was confirmed. This will go to the Special Board meeting following the Annual meeting for approval.

5.9 Goals & Objectives/Strategic Plan Update

Deferred.

Henry recalled there is a whole new senior team and therefore this will not make the end of the cycle and does not recommend the update continue until the new strategic plan is developed. He confirmed there are still goals and objectives that will be followed however, the update will be part of the Executive Consolidated Board reports until the strat plan is developed. Henry confirmed this will remain on the committee workplan. All agreed with this approach.

5.10 Board Member Consolidated Confidentiality, Accountability, Roles & Responsibilities Review

Ben reviewed the circulated. All agreed this was good as is and no revisions were required.

5.11 Physician Performance Update

Dr. Keffer recalled this came to be from accreditation last round. He provided an update highlighting the following:

- He is made aware of issues when they arise.
- Things flow through the CCC process, Quality of Care Committee and through Supervisors and Professional Practice, for the most part.
- The CCC process and incidents submitted through AEMS provide written responses and documentation.
- Integrating new locums and individuals who aren't familiar with our processes seem to stem some of the complaints.
- Communication is one of the most common causes of the complaints received.
- There has not been anything major received over the last 6 months.

Ben thanked Dr. Keffer for providing the update.

5.12 In Camera with CEO

The Board members met with the CEO only.

6. OTHER BUSINESS:

6.1 SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- Exit Interview Results - Diane to complete exit interviews on Ben and Aimee and bring results back to next meeting.
- Board Workplan Review - Henry and Brooke to look at Ontario Health to confirm whether there is another document that replaced the Blueprint. Brooke will also replace any reference to the NWHIN with Ontario Health, throughout the document.
- President & CEO Evaluation Results - Diane to follow up with Henry to review the evaluation results. Bring the results back to the next meeting.
- Goals & Objectives/Strategic Plan Update – Deferred until the new strategic plan is developed.

6.2 Meeting Summary: June Board Meeting Agenda Items

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

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

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

In-Camera - Consent Agenda:
- Draft Meeting Minutes
- 4.1 Governance Policy Review
- 5.1 Nominating & Recruitment Minutes
- 5.2 Board Evaluations/Survey Results – Board Chair, Self-Assessment, Committee Assessments
- 5.4 Board Workplan Review
- 5.5 Board Attendance Review
- 5.7 Chief of Staff Evaluation Results
- 5.8 2026-2027 Board Committee Composition Draft
- 5.10 Board Member Consolidated Confidentiality, Accountability, Roles & Responsibility Review

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

7. DATE AND TIME OF NEXT MEETING:

September 2026 – TBD

8. TERMINATION:

The meeting terminated at 4:40 pm.

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Chair Recording Secretary

Listing of Riverside Health Care
Board Governance Policies by Section
JUNE 2026

Section I: Governance/Strategic (G&S): (to provide strategic leadership to the organization in realizing our vision, mission and strategic priorities)

GOV-G&S-001 Governance Policy & By-Law Review
GOV-G&S-005 RHC Accountability Statement **- REVISED**
GOV-G&S-010 Board Committee Terms of Reference
GOV-G&S-015 RHC Board Meeting Policy **- REVISED**
GOV-G&S-020 RHC Board Confidentiality Policy
GOV-G&S-025 RHC Role and Responsibilities of the Board Policy
GOV-G&S-030 RHC Code of Conduct Policy
GOV-G&S-035 RHC Board Conflict of Interest Policy **– REVISED – FORMATTING ONLY**
GOV-G&S-040 RHC Board Evaluation Policy
GOV-G&S-045 RHC Board Succession Planning Policy
GOV-G&S-045.1 Board Leadership Policy
GOV-G&S-045.2 Board of Directors Nominating & Selection Policy
GOV-G&S-050 RHC Strategic Planning Policy
GOV-G&S-055 RHC Board Education and Development Policy
GOV-G&S-060 RHC Strategic Partnerships Policy
GOV-G&S-065 RHC Recognition of Physicians and Board Members Policy **- REVISED**
GOV-G&S-070 RHC Strategic Communications & Community Engagement Policy **- REVISED**
GOV-G&S-075 RHC CEO and COS Performance Management and Evaluation Policy
GOV-G&S-080 RHC CEO and COS Compensation Policy
GOV-G&S-085 RHC President & CEO Succession Plan Policy
GOV-G&S-085.1 RHC President & CEO Emergency (Unplanned) Succession Plan
GOV-G&S-085.2 RHC President & CEO Succession (Planned) Plan Process **- REVISED**
GOV-G&S-090 RHC Chief of Staff Succession Policy
GOV-G&S-095 Contingency Plan **– DELETE – INCORPORATED INTO GOV-ABY-030**
GOV-G&S-100 Board Documentation Access
GOV-G&S-105 Board Mentorship
GOV-G&S-110 Board Tablet Policy
GOV-G&S-115 Disclosure Requirements for Board Directors
GOV-G&S-120 Information Request Process **– REVISED**
GOV-G&S-125 Composition of the Board

Section 2: Workplace of Choice (WOC): (an organization that provides a safe and healthy work environment, where all employees, volunteers and physicians are respected, valued and encouraged to pursue life-long learning)

GOV-WOC-010 FIPPA Policy
GOV-WOC-015 Ethics Policy
GOV-WOC-015.1 Review of Ethics Issues Process for the Board of Directors
GOV-WOC-025 Privacy Personal Health Information Policy
EXE-HRM-001 Whistleblower Policy (for information)

EXE-HRM-002	Whistleblowing Process (for information)

Section 3: Provider of Choice (POC): (integrated health delivery that ensures high quality performance and health status goals for our

GOV-POC-010	Credentialing Policy
GOV-POC-015	MAID Policy

Section 4: Accountability (ABY): (ensure responsive decisions are made where services are delivered to the patient/resident/client in pursuit of the best clinical, process and community outcomes).

GOV-ABY-020	RHC Investment Policy
GOV-ABY-030	RHC Delegation of Authority to the President & Chief Executive Officer – **REVISED**

Board Member Accountability Statement

GOV-G&S-005

Scope

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

Policy

To outline the accountability of the Board and its members to Riverside Health Care (RHC).

Responsibility

3.01 The Riverside Health Care (RHC) Board of Directors is accountable to members of the Corporation for acting consistently with the Articles of Incorporation, the By-laws, applicable legislation, the common law as it governs hospitals and the achievement of its mission and vision. The Directors exercise the power vested in them in good faith and honesty in order to further the purposes for which the corporation was created. They act in what they consider to be the best interests of the organization, each exercising his or her unfettered discretion in decision making, ex-officio directors fulfill the same duty to the corporation, placing the interests of their nominator or group subordinate to those of the corporation. Directors do not place themselves in a position where their personal interest's conflict with those of the Corporation.

3.02 The Directors establish objectives that are within the capacity of the Corporation's human resources. The board strives to maintain a balance between its medical and other staff to ensure a broad base of expertise while attaining the most efficient utilization of the facilities and resources of the Corporation.

3.03 In choosing between competing demands on scarce resources, the Board of Directors has established the following accountabilities.

To Members of the Corporation	For acting consistently with the Articles of Incorporation, the By-laws, applicable legislation, the common law as it governs corporations and the achievement of its mission and vision
To Patients/Clients/Residents	For safe, family-centered care and best practices
To Ministry of Health & Long-Term Care	For expenditure management compliance with policies and regulations, data quality and performance management
To Ontario Health	For compliance to accountability agreements and other applicable components of the *Local Health System Integration Act, Bill 74 Peoples Health Care Act 2019, and Connecting Care Act 2019*

To Fundraising	For donor stewardship and support
To Staff, Volunteers and Medical Staff	For transparent processes and President & CEO, Chief of Staff and Medical Advisory Committee evaluation
To Partners	For collaboration
To Communities We Serve	For advocacy, communication, and expectation management

Board Meeting Process, Attendance, Open and In Camera Meetings and Meetings without Management

GOV-G&S-015

Scope

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

Purpose

Board meetings are held for the purpose of making a decision or recommendation, the taking of an action or the giving of advice in respect of any matter within the Board's jurisdiction. This applies to all Board of Directors and members of the Board of RHC.

Policy

In an effort to build broad-based public understanding and support for the evolving roles of our health facilities, it is the policy of Riverside Health Care (RHC) to hold regular meetings of the Board of Directors, of which a portion will be open to the public. These meetings are held in accordance with the Corporation's By-Laws, Board of Directors' policies and guidelines, a recognized procedural text (Roberts Rules of Order) and the Public Hospitals Act.

Responsibility

1.0 Board Meeting Frequency

The Board will meet a minimum of nine (9) regular times per annum. This is normally the last Thursday of the month.

2.0 Board Meeting Location

Meetings will be held as scheduled by the Board at RHC facilities (see annual schedule). In addition, meetings will be made available via electronic means (video or teleconference).

3.0 Advertising Board Meeting Date, Time and Location

One week in advance of board meetings, RHC will advertise board meeting date, time and location in a local newspaper and on its own website.

4.0 Board Attendance

It is the policy of RHC that board members be in attendance at regular meetings of the Board. A board member may participate in a board meeting in person, or by electronic means (telephone, teleconferencing, videoconferencing, etc.).

4.01 A Board member who misses three meetings annually may be considered to be unable to fulfill their board responsibilities.

4.02 In this event, the Board Chair or delegate shall, by correspondence, indicate this attendance policy and request an explanation of absences

and an indication of desire to continue by the member. An indication of desire to continue by the member will be considered by the board.

4.03 The Board may notify the candidate that he/she is no longer a board member and deem the position to be vacant.

4.04 All discussion regarding board attendance will be done in-camera.

5.0 Quorum

A quorum must be present for the Board Meeting to be able to exercise their powers to transact business at a Board Meeting. A quorum for a Board meeting shall consist of 40% of the Board of Directors provided that the number of elected members shall constitute at least half of the members present.

6.0 Agenda

An agenda of the business to be conducted will be prepared by the Chair in consultation with the President & CEO and circulated to the Board members at least five (5) business days prior to each Board meeting. The agenda will be accompanied by copies of any supplementary material to be discussed or considered at the Board meeting and also include those items that are considered to be consent agenda items only. A consent agenda groups the routine, procedural, informational and self-explanatory non-controversial items typically found in an agenda.

7.0 Consent Agenda

The Board of Directors will employ the use of consent agendas to approve and address regular, routine issues that come before the Board based upon the assumption that they have been dealt with by the appropriate committee or that thorough information has been provided and reviewed in advance. These items will be presented to the Board in a single motion for vote after allowing any Board member to request that a specific item be moved to the full agenda for individual attention. The Board Chair and Senior Leadership reports will be placed on the consent agenda of each meeting. Matters to be removed from the consent agenda will be inserted into the regular agenda as appropriate.

8.0 Open Board of Directors Meetings:

The Board of Directors shall have an open Board meeting, which shall be open to the public. The agenda for the upcoming open meeting and the draft minutes from the previous session will be available on the RHC website for review by the public 2 business days prior to the meeting date.

8.01 Questions are limited to the open Agenda and must be submitted via email to riverside@rhcf.on.ca at least 24 hours prior to the meeting. The Board of Directors and/or Management will provide a response to these questions in the final 10 minutes of the open meeting.

8.02 Delegations and/or individuals from the public may be permitted by the Chair to make a formal presentation. A written request must be submitted to the Chair and/or the Secretary of the Board 10 business days prior to the regular Board meeting. The request must state the topic and purpose of address, and include the name of a contact to ensure appropriate follow-up. Once the formal presentation is approved, presentation materials are to be pre-circulated to the Board and deadline for

presentation materials will be coordinated through the Supervisor, Executive and Board Support Services. Presentations will be restricted to the approved topic identified in the request, and unless directed by the Chair, shall be limited to one speaker/spokesperson.

9.0 Media Protocol for Open Board of Directors Meetings:

Media can attend the open Board meeting for reporting purposes.

9.01 Pictures are not allowed during the course of the meeting. Photography arrangements can be made through the RHC Communications department.
9.02 Notification of use of electronic equipment must be provided to the Board Chair and/or the President & CEO prior to the meeting.
9.03 All attendees of the open Board of Directors meeting, including media, must identify themselves or they will be disconnected from the session. Public, not anonymous, participation is supported during open sessions in keeping with policy requirements.
9.04 Arrangements for media responses, should be coordinated through RHC Communications department.

10.0 In-Camera Board Meetings

Proceedings in-camera are confidential. They are attended by the Board members participating in a Board meeting and those individuals whose presence the Board members have agreed is required for the closed session. To ensure the interests of the Riverside Health Care (RHC) corporation are protected during deliberation, the RHC Corporate Bylaws permit the board to exclude the public from any part of an open Board Meeting where the following circumstances exist:

10.01 Patient-specific issues
10.02 Matters relating to an individual Board member or a prospective Board member
10.03 Individual employee or professional staff matters
10.04 Donor specific issues
10.05 Professional staff matters
10.06 Any other matters where personal information about an individual will or may be revealed
10.07 Labour relations and matters pertaining to collective bargaining or terms of employment including negotiations or potential negotiations
10.08 Litigation or potential litigation including administrative tribunal matters
10.09 Receipt of advice that is subject to solicitor-client privilege including communications necessary for that purpose
10.10 The security of property of the corporation
10.11 Contract negotiations or disputes
10.12 The acquisition, disposition, lease, exchange or expropriation of, or improvements to real or personal property, if the Board considers that disclosure might reasonably be expected to harm the interest of the corporation
10.13 Board self-evaluation
10.14 Other matters that, in the opinion of the majority of directors, the disclosure of which might be prejudicial to an individual or to the best interests of the corporation
10.15 Consideration of whether an item is to be discussed in-camera

11.0 Meeting without Management

The purpose of this is to:

* Ensure the board exercises independent oversight of management
* Provide an opportunity to assess board processes and particularly the quality of material and information provided by management
* Provide an opportunity for the board chair to discuss areas where the performance of directors could be strengthened; and
* Build relationships of confidence and cohesion among board members.

11.01 Directors who remain in the meeting without management are identified as Independent Directors and are described as being free of any special relationship with the corporation

11.02 The independent directors shall meet without management at every regularly scheduled board meeting following the In Camera portion or at the request of any two board members

11.03 Members of the professional staff, employees and directors shall not be considered independent directors

11.04 Such meeting shall not be considered to be meeting of the board, but rather, will be for information purposes only

11.05 Minutes will not be kept, but the chair may keep notes of the discussion

11.06 The chief executive officer and chief of staff may be invited by the chair to participate in a part of the meeting without management before being excused

11.07 The chair shall immediately communicate with the chief executive officer and, as appropriate, the chief of staff, any relevant matters raised in the meeting

Board Conflict of Interest

GOV-G&S-035

Scope

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

Purpose

All directors have a duty to ensure that the trust, confidence and integrity of the decision-making processes of the board are maintained by ensuring that they and other members of the board are free from conflict or potential conflict in their decision-making. It is important that all directors understand their obligations when a conflict of interest or potential conflicting interest arises.

Policy

1.01 Directors shall avoid situations in which they may be in a position of conflict of interest.
1.02 The by-laws contain provisions with respect to conflict of interest that must be strictly adhered to.
1.03 In addition to the by-laws, the process set out in this policy shall be followed when a conflict or potential conflict arises.

Responsibility

This policy applies to all directors including ex-officio directors.

Personal Conduct

Members shall conduct themselves in a manner consistent with the Mission, Vision, and Values of RHC, RHC By-Law, and Board policy. Members will ensure they are not, and do not appear to be, influenced into giving favors or special consideration with respect to their duties to RHC.

Personal Gain

a) It is contrary to this policy for a Member, or a member of their family, to solicit or obtain economic or political gain or preferment based on a Member's influence within RHC. Where a Member or a family member is, or may be perceived to be, in this situation, the Member must disclose the matter to the Board of Directors/Committee (as appropriate) immediately, pursuant to Article 15 of the By-Laws.
b) Failure to make a proper disclosure of a real or perceived conflict of interest, as defined in Article 5 of RHC By-Laws and this policy, may be grounds for termination of his or her position as a Director and member of the Corporation by the Board of Directors.
c) Each Member is responsible for ensuring that they are not in a real or potential conflict of interest. If a Member is unsure if a situation may be a conflict of interest, they may seek the counsel of the Board Chair/Committee Chair and/or the Executive Committee (as appropriate).
d) If a Director believes that any other Director is in a Conflict of Interest, the Director shall have the concern recorded in the minutes. The question of whether or not a Director has a Conflict of Interest shall be determined by a simple majority of the Board and shall be final.

Board May Seek Legal Counsel

In the event that a Member discloses a conflict of interest, and concerns are raised by the Board regarding the conflict, the Board may, to better clarify the situation, refer the issue to legal counsel for advice. This advice, once received, will be entered into the minutes for reference, and the Board may take any action it deems prudent under the circumstances. This protocol may be applied to any breach or perceived breach of conduct by a Director.

Censurable Activities

A Member who does not act in accordance with the Mission, Vision, and Values of RHC, RHC By-Laws, or Board policies, will be subject to censure by the Board. The following are examples of censurable activity, but is not an exhaustive list.

A Member may not:

a) Use information obtained through their access to RHC information to obtain financial benefit for him/herself, family member, or an organization with whom the Member has an association.
b) Actively participate in any decision in which the Member knowingly has a conflict of interest.
c) Seek any relationship with any organization in which the Member would financially gain through that organization's relationship with RHC.
d) Use their influence as a Member to obtain employment in RHC for their friends or family members.
e) Accept a job that conflicts with their duties as a Member and may prevent them from carrying out their responsibilities to RHC.
f) Accept a gift where a reasonable person might construe that gift as an attempt to influence the Member.
g) Solicit a gift where a reasonable person might construe that solicitation as an opportunity to influence the Member.
h) Disclose the following without specific approval from the Board, as prescribed in the RHC By-Laws:
    i. Confidential information provided to Members regarding the business, operations, or planning of RHC.
    ii. Discussions or decisions reached during in-camera committee meetings or in-camera meetings of the Board.
    iii. Notwithstanding the above, any action that uses the Member's position or influence to advance their personal interests, or that of an associate or family member, subject to the provisions of the By-Law, shall be censurable under this policy.
    iv. Fail to consistently meet the requirements of all Board Policies, including the Goverance Accountability, Confidentiality, Conflict of Interest, Responsibilities and Code of Conduct policies.

Censure

A Member who is in contravention of the RHC By-Laws or any Board Policy may be subject to Censure by the Board of Directors. Censure may take any form deemed fit by the Board, following the procedures detailed in this Policy. The Board may take the following actions:

- Motion of Censure – a vote of non-confidence in the Director.

- Limited suspension of privileges (ie. prohibiting the Member from participating in a discussion/decision related to a conflict of interest).
- Full Suspension of privileges (ie. Prohibiting attendance at meetings), subject to further investigation of any allegation.
- Suspension for a period of time as a disciplinary action.
- Removal from office.

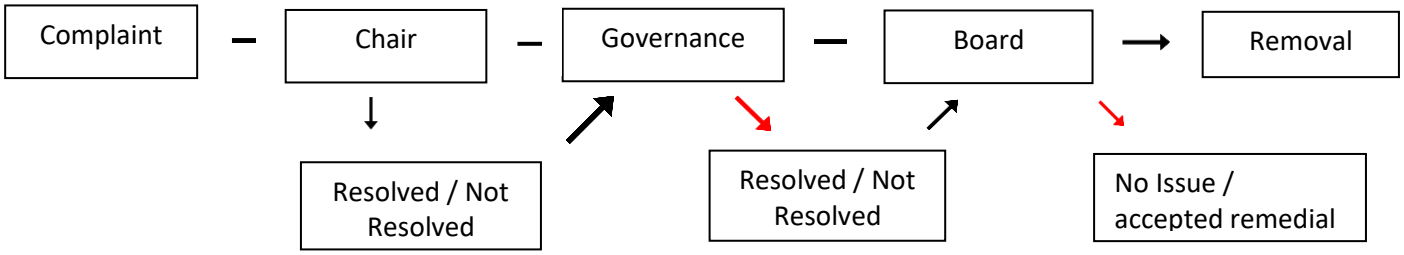
Nothing prevents the Board from taking actions other than those outlined above, as it deems fit in the circumstances.

Procedure for Censure

The following is the procedure that the Board shall follow in the event that it investigates a Director for censurable activity:

- All complaints or allegations regarding members of the Board will be presented to the Chair of the Board or the Chair's designate.
- Upon receiving the complaint or allegation, the Chair will first meet with the Board member named to inform the Board member of the nature of the complaint or allegation and to hear from the Board member his/her side of the issue.
- After weighing the information received, the Chair will indicate in writing to both the Board member in question and the person who raised the issue that a) no further action is required or b) the matter will be taken to the Governance Committee of the Board for review.
  (While the Chair may be of the opinion that no further action is required, the person raising the issue or the Board member in question continues to have the right to request that the matter be presented to the Governance Committee for review.)
- In the event that the matter is taken to the Governance Committee, the Committee will ensure that all parties are given the opportunity to provide information relevant to the matter and are made aware of and understand all the information provided to the Committee.
- Should the Governance Committee determine that there is no issue or identify remedial action acceptable to the parties, the issue will be deemed to be resolved. However, should there continue to be no acceptable resolution to the matter, either party has the right to request that the matter be presented to the Board in a Restricted In Camera meeting where the issue will be addressed for the final time or should the Governance Committee believe that there is substance to the complaint, the matter will be referred to the Board for final resolution.
- The Chair or designate may engage legal counsel at any time throughout the censure process.

Conflict of Interest for Breach of Conduct of Directors



The Board's decision on the matter will be the final decision; there will be no further appeal mechanism available.

Amendments

This operational policy shall be amended as follows:

Any proposed amendments shall be referred to the Governance Committee, then the amendments shall be presented to the Board for approval.

It is recognized that if a conflict, or other matter referred to cannot be resolved to the satisfaction of the board (by simply majority resolution) or if a breach of duty has occurred, a director may be asked to resign or may be subject to removal.

Recognition of Physicians & Board Members

GOV-G&S-065

Scope

All Board of Directors and active Physicians of Riverside Health Care (RHC).

Policy

Physicians and Board Members will be recognized for their service contributions to Riverside Health Care (RHC) throughout their service contracts and/or agreements.

Responsibility

1.0 Physician Recognition

1.01 Active physicians will be invited to join the “Quarter Century Club” once they have completed 25 years of service in the community and have had Riverside Health Care (RHC) privileges for the same amount of time.

2.0 Board Member Recognition

2.01 Recognition of Board composition on the website.
2.02 Recognition of Chair.
   a. For the Board Chair a token gift will be provided upon completion of term as board chair.
2.03 Recognize retiring board members.
   a. Verbally at the Annual Meeting
   b. In the Annual Report
   c. Letter of thanks and $100.00 Gift Certificate (up to completion of 3 years)
   d. Letter of thanks and $200.00 Gift Certificate (up to completion of 6 years)
   e. Letter of thanks and $300.00 Gift Certificate (up to completion of 9 years)

3.0 Special Circumstances

3.01 Recognition of a physician or board member who has made a significant and unique contribution to Riverside Health Care (RHC) can be reviewed on a case-by-case basis.
3.02 A committee may be struck with the following representation:
   a. Riverside Health Care Board representative
   b. Family/Community representative
   c. President & CEO

Strategic Communications and Community Engagement

GOV-G&S-070

Scope

All employees, Directors, and Board Members of Riverside Health Care (RHC).

Policy

The President & CEO and/or designate, Board Chair, or any other person specifically designated by the Board, will be the corporation spokesperson with regard to any public statement of corporate policy, related issues and Board decisions.

Responsibility

1.01 Positive public relations should be promoted by corporate staff, medical and dental staff, and volunteers.

1.02 The corporation supports an on-going program of informing and educating the public, staff, and our clients in the following ways:

- Information is routinely shared with staff through the staff portal and with Board via email and Board portal.
- Open Board Meetings and established committees: public and media are welcome to attend where appropriate. In addition, there are opportunities to leverage communication and engagement through established committees of the corporation including but not limited to Patient Family Advisory Council, Residents Councils and Family Councils.
- CCC Program - "Complaints/Concerns/Compliments - a formal and efficient mechanism to address the three C's. Responses are recorded, acknowledged, addressed, and followed up in a timely manner.
- An Annual Report including a financial report to the public for the purpose of keeping the local population informed regarding the cost of operating the corporation.
- Special releases from time to time to the media which the Board deems necessary to maintain good community relations and image.
- Surveys and questionnaires shall be used particularly to evaluate quality care and services and to encourage suggestions for improvement.
- Additional engagement is identified through the Strategic Communications Plan.

References

ORG-PRI-025 – Confidentiality Policy
RHC Strategic Communication and Community Engagement Plan
Specific guidelines relating to release of health information to authorized individuals are documented in the respective Administrative & Departmental policies.

President & CEO Succession Plan (Planned Situation) Procedure

GOV-G&S-085.2

Scope

All Board of Directors, Members of the Board and President & CEO of Riverside Health Care (RHC).

Responsibility

In the event the President & CEO is expected to retire or gives notice of resignation providing adequate notice, the Board Governance Committee will do the following:

1.01 Select an internal candidate as part of succession planning or proceed with a recruitment and selection process, including:
   a. Contract with an executive search consultant (headhunter). There is an approximate time frame of 4 months for this process.
   b. Encourage any interested internal candidates to submit their qualifications for review and consideration.

1.02 Establish a time frame and plan for the recruitment and selection process.

1.03 Review the organization's strategic plan and conduct a brief assessment of organizational strengths, weaknesses, opportunities and threats to identify priority issues that may need to be addressed during the transition process and to identify attributes and characteristics that are important to consider in the selection of the next permanent leader.

1.04 Finalize an interview format, including a rating system.

References

GOV-G&S-085 – President & CEO Succession Plan

Contingency Plan

GOV-G&S-095

Scope

Riverside Health Care (RHC) Board Members and President & CEO.

Policy

- In the event of any disruption to the delivery of service, the President & CEO or designate, in consultation with the Board Governance Committee, is authorized to reduce or close impacted services of RHC, including hospital, long term care, community, support or back office.
- Integral to such decision(s) will be RHC's:
    a. ability to ensure the safety of staff, patients, residents and visitors.
    b. access to alternative facilities for patients.
    c. availability of necessary supplies and services.
    d. diminished ability of its staff to maintain staff services.

References

Riverside Health Care Contingency Plan

THIS POLICY WILL BE INCORPORATED INTO POLICY GOV-ABY-030, THEREFORE THIS WILL BE DELETED.

Information Request Process

GOV-G&S-120

Scope

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

Policy

To outline the process for requests for information.

Responsibility

To ensure clear direction and guidelines are adhered to regarding requests for information, reports or development of policies, etc.

- Requests for information which require a report(s) to be developed or the development of policies, etc. are to be made at a Board of Directors Committee meeting.
- The request will be considered at the Committee level and if approved, forwarded as a recommendation to the Board of Directors for their endorsement.
- Once the recommendation has been approved by the Board of Directors, the appropriate Board Committee or identified individual will research/develop the requested information, report or policy.
- Any requests for information resulting from an individual's role as a member of the Board of Directors may only be requested through the appropriate paths (ie. Board of Directors or Board Committee meetings and not through engaging staff personally).

Delegation of Authority to the President & CEO

GOV-ABY-030

Scope

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

Policy

This policy articulates the decision making and operating authority within Riverside Health Care (RHC) between the Board of Directors and the President & CEO, and subsequently to Management.

Responsibility

The Board delegates to the President & CEO the authority to manage and supervise the business and affairs of the Corporation, subject to the direction of the Board of Directors and the standards, policies and values established by the Board.

1. All Board authority delegated to the President & CEO is the accountability of the President & CEO. He or she has the authority to sub-delegate operational decision making as he or she may determine, as necessary and appropriate for the effective operation of the business. In this regard, the President & CEO shall put in place a delegation of operational authority policy within the organization.
2. Any delegation of authority shall not be interpreted as precluding interaction between the members of the Board and senior management and relates solely to the accountability link between the Board and the President & CEO.
3. The Board has determined what, if any, executive limitations may be required in the exercise of the authority delegated to the President & CEO, and in this regard approves operational policies within which management operates.
4. The Board establishes effective mechanisms for annually evaluating the President & CEO's performance based on a defined set of responsibilities, objectives and performance targets.
5. The Board authorizes the "Signing Authorities, Approval Authorizations & Procurement Thresholds" policy.
6. The President & CEO leads implementation of the organization's vision, mission, and strategic planning goals in keeping with the board's direction.
7. The President & CEO is responsible to ensure that there are Accessibility policies consistent with Accessibility for Ontarians with Disabilities Act, 2005 (AODA), ONTARIO REGULATION 191/11 and Integrated Accessibility Standards.
8. The President & CEO is responsible to ensure that all human resource policies and practices provide clear and concise guidance to all staff, and others working within Riverside Health Care (RHC). These practices and processes will be reviewed and revised regularly.
9. The President & CEO is responsible to the Board to ensure a Quality, Safety, Risk (QSR) Plan is in place that incorporates risk, utilization management, performance measurement, including monitoring of strategic goals and objectives, patient and family centered care, patient safety, and quality improvement.
10. The President & CEO will implement a regularly scheduled policy review and evaluation process, Governance policies will be reviewed and, if necessary, revised on a bi-annual basis by the appropriate Board committee, with any revisions or creation of new policies forwarded to the Board of Directors for final approval. The President & CEO will ensure

Department heads are responsible for ensuring that staff is aware of any changes in policies, process, procedures and forms and that they receive training as required. They are also responsible for ensuring that documents are available to all staff; any paper-based documents must be updated at the same time as the electronic version.

11. The President & CEO will ensure policies, protocols and practices are established that ensure the provision of health care programs and services that are sensitive and conducive to the needs of the communities it serves.
12. The President & CEO will ensure the Accreditation protocols and practices are established that carry out the accreditation process endorsed by the Board of Directors.
13. The President & CEO is authorized to reduce or close impacted services at RHC (hospital, LTC, community, support or back office) in consultation with the Governance Committee. The following will be taken into consideration prior to making the decision:
    - Ability to ensure the safety of staff, patients, residents and visitors.
    - Access to alternative facilities for patients.
    - Availability of necessary supplies and services,
    - Diminished ability of staff to maintain staff services.
    - Compliance with legislative and policy requirements of Ontario Health, the Ministry of Health, Ministry of Long-Term Care, etc.

RIVERSIDE HEALTH CARE

NOMINATING & RECRUITMENT COMMITTEE

MINUTES

Date of Meeting: May 12, 2026 **Time of Meeting:** 3:30 pm

Location of meeting: Webex / LVGH Board Room

PRESENT: D. Clifford K. Lampi B. Norton*
*via Webex

REGRETS: H. Gauthier, D. Pierroz

1. CALL TO ORDER:

B. Norton called the meeting to order at 3:34 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: K. Lampi

THAT the agenda be accepted as circulated.

CARRIED.

3. REVIEW OF MEETING MINUTES: APRIL 14, 2026:

It was,

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

THAT the minutes of the previous meeting held on April 14, 2026, be accepted as circulated.

CARRIED.

4. MATTERS ARISING FROM THE MINUTES:

There were no matters arising.

5. NEW BUSINESS:

5.1 Board Application – Lynn Indian

Ben reviewed Lynn's application and resume in detail highlighting her extensive experience. It was noted by the members that they felt Lynn graded herself low on the skills matrix considering her experience.

It was recalled that 2 applications in total have been received to date and there are 2 vacancies. The appointment process was explained. All agreed to move forward with interviews with both candidates (Lynn Indian and Michael Puderbach).

ACTION: Diane, Kathy and Ben will conduct the interviews.
ACTION: Brooke will schedule the interviews for next week on either Monday, Tuesday or Wednesday, at 6:00 pm or later.

5.2 Skill Based Matrix

Ben reviewed the skill-based matrix with the additions of Lynn and Michael, for information.

5.3 Recruitment Discussion

Kathy noted she reached out to Janice Henderson however, there has been no response.

It was noted that appointments to the Board can occur during the term if necessary.

6. DATE OF NEXT MEETING:

June 2, 2026

7. TERMINATION:

It was,

MOVED BY: K. Lampi

THAT the meeting be adjourned at 3:45 pm.

CARRIED.

_____ _____

Chair Recording Secretary

/bb

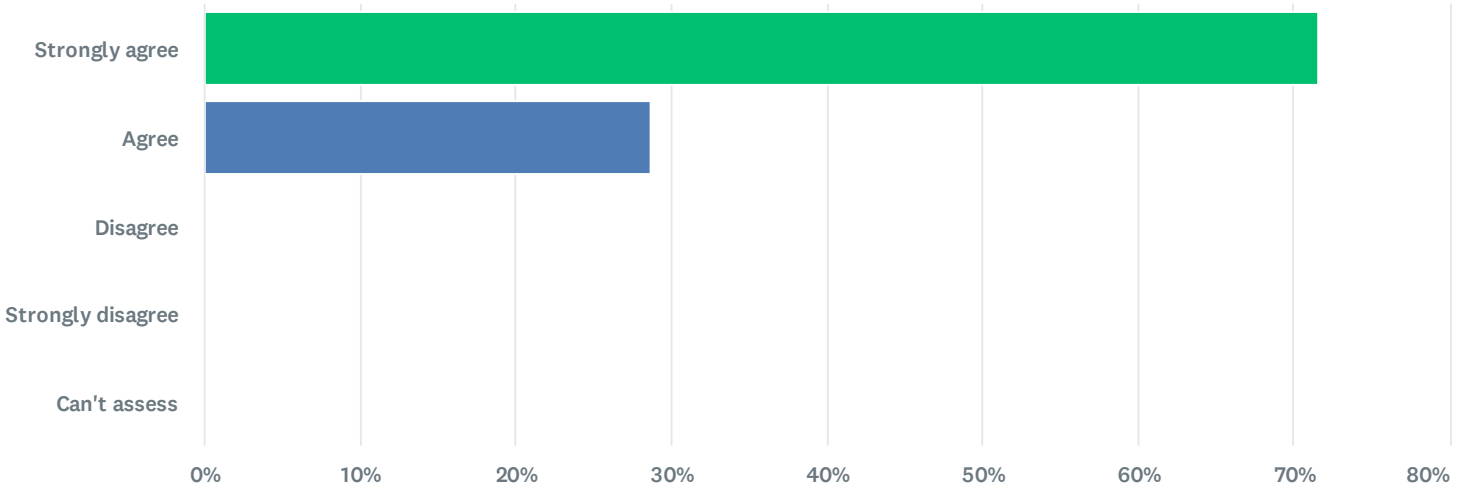
2025-26 Evaluation of the Board Chair

7/8 Responded

Q1

7 responses

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



Q2 Comments

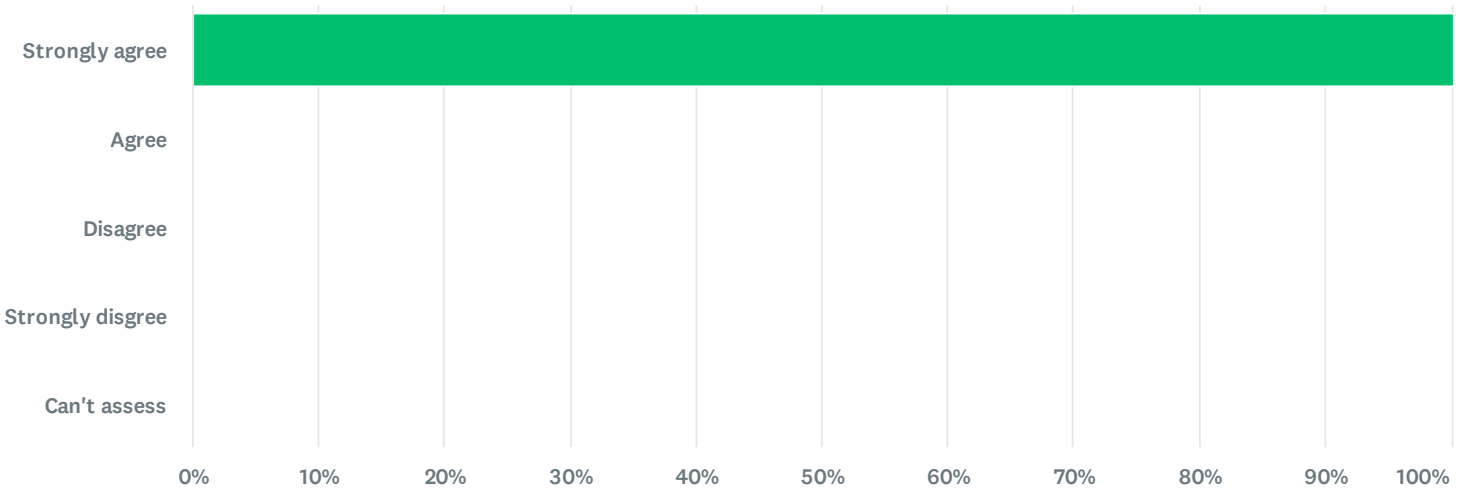
Answered: 4 Skipped: 3

#	RESPONSES	DATE
1	Board Chair is involved in major issues and articulates them well	5/7/2026 8:09 AM
2	Keeps meetings on track, explains situations very well	5/2/2026 9:29 AM
3	Is successful at having these values as the guiding light and acts with these values always in mind	5/1/2026 8:41 PM
4	outstanding leadership	5/1/2026 3:49 PM

Q3

7 responses

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.



Q4 Comments

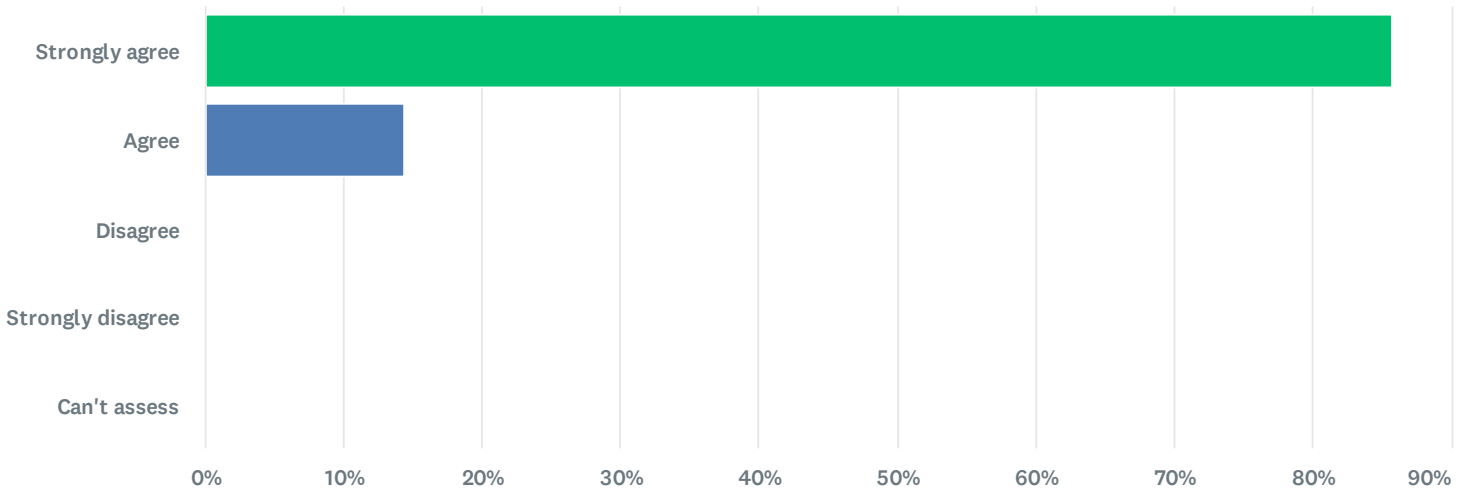
Answered: 3 Skipped: 4

#	RESPONSES	DATE
1	Board Chair has declared conflict of interest at appropriate times	5/7/2026 8:09 AM
2	ensures no conflict of interest and confidentiality	5/2/2026 9:29 AM
3	The chair is very mindful and respectful to the real and perceived nature of Conflict	5/1/2026 8:41 PM

Q5

7 responses

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.



Q6 Comments

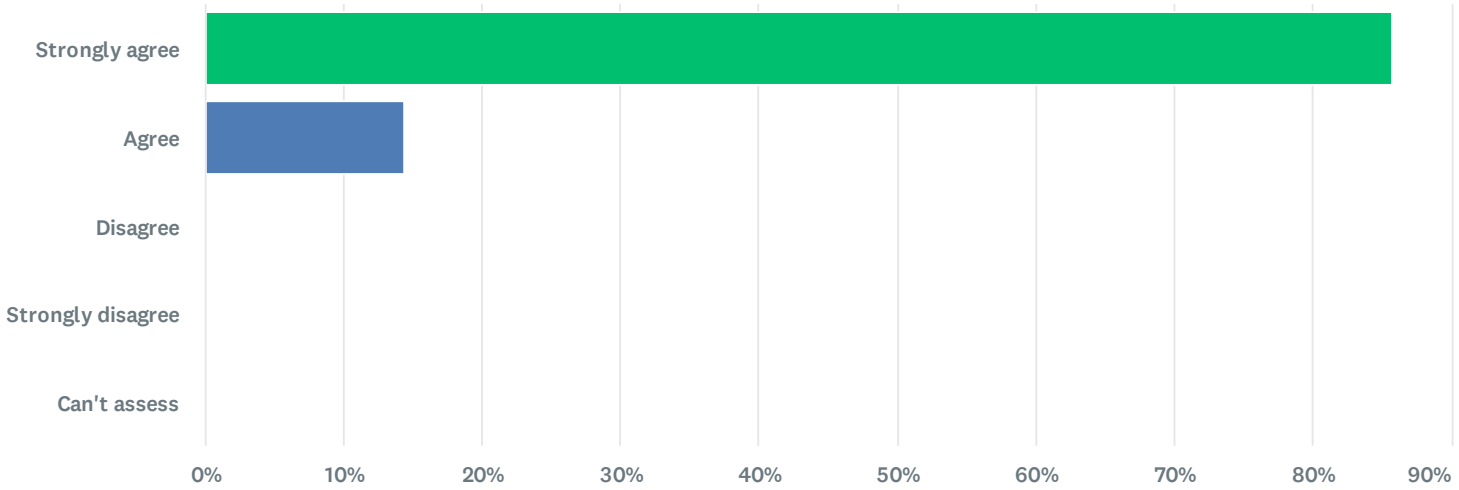
Answered: 2 Skipped: 5

#	RESPONSES	DATE
1	always make sure everyone has a chance to participate	5/4/2026 8:57 AM
2	The chair runs a fair meeting re member input, along with the chair providing information	5/1/2026 8:41 PM

Q7

7 responses

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



Q8 Comments

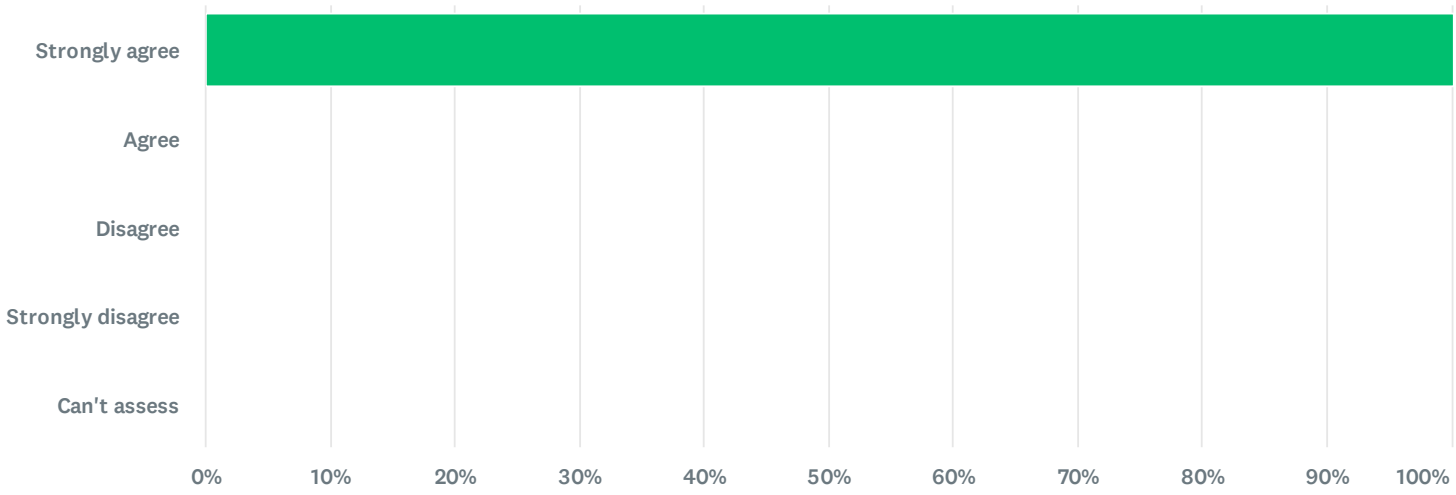
Answered: 1 Skipped: 6

#	RESPONSES	DATE
1	Definitely	5/1/2026 8:41 PM

Q9

7 responses

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



Q10 Comments

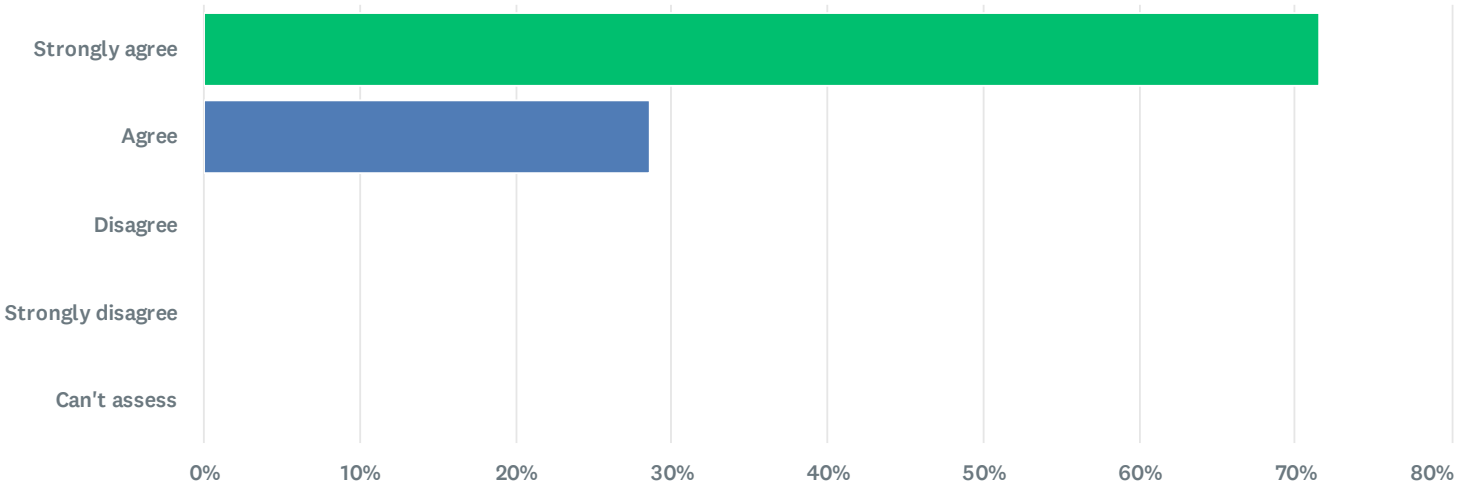
Answered: 4 Skipped: 3

#	RESPONSES	DATE
1	Board Chair has a good relationship with CEO based on trust and integrity	5/7/2026 8:09 AM
2	works very well,	5/4/2026 8:57 AM
3	Chair and CEO seem to work well together	5/2/2026 9:29 AM
4	Chair understands the difference between these roles and the responsibilities of both while working cooperatively	5/1/2026 8:41 PM

Q11

7 responses

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



Q12 Comments

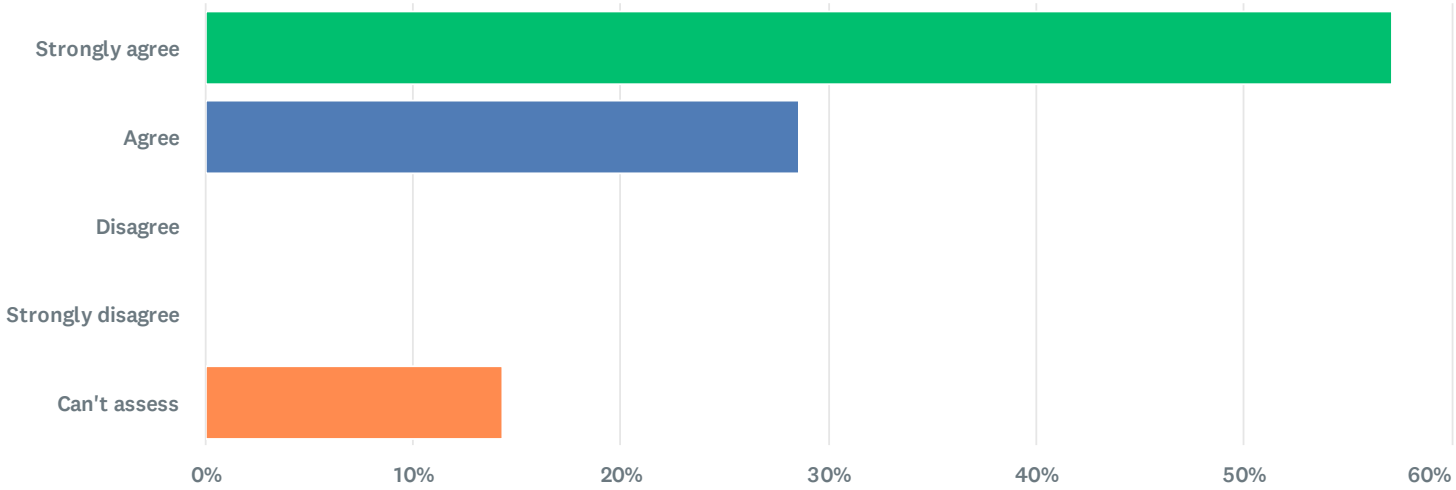
Answered: 0 Skipped: 7

#	RESPONSES	DATE
	There are no responses.	

Q13

7 responses

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



Q14 Comments

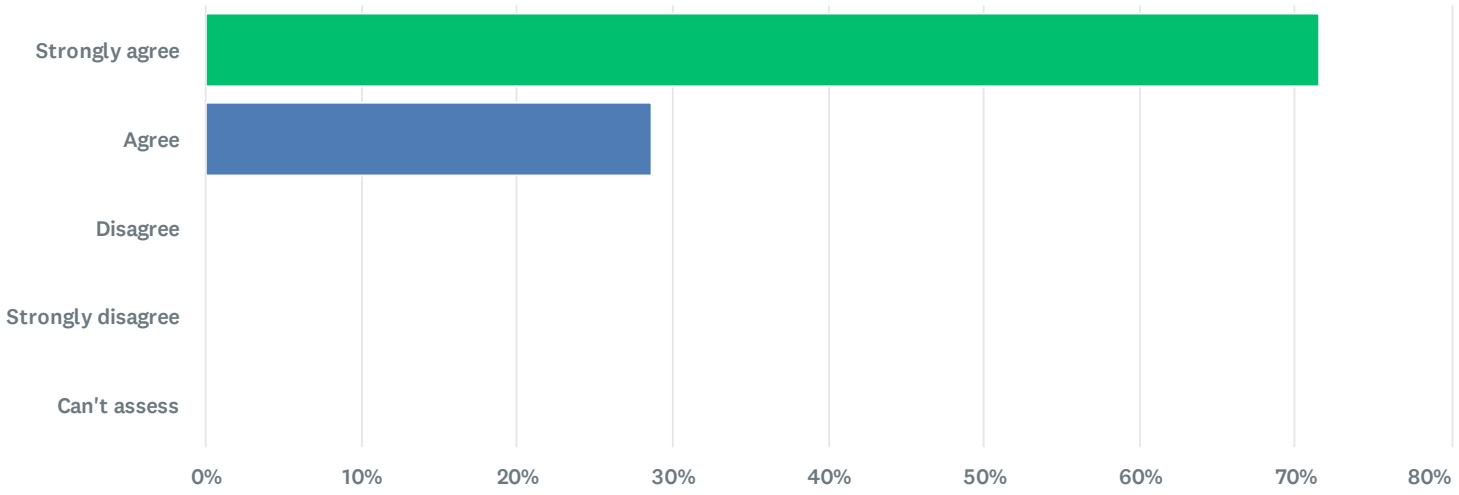
Answered: 1 Skipped: 6

#	RESPONSES	DATE
1	keeps board informed as to recrutment	5/2/2026 9:29 AM

Q15

7 responses

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



Q16 Comments

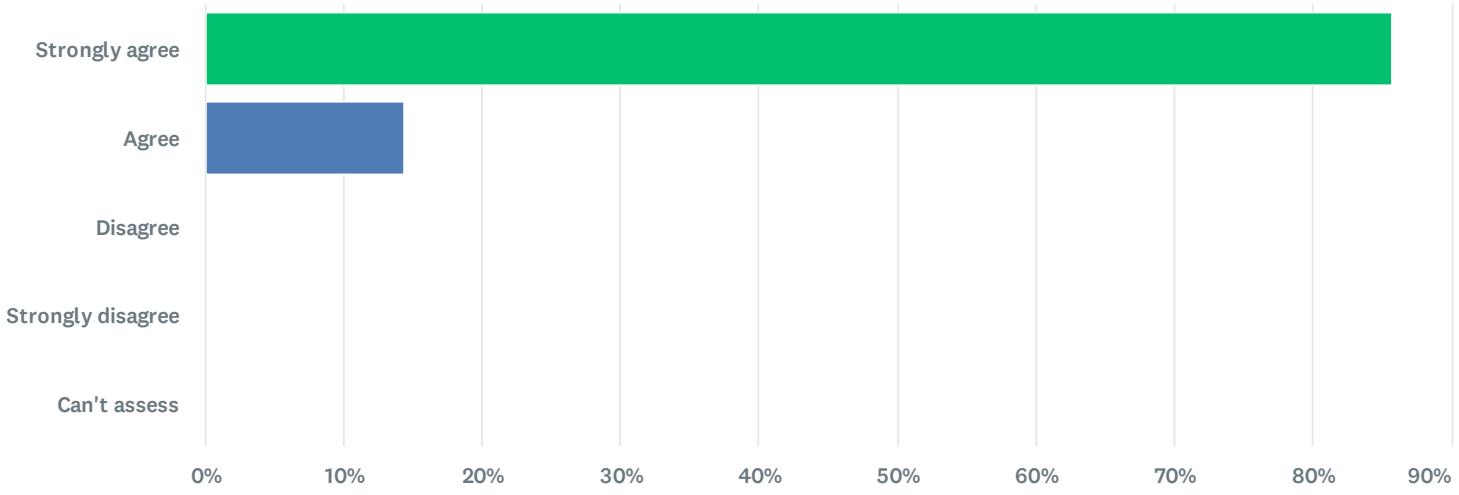
Answered: 0 Skipped: 7

#	RESPONSES	DATE
	There are no responses.	

Q17

7 responses

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



Q18 Comments

Answered: 2 Skipped: 5

#	RESPONSES	DATE
1	Board Chair does represent board with key stakeholders	5/7/2026 8:09 AM

2	Preforms responsibilities well	5/1/2026 8:41 PM

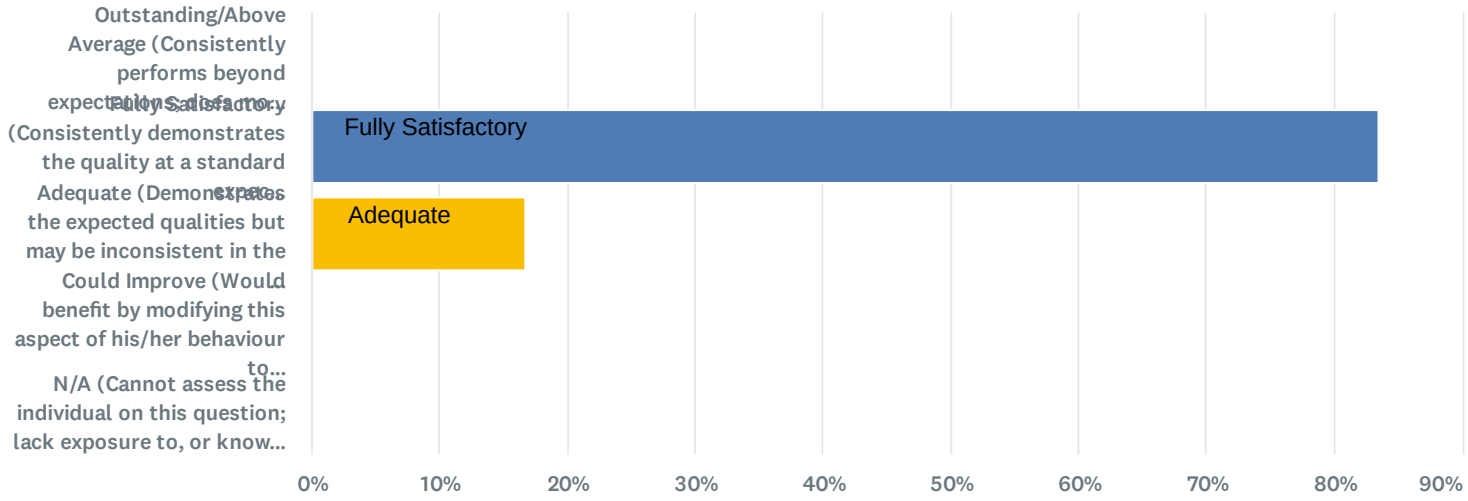
2025-26 Board Director Self-Assessment Questionnaire

6/9 Responded

Q1

6 responses

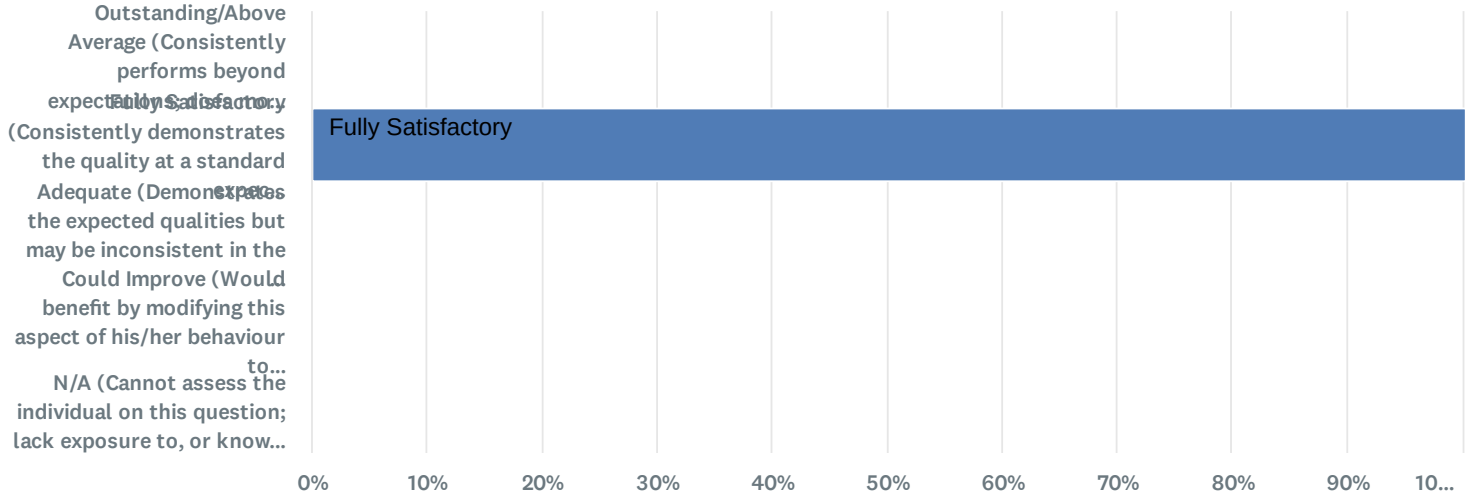
Reads materials and comes prepared for meetings.



Q2

6 responses

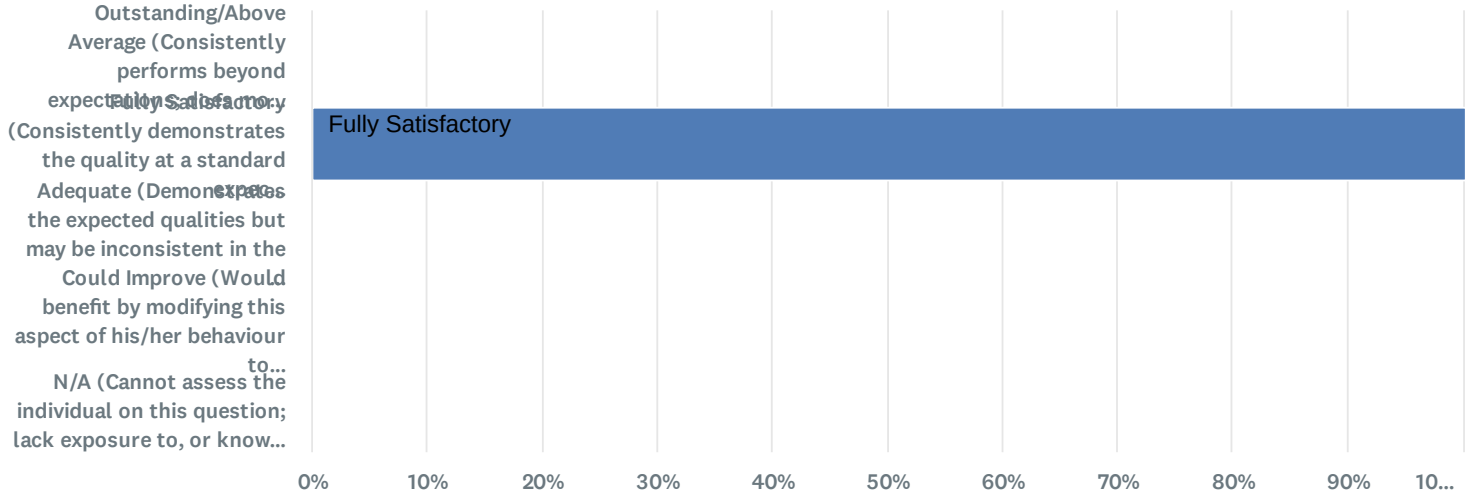
Participates - actively engaged at meeting.



Q3

6 responses

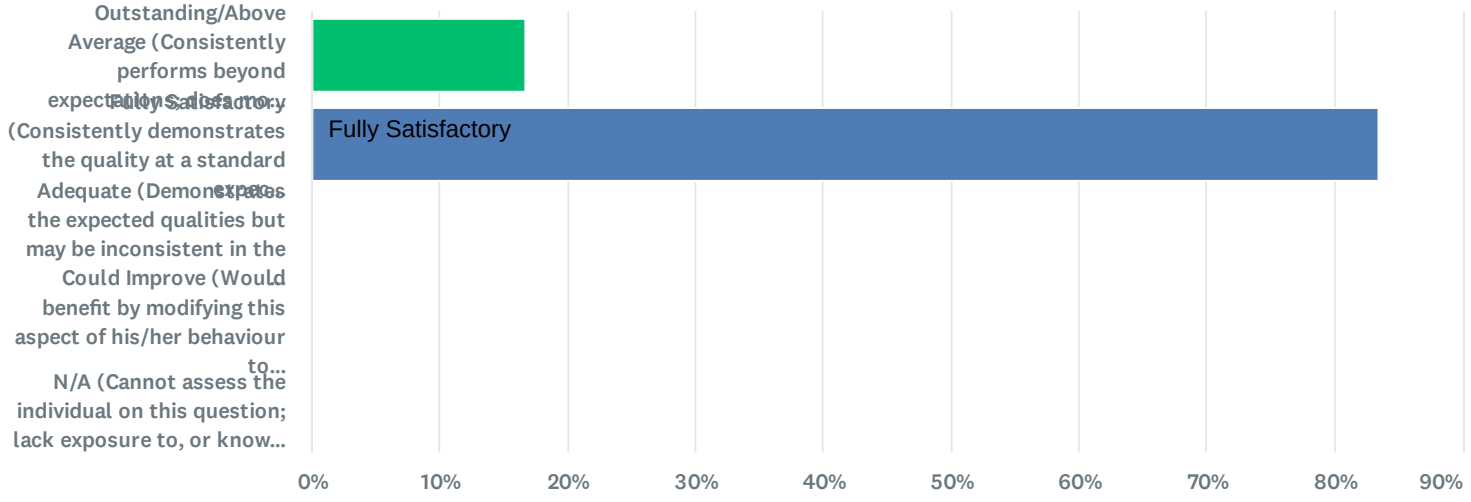
Supports and promotes the facility.



Q4

6 responses

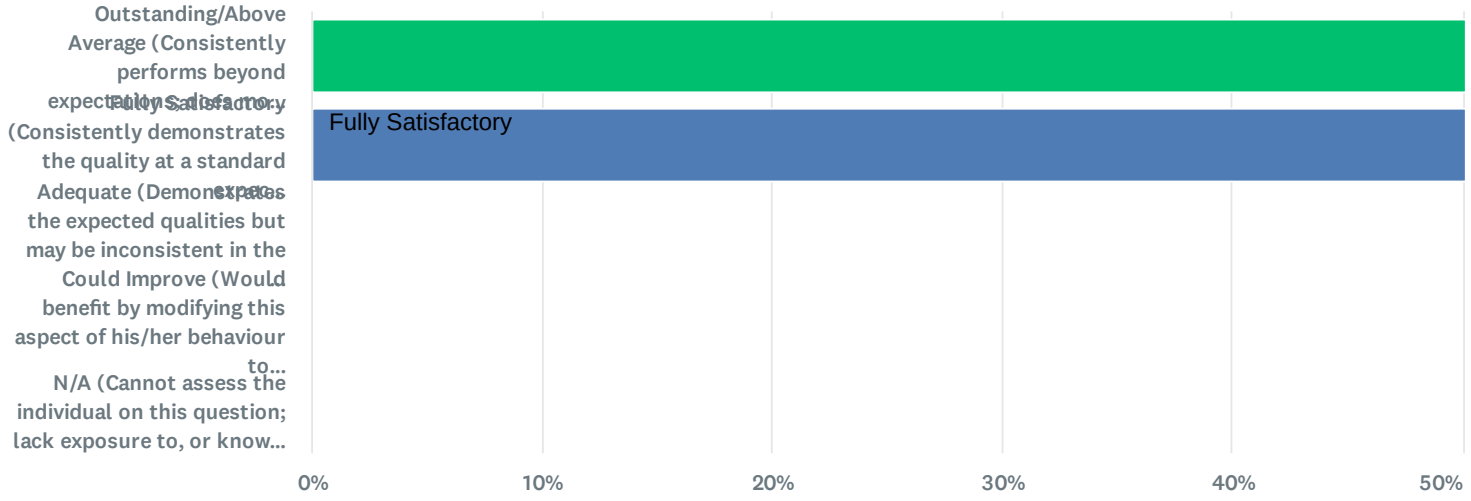
Consistently demonstrates integrity and high ethical standards.



Q5

6 responses

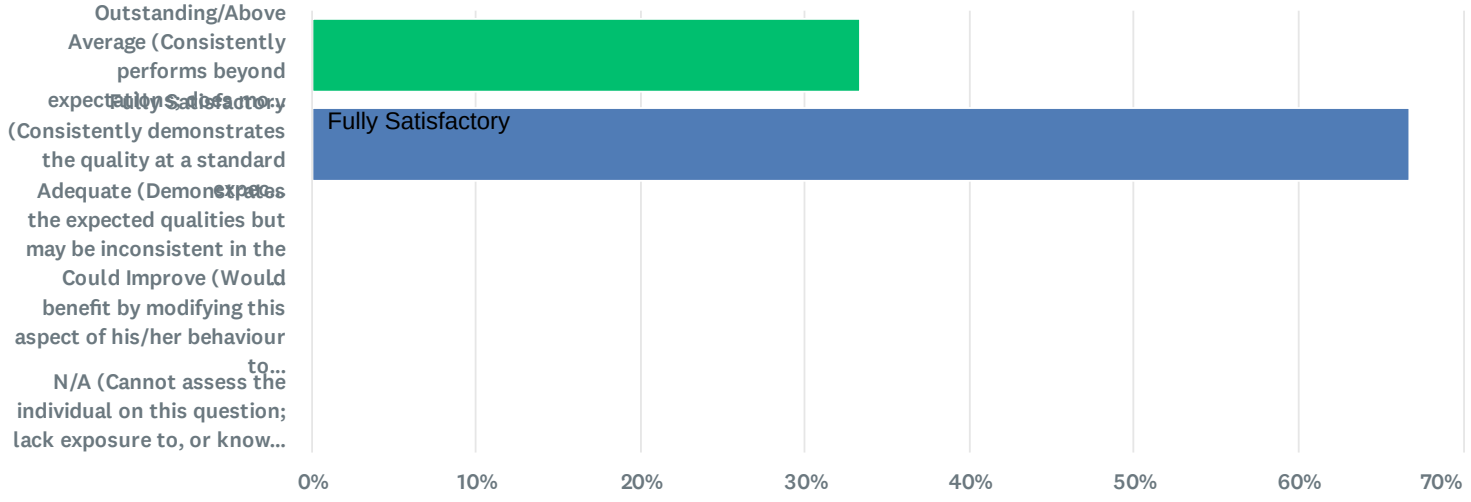
Complies with the conflicts of interest policy.



Q6

6 responses

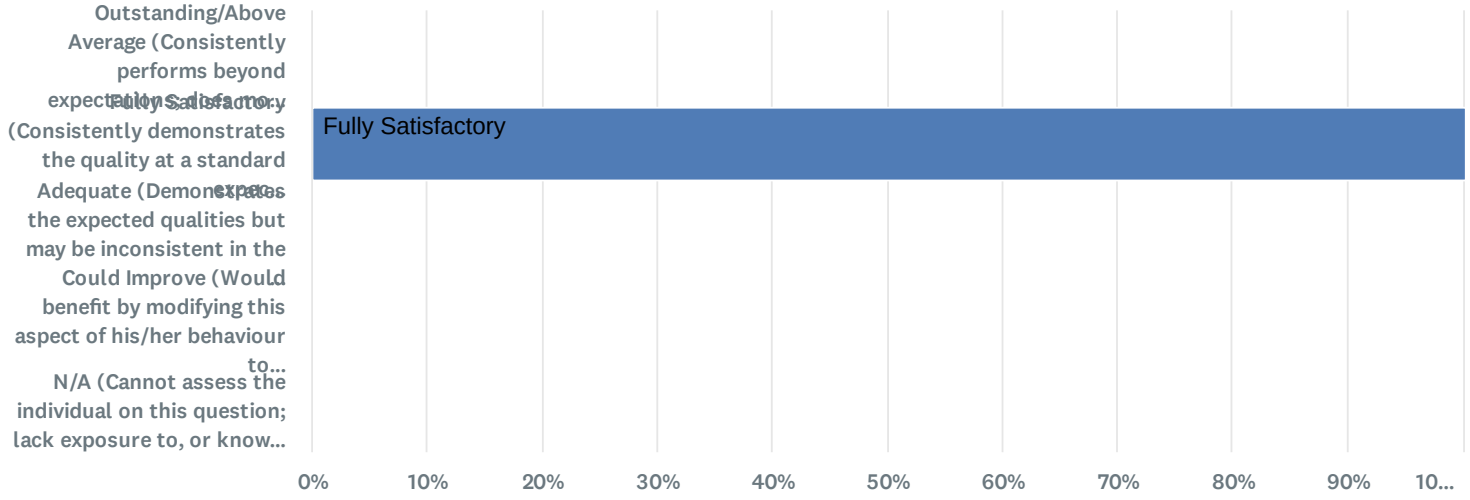
Respects confidentiality as required.



Q7

6 responses

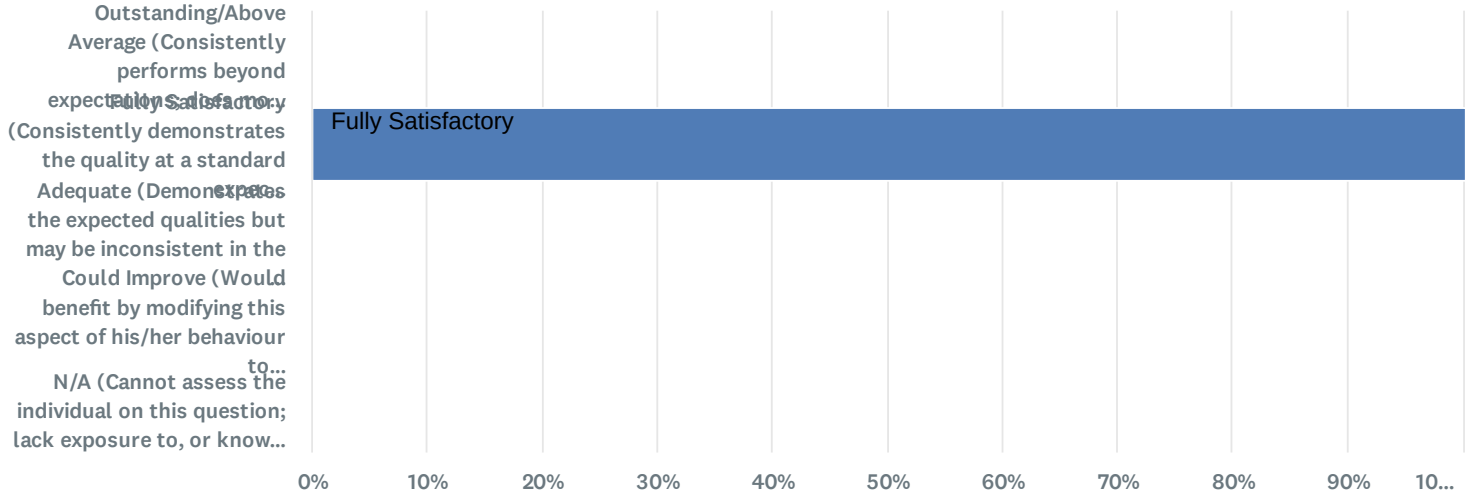
Communicates ideas and concepts effectively.



Q8

6 responses

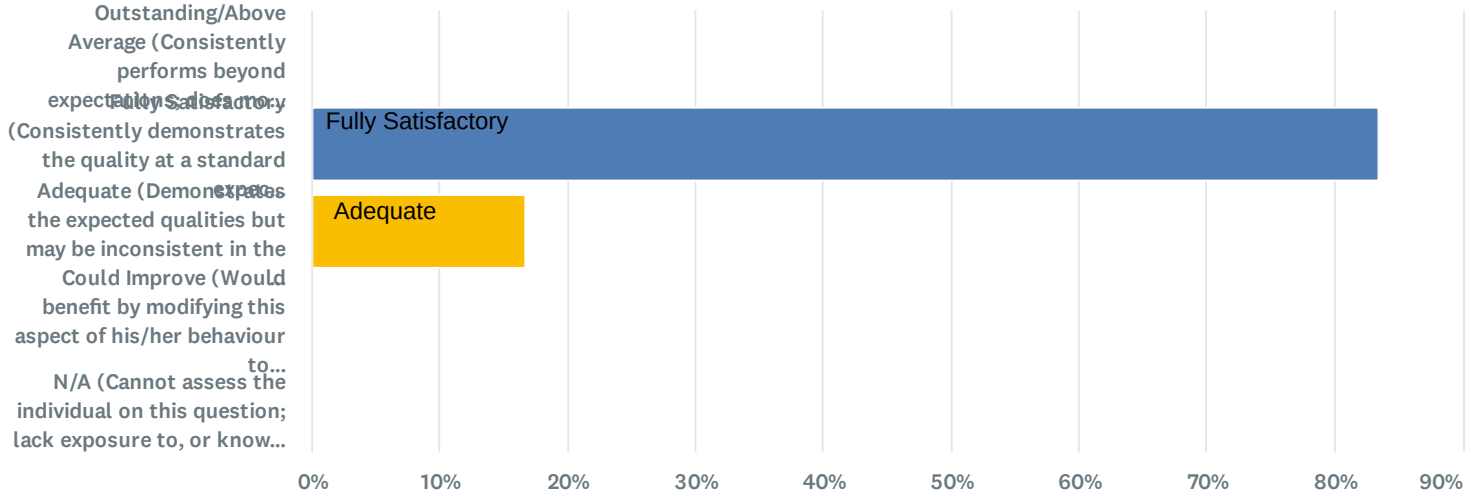
Listens well and respects those with differing opinions.



Q9

6 responses

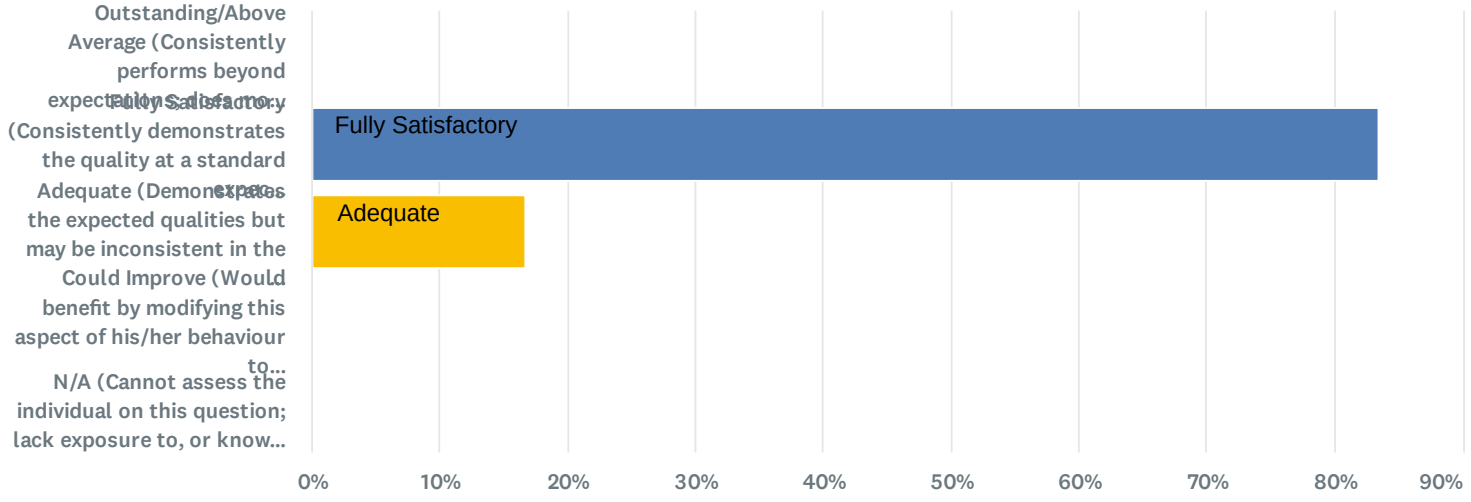
Thinks independently - will express view contrary to the group.



Q10

6 responses

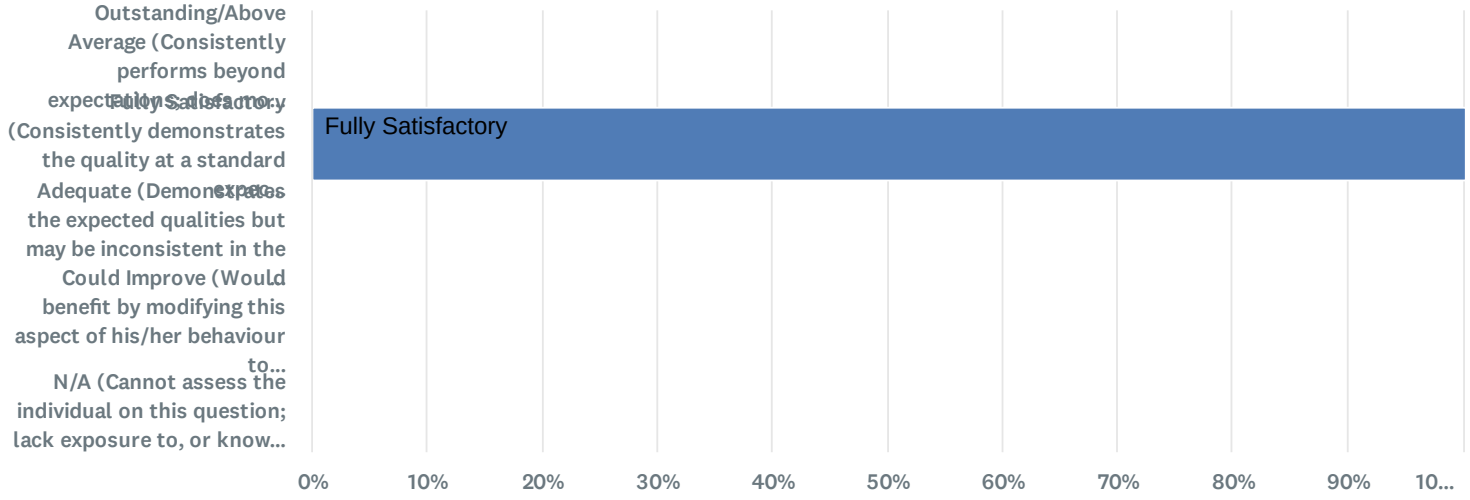
Inquisitive-asks appropriate and incisive questions.



Q11

6 responses

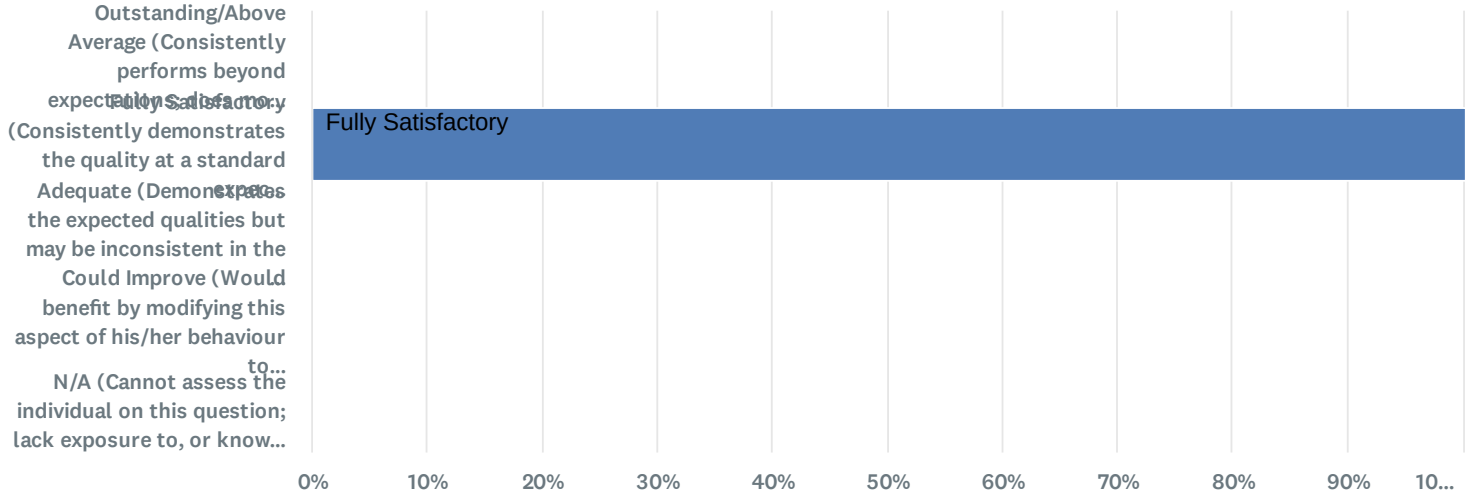
Thinks strategically in assessing the situation and offering alternatives.



Q12

6 responses

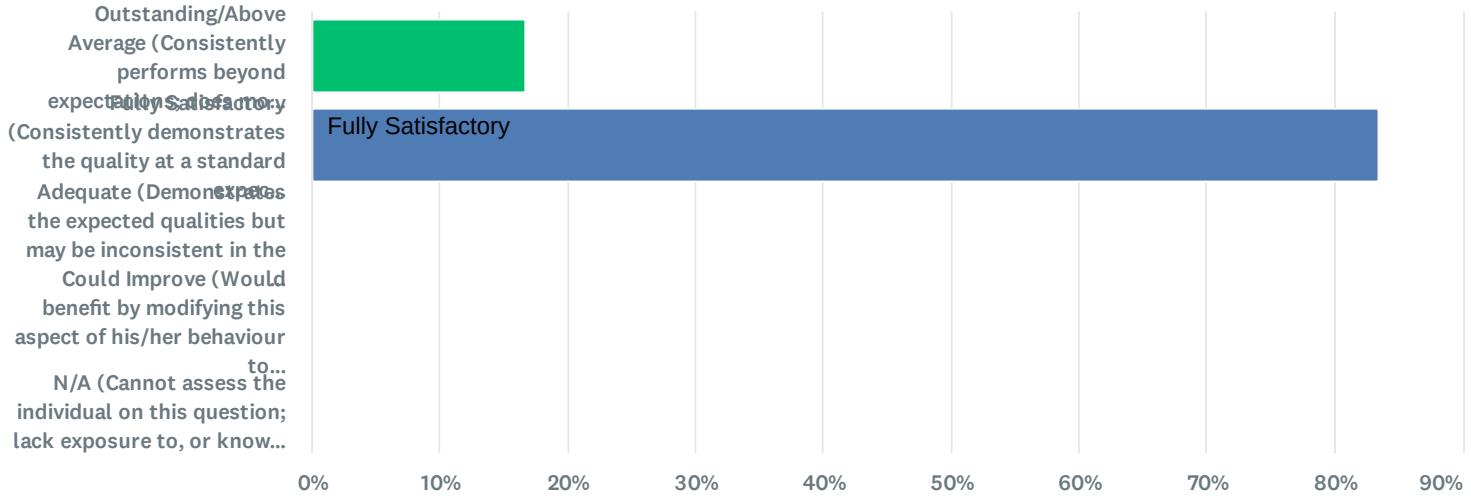
Exhibits sound, balanced judgement for the benefit of all stakeholders.



Q13

6 responses

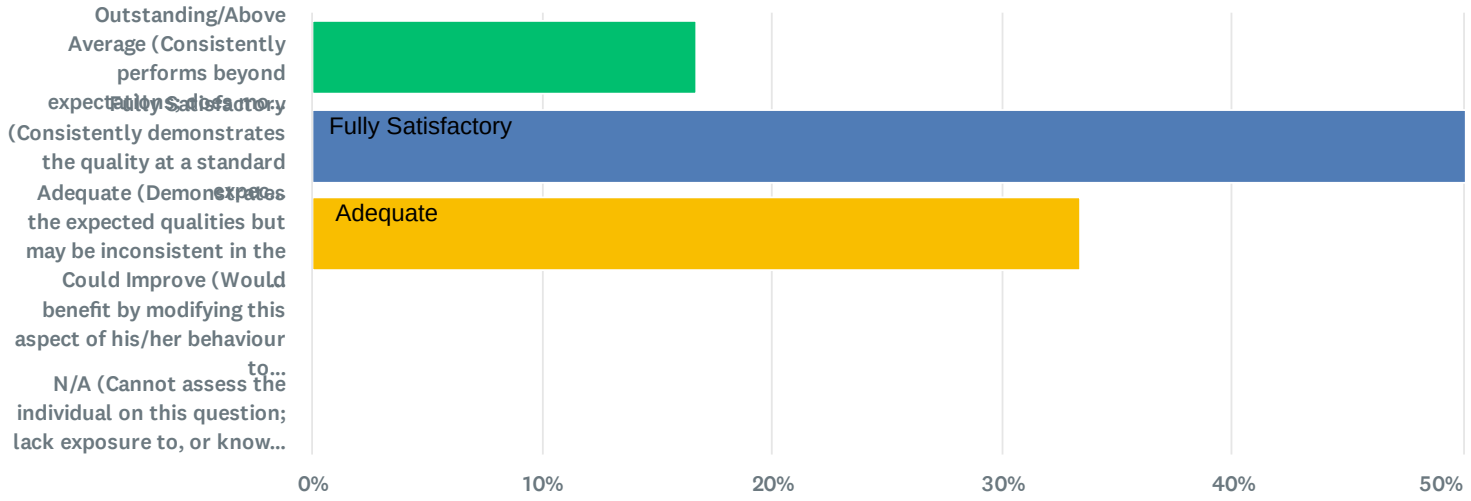
Develops and maintains sound relationships-a team player.



Q14

6 responses

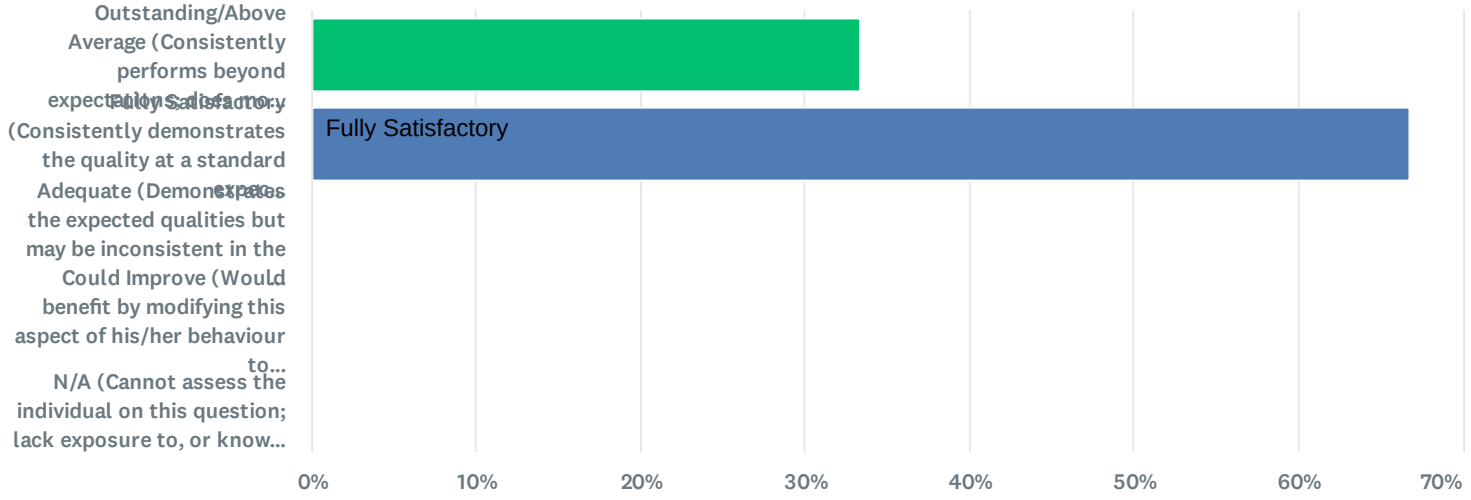
Understands the role of board committees.



Q15

6 responses

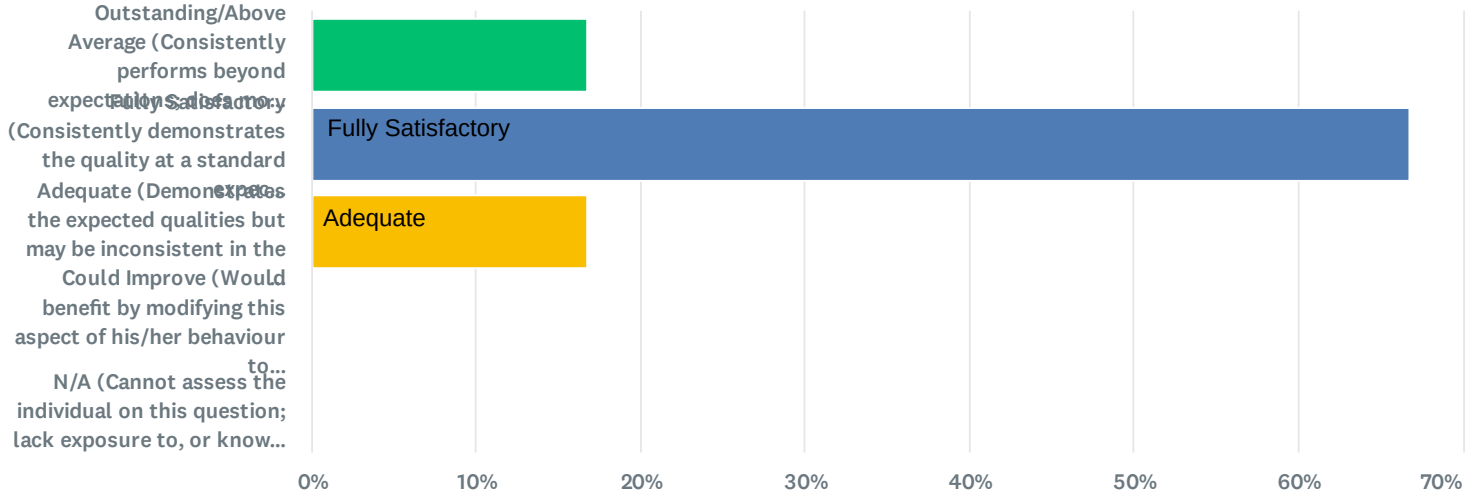
Understands and respects the role of the chair.



Q16

6 responses

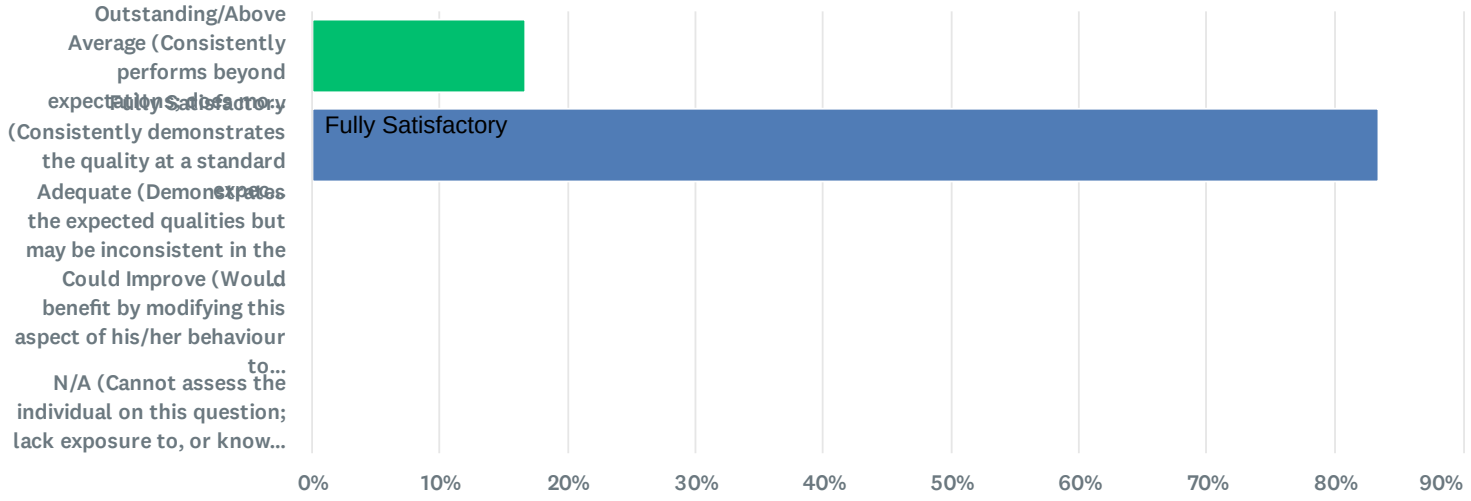
Demonstrates financial literacy though not necessarily an expert in the field.



Q17

6 responses

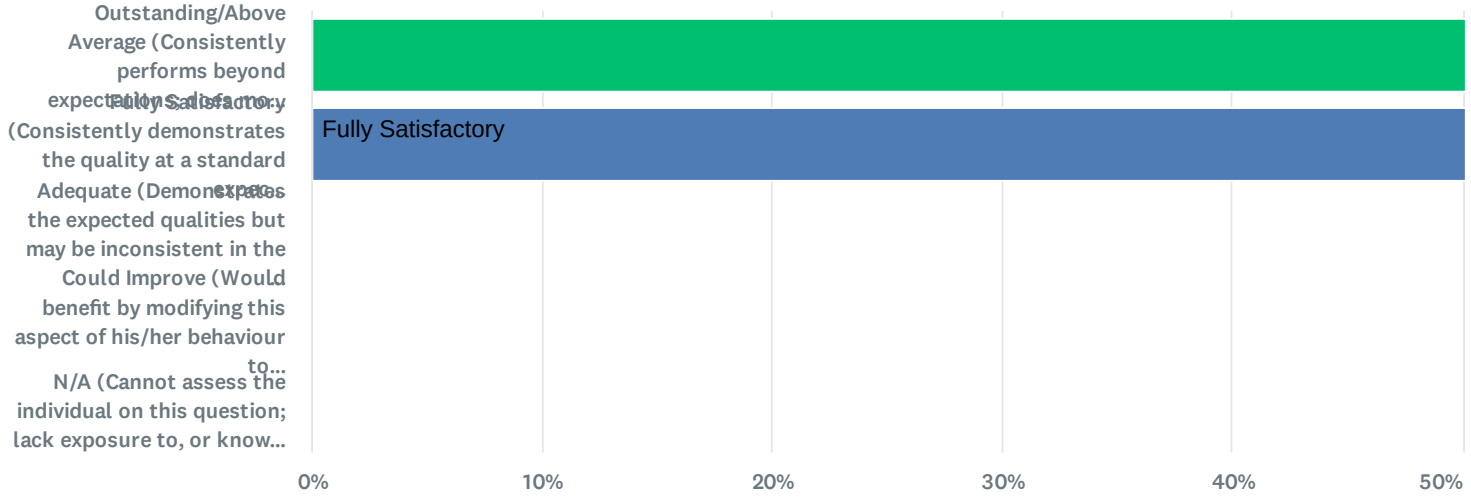
Effectively applies and contributes his/her special skills, knowledge or talent to the issues.



Q18

6 responses

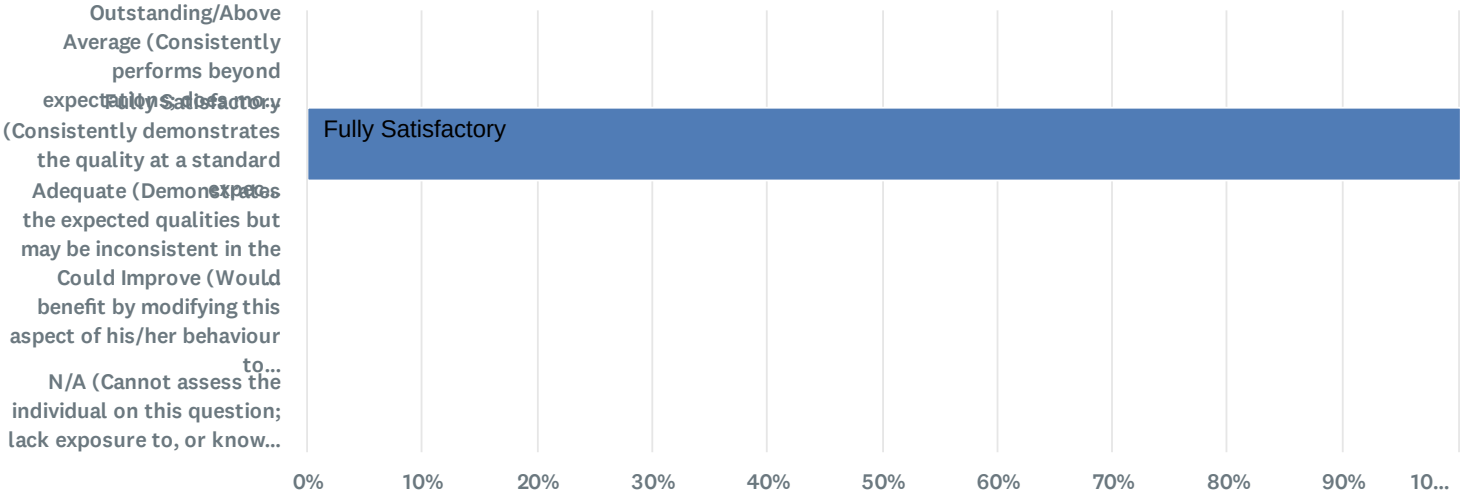
Supports board decisions - acts as one on all board actions once the decision has been made.



Q19

6 responses

Contributes effectively to board performance.


Outstanding/Above Average (Consistently performs beyond expectations; displays mo...
Fully Satisfactory (Consistently demonstrates the quality at a standard expec...
Adequate (Demonstrates the expected qualities but may be inconsistent in the ...
Could Improve (Would benefit by modifying this aspect of his/her behaviour to...
N/A (Cannot assess the individual on this question; lack exposure to, or know...
Fully Satisfactory
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
10...

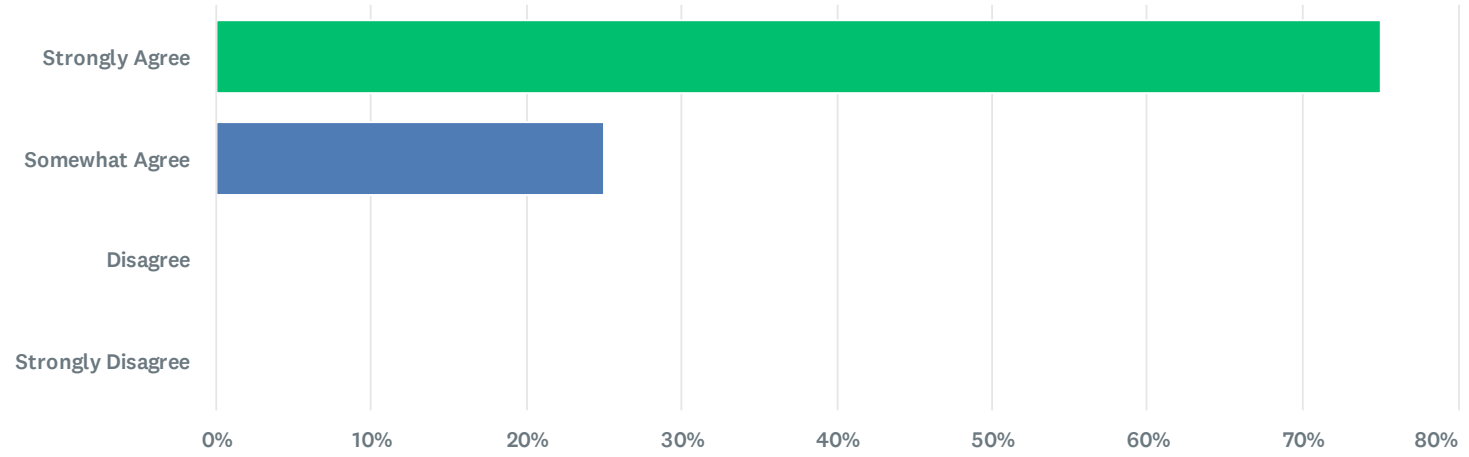
2025-26 Governance Committee Self-Assessment Survey

4/5 Responded

Q1

4 responses

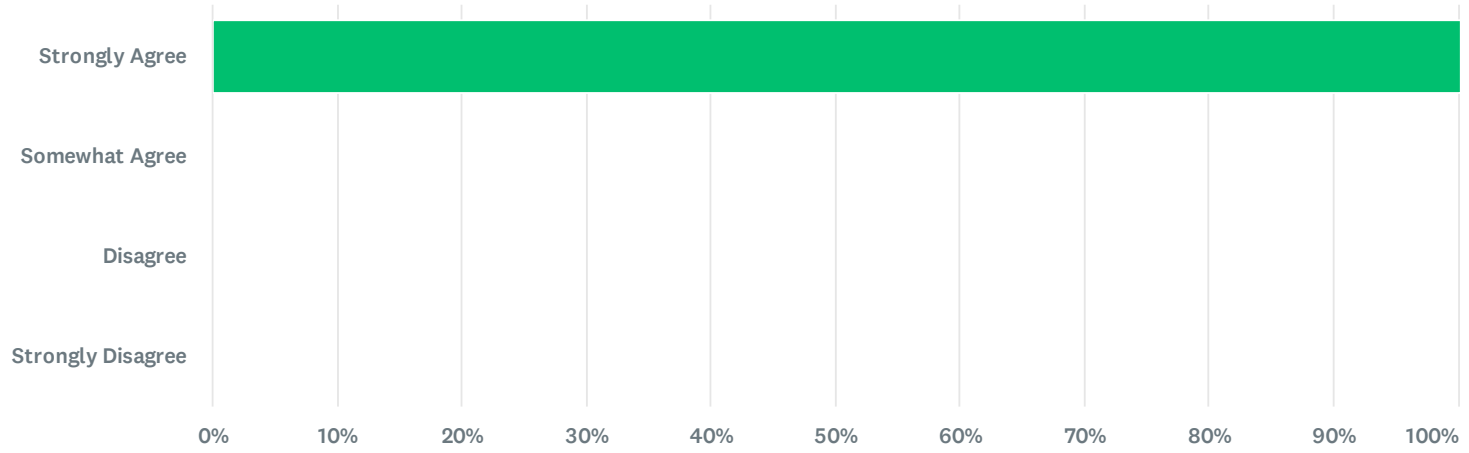
The committee has clear and appropriate Terms of Reference.



Q2

4 responses

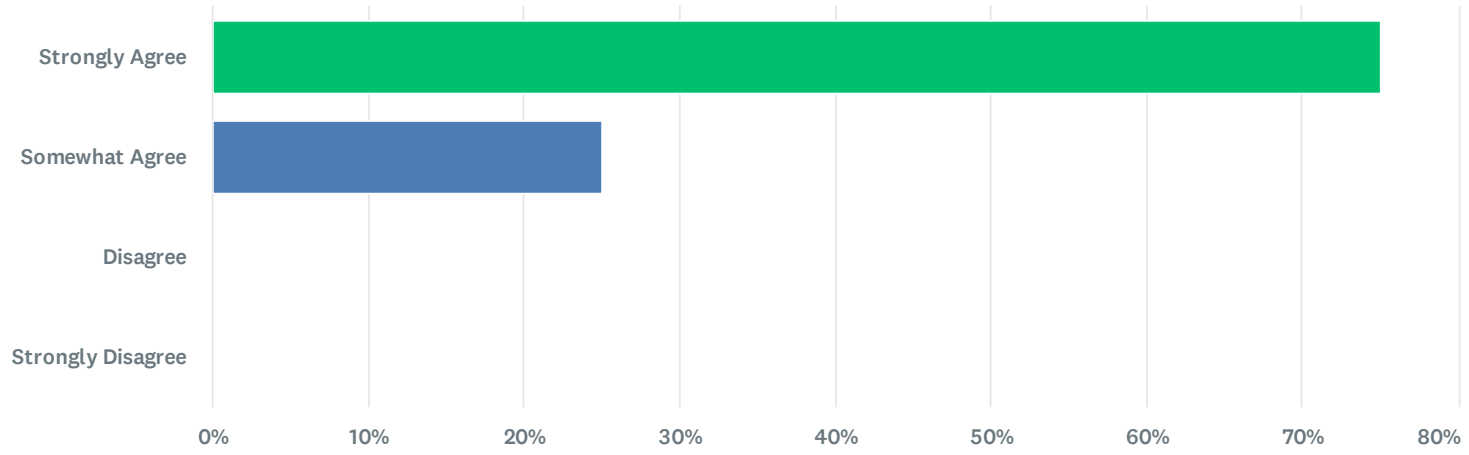
The committee has the right number of members.



Q3

4 responses

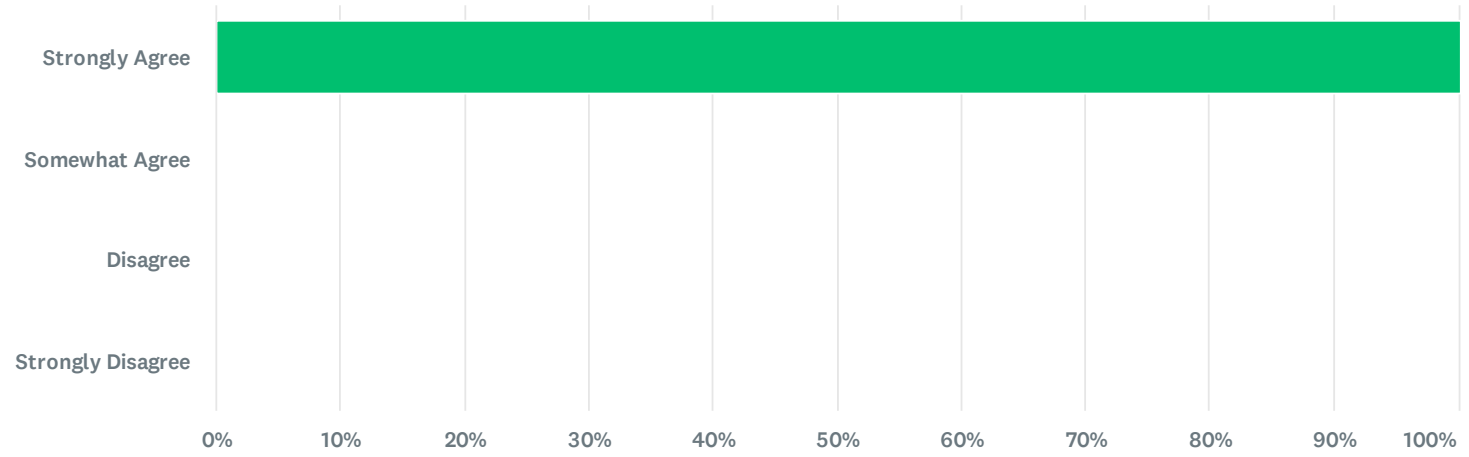
The committee has members with the skills and expertise that are needed by the committee.



Q4

4 responses

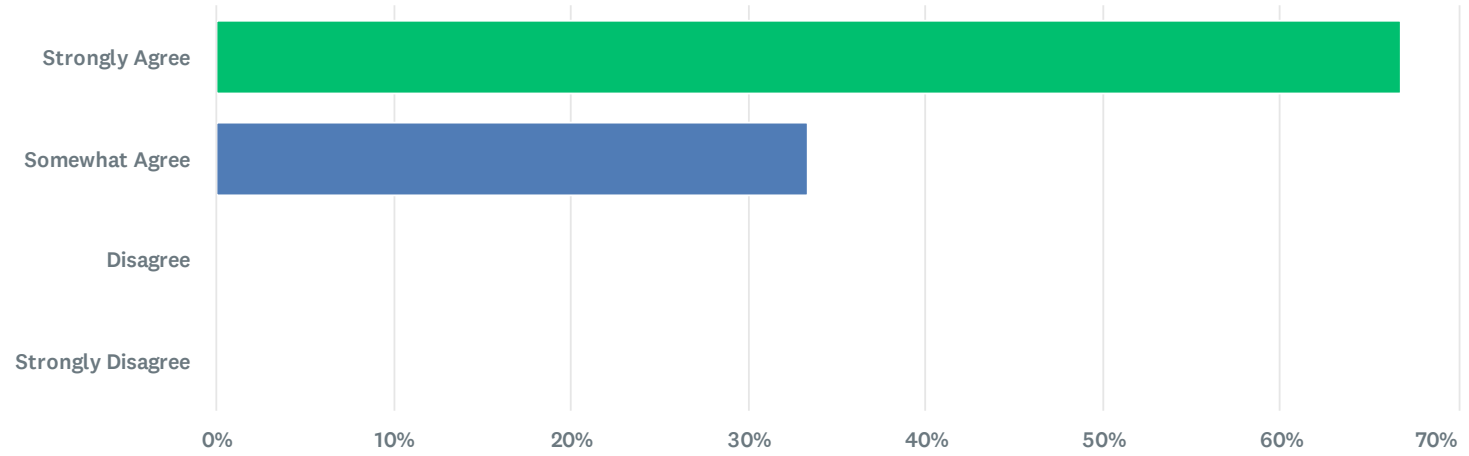
The committee meets at the appropriate time and day of week.



Q5

3 responses

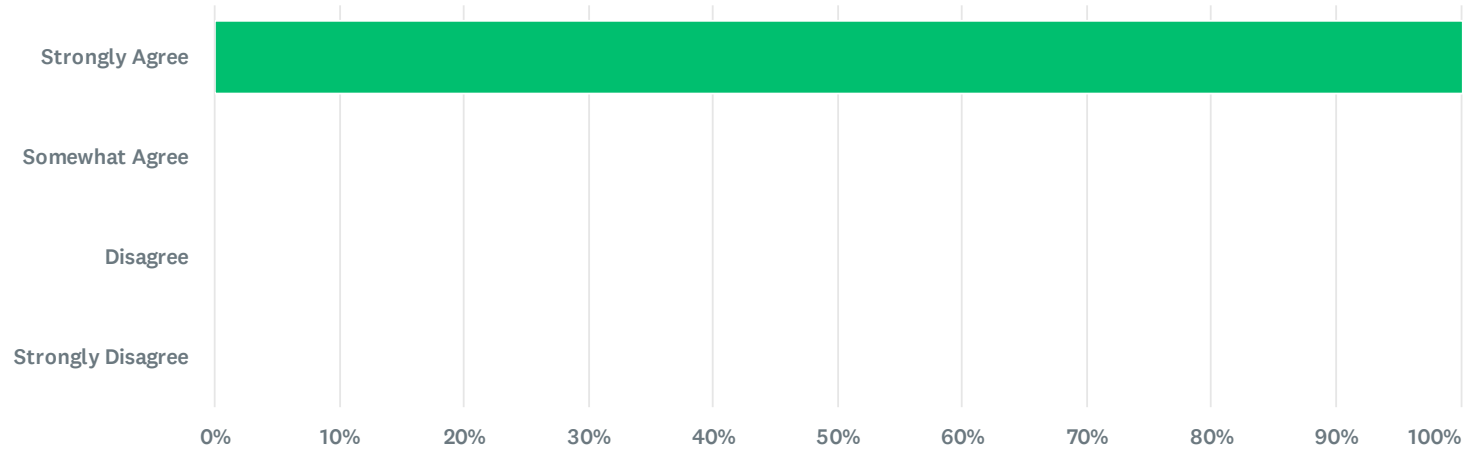
The committee receives the right information it needs to fulfil its responsibilities.



Q6

4 responses

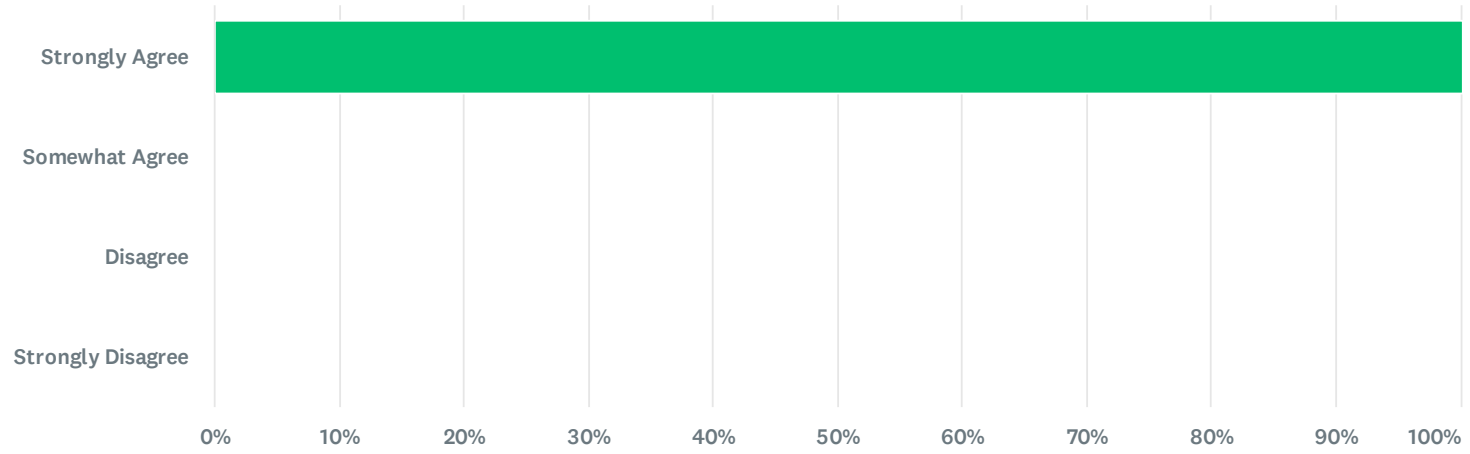
Information is received sufficiently in advance of the meeting.



Q7

4 responses

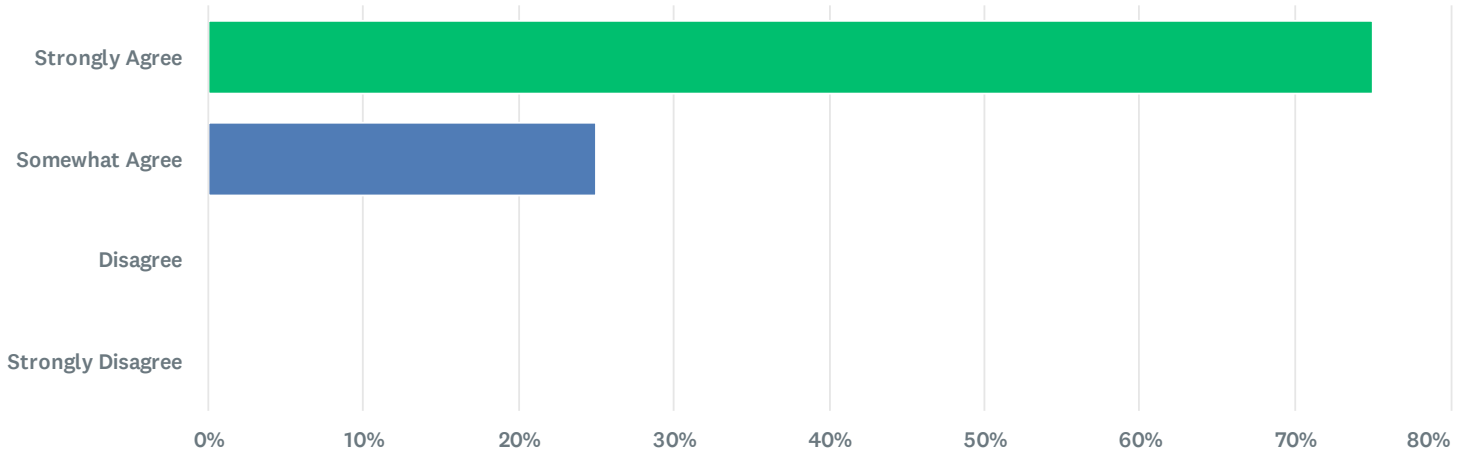
The committee meets the right number of times over the year.



Q8

4 responses

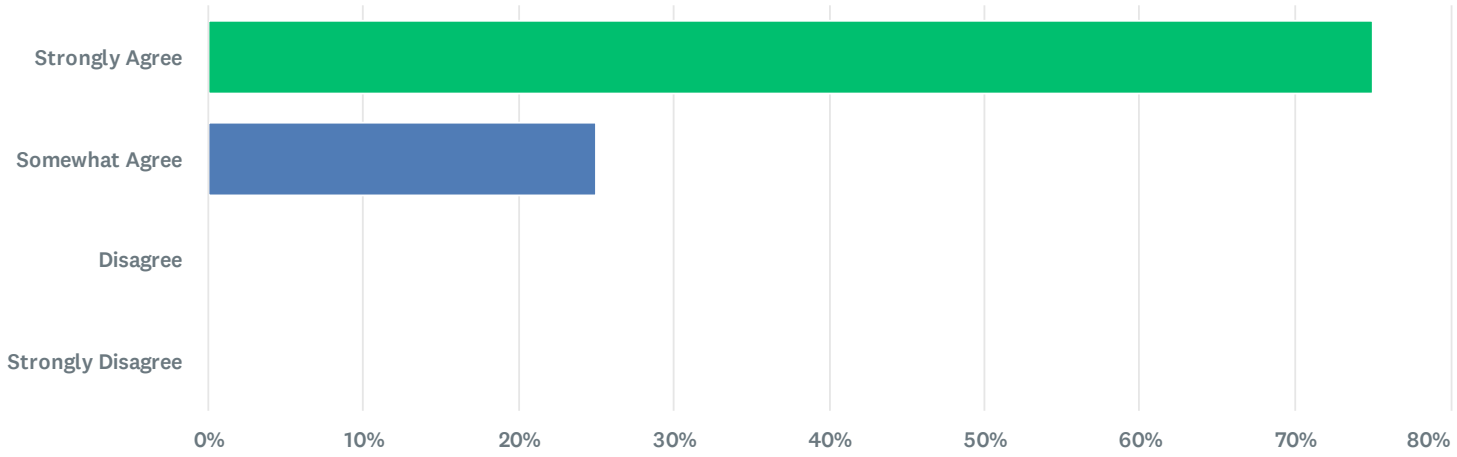
The committee is working effectively.



Q9

4 responses

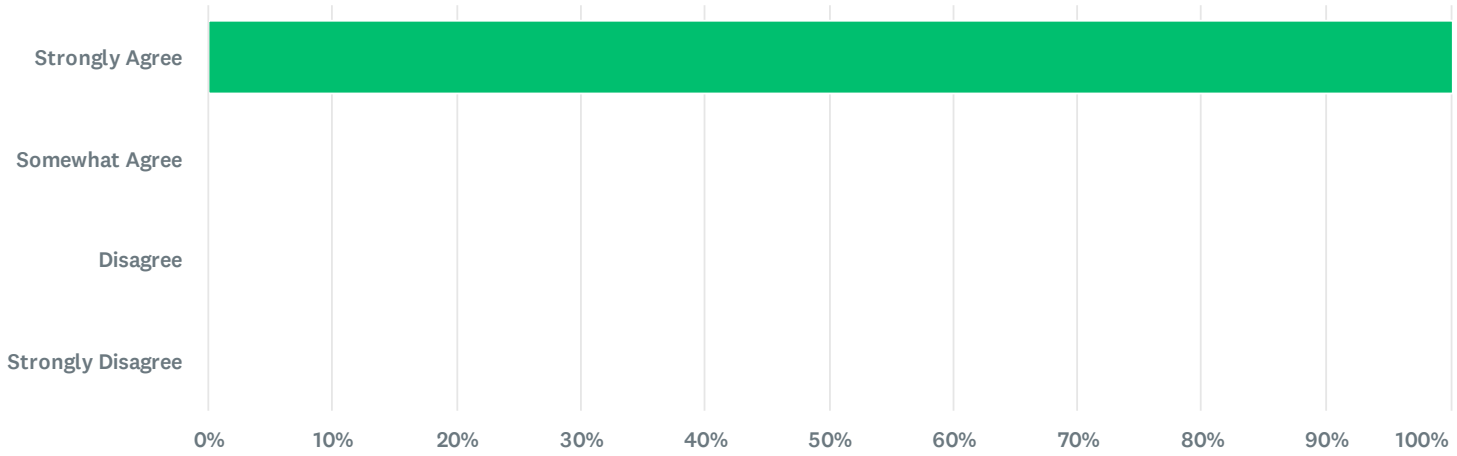
The committee is effectively performing its roles as outlined in its Terms of Reference.



Q10

4 responses

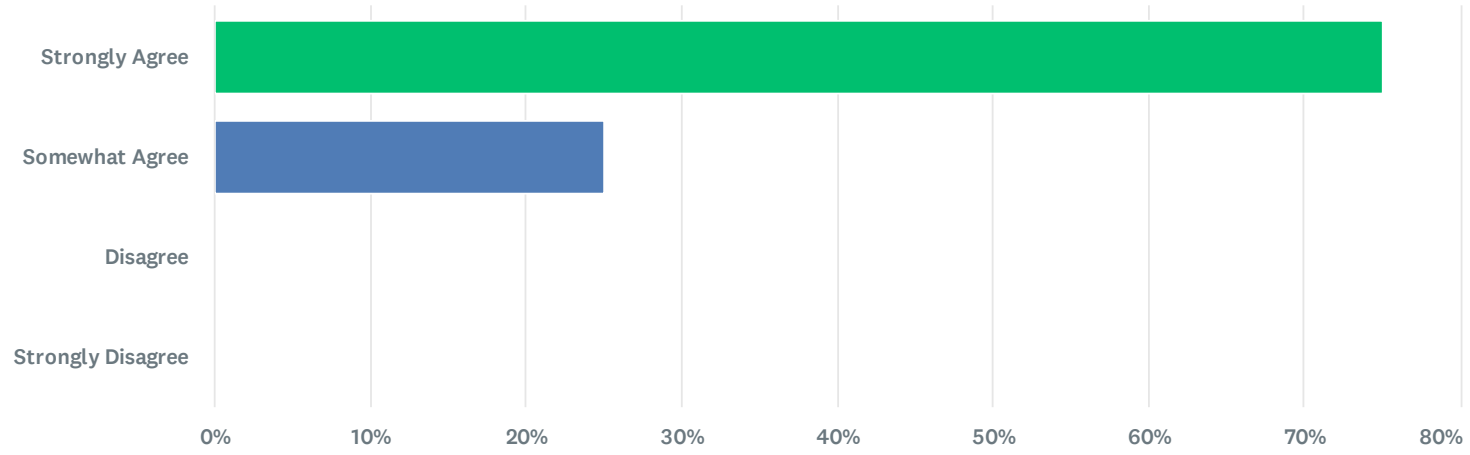
Discussions at committee meetings are open, respectful and air opposing views effectively.



Q11

4 responses

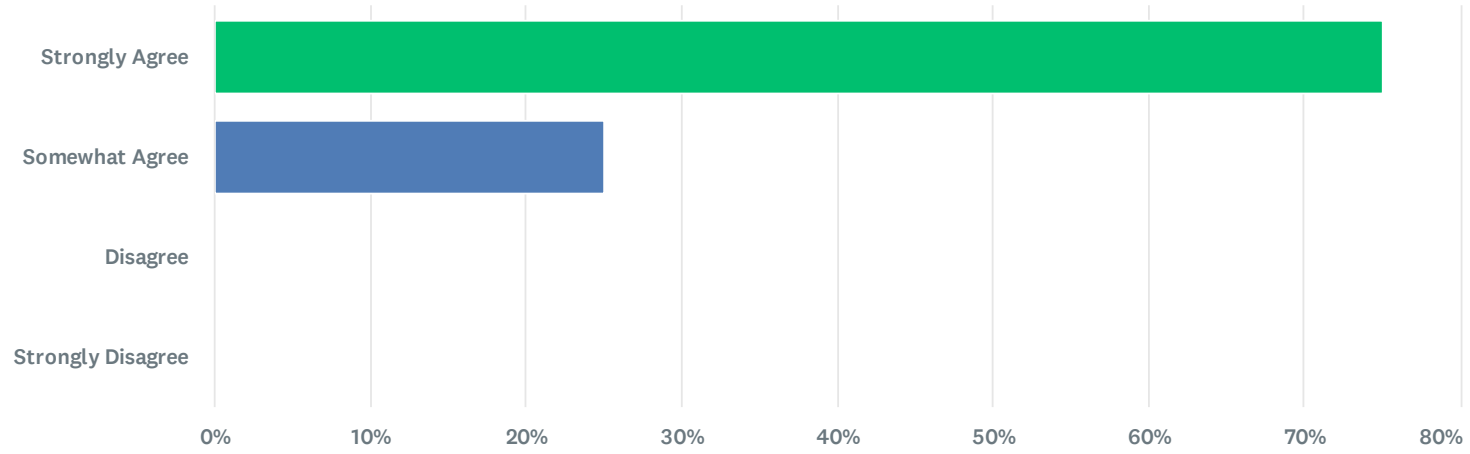
The Chair is prepared for committee meetings.



Q12

4 responses

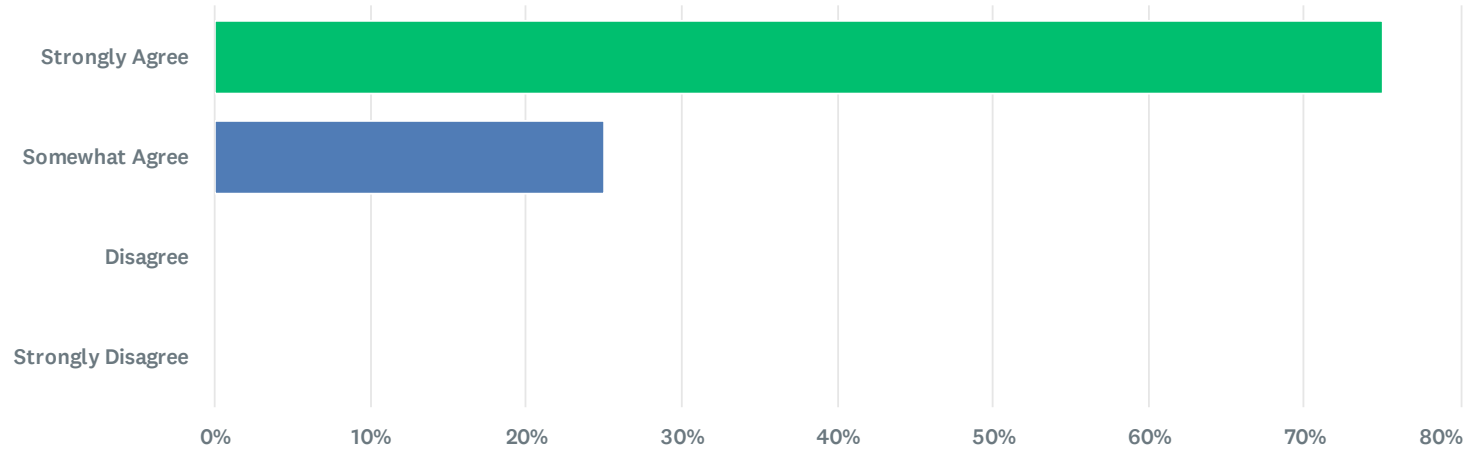
The Chair keeps the meetings on track.



Q13

4 responses

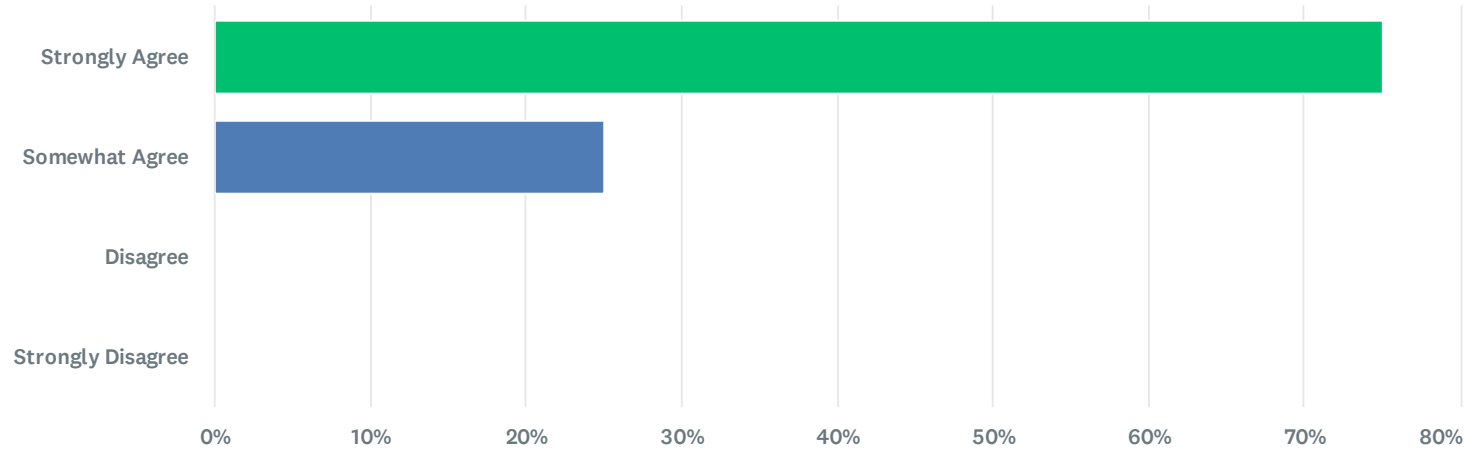
The Chair fairly reports the committee's work to the Board.



Q14

4 responses

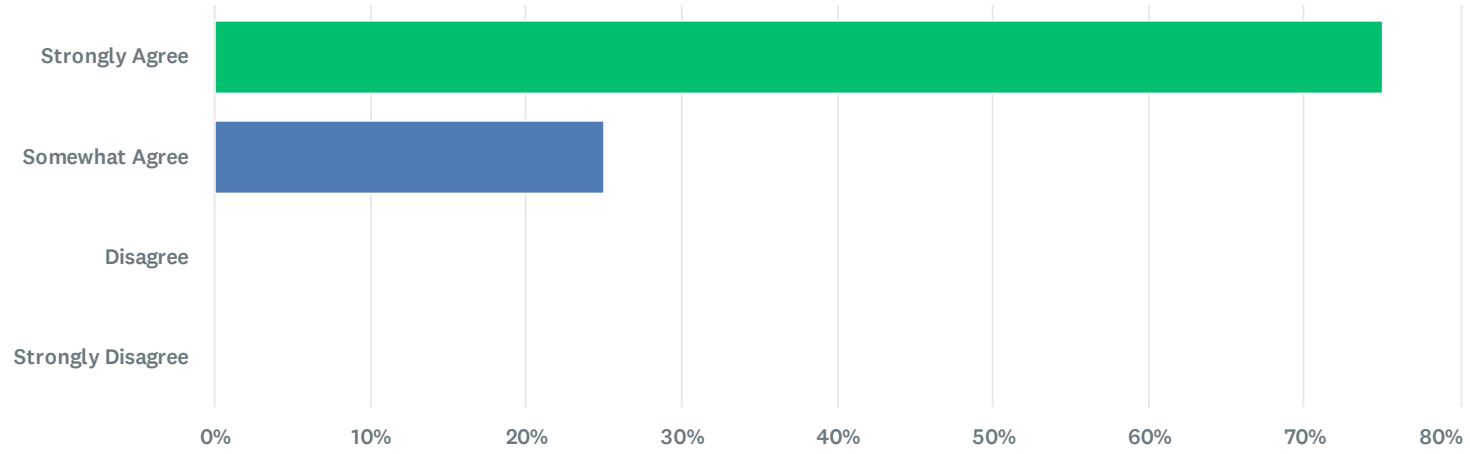
The Chair encourages participation and manages discussion.



Q15

4 responses

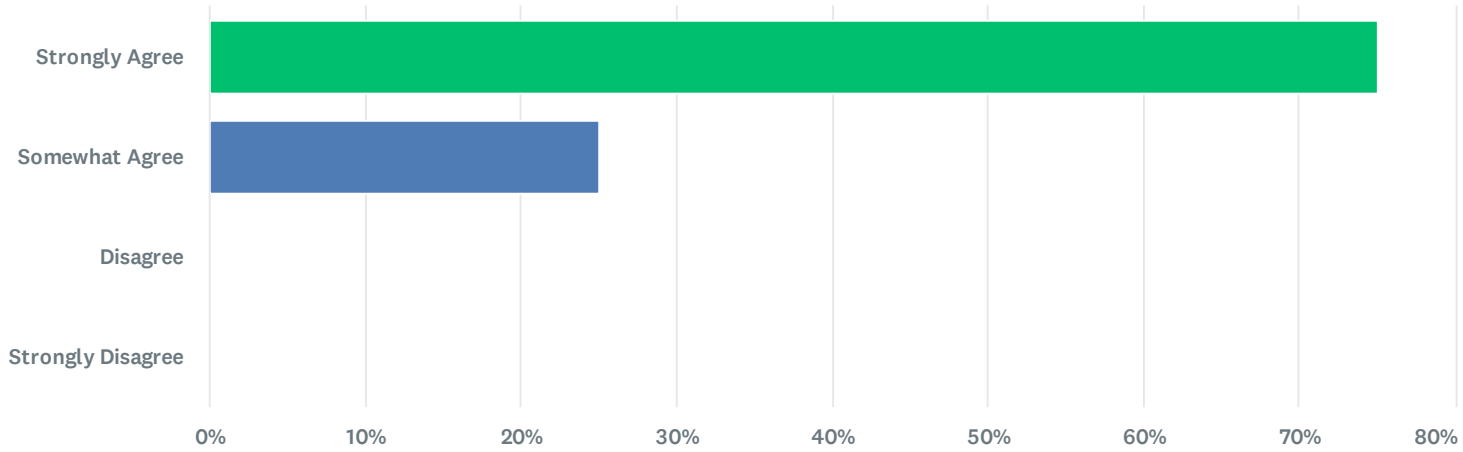
Overall, I am satisfied with my contribution to the committee.



Q16

4 responses

Overall, I am satisfied with the committee's contribution to the Board.



Q17 Comments/Suggestions for the Committee

Answered: 2 Skipped: 2

#	RESPONSES	DATE
1	Feel the committee works well together	5/2/2026 8:15 PM
2	The committed are working well. In large part this is because we have clear terms of reference and a good work plan. also Brooke keeps everyone on track. on track.	5/1/2026 9:26 PM

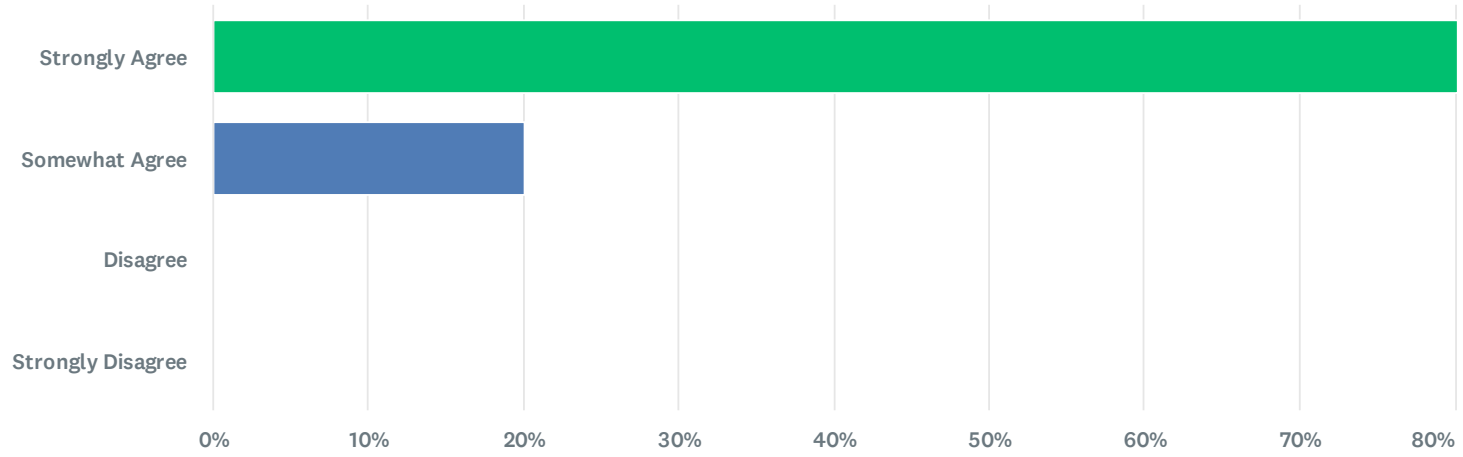
2025-26 Nominating & Recruitment Committee Self-Assessment Survey

5/4 Responded (someone submitted twice)

Q1

5 responses

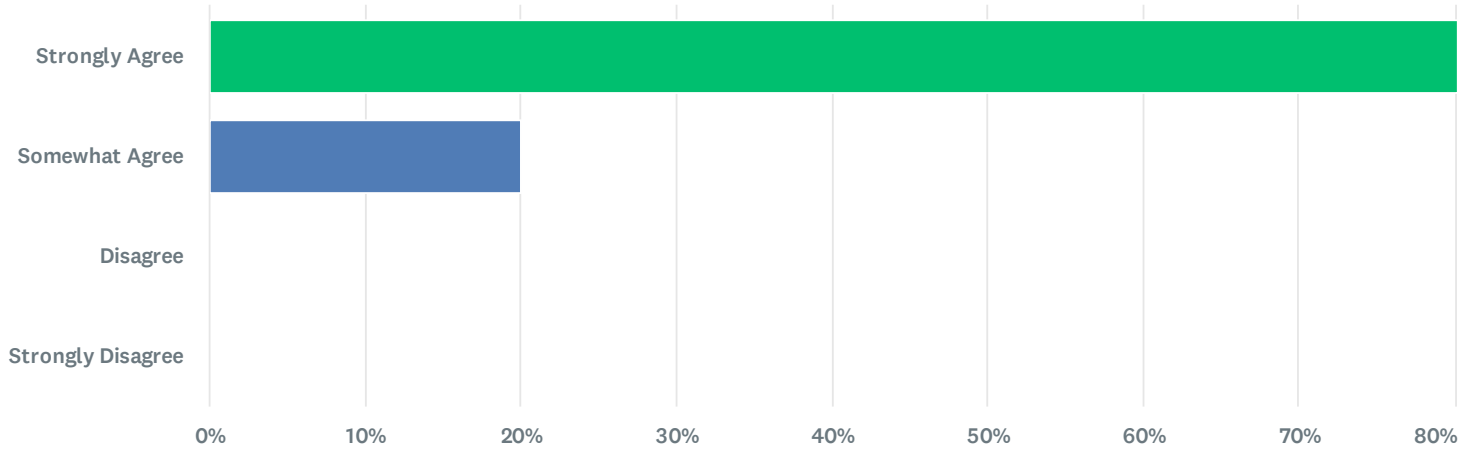
The committee has clear and appropriate Terms of Reference.



Q2

5 responses

The committee has the right number of members.



Q3

4 responses

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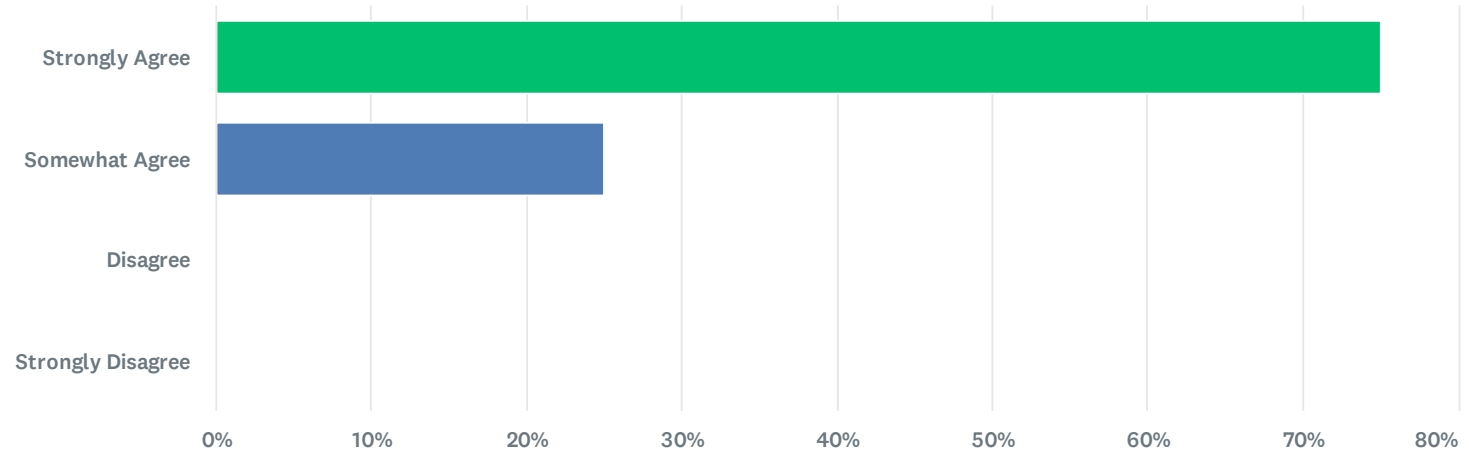

Q4

4 responses

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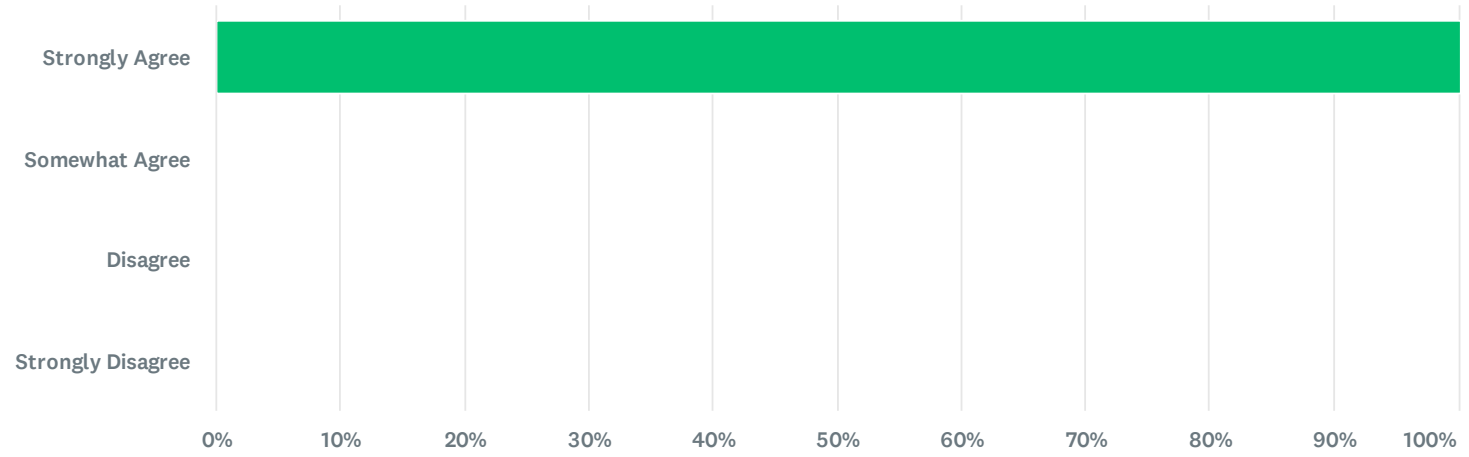

Q5

4 responses

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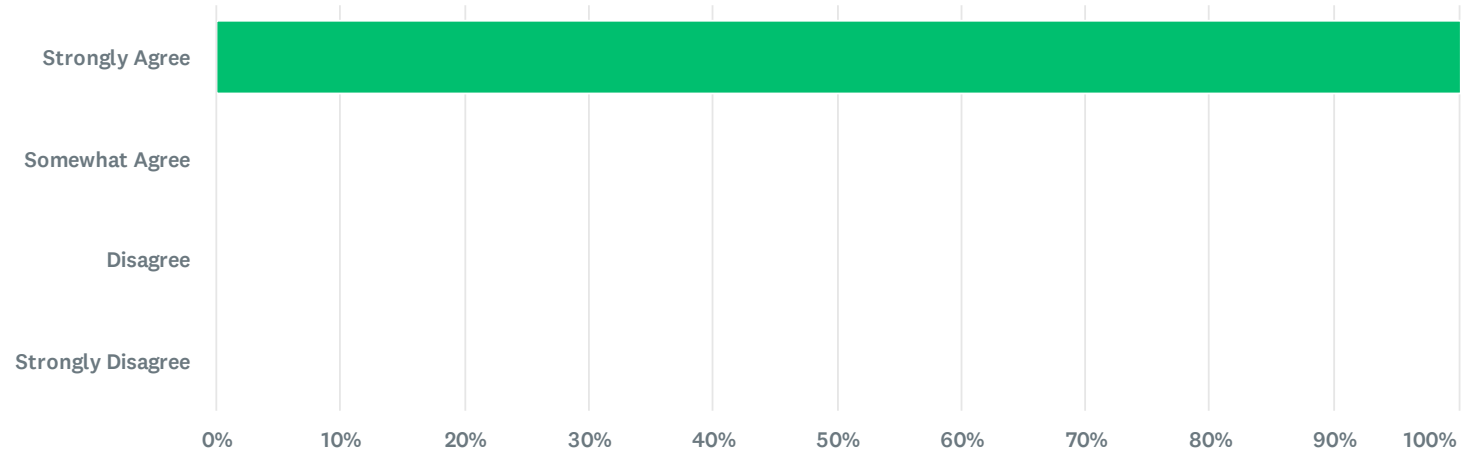

Q6

4 responses

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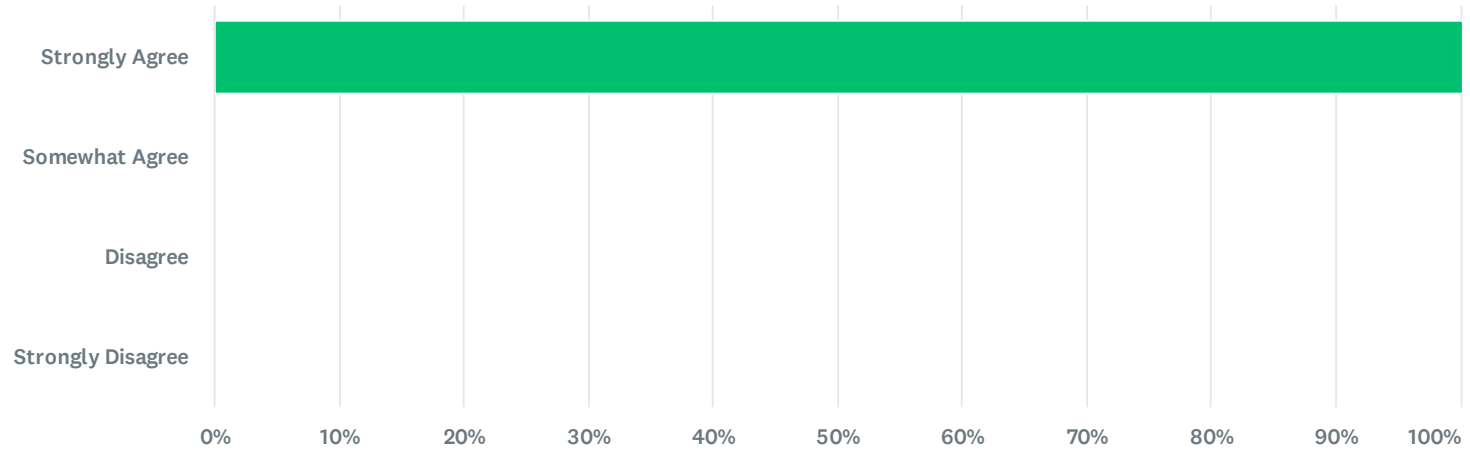

Q7

4 responses

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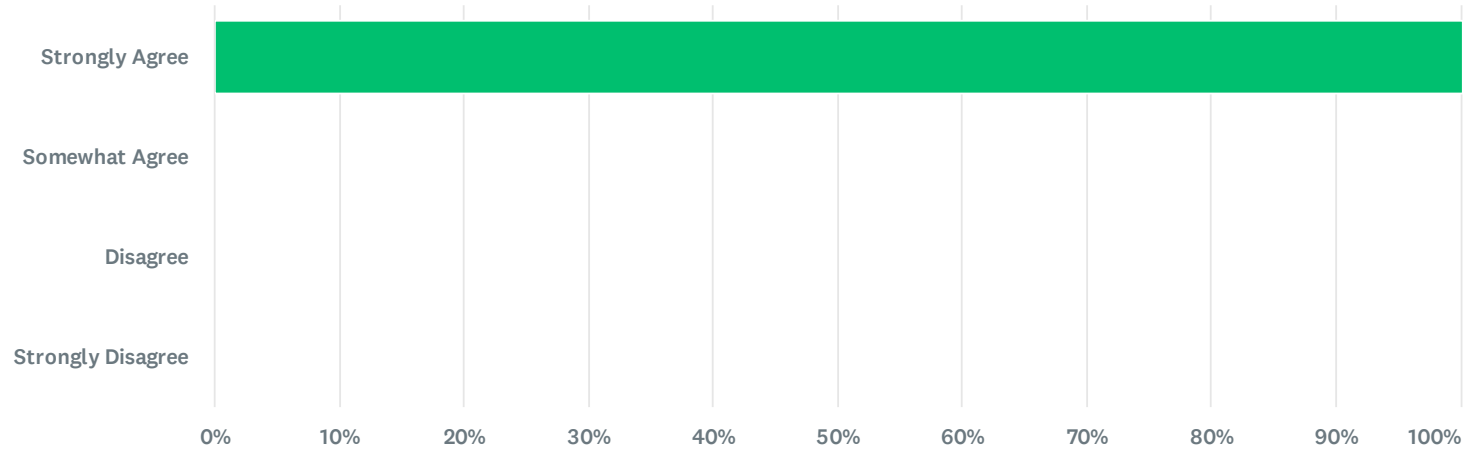

Q8

4 responses

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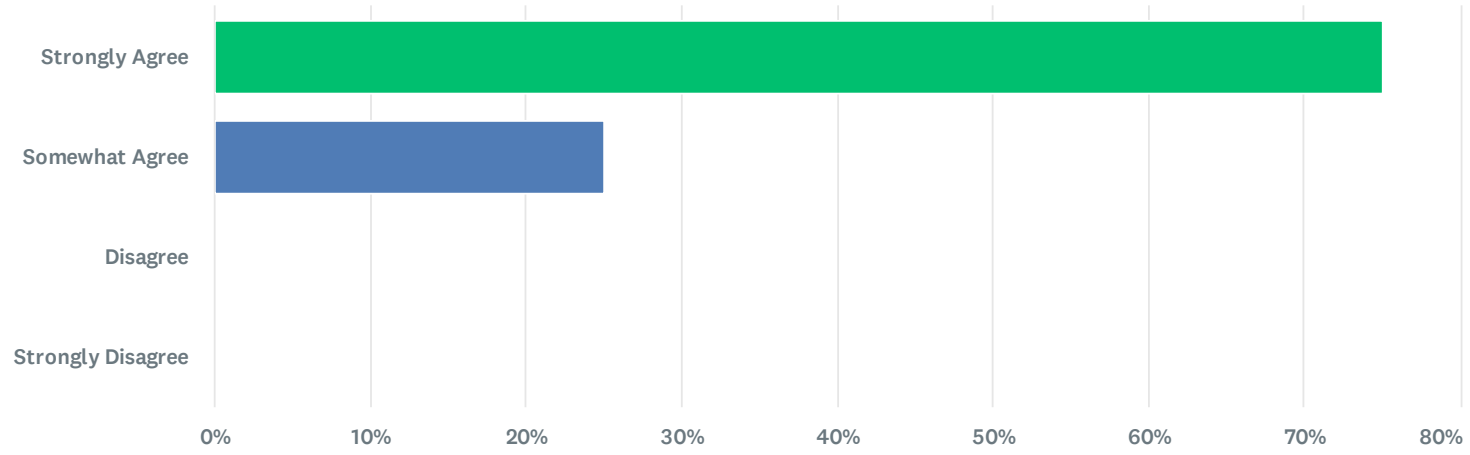

Q9

4 responses

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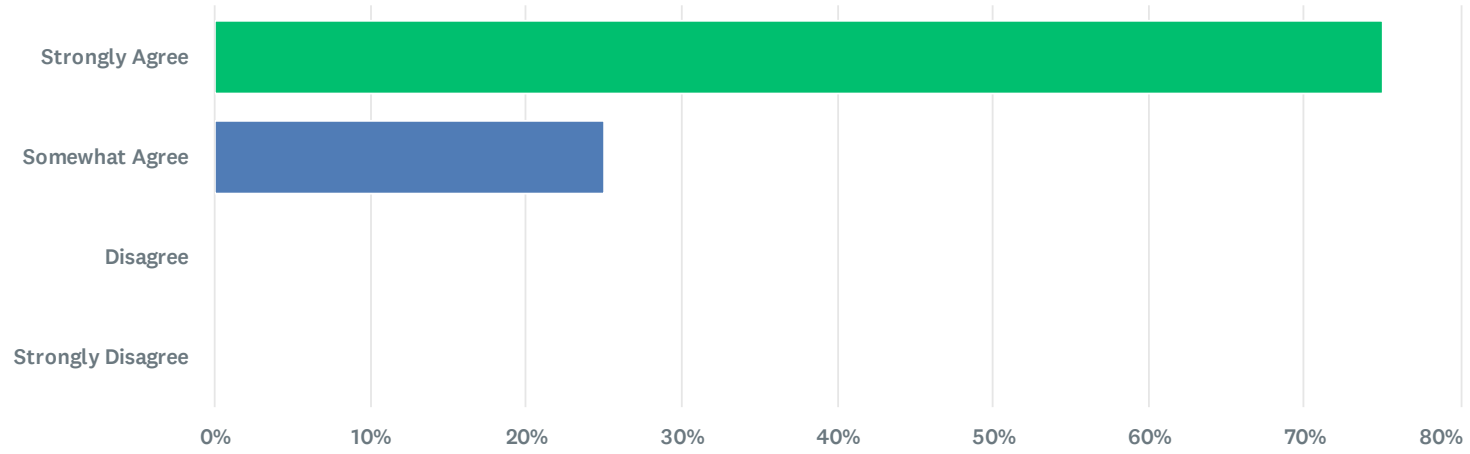

Q10

4 responses

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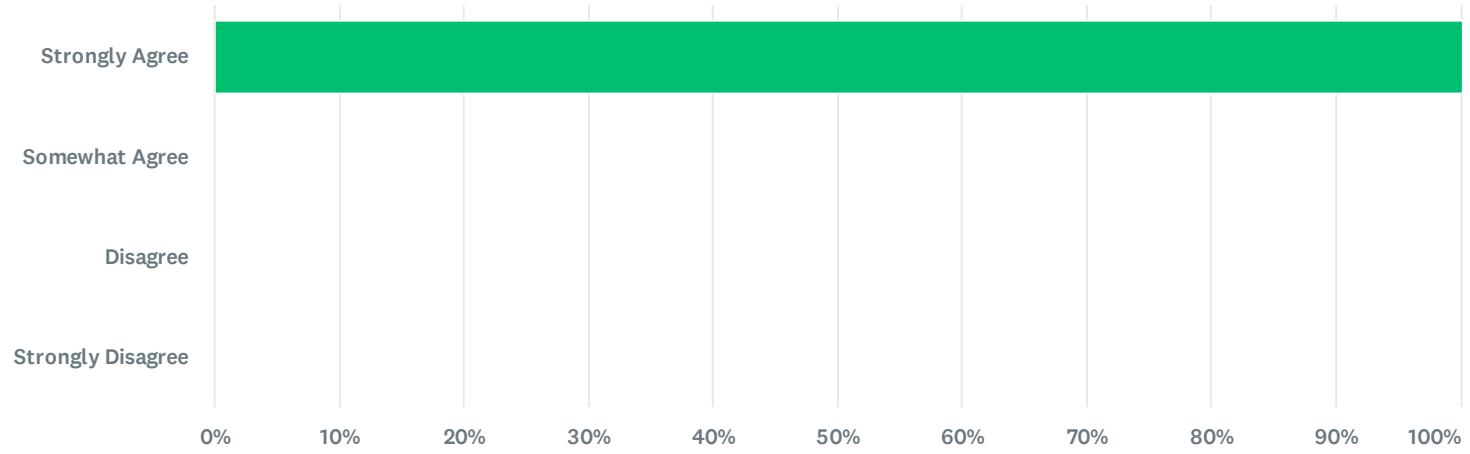
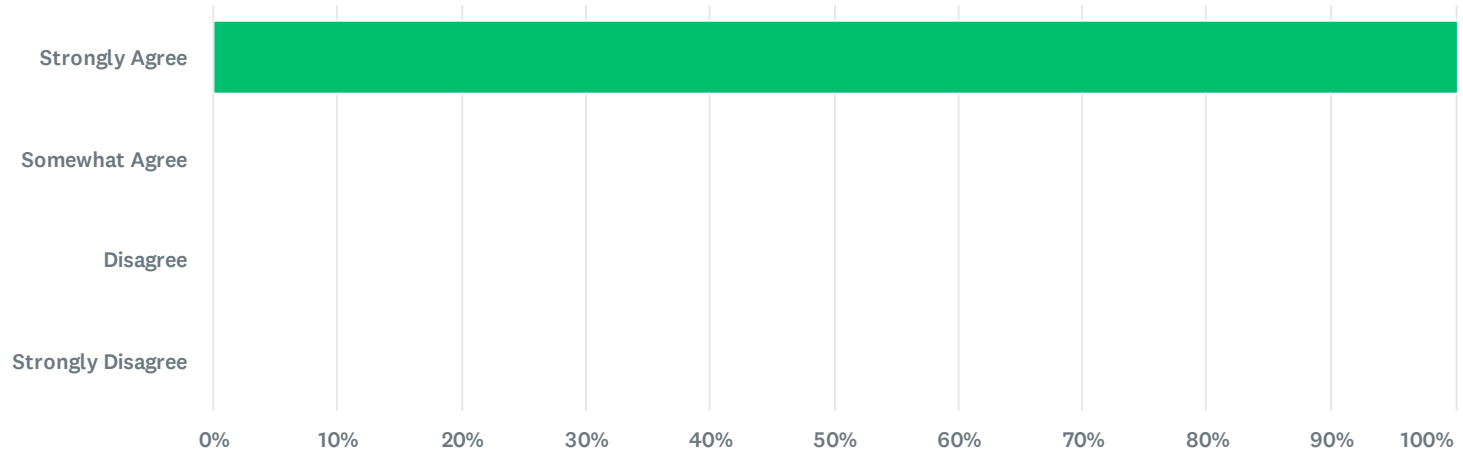


Q11

4 responses

The Chair is prepared for committee meetings.



Q12

4 responses

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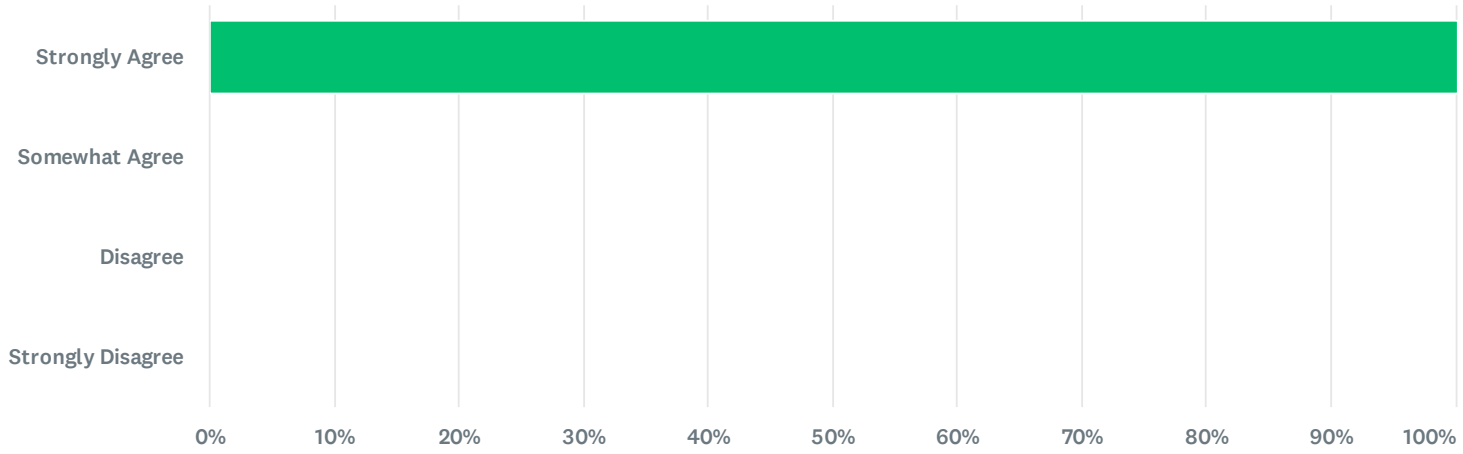
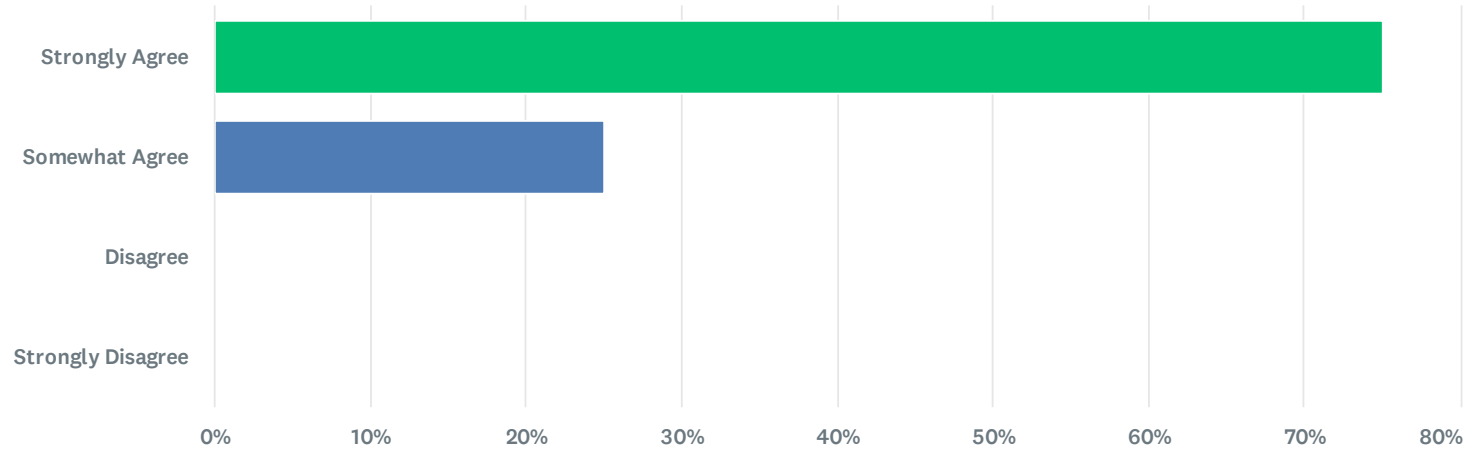


Q13

4 responses

The Chair fairly reports the committee's work to the Board.



Q14

4 responses

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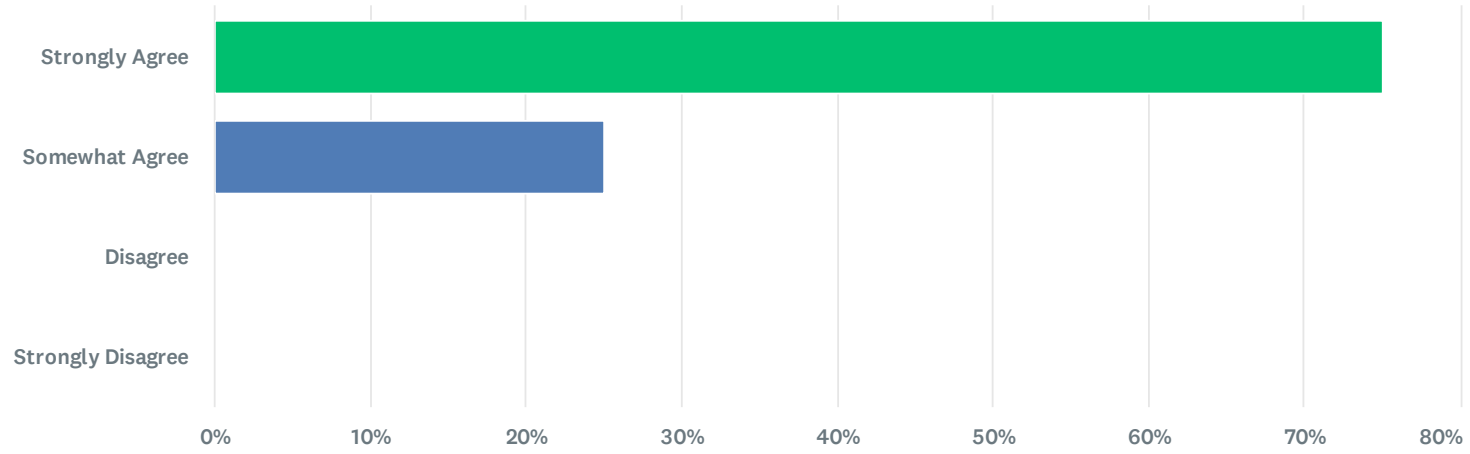
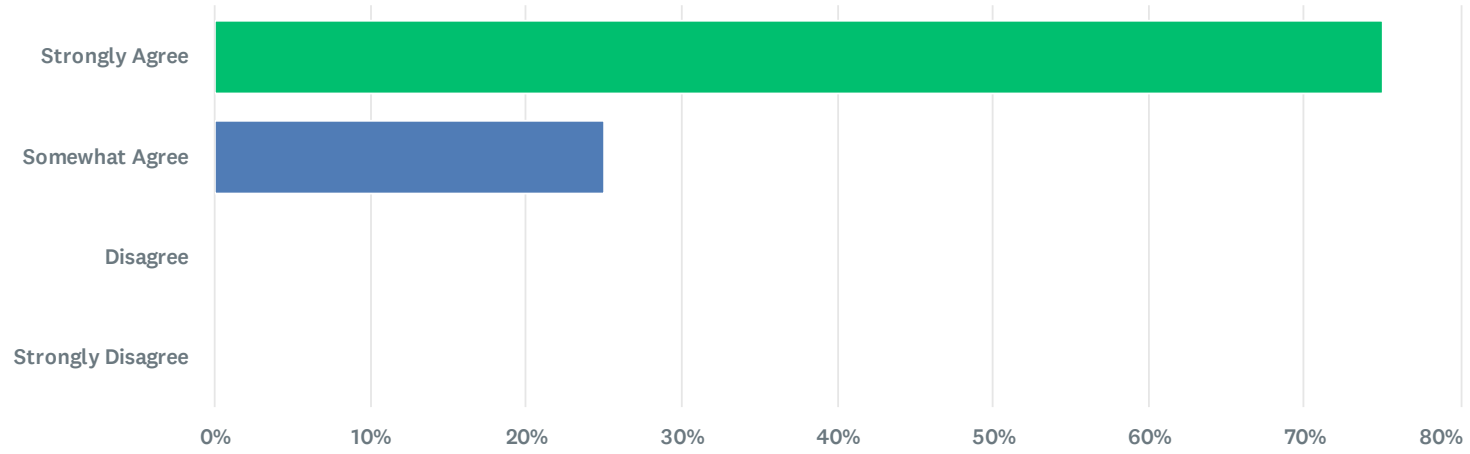


Q15

4 responses

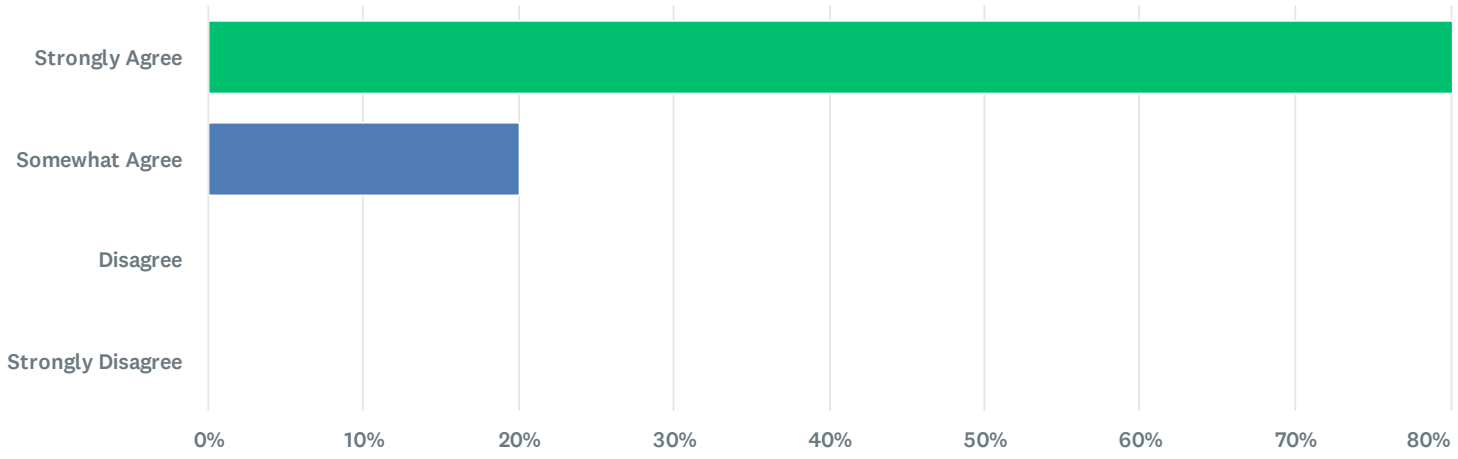
Overall, I am satisfied with my contribution to the committee.



Q16

5 responses

Overall, I am satisfied with the committee's contribution to the Board.



Q17 Comments/Suggestions for the Committee

Answered: 2 Skipped: 3

#	RESPONSES	DATE
1	Members work well with and listens to your views	5/2/2026 8:19 PM
2	Members are able to fairly present views about and pros and cons about a candidate as they see appropriate and helpful to the committee	5/1/2026 7:38 PM

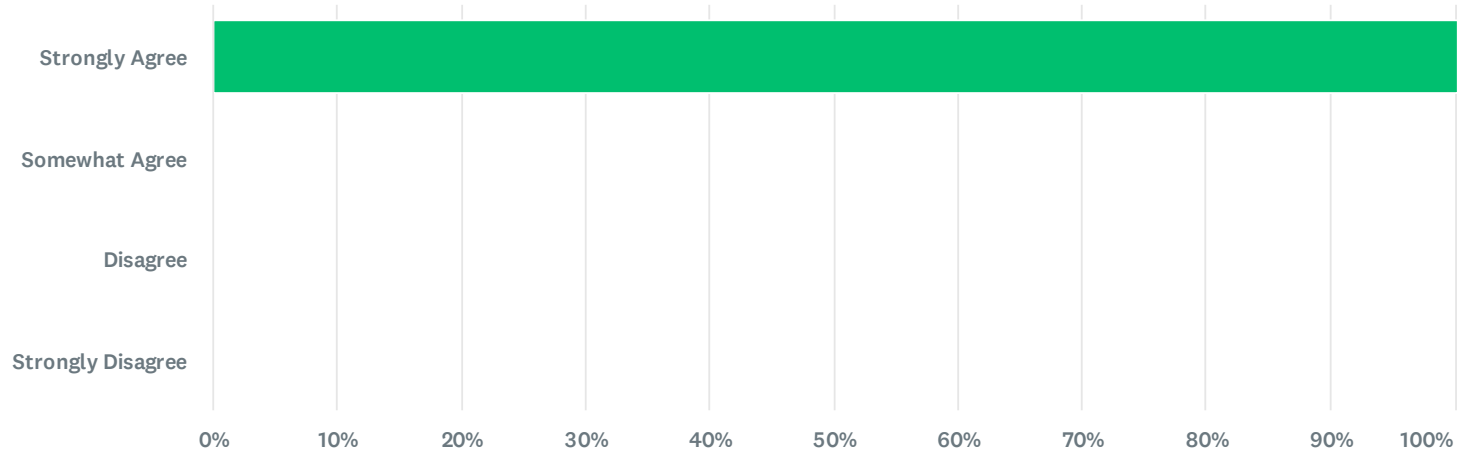
2025-26 Audit & Resources Committee Self-Assessment Survey

3/5 Responded

Q1

3 responses

The committee has clear and appropriate Terms of Reference.



Q2

3 responses

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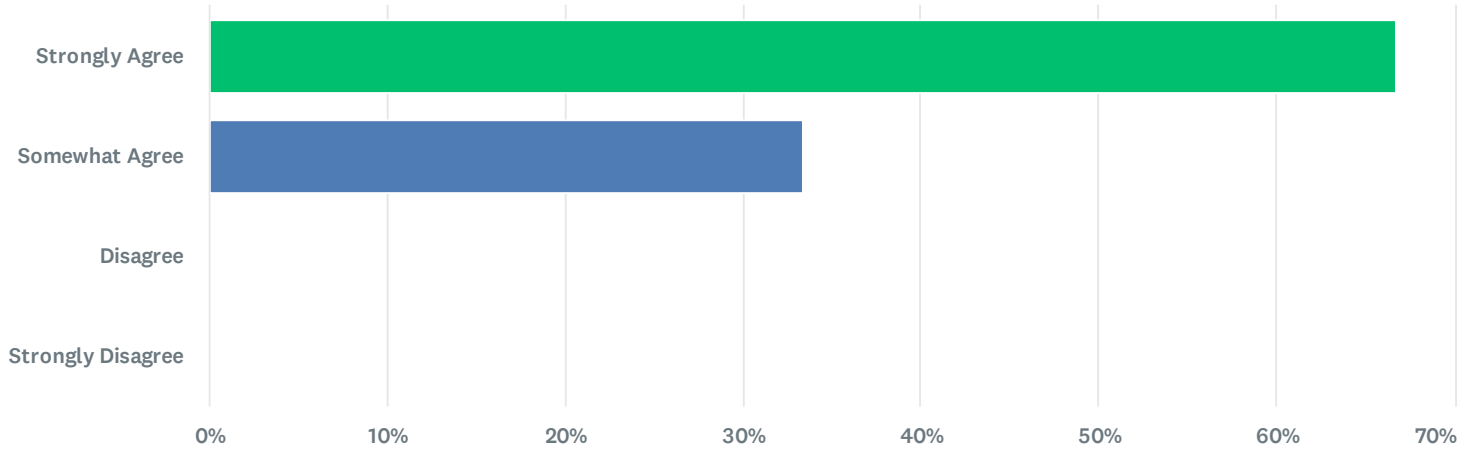

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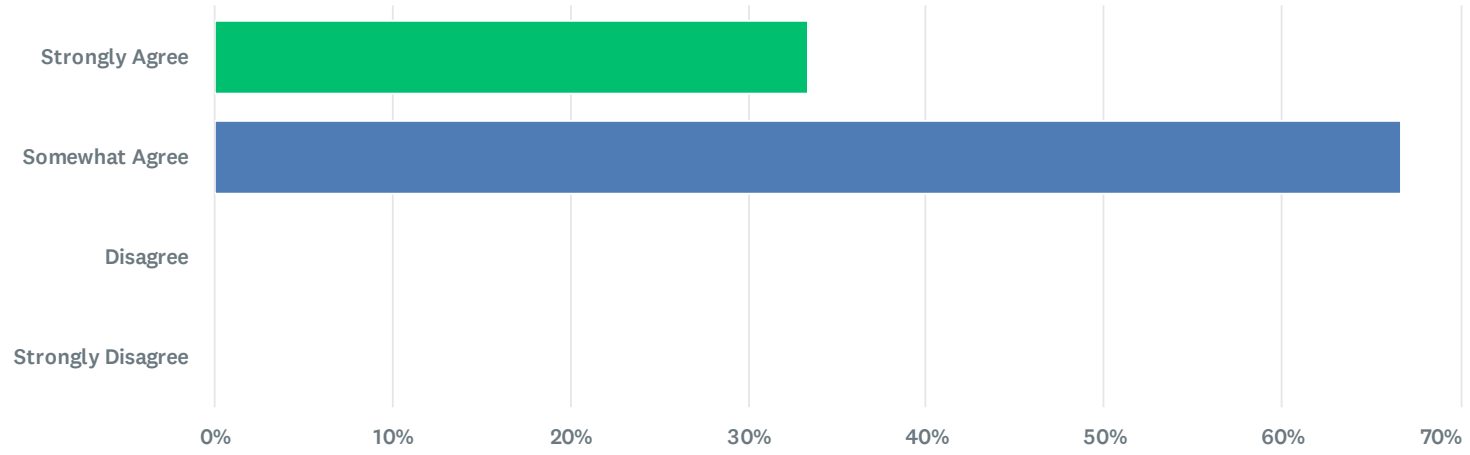

Q4

3 responses

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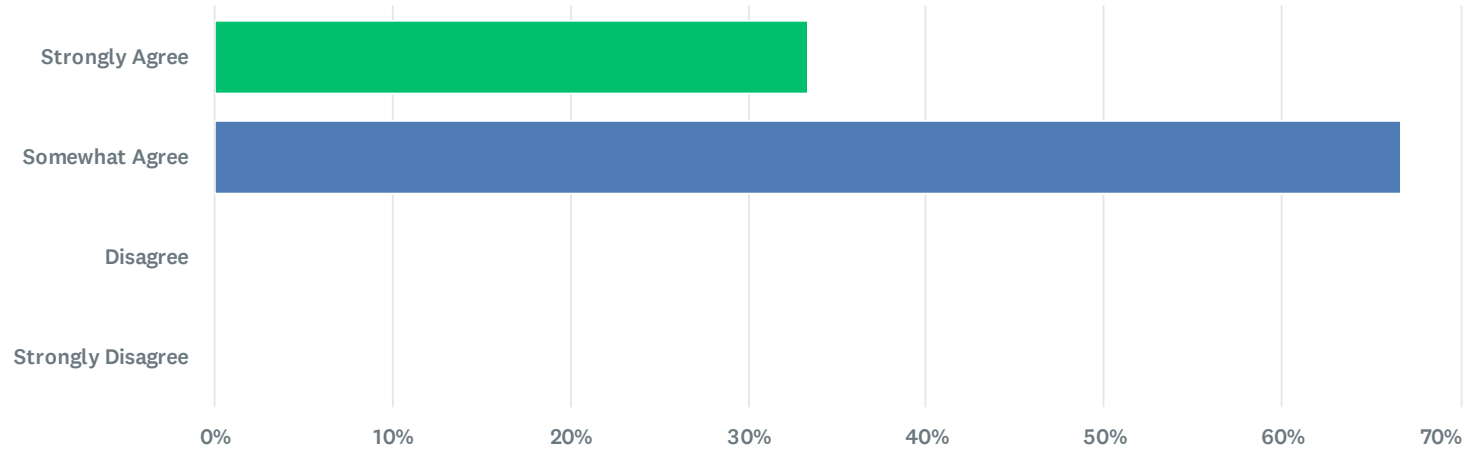

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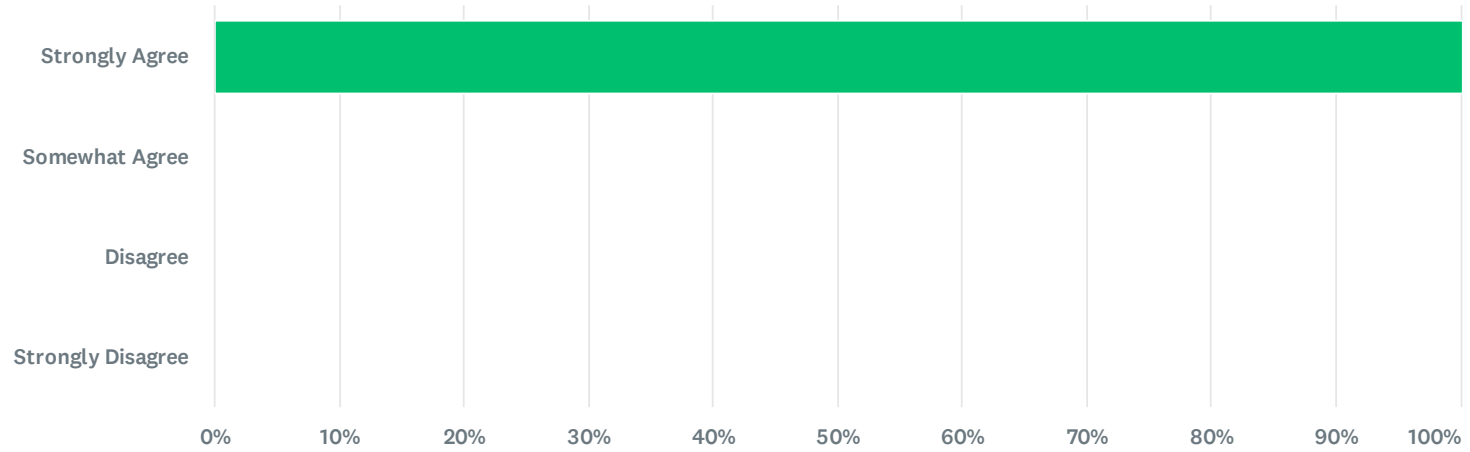

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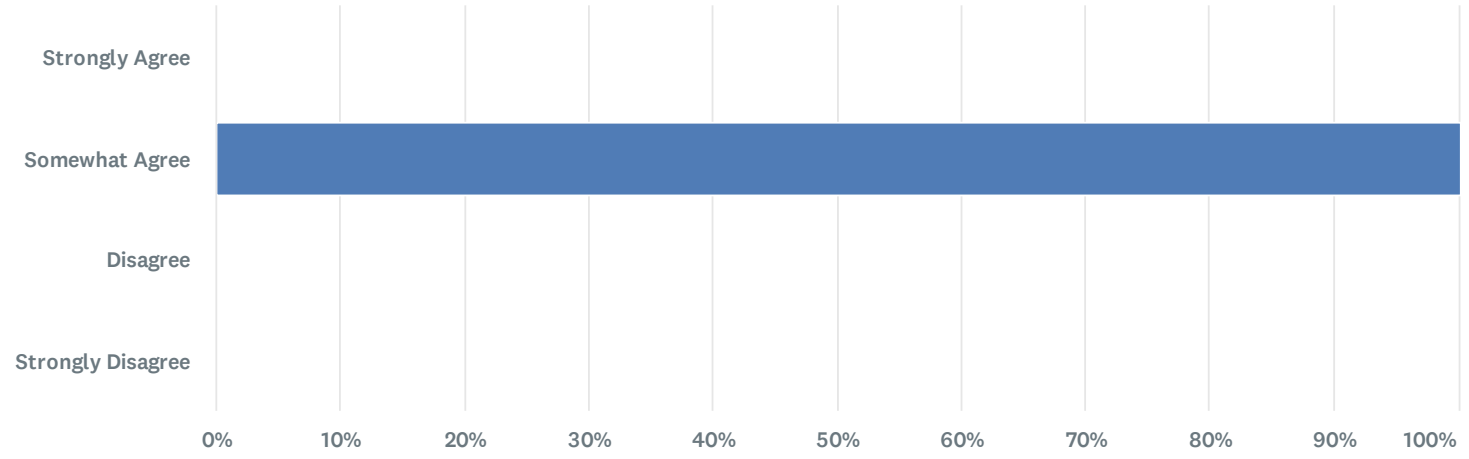

Q7

3 responses

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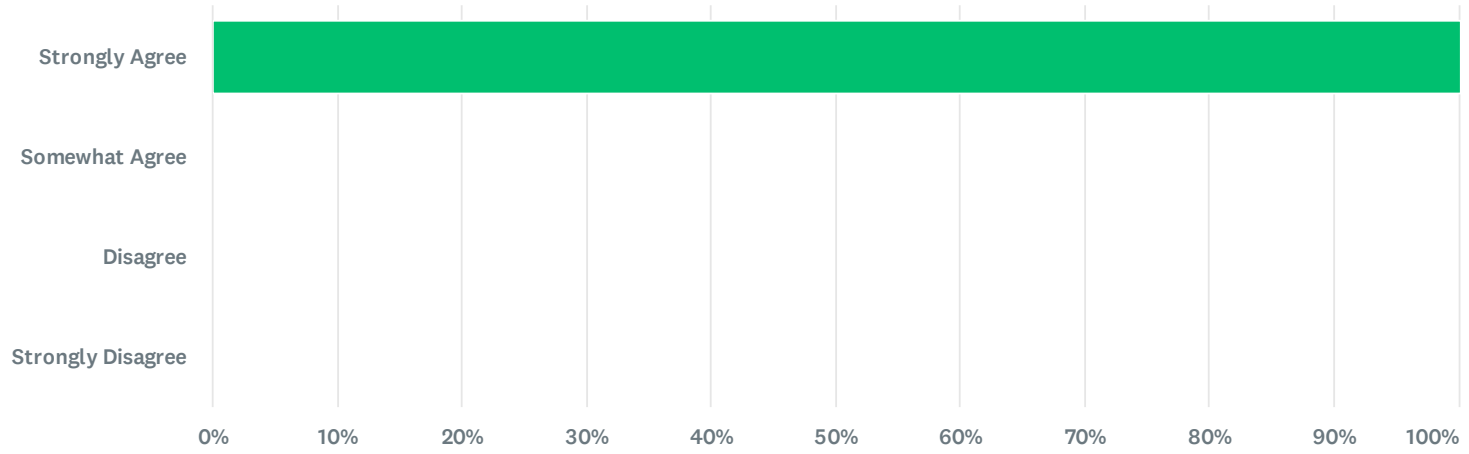
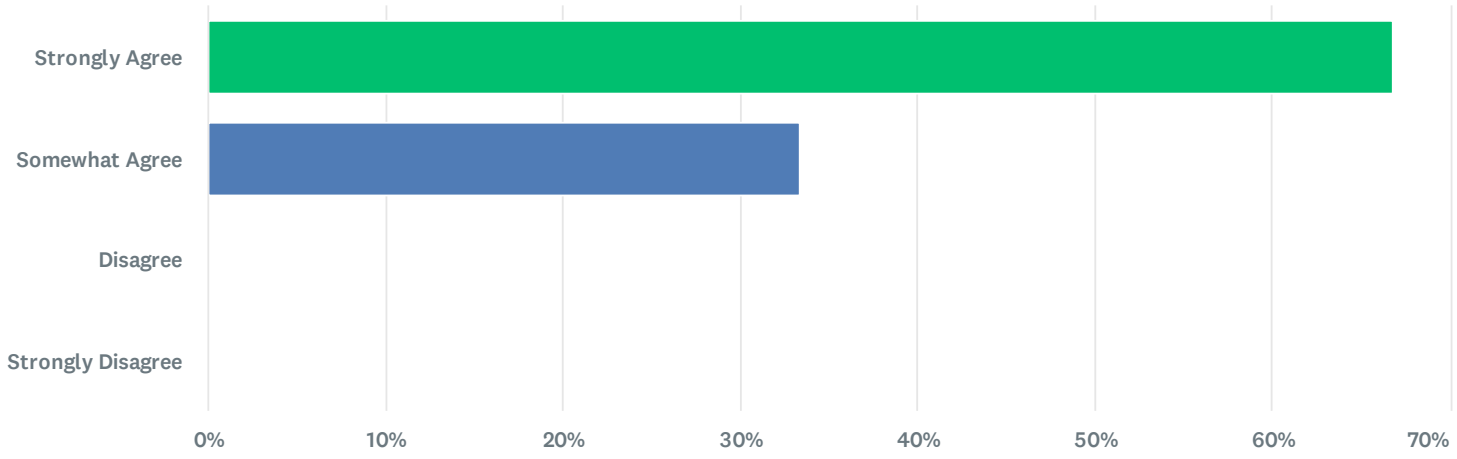


Q8

3 responses

The committee is working effectively.



Q9

3 responses

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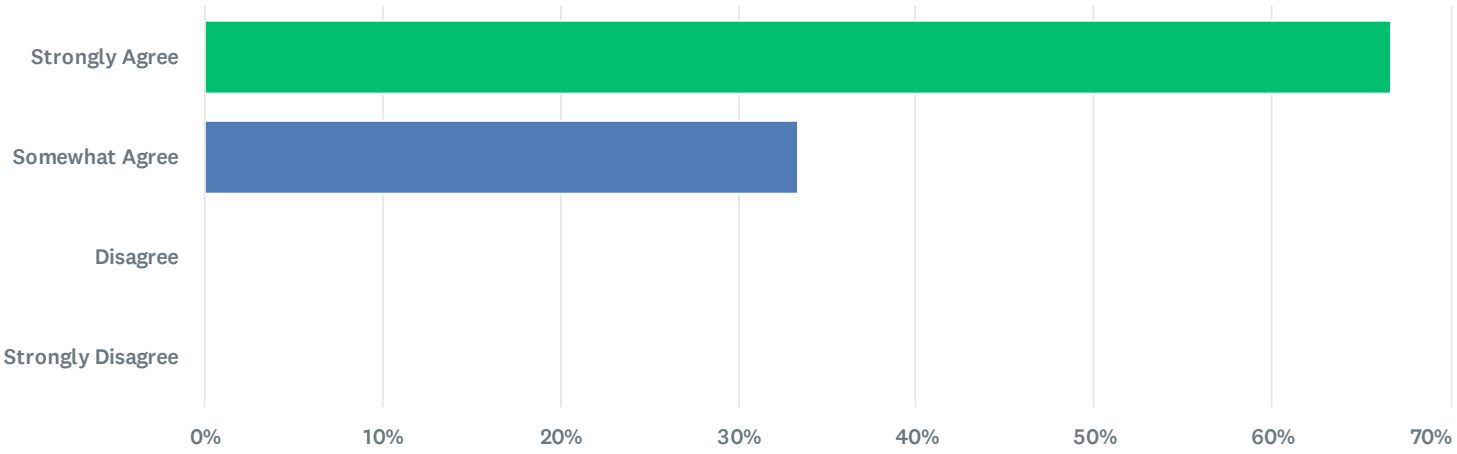

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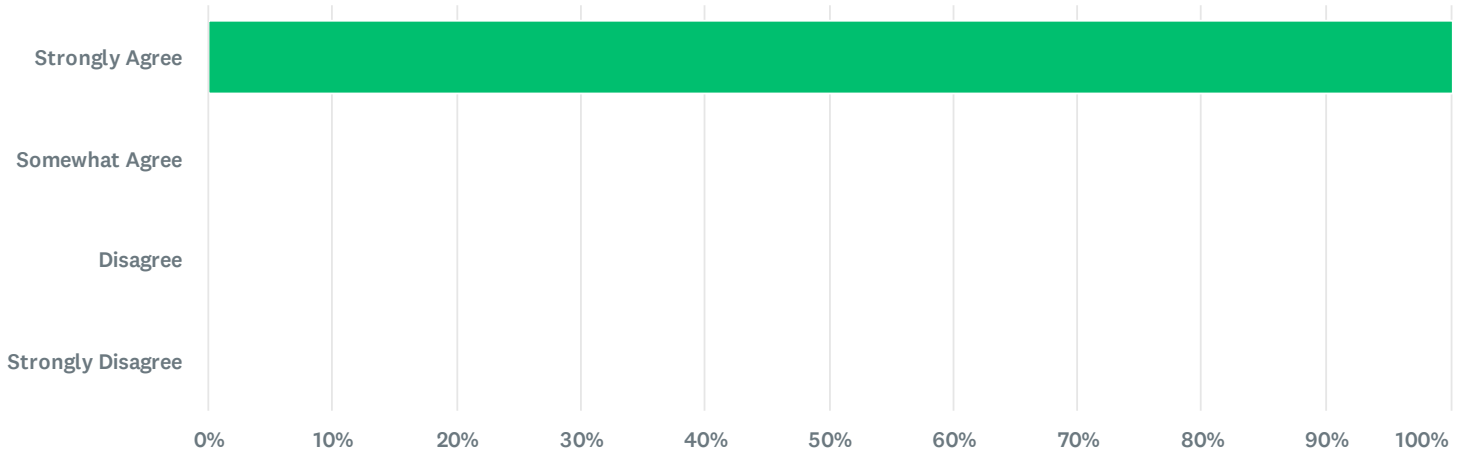

Q11

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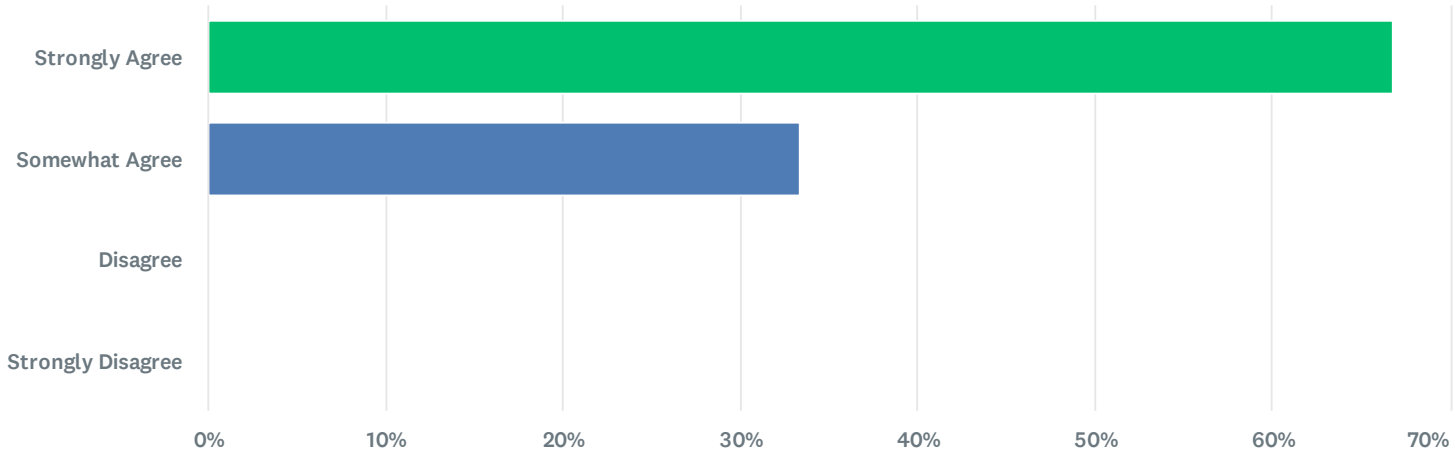

Q12

3 responses

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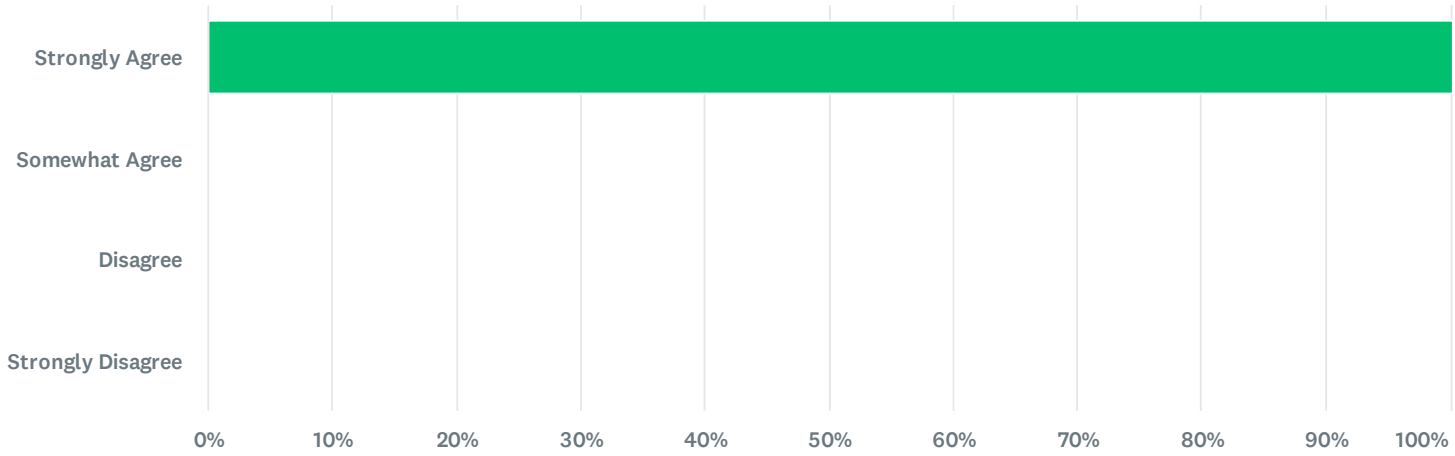
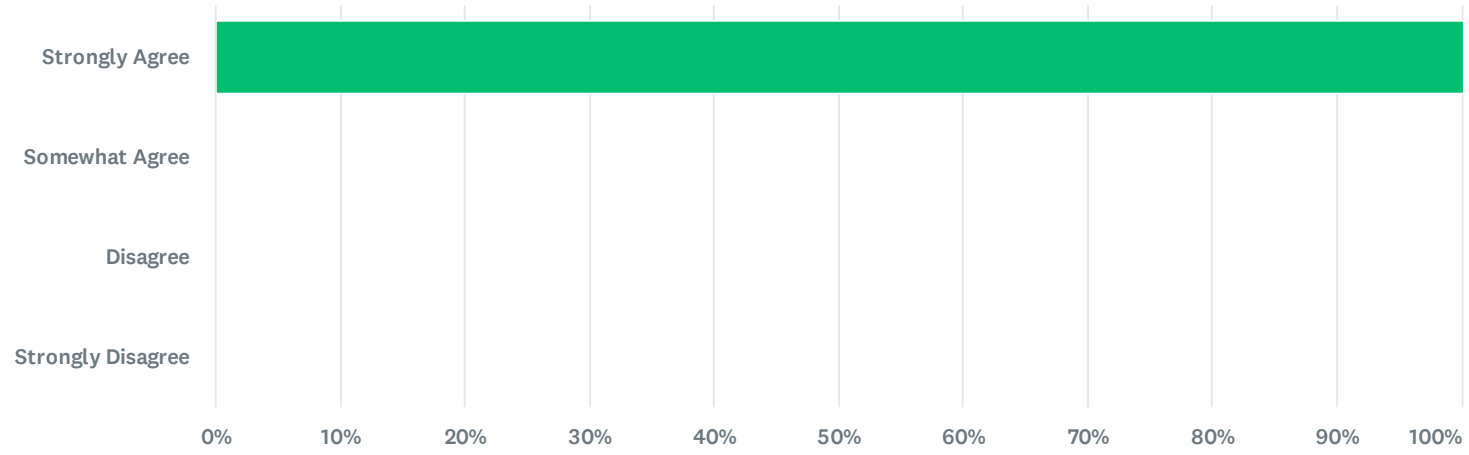


Q13

3 responses

The Chair fairly reports the committee's work to the Board.



Q14

3 responses

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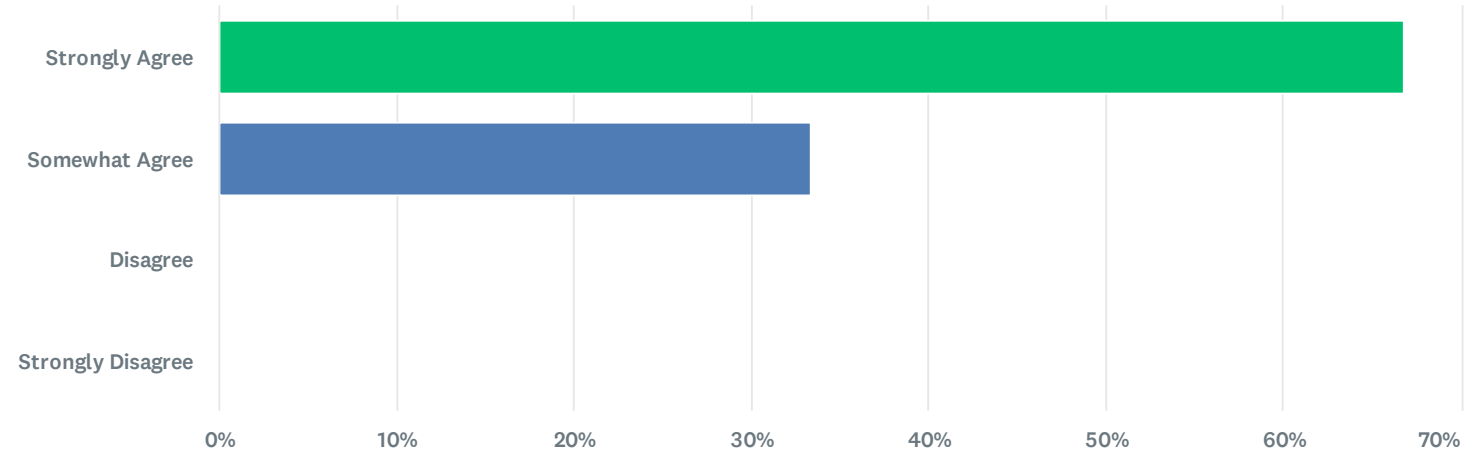
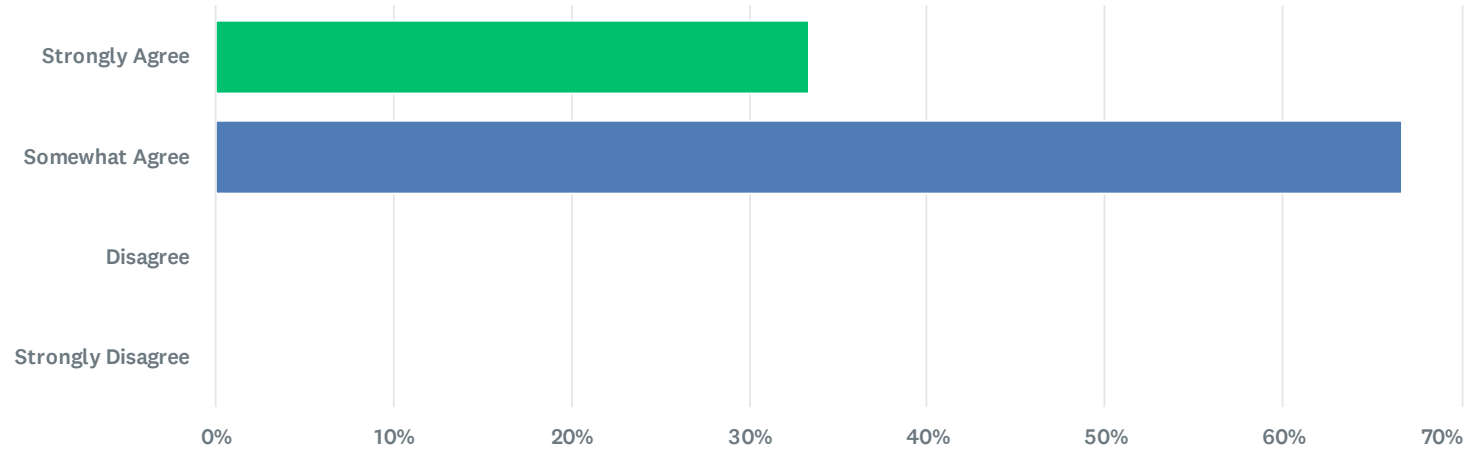


Q15

3 responses

Overall, I am satisfied with my contribution to the committee.



Q16

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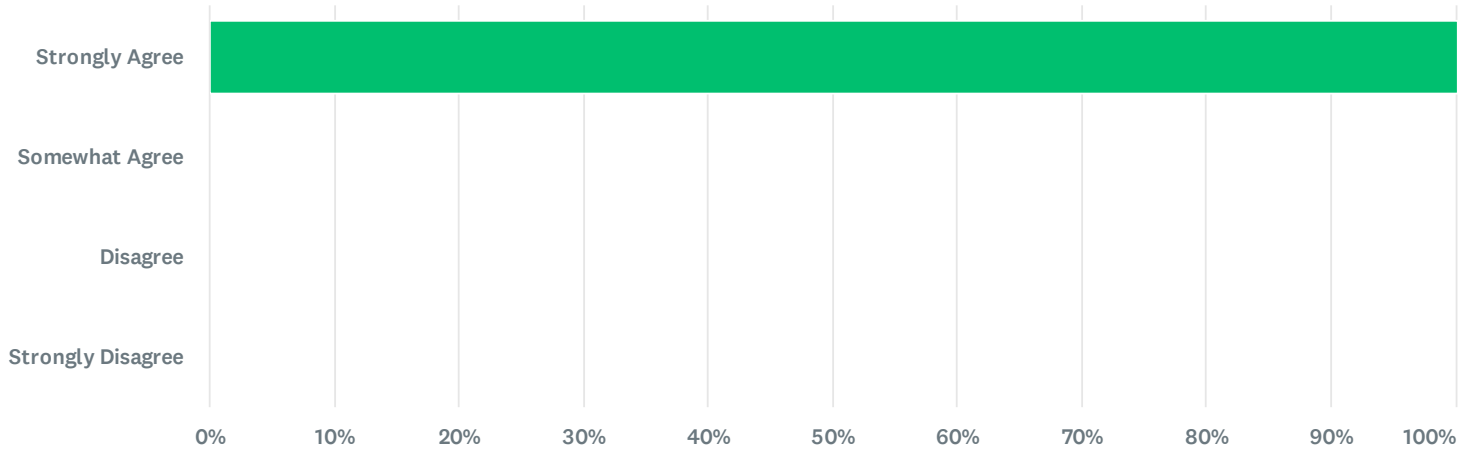


Q17 Comments/Suggestions for the Committee

Answered: 0 Skipped: 3

#	RESPONSES	DATE
	There are no responses.	

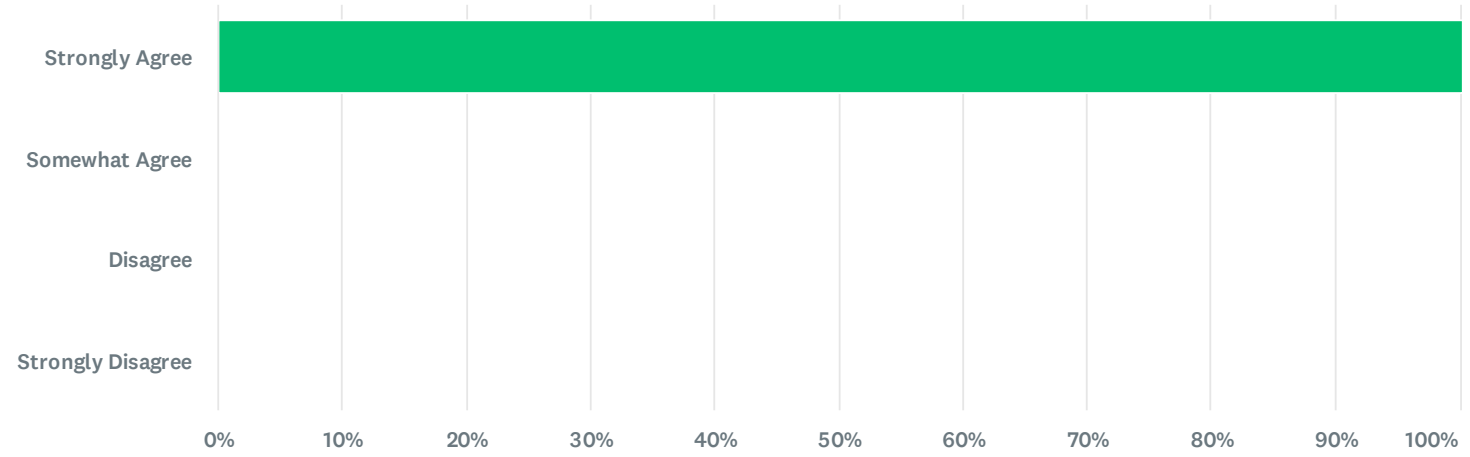
2025-26 Quality, Safety & Risk Committee Self-Assessment Survey

2/4 Responded

Q1

2 responses

The committee has clear and appropriate Terms of Reference.



Q2

2 responses

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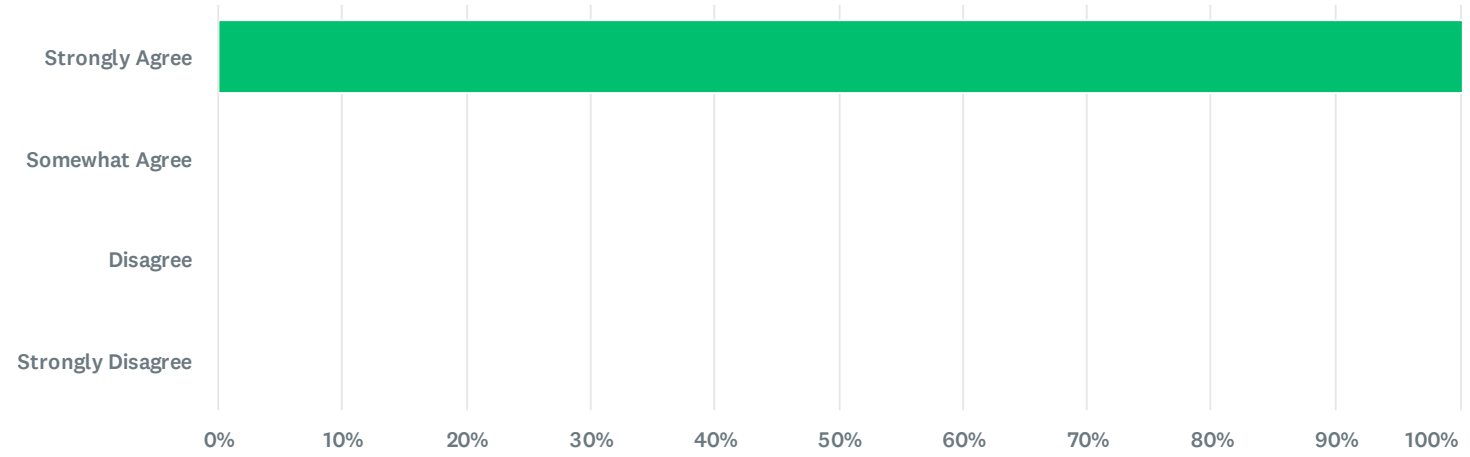

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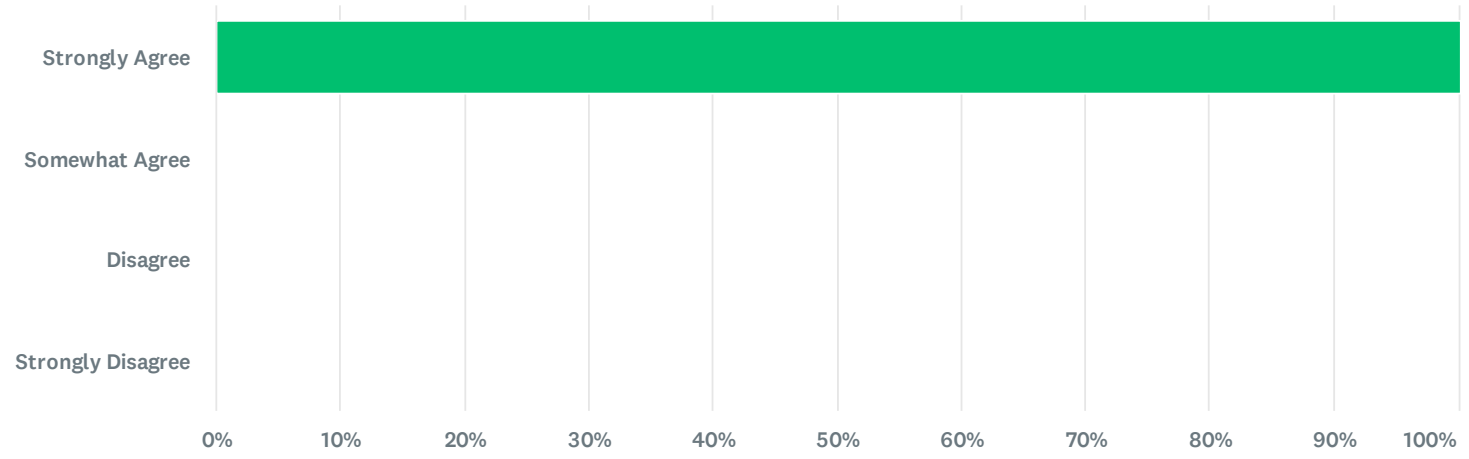

Q4

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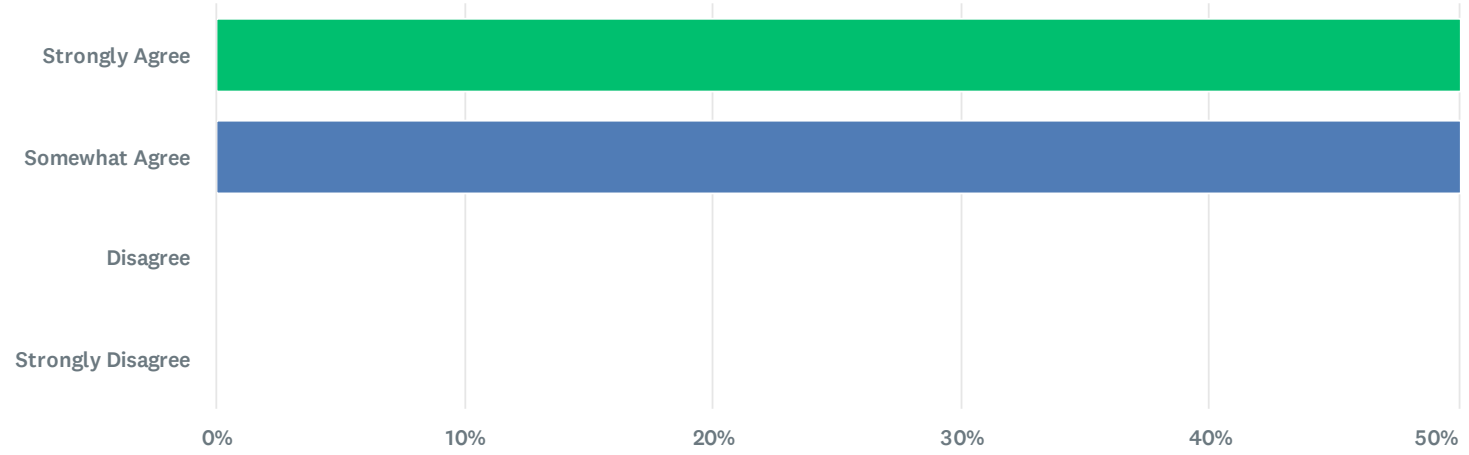

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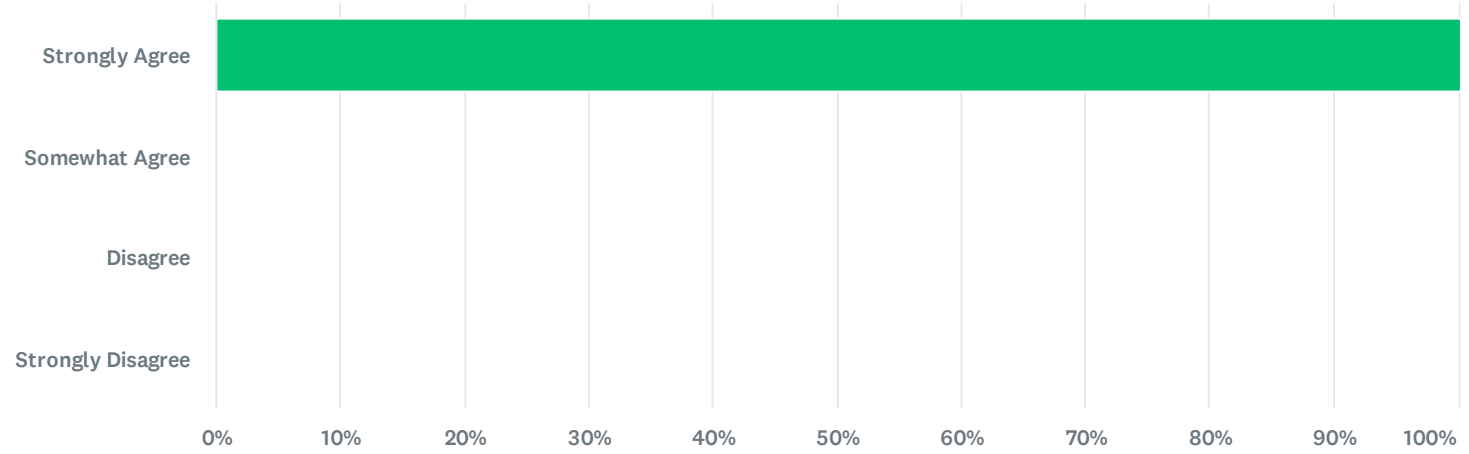

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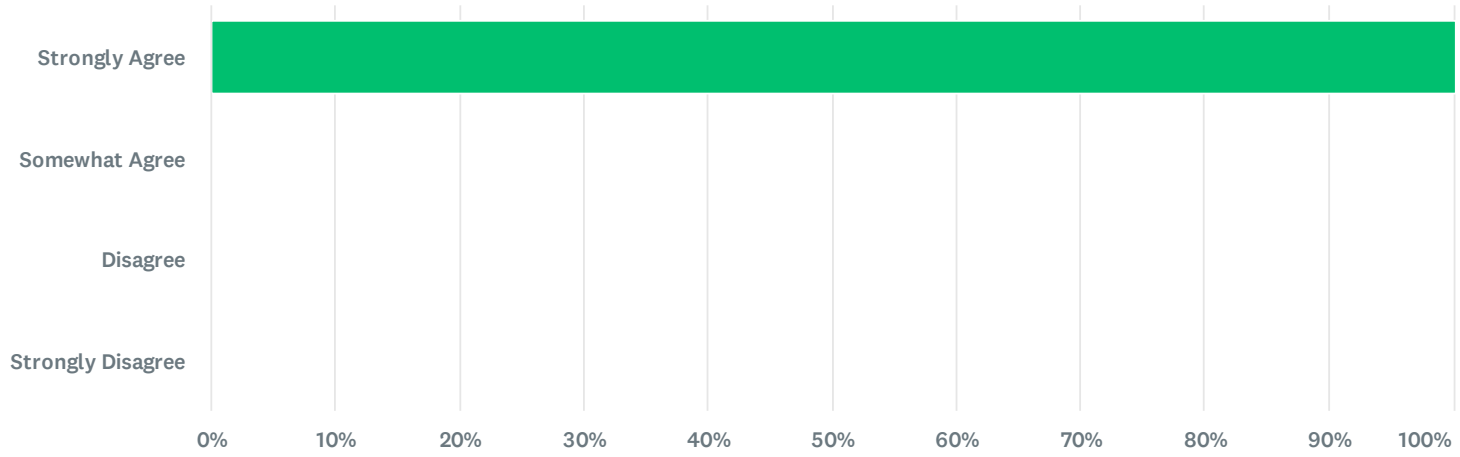

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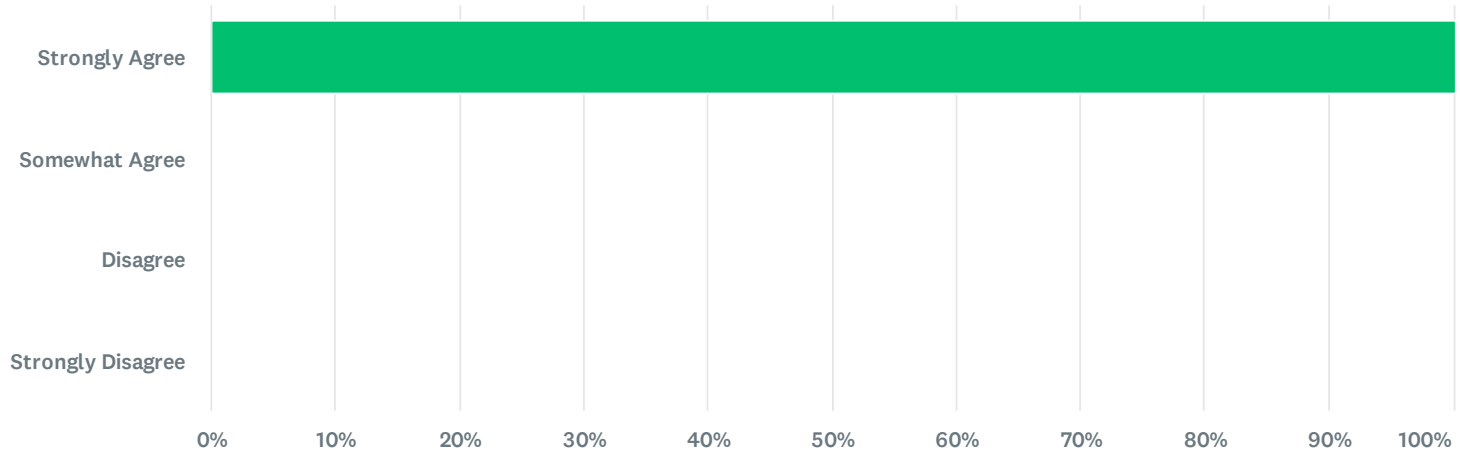

Q8

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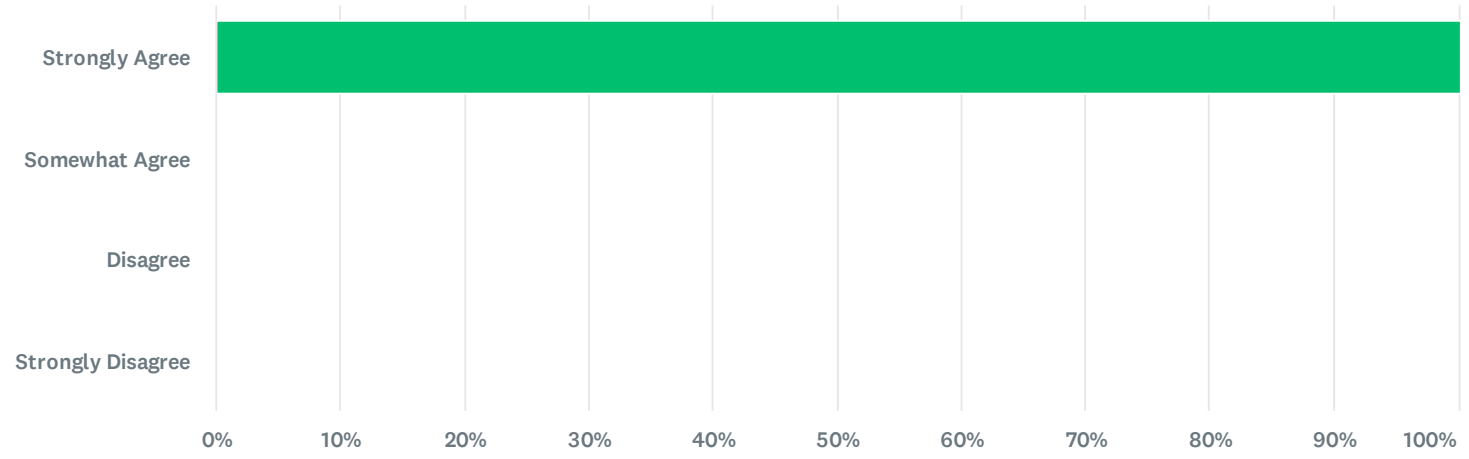

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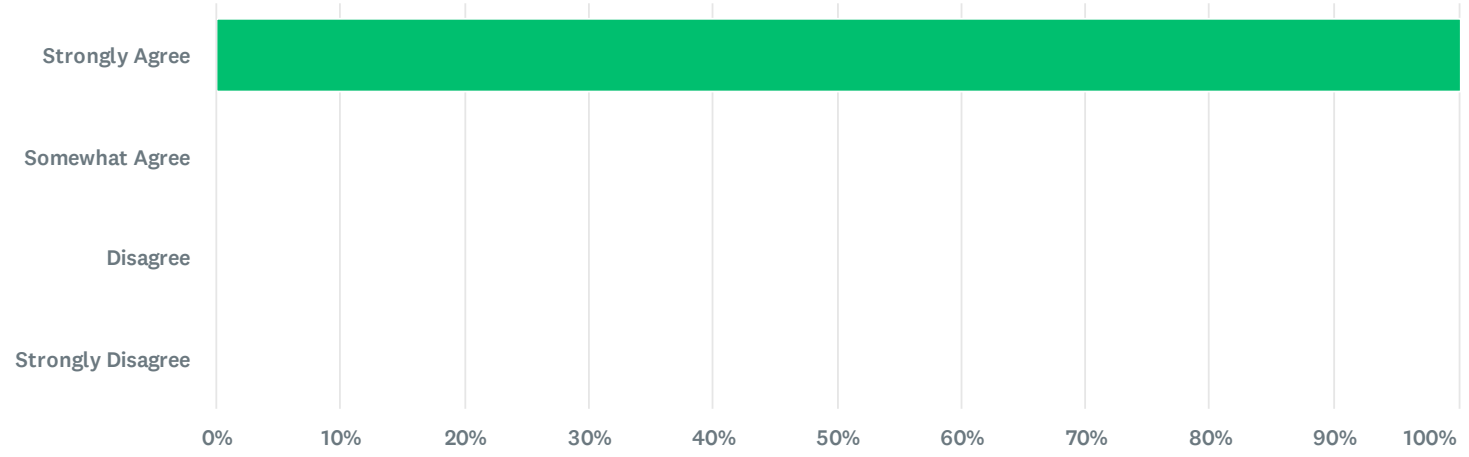

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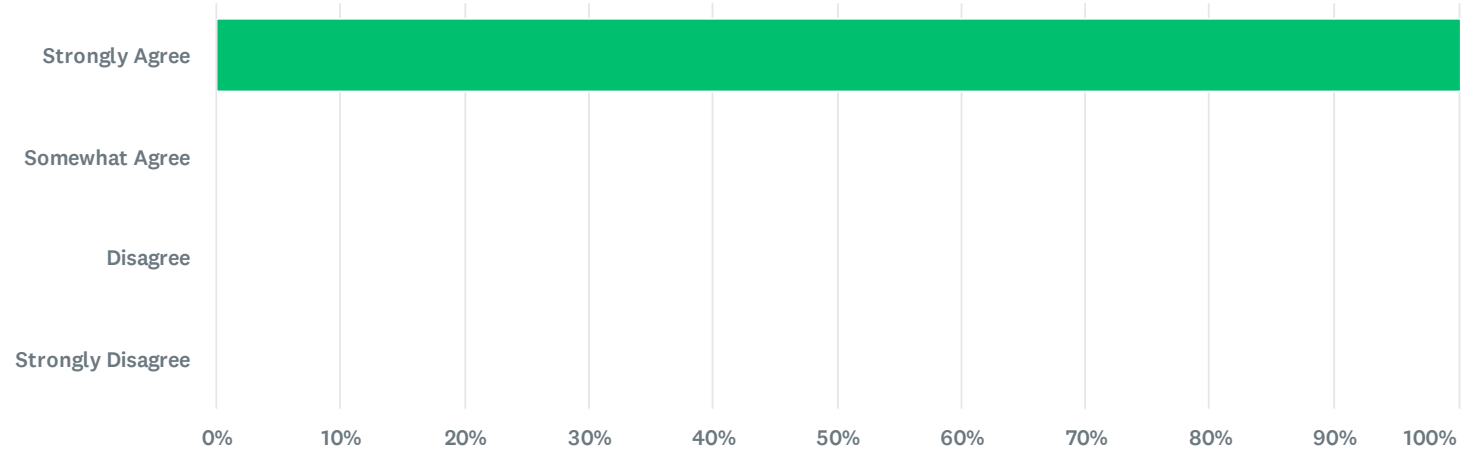

Q11

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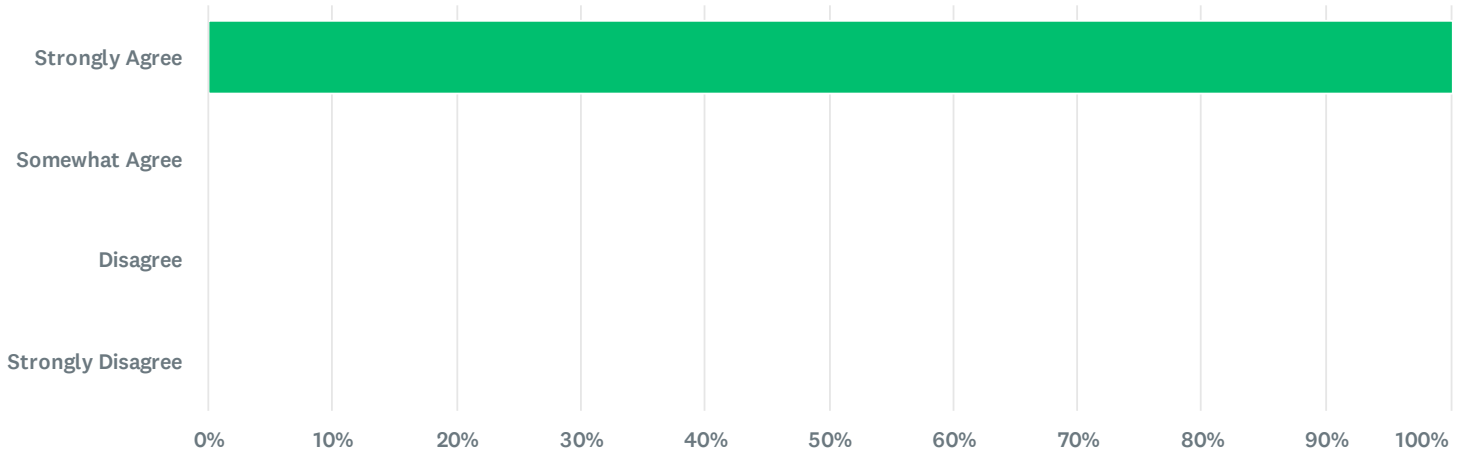

Q12

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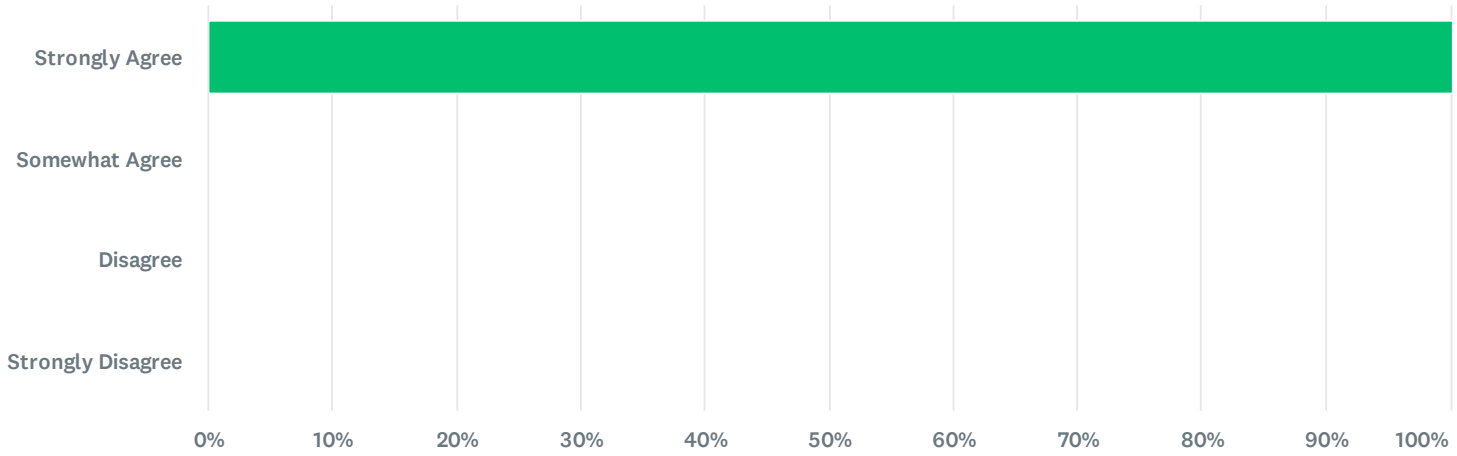

Q13

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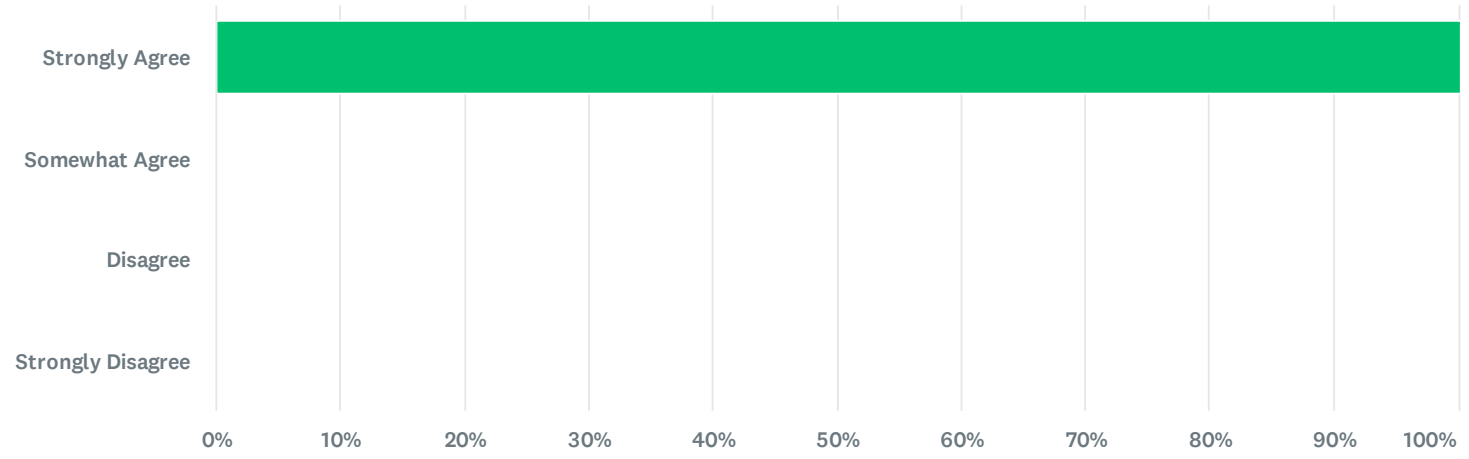

Q14

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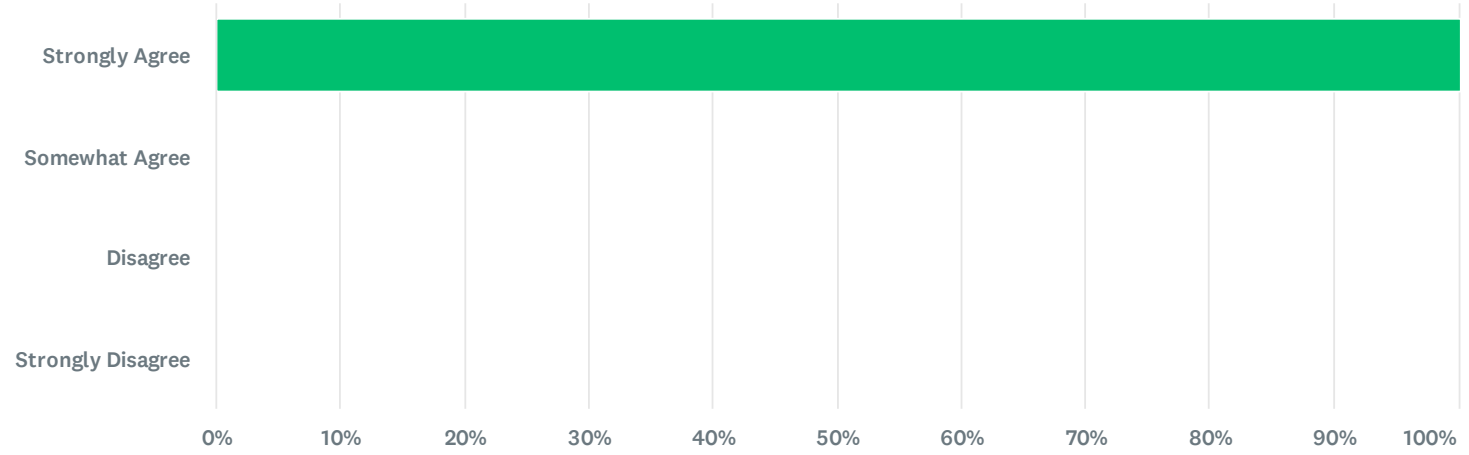

Q15

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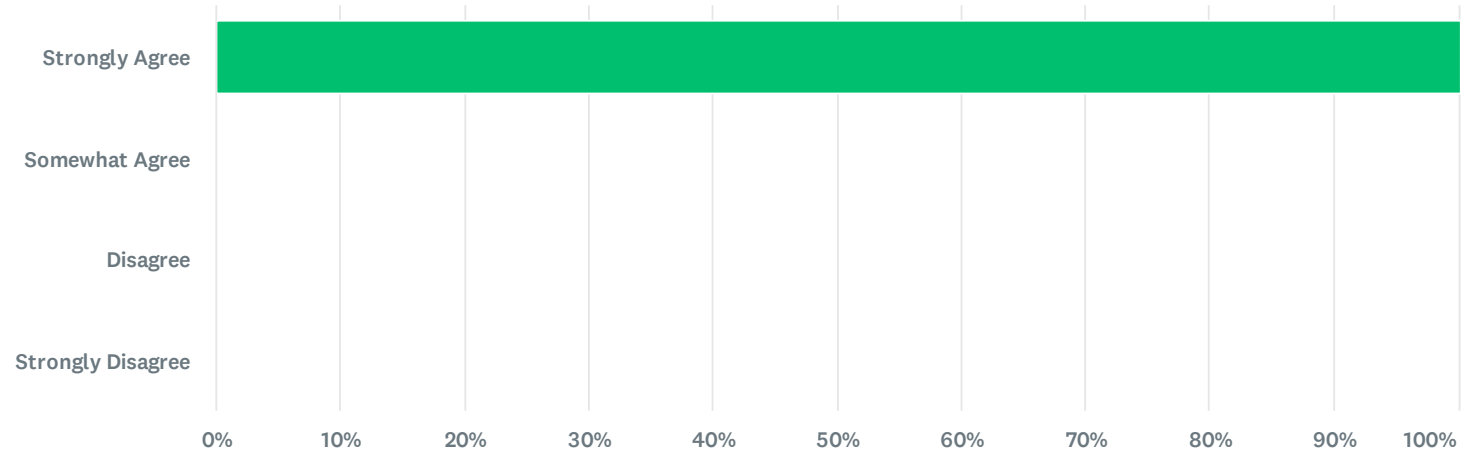

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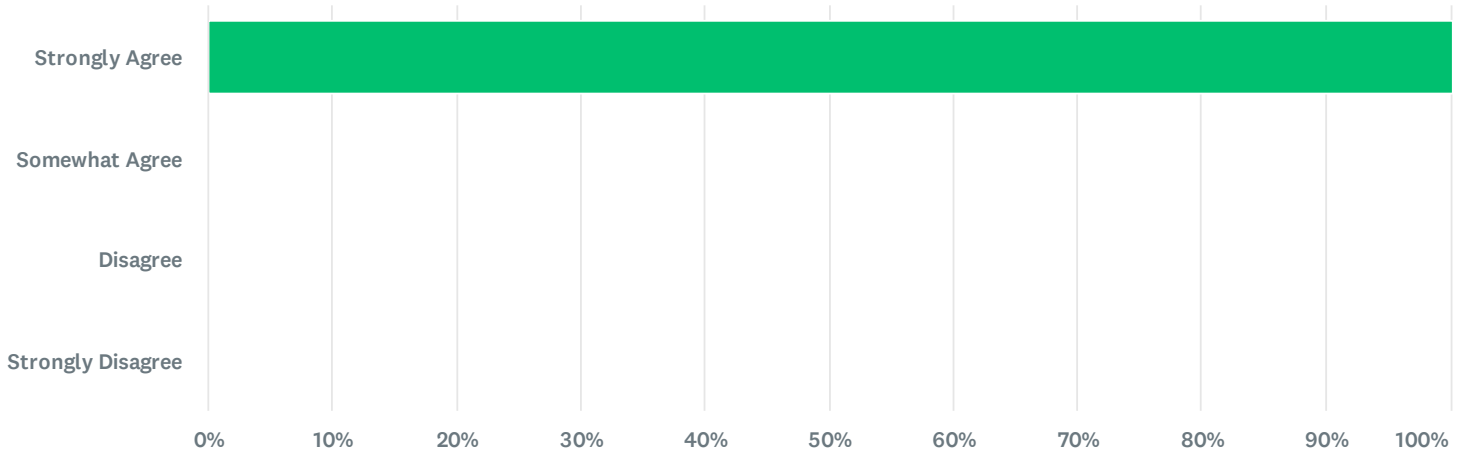

Q17 Comments/Suggestions for the Committee

Answered: 0 Skipped: 2

#	RESPONSES	DATE
	There are no responses.	

2025-26 Ethics Committee Self-Assessment Survey

1/1 Responded

Q1

1 response

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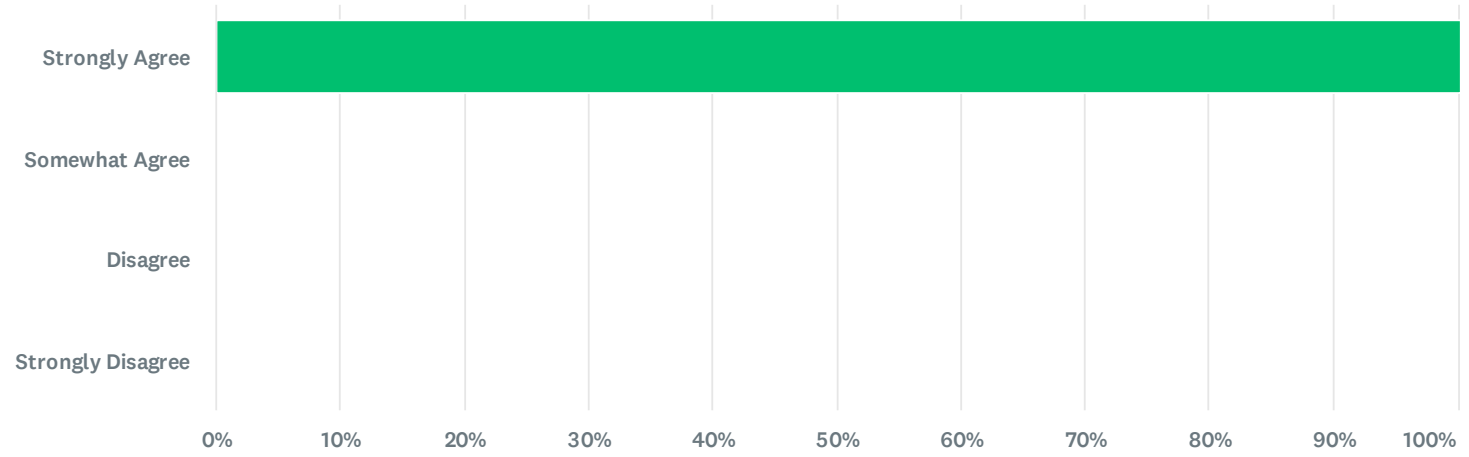

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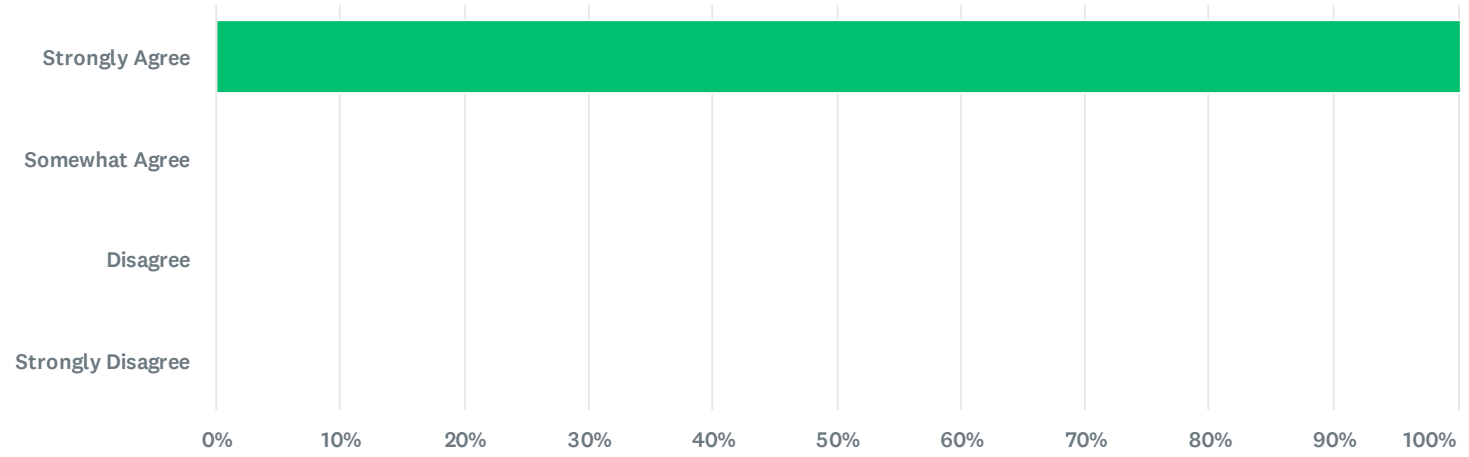

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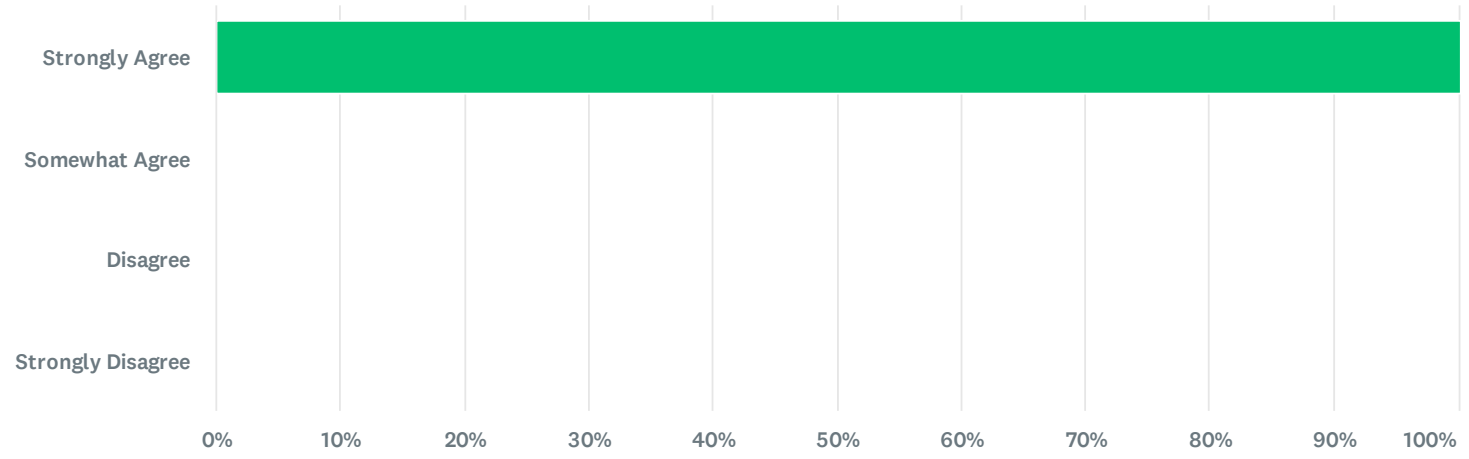

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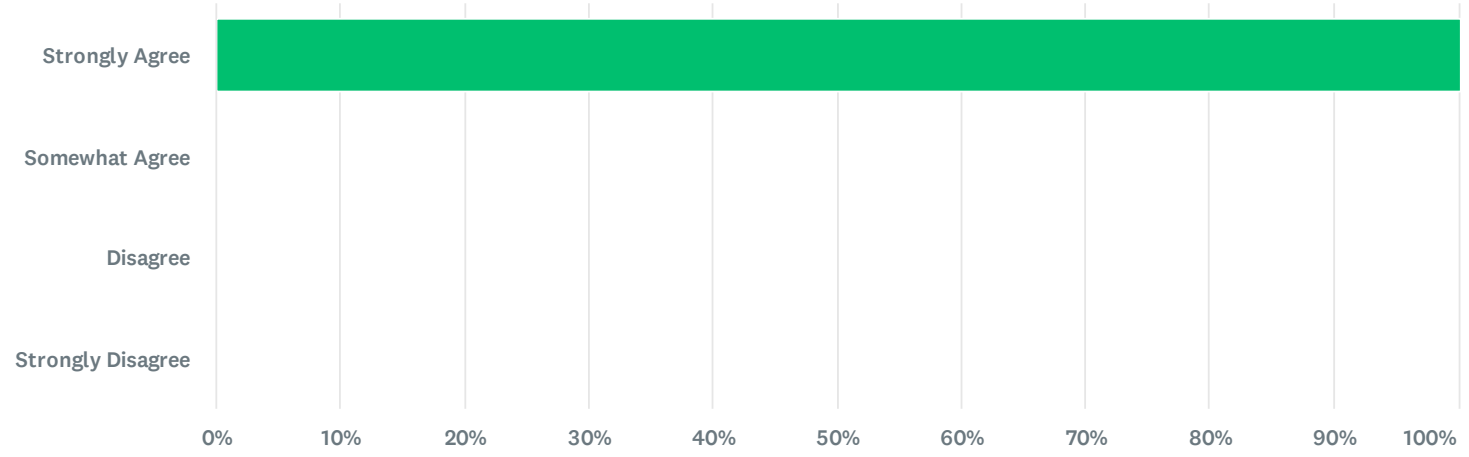

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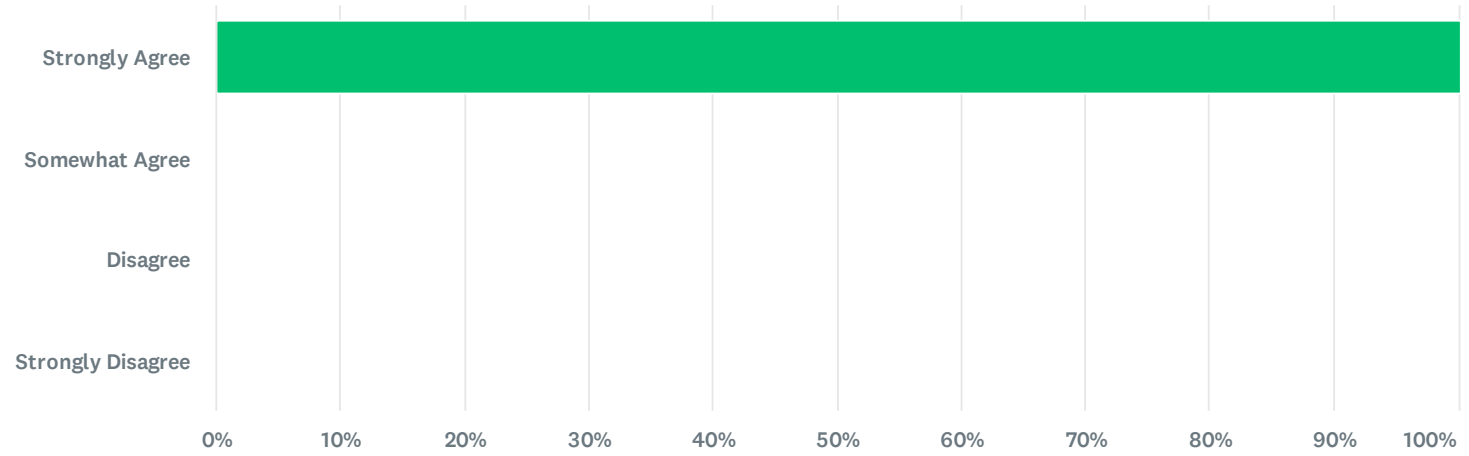

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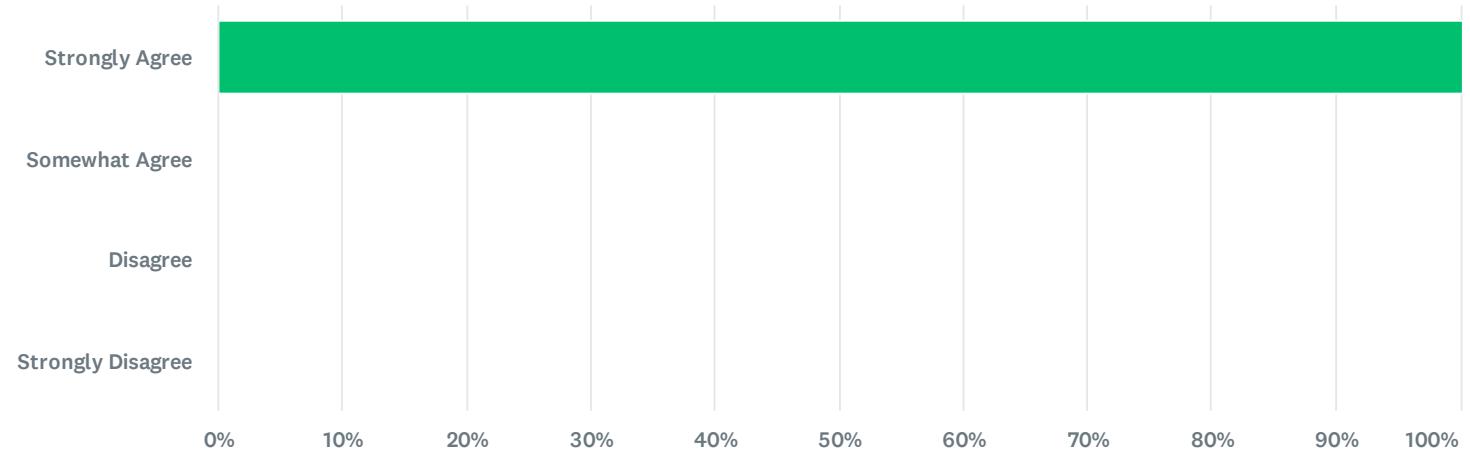

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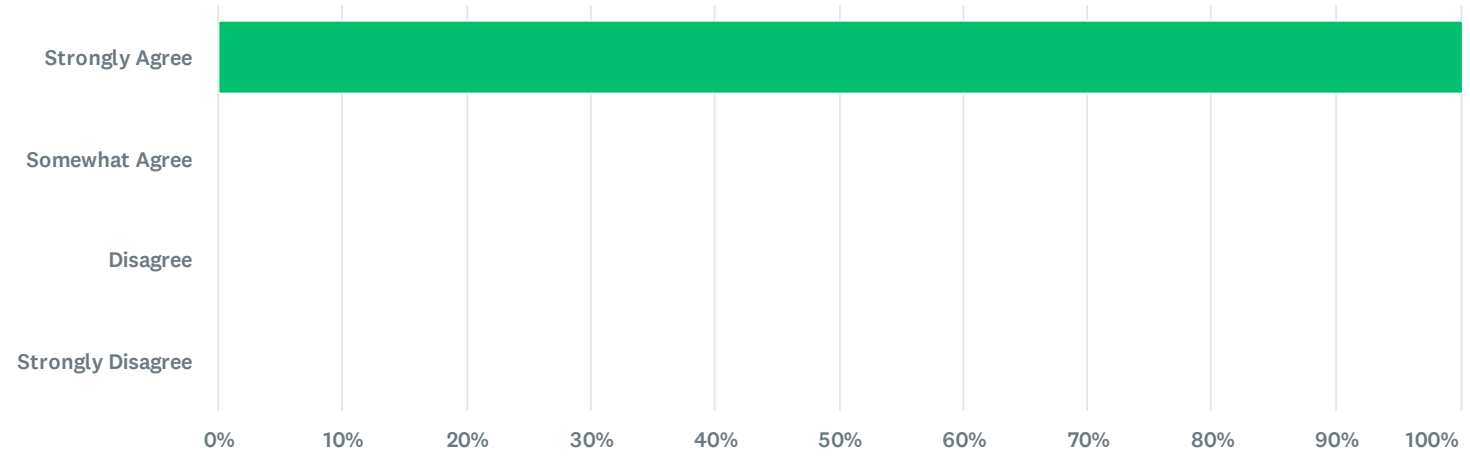

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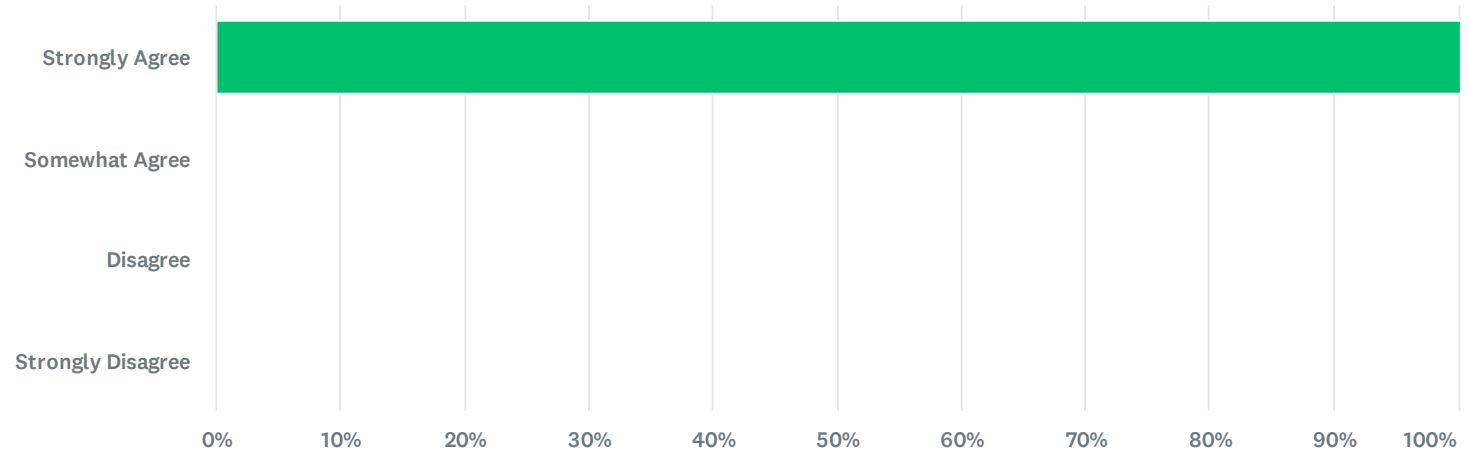

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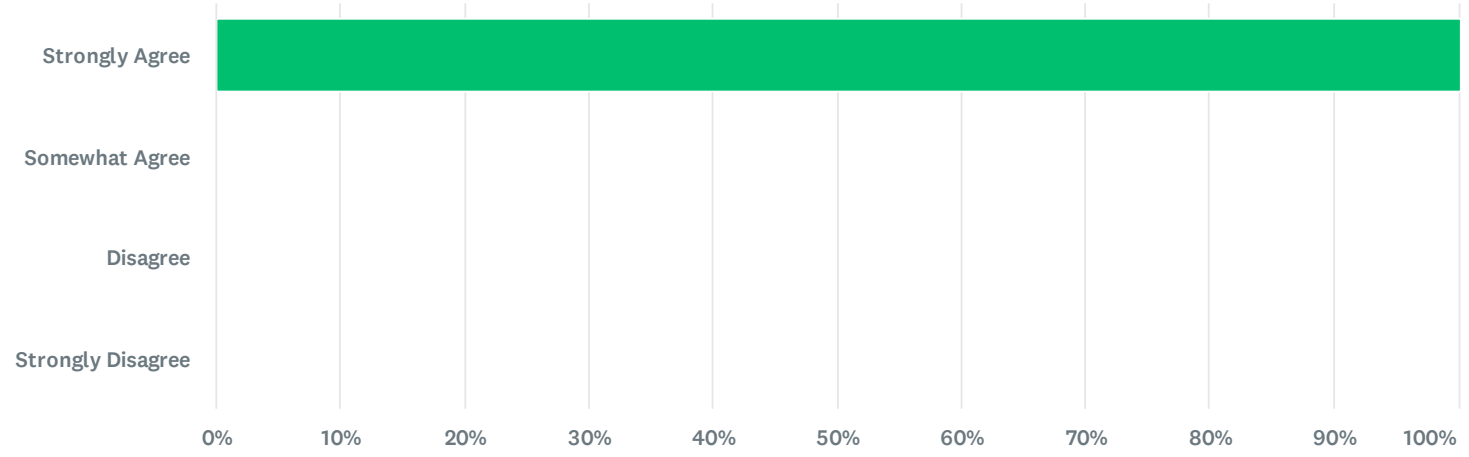

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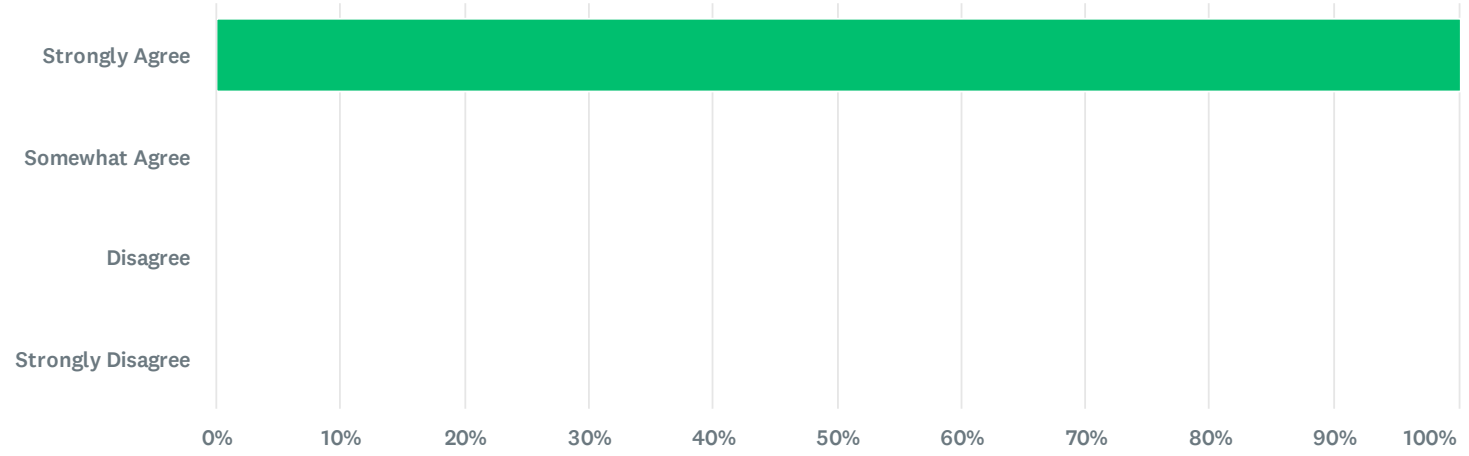

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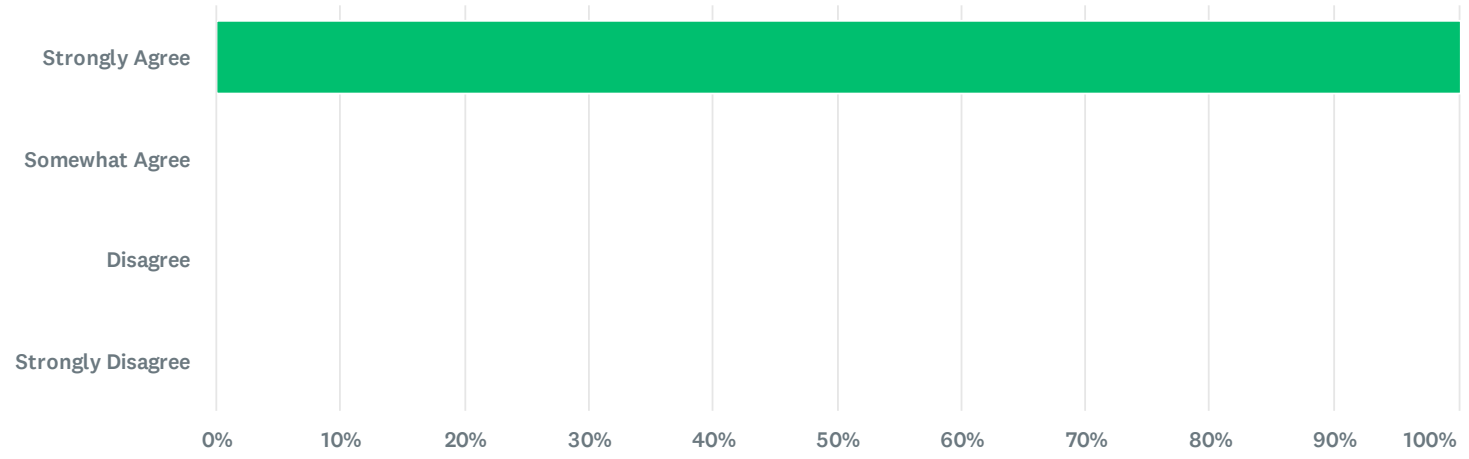

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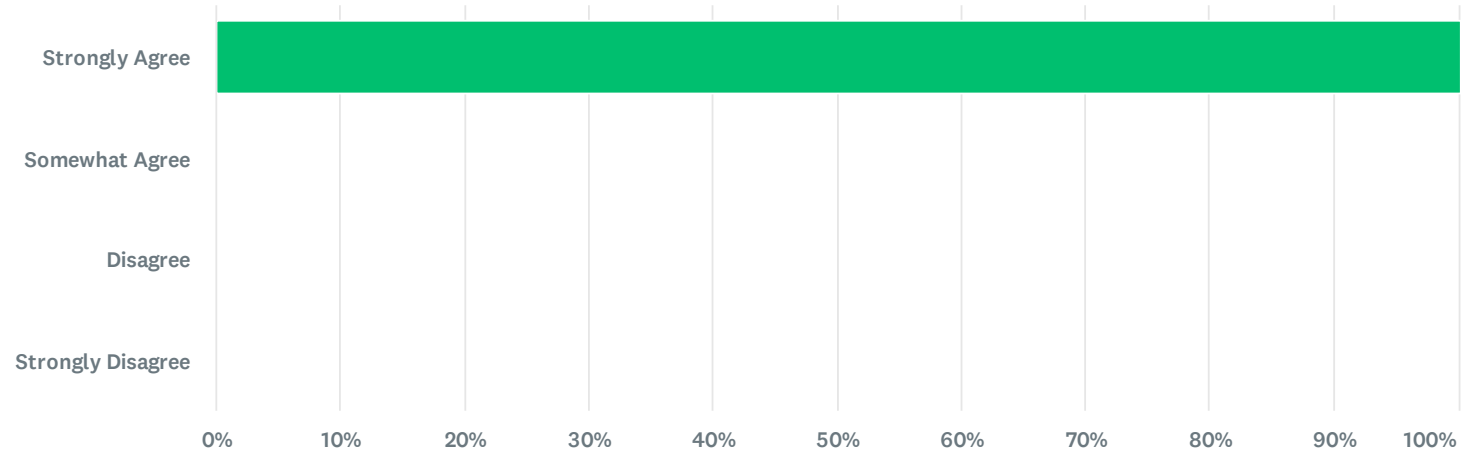

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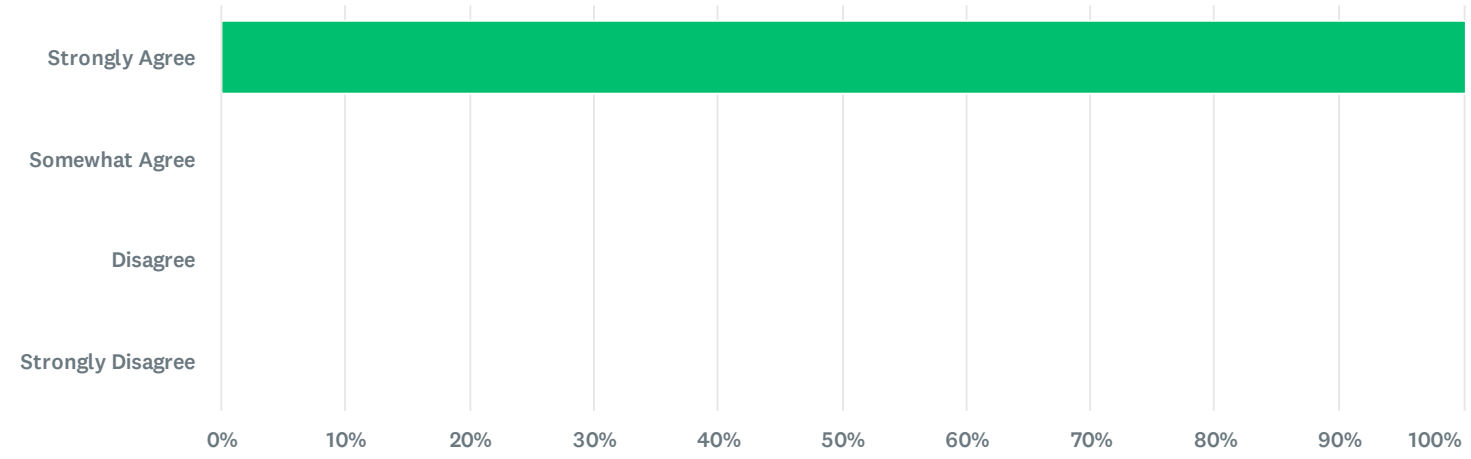

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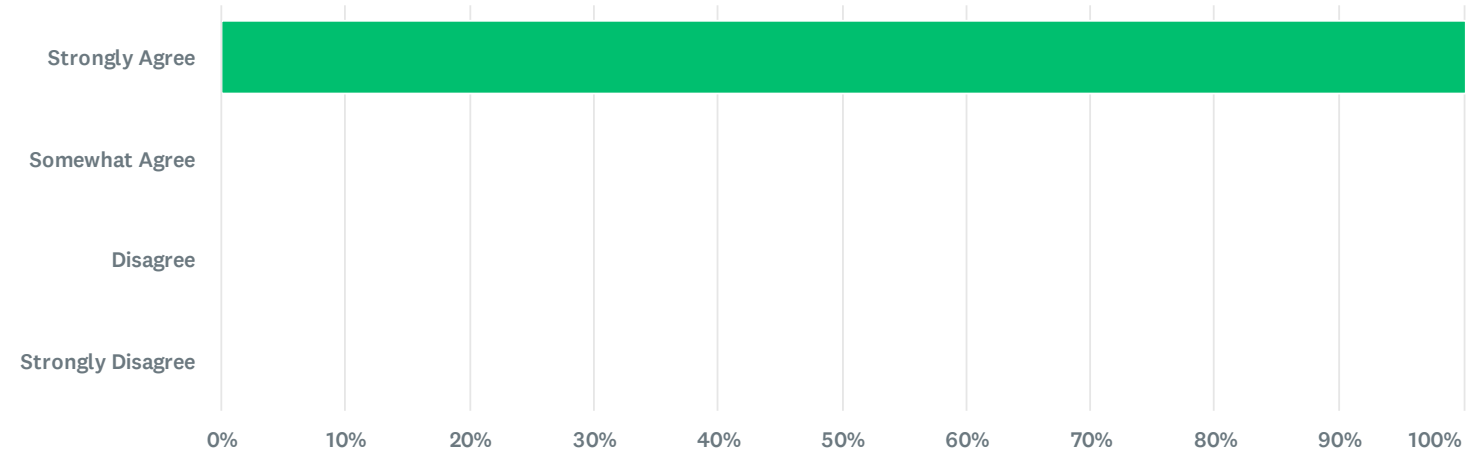

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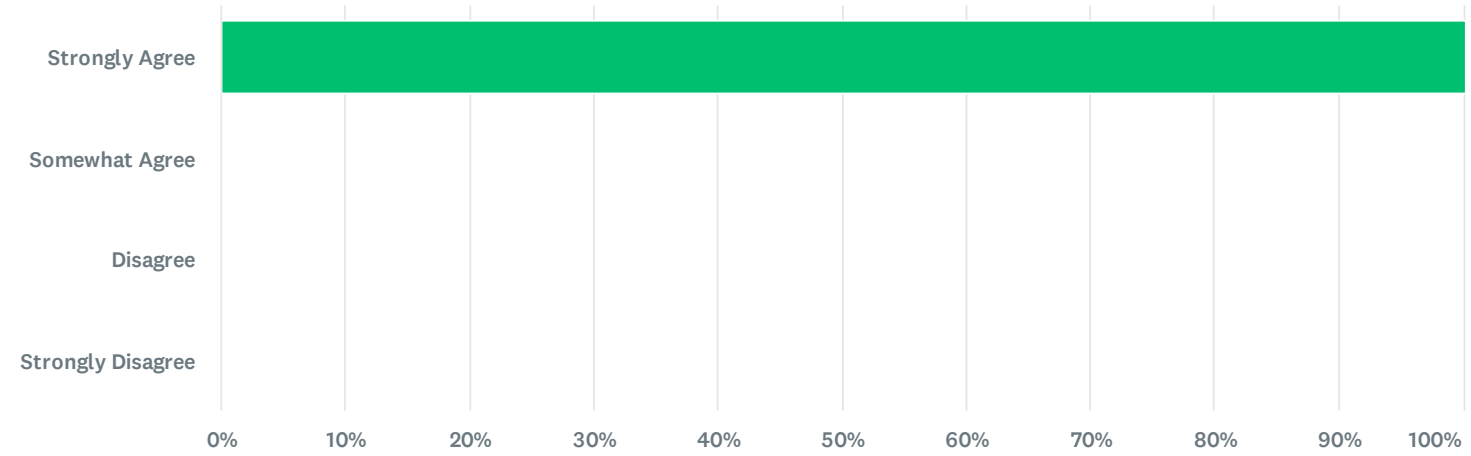

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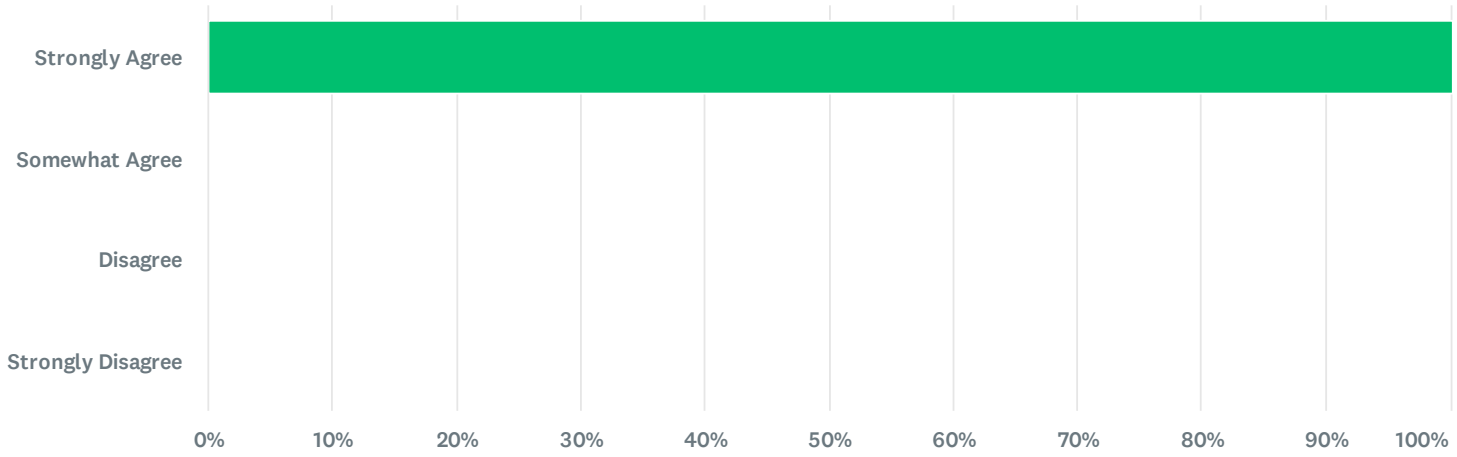


Q17 Comments/Suggestions for the Committee

Answered: 0 Skipped: 1

#	RESPONSES	DATE
	There are no responses.	

Task	Activity / Tactic	Responsibility	Timeline/ Complete	Outcome / Accomplishment
STRATEGIC PILLAR: QUALITY **Goal: RHC Delivers Optimal, Safe and Equitable Care.**				
Ensure that appropriate structures are in place to assess and monitor the quality of care provided at RHC, focusing on staff engagement and utilization of metrics Ensure appropriate structures are in place for risk identification and mitigation.	• Approve and review Integrated Patient Safety, Quality and Risk Framework • Align and participate in regular Quality reporting • Morbidity & Mortality Review, relevant MAC updates • Monitor lost-time, overtime • Review Board Quality, Safety, Risk (QSR) Policy and Terms of Reference annually • Update/review Risk governance processes • Review critical incidents regularly	QSR/ Board QSR Chief of Staff Audit & Resources (A/R) & Board Governance Governance QSR/Board	Annually Quarterly Quarterly Quarterly Annually Annually Quarterly	• A consolidated plan for patient /client/resident safety, quality and risk at RHC • Enhanced communication, education and competency at every Board meeting; instituted regular patient/client safety moments, stories and experiences • Enhanced awareness, competency and progress with RHC quality indicators • To see continuous improvement/performance • To assess, evaluate and enhance the overall risk management strategy and processes • To ensure awareness and follow up of critical incidents
Oversee and monitor the development of the RHC Quality Improvement Plan (QIP) performance and make adjustments as required Ensure Standing Item discussions of Quality Safety Risk (QSR) are occurring.	• Oversee and approve the RHC QIP • Monitor QIP performance • Work towards a single QIP • Monitor Senior Leadership Goals & Objectives Performance	Board QSR Governance	Q1 Annually Quarterly Quarterly	• Board awareness of corporate patient/client safety and risk management • Identification of appropriate measures of performance • Plans to address variances from performance indicators are addressed • Patient Safety data included in quarterly quality report • 4 board members on Board QSR Committee, with the potential of 1 Community rep/board member in waiting (if available) • Board Member appointed as Committee Chair
Ensure Long Term Care (LTC) Compliance	• Monitor reports and other progress reports regularly	Board	Monthly	• To ensure Compliance directives are being met and any compliance issues are being addressed.

Oversee safety and risk	• Monitor reporting via Adverse Event Management System (AEMS) system • Participate in QSR Rounding	QSR QSR	Quarterly Monthly	• Safety and Risk issues are being addressed / mitigated
Goal: RHC Enhanced Patient Experience				
Ensure and evaluate access to Care across the continuum	• Support Senior Leadership (SLT) in pursuing additional partnership opportunities to improve access to care • Identify partnership opportunities for the SLT to evaluate • Advocate to funders/government as needed to address funding related gaps that interrupt this continuum • Review of Compliments, Concerns & Complaints (CCC)	Governance Governance/AR QSR	Ongoing Ongoing Ongoing	• Enhance seamless patient/client transitions across the continuum of care
Oversee recommendations from BIG Healthcare Review as appropriate	• Support SLT in pursuing recommendations as appropriate	Governance/ AR	Ongoing	• Report from SLT at governance/ AR • Maximized integration of staff and funding • Seamless transition of client care and staffing between facilities
Ensure First Nations Engagement	• Evaluate, participate, and support senior leadership team in First Nation engagement	Governance	Ongoing	• Culturally recognized and appropriate care for area first nation clients
Ensure Improved corporate alignment in systems and processes across all sites	• Support New Scheduling Suite	A&R	Ongoing	• Maximized integration of resources
Ensure Accreditation Canada award	• Participate in the accreditation process • Support the organization to achieve its mandate • Monitor of Ethics Framework /decision making/Terms of Reference (TOR)/ membership (Business Plan)	Board Board/CEO/ Ethics Committee	Ongoing Ongoing	• Be accountable and *"maintain and improve to meet current standards"* • Receive quarterly updates on accreditation recommendations • Ethics committee in place which reports through Board QSR Committee regularly. • Utilize Ethical Decision Making Tool for making decisions
Appoint professional staff on recommendations of the (Medical Advisory Committee (MAC)	• Board reviews and approves based on recommendations	MAC/Board	Monthly or as required	• To ensure appropriate credentialed staff are in place

Appoint Department Chiefs and Heads as required	• Board reviews and approves based on recommendations of Joint Medical Staff	MAC/Board	Annually	• Completed via recommendation of Joint Medical Staff and MAC
Ensure Implementation of Quality Improvement Plan (QIP) with focus on staff engagement	• Implementation of Quality management tools	Governance	Ongoing	• Incorporating Work Life (WL) Pulse results and action plan into Strategic plan
Board Quality, Safety, Risk Committee reviews experience surveys	• Enhance further community feedback	Board/CEO/QSR/ SLT	Ongoing	• Both positive and negative patient/resident stories and experiences are shared at each board meeting. • Enhanced Patients/Family Advisory Council with sunset of Community Advisory Council (CAC) • Continue to engage LTC Residents councils and Family Councils at 3 sites
STRATEGIC PILLAR: ORGANIZATIONAL HEALTH **Goal: Strong governance and leadership capacity.**				
A board action plan is developed and implemented annually that features: • A proactive board recruitment strategy using a skills based matrix, • Succession planning for key leadership positions, • On-going board orientation, education and training, a • A robust feedback and evaluation process	• Develop a plan for board succession • Nominating Committee of the board to: ○ recruit new board members ○ further refine skills matrix and inventory developed	Nominating/ Recruitment Committee	January June	• Qualified and skilled individuals who are committed to the corporation's vision, mission and values will be nominated to fill available vacancies on the board • Approval by all Board Members
	• Exit interviews will be conducted with departing board members	Chair & Vice-Chair	June	• Collect the wealth of information through exit interviews with departing board members • Gain an honest assessment of the board's performance and ensure that all concerns are aired • Recognize and appreciate an outgoing board member for their contributions to the board • Help the board member have a positive closure with the board
	• Implement a brief evaluation form following the board meeting (board members only)	Board Governance	On-Going	• Ensure meetings enhance board performance and effectiveness

	• Freedom of Information Report • Privacy Delegation	Board Governance	March June or September	• Ensure compliance with Legislation • Annual board motion
	• Complete a Board Chair Evaluation survey	Board Governance	May	• Form developed and applied annually • Results presented in June or September
	• Review the Roles & Responsibilities of the Board Statement & the Board Accountability Statement • Monitor Governance Quality Metrics	All board members Quality/Safety/ Risk / Board	September Quarterly	• Ensure the board exercises a governance role in strategic planning, financial oversight, risk/quality, CEO and Chief of Staff supervisions and succession planning, communication, and governance • Review governance metrics quarterly through the QSR Committee of the Board
	• Complete an annual board self-evaluation survey	All board members	May June or September	• Determine effectiveness of meetings • Review attendance and participation at meetings • Recognize board achievements • Identify areas for improvement • Annual board self-evaluation survey (June) • Results included in board package for discussion
	• CEO Evaluation: Using up-to-date job description/job outline, and an annual process for the CEO to set their goals and objectives for annual performance in specific and measurable terms. Such a process takes into account the goals and objectives established in the existing strategic plan	Board/CEO evaluation committee and board members	June June or September	• Clarify expectations between the board and the CEO • Provides feedback to the CEO as a basis for continuing positive performance and taking corrective action • Forms a basis for providing the CEO with developmental support, where helpful • Provides an objective and fair basis for determining compensation and bonus decisions • Results shared with Board

	• Chief of Staff (COS) Evaluation: Using up-to-date job description/job outline, and an annual process for the COS to set their goals and objectives for annual performance in specific and measurable terms. Such a process takes into account the goals and objectives established in the existing strategic plan	Board Chair, Vice-Chair and COS	June June or September	• Clarify expectations between the board and the COS • Provides feedback to the COS as a basis for continuing positive performance and taking corrective action • Forms a basis for providing the COS with developmental support, where helpful • Provides an objective and fair basis for determining compensation and bonus decisions • Results shared with Board
	• Complete a Committee Self-Assessment Survey	All board members	June/ September	• Obtain feedback on effectiveness of committees • Complete in June with reporting and discussion in September
	• Executive compensation	Board	Annually	• Executive compensation which will be required to be linked to achieving improvement targets set out in the annual quality improvement plan (Excellent Care for All Act 2010)
	• Policies related to governance will be kept current • Establish Policy Review Schedule	All board members	Ongoing	• Ensure compliance with new or changed regulations, legislation, specific mandates by regular review of current policies, and approval of new policies • Ensure ongoing, regular policy review
	• Approve committee terms of reference and committee workplans	Committees/ Board	Annually	• Regular review and revise as necessary at each committee meeting with recommendations being forwarded to the Board for approval
	• RHC By-laws to be kept current • Develop an ad-hoc group to review by-laws, policies and board workplan	Board Governance Board & CEO	January February	• Review of by-laws completed annually, with revisions made as needed • By-laws and policies are in compliance with the Public Hospitals Act, Excellent Care for All Act, OHA prototype by-laws, etc.
	• Annual Meeting Process	All board members	June	• Receive reports • Approve audited statements • Approve by-law revisions, if needed • Appoint an auditor
	• Board Orientation provided for new board members	New board members	August or September	• New board members understand their responsibilities • Board orientation
	• Mentoring for new board members	All board members	September	• Cohesive engaged Board

	• Education for Board Members	All board members	Ongoing	• Encourage/support board members with participation in learning opportunities activities: • Accessibility to books, articles, manuals governance • Monthly education component in board package • Conferences, workshops, webinars, etc. communicated to board members regularly • Departmental and other relevant presentations • Individual board members prepared to discuss the education articles monthly • Record members continuing education and attendance
	• Ensure and monitor a process for supporting qualified staff who aspire to the CEO position	All board members CEO Director, HR	Ongoing	• Ensure that in the event of a CEO vacancy the most highly qualified, appropriate individual is available • Maintain CEO Succession Plan Policy and Procedures (model after OHA Conference – Ottawa example)
Strategic Plan and Refresh	• Fall Retreat to ensure clear Strategic Plan direction • Regularly review and update the strategic plan • Review progress on specific strategic pillars	Board/Senior Team	Annually Quarterly	• Strategic Plan Retreat • Corporation is on track and makes adjustments accordingly • Quarterly updates to the Board
Goal: Supports and maintains a healthy, engaged contemporary workforce				
Ensure development of a values-based, teamwork culture	• Assess current state of alignment with existing values • Strategic Plan roll-out Spring/ Summer/ Fall with re-education re-branding Mission, Vision, Values, Strategic Direction	Governance	November January	• Assess and communicate current state • Improved awareness, understanding and importance of values in RHC corporate culture
Monitor and evaluate an Human Resources (HR) led Talent Management Plan	• Monitor key metrics reported that feed into plan: e.g.) labour demographics & succession planning, recruitment and	Governance	Ongoing	• Assurance of Succession Plan in continuity with Accreditation standards • Completed Performance Evaluation with goals and objectives

	retention strategies, professional development plan, performance management plan, updated HR policies, training on cultural competency • Continue monitoring Performance conversations completion	AR	Quarterly	• Ensure high quality
	• Current CEO assessment of internal succession capacity	CEO/ Governance	Annually	• Ensure that the Board members are aware of internal succession
Monitor, participate and evaluate recognition and appreciation activities utilized with staff, volunteers, physicians, etc.	• Utilize feedback from Work-Life Pulse Themes that are incorporated into Strategic Plan • Continue established practices of recognition and appreciation	Board	Ongoing	• Summer Staff Volunteer Appreciation BBQs, • Holiday Spaghetti lunches • Annual Years of Service Awards Dinner • Foundation Events
Ensure Board Professional Development is provided	• Develop a board professional development plan annually • Board mentorship	Chair/Board	Annually	• Topics reviewed in September of each year with education sessions set for each board meeting
Ensure appropriate professional development/ resources for CEO and Chief of Staff	• Meet obligations of CEO Contract ie: professional development • Ensure Chief of Staff has opportunities for professional development	Chair/Board	Ongoing	• Evidence of Education completion
Goal: Appropriate Use of Resources (human, technological, physical, financial)				
Ensure Board fiduciary responsibilities are met	• Review and approve annual operating plan assumptions	A/R and Board	Annually	• Evidence of compliance per schedule
	• Review annual audit plan and internal audit plan	A/R and Board	Annually	• Evidence of compliance per schedule
	• Approve compensation for auditors	A/R and Board	Annually	• Evidence of compliance per schedule

	• Approve compensation for Chief of Staff			
	• Approve all Service Accountability Agreements (SAA)	Board	March/April	• Evidence of compliance per schedule
	• Review and approve annual operating and capital plans	Board	Annually	• Evidence of compliance per schedule
	• All legislative compliance reviews and attestations	Board	As required	• Evidence of compliance per schedule
	• Year-end audit/financial statements	Board	June	• Evidence of compliance per schedule
	• Senior Team Expense and Board expense reports	A/R & Board	Annually	• Evidence of compliance per schedule
	• Report on recommendations of auditors	A/R & Board	Annually	• Evidence of compliance per schedule
	• Review monthly financial statements/reports	A/R	Monthly	• Evidence of compliance per schedule
	• Review Investment Policy	A/R & Board	Annually	• Annual review and revise if necessary
	• Line of Credit	Board from Audit/Resources	Annually	• Annually review, amend if necessary and approve line of credit with financial institution
	• CEO Certificate of Compliance	Board	Quarterly	• All applicable government laws and remittances are processed
	• Ensure use of Ethical Decision Making Framework - The Ethics Framework is developed to help guide decision making • Cyber policies and insurances coverage	Board/SLT Audit/Resources	Ongoing Ongoing	• Recognition by Ontario Health (OH) of necessary operating requirements of a multi-site, multi-sector corporation (right size funding) • Decision Framework developed and being utilized. • Annual review completed with insurance agent /broker of
	• Pre-meeting with Auditors	CEO/CFO/Audit & Resources	March/April	• To discuss engagement and audit plan
	• Post-audit meeting	CEO & CFO	June	• To discuss audit results
	• Board meeting with auditors without staff	Audit/Resources and/or Board	June	• Governance best practice
Ensure appropriate physical facilities are in place	• Monitor process for a Master Operating/Master Capital Plan for all facilities, with LTC being the first priority	Audit/Resources/ Board	Fall	• Progress the development of the Master Operating/Master Capital Plans

STRATEGIC PILLAR: PARTNERSHIPS Goal: RHC will take an active role in strategic and transparent relationships with local and regional partners.				
New partnerships developed that create a more integrated regional health system	• Enhance RHC profile at regional health care venues • Continue to explore collaborative opportunities that can be supported with existing resources	Board Chair CEO Senior Leadership	Ongoing	• Represent RHC at appropriate regional health system planning events, functions • Seek/obtain leadership positions on regional boards/committees to enhance RHC's span of influence • Improved access to more outreach/satellite services from specialized service providers • Continue to focus on governance to governance activities/meetings with our partners
	• Continue to strive to the Ontario Health's provincial strategy driving a connected, patient-cantered health care system.	Board/SLT	Ongoing	• Alignment with Ontario Health's provincial strategy.
Board & SLT utilize an Advocacy Framework to ensure successful delivery of Health & Human Resources, Capital Planning and Right Sized Funding	• Educate Board and SLT on Advocacy requirements • Board & SLT advocate for Right-sized funding • Engage our Ontario Health partners, MPP, First Nations, municipalities, etc.	Board/CEO / SLT	Ongoing	• Identified parties for specific advocacy efforts • Evidence of engagements ongoing with Ontario Health, Ministry of Health (MOH), Regional Providers, First Nation Representatives, Municipal leaders, Local MPP, and OHA. • Establishment of Committees for Master Operating Plan/Master Capital Plan (MOP/MCP) advancement
Participate in the Ontario Health Team (OHT) development and Regional Planning.	• Participate in the Rainy River District OHT (RRDOHT) & Regional Initiatives • Progress the OHT with Community Partners locally/ regionally	CEO or designate CEO/Designate and Board designate as appropriate	Ongoing Ongoing	• Identify and engage key stakeholders • Develop and sign Memorandum of Understanding with Partners • Where appropriate, develop voluntary integration plans for submission to Ontario Health. • Work in partnership to maximize appropriate service utilization
Continue to pursue shared governance opportunities	• Review and approval of a Memorandum of Understanding with our System Partners	Board		• Approved and Evolving Consensus Model

Ensure ongoing engagement with all system partners to share resources	• Gateway to Health - single access to all District Services	CEO/SLT		• Increase awareness of programs/services across the District
Increase awareness about range of community programs and value of current partnerships	• Share and leverage current level of integration in all engagements	Board/ CEO/ SLT	Ongoing	• Continued Collaboration
Goal: RHC will improve access to care across the continuum				
Ensure timely communication with all internal and external stakeholders	• Further define, sustain and expand the Strategic Communications Plan • Ensure development of an Annual Report to the communities we serve	CEO/Board/ Communication Lead	Annually	• To enhance corporate communication throughout Riverside facilities and ensure regular structures in place • Keep external stakeholders up to date on key RHC issues and success stories • Ensure visibility of CEO/SLT at all Riverside sites and ensure strong public profile in the communities we serve.
Ensure continued advancement of a corporate intranet for Board and Staff to enhance communication	• Enhance communication with a Board intranet portal	Governance	Ongoing	• Enhanced communication • Security of Documents
Address cultural sensitivity in communications	• Review current practices in all communication tools	Governance QSR	Ongoing	• Enhanced signage in English/ Ojibway • Evidence of Education to Board Members
Ensure Reflected best practices on RHC Website	• Reflect transparency in governance by listing education completed by Board members	Governance	Spring	• Ensure corporation transparency to the public.

Riverside Health Care

Board of Directors - Members's Attendance 2025-26 (Sept 2025 - May 2026)

DOES NOT INCLUDE JUNE 2026

Board Member	Board of Directors	Audit & Resources	Governance	Quality, Safety, Risk	Ethics	Nominating & Recruitment	Fiscal Advisory
Board Member 1	63%	75%	50%			40%	
Board Member 2	88%	75%		100%			
Board Member 3	63%						
Board Member 4	100%		38%	100%			
Board Member 5	88%		88%			80%	
Board Member 6	100%		100%			100%	
Board Member 7	50%			0%			
Board Member 8	100%	63%	75%	100%			
Board Member 9	100%			100%	80%		
Board Member 10	100%	100%					
Board Member 11	100%	71%	71%			100%	
Overall Average %	87%	77%	70%	80%	80%	80%	
Overall Average % (Voting Members Only)	88%	77%	77%	75%	80%	80%	
total # of meetings	8	8	8	4	5	5	

Note: These percentages reflect the attendance from when these members officially joined or left the Board or committee during the Board year.

Chief of Staff Evaluation – Dr. Lucas Keffer – May 27, 2026 – 9:00 am

The Chief of Staff Evaluation form was circulated to four physicians chosen by Dr. Keffer and to Henry Gauthier, Diana Harris and Brooke Booth. Seven surveys were circulated and five were returned. These were done on Survey Monkey. Dr. Keffer also completed a self-evaluation survey.

The Chief of Staff Evaluation Survey was deployed in early May. A meeting was held with the Board Chair and Dr. Keffer to review and discuss the survey results.

It's evident from the results that Dr. Keffer is respected by his peers and has a good working relationship with the other physicians as well as Riverside senior leadership. He is able to balance being a member of the physician group and senior leadership even though this can prove difficult at times.

Dr. Keffer noted that he has been in the position for almost four years and feels like he has grown personally and professionally during that time. He appreciates the relationships he has developed and the opportunity to learn.

We discussed some of the comments made on the survey which have given him pause to reflect on changes to processes and perhaps some misunderstanding of those processes.

One area that needs attention with the physician group is that of developing leadership which includes succession planning for the Chief of Staff position.

No areas of concern were identified. Dr. Keffer is fulfilling the requirements of the position and we are grateful for his leadership in the role as Chief of Staff.

Please see the results of the survey that was circulated.

Respectfully submitted,

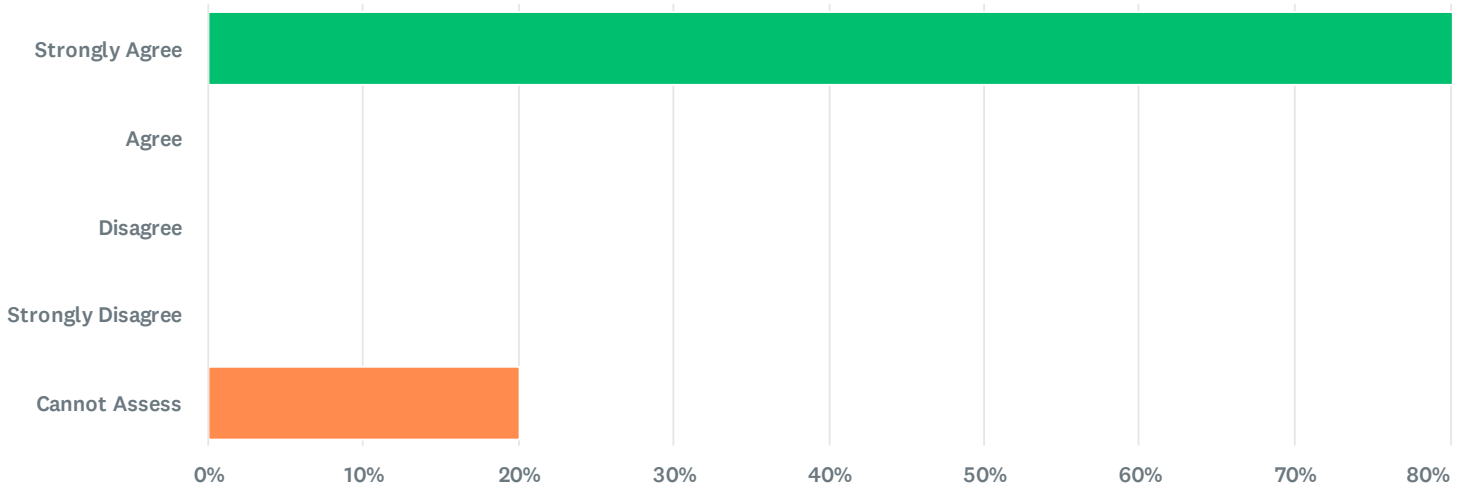
Diane Clifford
Board Chair

5/7 Responded

Q1

5 responses

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



Q2 Comments:

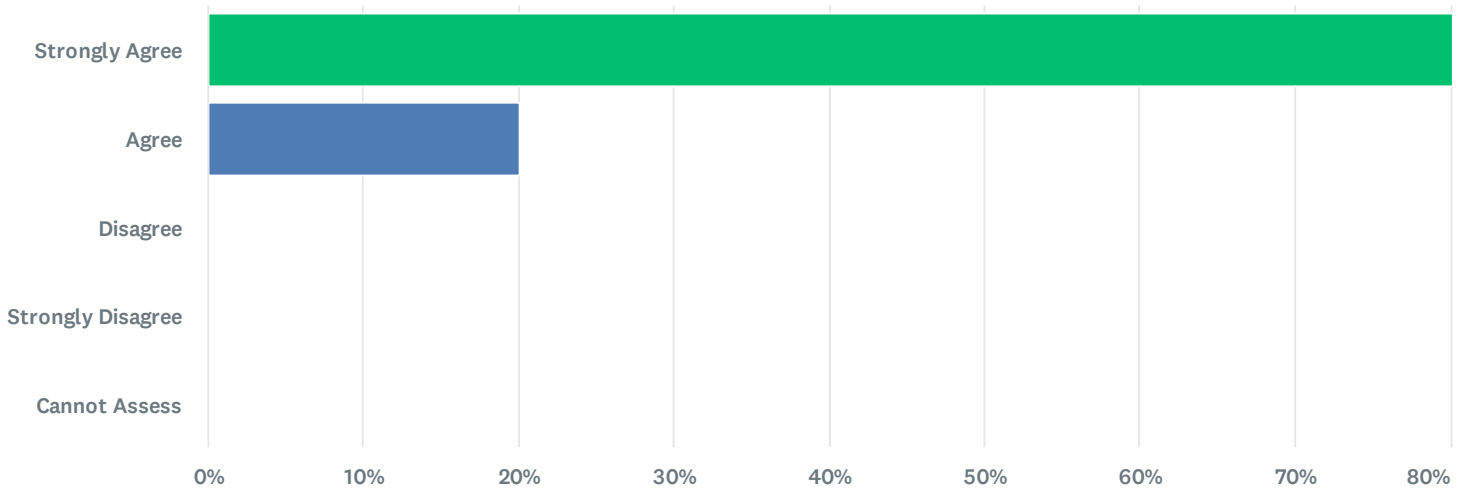
Answered: 5 Skipped: 0

#	RESPONSES	DATE
1	I feel the chief of staff role responds to issues and may not have the time for “visionary” purposes or leadership in an administrative capacity. This is likely due to time constraints and other competing needs of the role.	5/14/2026 8:21 PM
2	Instrumental to cultural realignment.	5/7/2026 8:23 AM
3	Dr. Keffer has worked well with Senior Administration to enhance physician services throughout Riverside Health Care Facilities. He strives to keep the Medical Staff informed of any situation changes.	5/5/2026 7:20 PM
4	Sets a good example of the culture we are promoting. Has high integrity standards.	5/5/2026 3:37 PM
5	Level headed and fair in his approach to issues and challlenges	5/2/2026 7:50 PM

Q3

5 responses

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.



Q4 Comments:

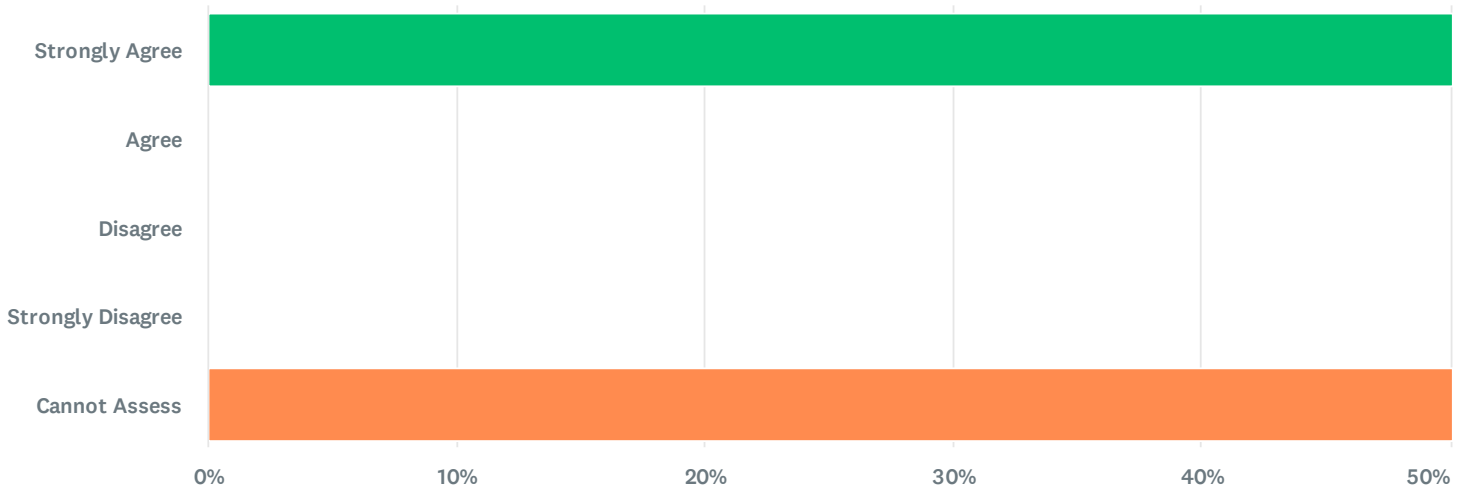
Answered: 5 Skipped: 0

#	RESPONSES	DATE
1	The chief of staff brings credentialing regularly to MAC meetings. In regards to “oversees … the quality of medical care” portion of the first question. This is challenging in a rural setting. I feel we have several locums that continue to have privileges because of our significant physician shortages, however, in an ideal setting we would not allow these physicians to return and seek out physicians with stronger clinical skills. I have also never been asked about CME, or directly encouraged to participate in CME. So unclear if COS is ensuring medical staff is participating in CME.	5/14/2026 8:21 PM
2	Effectively meets all requirements.	5/7/2026 8:23 AM
3	Dr. Keffer is very diligent in getting all of his tasks done.	5/5/2026 7:20 PM
4	Does a good job in the credentialing process. Reviews and reports on new appointments and reappointments and follows up and discusses issues that arise.	5/5/2026 3:37 PM
5	Fair and knowledgeable in his approach to these issues	5/2/2026 7:50 PM

Q5

4 responses

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.



Q6 Comments:

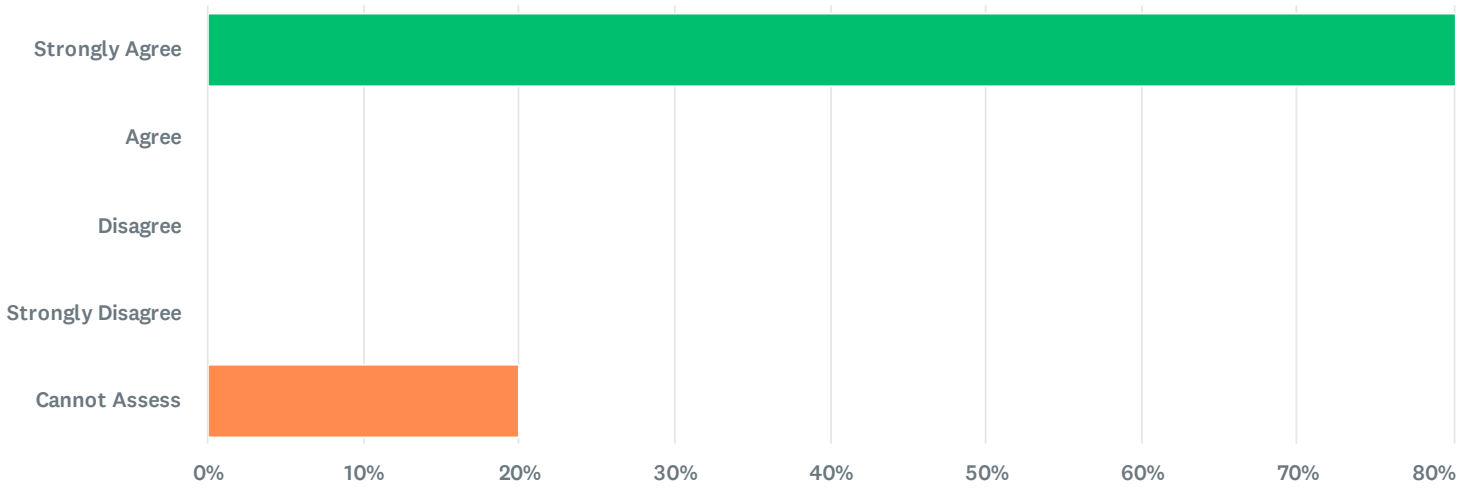
Answered: 5 Skipped: 0

#	RESPONSES	DATE
1	I believe the COS attends board meetings and provides the necessary updates. However this information is not relayed back to other medical staff. I would however be interested in the COS providing board updates as part of MAC or joint medical meetings.	5/14/2026 8:21 PM
2	Consistently attends.	5/7/2026 8:23 AM
3	I do not attend these meetings.	5/5/2026 7:20 PM
4	Attends meetings and is engaged. Contributes and provides reports to the Board.	5/5/2026 3:37 PM
5	Conscientious and takes responsibilities seriously	5/2/2026 7:50 PM

Q7

5 responses

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.



Q8 Comments:

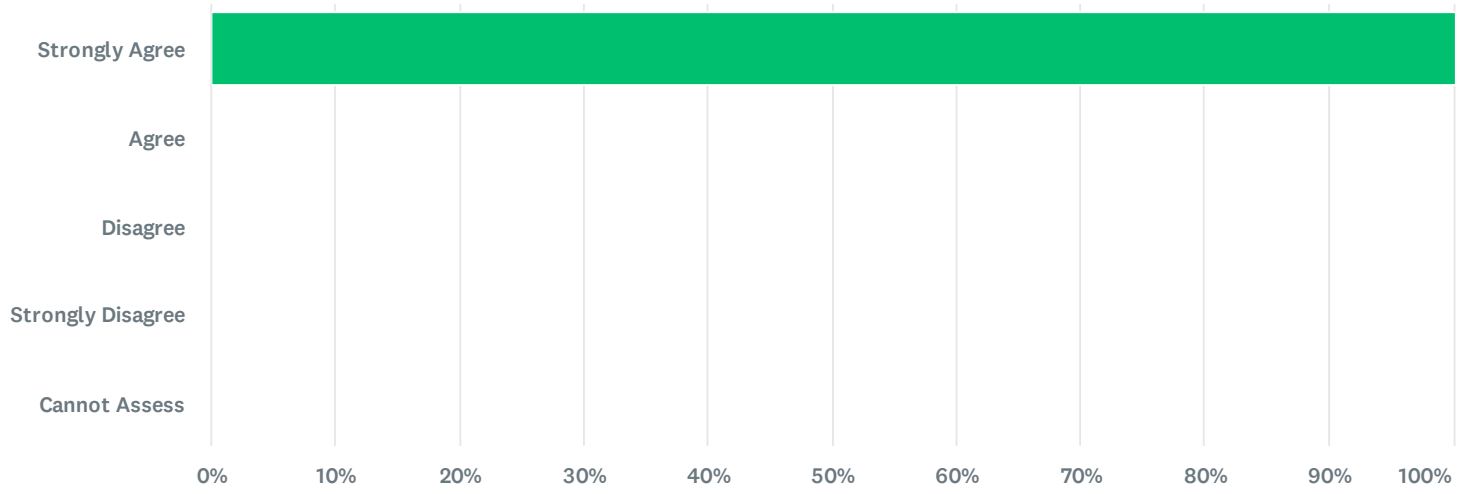
Answered: 4 Skipped: 1

#	RESPONSES	DATE
1	I believe the COS participates in resource allocation. However as medical staff I don't feel we are asked for input on resource allocation, nor are we updated on how the COS participates in resource allocations.	5/14/2026 8:21 PM
2	Effective support of Hospitalist needs in FF and ER/Clinic needs in RR.	5/7/2026 8:23 AM
3	Works with the physician group and Senior Leadership to keep the emergency rooms open and staffed. Advocates for appropriate resources/programs.	5/5/2026 3:37 PM
4	Attends meetings and seeks opinions of others fairly	5/2/2026 7:50 PM

Q9

5 responses

Complaints Process: Ensures physician complaints are investigated and responded to as needed.



Q10 Comments:

Answered: 4 Skipped: 1

#	RESPONSES	DATE
1	I feel complaints have been dealt with in a timely and fair manner. This is a strength of the COS.	5/14/2026 8:21 PM
2	Noticeable shift in management of physician complaints with a focus on achieving behavioural changes.	5/7/2026 8:23 AM
3	Follows up and investigates complaints/concerns and engages others as appropriate. Feel the ACOS could be engaged and delegated to more to lighten the load.	5/5/2026 3:37 PM
4	Not aware of any concerns that weren't addressed in fair and time manner	5/2/2026 7:50 PM

Q11 Any other comments you wish to share:

Answered: 4 Skipped: 1

#	RESPONSES	DATE
1	I appreciate the time and effort Dr. Keffer contributes to this role. I think the COS role has inherent challenges - balancing clinical and administrative duties within such a large role. I think the COS is very good at attending regional / board / local meetings and it would be helpful to have updates about these meetings to medical staff at monthly MAC meetings. I think a challenge for the COS can be seeing all sides of an issue, especially if it doesn't relate to or affect his clinical duties, ex. surgical services, obstetrics etc. I would consider the hospital selecting other physicians for roles such as Chief of Emergency, Chief of Surgical Services, etc. This would help ease the administrative role of the COS and allow physicians with more expertise in those areas to have a voice at leadership tables.	5/14/2026 8:21 PM
2	Lucas is an excellent COS. RHC, the board, management, staff, physicians and our communities are fortunate to have him in this role as he is patient centric and highly engaging.	5/7/2026 8:23 AM
3	Dr. Keffer is doing a great job. He is respectful and approachable and I enjoy working with him.	5/5/2026 3:37 PM
4	Excellent job	5/2/2026 7:50 PM

RIVERSIDE HEALTH CARE
BOARD COMMITTEE COMPOSITION - 2026 – 2027

Board Audit & Resources ***Meets the Thursday the week before the Board Meeting at 4:00 pm – 5:00 pm*** Edith Bodnar Michael Puderbach Marianne Kitzul Dan Pierroz Mike Jolicoeur (Committee Chair)	***CEO Evaluation Committee*** Diane Clifford, Board Chair Edith Bodnar, Vice-Chair Dan Loney, Second Vice-Chair Dr. L. Keffer, Chief of Staff
Board Nominating/Recruitment Committee ***Meetings commence in January*** ***(meets prior to Governance at 3:30 pm)*** Dan Pierroz Edith Bodnar (Committee Chair) Diane Clifford Kathy Lampi	***Ethics Committee*** ***Meets quarterly – the 1st Tuesday (Sept, Nov, March, May)*** ***12:00 pm – 1:00 pm*** Dan Loney Dr. L. Keffer, COS / Dr. L. Jenks, Associate COS
Board Governance ***Meets the Tuesday 2 weeks before the Board Meeting at 4:00 – 5:00 pm*** Kathy Lampi Edith Bodnar (Committee Chair) Diane Clifford Lynn Indian Dan Loney H. Gauthier, President & Chief Executive Officer Dr. L. Keffer, Chief of Staff	
Quality, Safety, & Risk Committee ***Meets the 2nd Thursday every second month at 12:00 – 1:00 pm (exception month May/June)*** Dan Loney (Committee Vice-Chair) Lynn Indian Marianne Kitzul (Committee Chair) Michael Puderbach D. L. Jenks, Associate Chief of Staff	**Policy/Workplan/Ad hoc Working Group(s)** Dan Loney Diane Clifford Edith Bodnar Henry Gauthier
Officers of the Corporation Diane Clifford, Board Chair Edith Bodnar, Vice-Chair H. Gauthier, President & CEO & Secretary/Treasurer	

Rev. May 25, 2026

BOARD MEMBER CONSOLIDATED CONFIDENTIALITY, ACCOUNTABILITY AND ROLES AND RESPONSIBILITIES STATEMENT

BOARD MEMBER CONFIDENTIALITY STATEMENT

Riverside Health Care Facilities Inc. By-laws - Article 10:

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

a) brought before the Board or any Board committee; or
b) dealt with in the course of the employee's employment, or Medical or Dental Staff member's activities in connection with the Corporation, keeping in mind that unauthorized statements could adversely affect the interests of the Corporation."

Board Governance Policy GOV-G&S-020 – RHC Board Confidentiality Policy:

The directors owe to the corporation a duty of confidence not to disclose or discuss with another person or entity, or to use for their own purpose, confidential information concerning the business and affairs of the corporation received in their capacity as directors unless otherwise authorized by the board.

Responsibility

Every director shall ensure that no statement not authorized by the board is made by him or her to the press or public.

Confidential Matters

All matters that are the subject of closed sessions of the board are confidential until disclosed in a session of the board that is open to the public.

All matters that are before a committee or task force of the board are confidential unless they have been determined not to be confidential by the chair of the relevant committee or task force.

All matters that are the subject of a session of the board that is open to the public are not confidential.

Public/Media Statement

Notwithstanding that information disclosed or matters dealt with in a session of the board that was open to the public are not confidential, no director shall make any statement to the press or the public in his or her capacity as a director unless such statement has been authorized by the board.

BOARD MEMBER ACCOUNTABILITY STATEMENT

The Riverside Health Care (RHC) Board of Directors is accountable to members of the Corporation for acting consistently with the Articles of Incorporation, the By-laws, applicable legislation, the common law as it governs healthcare organizations and the achievement of its mission and vision. The Directors exercise the power vested in them in good faith and honesty in order to further the purposes for which the corporation was created. They act in what they consider to be the best interests of the organization, each exercising his or her unfettered discretion in decision making; ex-officio directors fulfill the same duty to the corporation. Directors

do not place themselves in a position where their personal interests conflict with those of the Corporation.

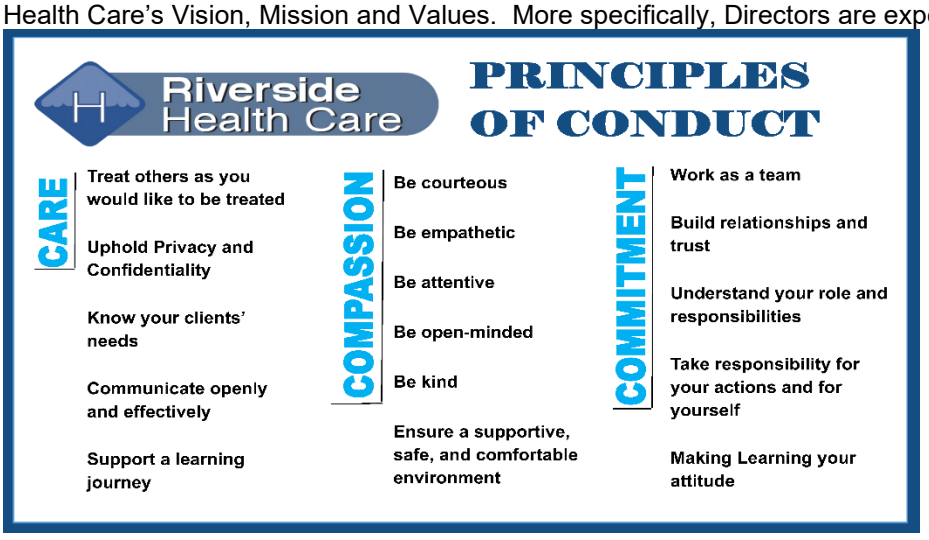
The Directors establish objectives that are within the capacity of the Corporation's plant and resources. The board strives to maintain a balance within its medical and other staff to ensure a broad base of expertise while attaining the most efficient utilization of the facilities and resources of the Corporation.

In choosing between competing demands on scarce resources, the Board of Directors has established the following accountabilities.

To Members of the Corporation	For acting consistently with the Articles of Incorporation, the By-laws, applicable legislation, the common law as it governs corporations and the achievement of its mission and vision
To Patients/Clients/Residents	For safe, family-centered care and best practices
To Ministry of Health & Long-Term Care	For expenditure management compliance with policies and regulations, data quality and performance management
To Ontario Health	For compliance to accountability agreements and applicable legislation
To Fundraising	For donor stewardship and support
To Staff, Volunteers and Medical Staff	For transparent processes of CEO and Chief of Staff evaluation
To Partners	For collaboration
To Communities We Serve	For advocacy, communication and expectation management

BOARD MEMBER CODE OF CONDUCT

Directors are required to engage one another and both staff and physicians in accordance with Riverside Health Care's Vision, Mission and Values. More specifically, Directors are expected to:



WORKPLACE BULLYING, HARRASSMENT AND VIOLENCE – ORG-HRM-ERL-701

Riverside Health Care (RHC) recognizes the dignity and worth of everyone in our organization. We are committed to ensuring a work environment that is healthy, safe, secure and respectful of each individual. Each Director is subject to the Workplace Bullying, Harassment, and Violence Policy of the organization.

BOARD MEMBER ROLES & RESPONSIBILITIES STATEMENT

Responsibility of the Board:

The board is responsible for the overall governance of the affairs of Riverside Health Care (RHC).

Each Director is responsible to act honestly, in good faith and in the best interests of the organization and in so doing, to support the organization in fulfilling its mission and discharging its accountabilities.

Strategic Planning and Mission, Vision and Values:

- The board participates in the formulation and adoption of the organization's mission, vision and values.
- The board ensures that the organization develops and adopts a strategic plan that is consistent with the organization's mission and values, which will enable the organization to realize its vision. The board participates in the development of, and ultimately approves the strategic plan.
- The board oversees organization operations for consistency with the strategic plan and strategic directions.
- The board receives regular briefings or progress reports on implementation of strategic directions and initiatives.
- The board ensures that its decisions are consistent with the strategic plan and the organization's mission, vision and values.
- The board annually conducts a review of the strategic plan as part of a regular annual planning cycle.

Quality and Performance Measurement and Monitoring:

- The board is responsible for establishing a process and a schedule for monitoring and assessing performance in areas of board responsibility including:

  - Fulfillment of the strategic directions in a manner consistent with the mission, vision and values
  - Oversight of management performance
  - Quality of patient care and organizational services
  - Financial conditions
  - External relations
  - Board's own effectiveness

- The board ensures that management has identified appropriate measures of performance.
- The board monitors organization and board performance against board-approved performance standards and indicators.
- The board ensures that management has plans in place to address variances from performance standards indicators, and the board oversees implementation of remediation plans.

Financial Oversight:

- The board is responsible for stewardship of financial resources including ensuring availability of, and overseeing allocation of, financial resources.

- The board approves policies for financial planning and approves the annual operating and capital budget.
- The board monitors financial performance against budget.
- The board approves investment policies and monitors compliance.
- The board ensures the accuracy of financial information through oversight of management and approval of annual audited financial statements.
- The board ensures management has put measures in place to ensure the integrity of internal controls.

***Oversight of Management including Selection, Supervision and Succession Planning for the President & CEO and Chief of Staff*:**

- The board recruits and supervises the President & CEO by:

    - Developing and approving the President & CEO job description
    - Undertaking a President & CEO Recruitment process and selecting the President & CEO
    - Reviewing and approving the President & CEO's annual performance goals
    - Reviewing the President & CEO performance and determining President & CEO compensation

- The board ensures succession planning is in place for the President & CEO and senior management.
- The board exercises oversight of the President & CEO's supervision of senior management as part of the President & CEO's annual review.
- The board develops a process for selection and review of the Chief of Staff and ensures the process is implemented and followed.
- The board reviews Chief of Staff performance and sets Chief of Staff compensation.
- The board develops, implements and maintains a process for the selection of department chiefs and other medical leadership positions as required under the Corporation by-laws or the Public Hospitals Act.

Risk Identification and Oversight:

- The board is responsible to be knowledgeable about risks inherent in the organizations operations and ensure that appropriate risk analysis is performed as part of board decision-making.
- The board oversees management's risk management program.
- The board ensures the appropriate programs and processes are in place to protect against risk.
- The board is responsible for identifying unusual risks to the organization for ensuring that there are plans in place to prevent and manage such risks.

Stakeholder Communication and Accountability:

- The board identifies organizational stakeholders and understands stakeholder accountability.
- The board ensures the organization appropriately communicates with stakeholders in a manner consistent with accountability to stakeholders.
- The board contributes to the maintenance of strong stakeholder relationships.
- The board performs advocacy on behalf of the organization with stakeholders where required in support of the mission, vision and values and strategic directions of Riverside Health Care (RHC).

Governance:

- The board is responsible for the quality of its own governance.

- The board establishes governance structures to facilitate the performance of the board's role and enhance individual director performance.
- The board is responsible for the recruitment of a skilled, experienced and qualified board.
- The board ensures ongoing board training and education.
- The board periodically assesses and reviews its governance through periodically evaluating board structures including board recruitment processes and board composition and size, number of committees and their Terms of Reference, processes for appointment of committee chairs, processes for appointment of board officers and other governance processes and structures.

Legal Compliance:

- The board ensures that appropriate processes are in place to ensure compliance with legal requirements.

Amendment:

- This statement may be amended by the board.

I, _____, agree to comply with the Riverside Health Care (RHC) Board Confidentiality Policy, code of conduct and accountability statement.

_____ _____

Signature Date

Original: 09/08
Reviewed: 09/11; 01/18, 09/18, 05/19, 09/20, 09/21, 09/22, 09/23, 06/24, 06/25, 06/26
Revised: 05/14, 09/18, 05/19, 10/20, 09/23, 06/25

Riverside Health Care

In Camera Audit & Resources Committee Report – June 2026

2.4.1 Minutes: Audit & Resources Committee *
May 21, 2026 – reviewed and approved by the Committee

2.4.2 Talent Management Update *

2.4.3 Project Cash by Spend Spreadsheet *

2.4.4 Performance Conversations Update *

2.4.5 Master Plan Update *

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

Date of Meeting: May 21, 2026 **Time of Meeting:** 4:00 pm

Location of meeting: LVGH – Board Room / Webex

PRESENT: H. Gauthier, C. Larson, M. Jolicoeur, M. Kitzul, B. Norton* (*via Webex)

REGRETS: E. Bodnar

GUESTS: G. Lecuyer, K. Woods, J. Savage (Item 3.0)

1. WELCOME AND ROUND TABLE CHECK IN:

B. Norton called the meeting to order at 4:03 pm. B. Booth recorded the minutes of the meeting. Round table introductions took place.

1.1 Confidentiality Reminder

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

2. ADOPTION OF AGENDA:

It was,

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

THAT the agenda be approved as circulated.
CARRIED.

3. PRESENTATION – MNP – Audit Plan – Jeff Savage (without Management present)

Management exited the meeting.

J. Savage, MNP Auditor, presented the audit plan to Board members without management present.

Management were asked to return to the meeting.

Carla questioned whether the audit team found any major concerns as of yet. Jeff confirmed no major concerns have been found. Jeff noted information has been well put together and acknowledged the Finance team for their word so far.

Henry discussed capital project funding, noting money will need to be sent back if not spent within the timelines. He confirmed we will need a lot more money to complete capital projects.

Jeff reported that the 2025-2026 overall deficit is approximately $5.1 million and the going concern will remain again this year. He shared he expects to be able to meet the targeted dates for the June meetings with no delays.

It was suggested that a summary of projects and costs that are unfunded be provided to Audit & Resources members.

Henry reported we will need another zero statement from the auditors for the Rainy River clinic as well. Jeff confirmed he will provide this.

The Committee thanked Jeff for attending. Jeff exited the meeting at 4:54 pm.

4. REVIEW OF MEETING MINUTES: April 23, 2026:

It was,

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

THAT the minutes of the previous meetings held on April 23, 2026, be approved as amended.
CARRIED.

5. BUSINESS ARISING:

5.1 2026-27 Capital Equipment Approval

Deferred to October 2026.

5.2 Talent Management

Deferred to the June meeting.

6. STANDING ITEMS:

6.1 Financial Report – 2025-2026 Draft Unaudited Year End

Carla confirmed this was reported at the last meeting and there have been no additions since last update.

6.2 OT, Sick & FTE Reports – April 2026

Carla reviewed the circulated reports highlighting the following:

- There has been some improvement in some areas.
- Rainy River OT has decreased due to agency covering positions.
- We have received some standard reporting from UKG for OT however, we haven't gone through it in detail as of yet but will be looking at this and identifying trends. After the review, meetings will be scheduled with managers to go over the trends identified.
- Gabrielle discussed April comparisons. More narratives will be provided moving forward. Conversations will also occur with HR to see how things can be addressed.
- Kelly shared that Kailey in HR is in the process of developing the sick management plan. The hope is that training will occur over the summer with a go-live date in the fall. These are aggressive timelines.

7. NEW BUSINESS:

7.1 Attestations

Ben reviewed the circulated briefing note. Carla highlighted the MSAA and HSAA as both have deficits and therefore, we are not in compliance. This is nothing we weren't expecting.

It was,

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

THAT the Audit & Resources Committee recommend 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 the CritiCall Declaration of Compliance.
CARRIED.

7.2 CEO Compliance

Ben reviewed the briefing note. Carla confirmed we are in compliance. She reported we have to remit our HST/GST remittance.

It was,

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

THAT the Audit & Resources Committee recommend that the Board of Directors approve the CEO Certificate of Compliance for the period of April 1, 2025, to March 31, 2026.

CARRIED.

Henry shared that Carla has a cash by spend spreadsheet for projects and suggested that this comes to this committee for information. Carla confirmed this is doable and noted it shows unfunded projects, money in and out, projects still waiting on money and projects complete.

ACTION: Add Project Cash by Spend Spreadsheet to the next meeting agenda.

8. SUMMARY OF ACTIONS / COMMUNICATION REQUIREMENTS

- 2026-27 Capital Equipment Approval – Deferred to October meeting
- Talent Management – Deferred to next meeting
- Add Project Cash by Spend Spreadsheet to the next meeting agenda.

8.1 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 Session Consent agenda.

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

In-Camera – Consent Agenda:

- April 23, 2026, Meeting Minutes
- 7.1 Attestations
- 7.2 CEO Compliance

In-Camera – Separate Item:

- Audit & Resources Verbal Update

9. DATE OF NEXT MEETING:

June 16, 2026

10. TERMINATION:

The meeting terminated at 5:13 pm.

_____ _____

Chair Recording Secretary
/bb

Riverside Health Care Facilities SHRP - Talent Management Plan

Kelly Woods, Director, Human Resources

Updated June, 2026

Workforce Planning

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

Workforce Planning Cont.

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

Recruitment System Development

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

Retention Plan

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

Retention Plan Cont.

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

HR Initiatives – HCA/PSW Status Continued

Capital Cashflow Impact Assessment for the period ending June 4, 2026

	April 1, 2025 to March 31, 2026	April 1, 2026 to June 4, 2026	Life to Date to June 4, 2026	April 1, 2026 to March 31, 2027 Forecast	Notes
Rainycrest ICIP HVAC Systems					
Cash In	$506,015	$2,160,781	**$2,666,796**	**$2,160,781**	Project complete; full funding received.
Cash Out	-$2,323,144	-$149,244	**-$2,472,387**	**-$149,244**	
Net Cash Impact	**-$1,817,129**	**$2,011,538**	**$194,409**	**$2,011,538**	
Rainycrest Nurse Call System					
Cash In	$0	$0	**$0**	**$0**	Project scheduled to begin end of June
Cash Out	$0	$0	**$0**	**-$885,015**	
Net Cash Impact	**$0**	**$0**	**$0**	**-$885,015**	
Rainycrest Roof Repairs (Phase III)					
Cash In	$0	$0	**$0**	**$0**	Project scheduled to begin end of summer
Cash Out	$0	$0	**$0**	**-$350,000**	
Net Cash Impact	**$0**	**$0**	**$0**	**-$350,000**	
HIRF 2024-25 Generator Hold Back					
Cash In	$0	$0	**$0**	**$0**	Final payment on hold due to generator deficiencies
Cash Out	-$549,171	-$490,342	**-$1,039,513**	**-$490,342**	
Net Cash Impact	**-$549,171**	**-$490,342**	**-$1,039,513**	**-$490,342**	
HIRF 2025-26 Pharmacy & Other					
Cash In	$3,722,860	$0	**$3,722,860**	**$0**	
Cash Out	-$54,464	-$460,978	**-$515,442**	**-$3,668,396**	Project ongoing
Net Cash Impact	**$3,668,396**	**-$460,978**	**$3,207,418**	**-$3,668,396**	
MRI Project					
Cash In	$177,441	$590,385	**$767,826**	**$13,524,807**	MRI Capital Project starting immediately
Cash Out	-$825,256	-$28,834	**-$854,090**	**-$12,876,993**	
Net Cash Impact	**-$647,815**	**$561,551**	**-$86,264**	**$647,814**	
NET TOTAL	**$654,281**	**$1,621,769**	**$2,276,050**	**-$2,734,401**	

Performance Conversations 2026- as of June 4, 2026			
Department- Director/Supervisor	**Completed Conversation**		**Employees Less Than One Year**
Community Services- D. Black/G.Miller (NPSH, Transportation)	3/33 (9%)		
Community Support Services- K. Bolen	14/76 (48%)		
Mental Health and Addiction- M. Marchuk	0/10 (0%)		
Risk Management- C. Cole	0/3 (0%)		
Capital Planning and Engineering- E. Cousineau (Maintenance, Bio-Med)	0/14 (0%)		
Nursing LVGH- J. Cousineau	8/95 (8%)		17 Agency
Finance- C.Larson	0/4(0%)		
Security-	0/2 (0%)		
DI /Lab/Registration- A. Faragher	3/48 (6%)		
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	7/65 (10%)		
FNS- All Hospital- N.Piotrowski	1/32 (3%)		
FNS RCLTC- S.Monahan	2/21 (9%)		
Payroll/Scheduling- G.Lecuyer	0/11 (0%)		
Therapeutic/Pharmacy- H.Loney	1/28 (3%)		
Nursing EHC/RRHC- R.Brooks	0/62 (0%)		13 Agency
RCLTC-Nursing-S.Labelle	13/125 (10%)		5 Agency
Amdinistrator RCLTC- Tara Morelli	0/1 (0%)		
Patient/Resident Exp.- C.Vandenbrand	1/14 (7%)		
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	48/677 (7%)		

861360 – Master Program & Master Capital Plan

4-Week Look Ahead Schedule			
Task Name	**Duration**	**Start**	**Finish**
1.2.2.2 Future Service Delivery	**94 days**	**Fri 3/13/26**	**Mon 7/27/26**
RHC Future Service Evaluation Survey	10 days	Thu 5/21/26	Wed 6/3/26
1.2.2.2.1.1 Model of Care	8 days	Thu 6/4/26	Mon 6/15/26
1.2.2.2.2 Program/Scope of Services Provided	6 days	Fri 6/19/26	Fri 6/26/26
LTC Model of Care Workshops	5 days	Mon 7/6/26	Fri 7/10/26
1.2.4.2 Spatial Requirements	**66 days**	**Mon 4/27/26**	**Wed 7/29/26**
Master Planning M & E, Civil & Structural Site Visit	3 days	Tue 6/30/26	Thu 7/2/26
Current Year Project Plan	6 days	Tue 6/9/26	Tue 6/16/26
Next Fiscal Year Project Plan Report	5 days	Wed 6/17/26	Tue 6/23/26

861360 – Master Program & Master Capital Plan

Project Milestones	
1.2.2.2 Future Service Delivery	
Presentation of Report to Steering Committee	July 20, 2026
Part A Master Program - Report Finalization	
Present to Board for Feedback & Approval	November 11, 2026
Final Stage - Service Support Infrastructure Report Submission	
Distribute Report to Board for Approval	February 19, 2027
Presentation and Approval from RHC Board	February 19, 2027

1.0 Purpose

This Project Plan outlines the objectives, governance, and processes that will guide the successful planning and execution of the Riverside Health Care Master Program and Master Capital Plan. The plan will serve as a living document, subject to revision and updates as the project evolves through its various phases. It will be actively managed and controlled by the Project Manager to ensure alignment with project goals and stakeholder expectations.

The Master Program is a document that reflects the Riverside Health Care's type and extent of health care services that is currently being delivered within Rainy River Health Centre, LaVerendrye General Hospital, Emo Health Centre, and Rainycrest LTC, district-wide Community Services, and Transportation Programs. In addition, the Master Program outlines the role of health care facilities within the district and within each identified community. The core framework of the Master Program is to address projected services and programs, staffing, and department space requirements in detail.

The project involves a Master Plan, developed with the support of the Master Program. The Master Plan provides alignment with the strategic vision for Riverside Health Care, and the province of Ontario, articulating how health care services will be delivered at each facility for the district. The goal of the Master Plan is to optimize flexibility to adapt to changes in the district's health care needs and service delivery models.

Effective project planning requires establishing a shared understanding of project objectives—including scope, quality, cost, schedule, risk, and sustainability—and culminates in this Project Plan, which serves as the foundational blueprint for delivery. Once approved by key stakeholders, the plan becomes the central reference point for managing project execution. It will be updated as necessary throughout the project lifecycle and remain under the control of Colliers Project Leaders Inc.

Objectives

1.1 Background

Riverside Health Care (RHC) provides acute, long-term care, community, transportation, and housing services across the Rainy River District. The Rainy River District (RRD) is located in Northwestern Ontario centered between Thunder Bay, Ontario to the east, Winnipeg, Manitoba to the west, and Minneapolis, Minnesota to the south. The RRD has a population of approximately 22,000 and covers 15,500 square kilometers. The nearest tertiary center within Ontario is in Thunder Bay.

The majority of RHC's services are provided in Fort Frances, Ontario, the largest community in the district, but also extends to Emo, Rainy River, and Atikokan. Surgical services in the district are provided at the LA Verendrye General Hospital (LVGH) in Fort Frances, while emergency services are available at both LVGH and the Rainy River Health Centre (RRHC). RHC also provides diabetes education, mental health and addictions, community support service and assisted living services, and many other services across much of the district, in addition to overseeing a 34-bed housing corporation, medically stable patient transport and Alternative Level of Care (ALC) Back to home services in the community of Fort Frances.

The outlined framework and scope of work was developed utilizing the Ministry of Health's Hospital Capital Planning and Policy Manual. The manual outlines required deliverables that were captured through the Request for Proposal for a Master Program & Master Capital Plan for Riverside Health Care.

1.2 Project Objectives

The objectives of the Project are to:

- Support long-term sustainability and resilience by aligning capital planning with evolving health care delivery trends and community needs.
- Strengthen stakeholder confidence and funding readiness by delivering a credible, evidence-based foundation for future capital investment.
- Drive organizational cohesion by engaging leadership, staff, and partners around a unified vision for future service delivery and facility development.

1.3 Project Success Metrics

- Final Master Program and Master Capital Plan documents submitted on or before the agreed milestone dates.
- Complete the project within the established budget.
- Budget & Milestone dates – both elements, this document evolves. We will continue to elaborate this document.
- Master Program and Master Plan achieve organizational and Board of Director's support and acceptance.

2.0 Scope Management

2.1 In Scope

Stakeholder Mapping & Governance Structure

- Identify and document key stakeholders across all functional and clinical areas.
- Develop a project-specific organization chart showing roles, responsibilities, and communication lines.

Project Governance & Coordination

- Establish a reporting structure and meeting cadence to support consistent updates, decisions, and alignment across teams.
- Facilitate all project meetings and interviews during the project. Formal agenda structures will be developed for all meetings and interviews and distributed in advance.

Foundational Review & Planning

- Conduct a comprehensive review of all relevant historical documentation, including past reports, planning studies, and clinical data.
- Develop a Project Plan outlining approach, methodology, milestones, and approval gateways.
- Produce a Master Project Schedule that captures all planning phases, key decision points, and client review cycles.

Strategic and Risk Planning

- Identify potential risks and mitigation strategies through a formal Risk Management Process.
- Articulate a future-focused Project Vision aligned with Riverside's long-term strategic goals.

Service Delivery Assessment & Redesign

- Evaluate current service delivery models and generate a Service Delivery Model Report.
- Identify Master Programming Principles to guide future planning and infrastructure development.
- Develop Options for Delivering Service Changes, aligned with community needs and best practices.
- Prepare a Human Resources Plan to assess workforce implications of future service models.

Financial and Operational Planning

- Provide a Preliminary Operating Cost Estimate for future service delivery scenarios.
- Outline capital and operational implications in a Multi-Year Infrastructure Plan.

Infrastructure & Space Planning

- Assess current non-clinical services and logistics through a Service Support Infrastructure Report.
- Define Spatial Requirements based on clinical and support needs.
- Conduct a Technical Building Assessment to evaluate condition, lifespan, and upgrade needs of existing assets.
- Create a Master Site Plan addressing zoning, land use, traffic flows, and future expansion capacity.
- Develop a Master Building Plan aligning spatial, clinical, and service priorities.

Final Planning Scenarios

- Present Options for the Master Plan, providing comparative analysis of cost, phasing, and service delivery alignment.
- Engage stakeholders to validate scenarios and select a preferred path forward.

2.2 Not in Scope

The following items are not approved within the project scope:

2022 – Checklist Trad Stage 1.2 Proposal – MOH Joint Review Framework for Early Capital Planning Stages:

- 1.2 Proposal
- 1.2.1 Executive Summary
- 1.2.2.5 Program Bed Map
- 1.2.4.1 Executive Summary
- 1.2.5 Business Case/Options Analysis
- 1.2.6 Facility Development Plan

2.3 Scope Monitoring

The Project's Steering Committee shall review and provide formal acceptance of project deliverables. Any scope change after contract award will be recorded in the Cost Tracking Log as a Change Order.

- Pre-Planning & Level Set
- Communication & Meetings
- Present Service Delivery
- Future Service Delivery
- Options for Delivering Changes in Service Delivery
- Human Resources Plan
- Preliminary Operating Cost Estimate
- Spatial Requirements
- Multi-Year Infrastructure Plan
- Technical Building Assessment
- Master Site Plan
- Master Building Plan & Options
- Final Stage - Service Support Infrastructure Report Submission

2.4 Approval of Scope Changes

Any scope change identified during the lifecycle of the project, which involves a Project Schedule extension and/or an increase in cost above the Project Budget allocations, must be approved in writing by the Sponsor prior to commencement of the work.

3.0 Schedule Management

3.1 Project Schedule

The Project Schedule milestones are listed below:

Milestone	Scheduled Date
Master Program Phase	
Pre-Planning & Level Set	Aug 21, 2025
Present Service Delivery	Feb 19, 2026
Future Service Delivery	July 20, 2026
Options for Delivering Changes in Service Delivery	Sep 09, 2026
Human Resources Plan	Sep 23, 2026
Preliminary Operating Cost Estimate	Nov 05, 2026
Master Capital Plan Phase	
Spatial Requirements	Jun 08, 2026
Multi-Year Infrastructure Plan	Jul 08, 2026
Technical Building Assessment	Aug 19, 2026
Master Site Plan	Oct 01, 2026
Master Building Plan & Options	Feb 05, 2027
Final Stage - Service Support Infrastructure Report Submission	Apr 16, 2027

3.2 Schedule Monitoring

The Project Manager will manage the Master Project Schedule through Microsoft Project. The Project Team will progressively elaborate the Master Project Schedule throughout the life of project. The Project Manager will update the Master Project Schedule monthly to track progress and will report on milestones, key upcoming tasks and recently completed tasks in the monthly Project Status Report.

During the planning phase, the Project Manager will monitor progress against the approved Master Project Schedule and obtain monthly updates from all contributing consultants and teams. The Project Team will carry out monthly Project Status Reports which will provide current and upcoming milestones. Key milestone dates will be updated in the Master Schedule to maintain alignment with project goals.

Colliers will identify any schedule deviations and bring forward recommendations to the Project Steering Committee to support timely decision-making and ensure the project remains on track.

3.3 Approval of Schedule Changes

Any changes to the Project Schedule Milestones must be approved in writing by the RHC's Committee. Two-three weeks' notice will be given to RHC ahead of any Project Schedule Milestone revisions. The current standard practice in place allows RHC five days to respond. This would allow for enough time to assess, discuss and align all teams with any revisions.

4.0 Cost Management

4.1 Project Budget

The Project Budget is **$1,021,543** allocated as follows:

Colliers Project Leaders	154,230
LuBrun	30,000
Cumulus & WSP	167,621
HH Angus	10,630
BIG HealthCare	18,288
Helyar	33,150
Hanscomb	37,924
Clubine	64,213
Total Cost - Consulting Fees Phase 1	**$516,056**
Colliers Project Leaders	36,460
LuBrun	0
Cumulus & WSP	336,044
HH Angus	118,685
BIG HealthCare	3,150
Helyar	5,400
Hanscomb	348
Clubine	5,400
Total Cost - Consulting Services Phase 2	**$ 505,487**
Total Overall Cost	**$1,021,543**

4.2 Approval of Project Budget Changes

Any increase in cost above the approved budget allocations must be approved in writing by RHC's committee. All Change Orders must be approved in writing by RHC's committee before authorization of the work.

5.0 Resource Management

5.1 Roles and Responsibilities

The following people and positions are assigned to the roles and responsibilities for this Project:

Person/Position	Role	Responsibilities
Henry Gauthier (Riverside Health Care)	President & Chief Executive Officer (CEO)	• Setting the strategic direction and vision, leading its overall operations and management, communicating with stakeholders including the board of directors, employees, and the public, allocating resources, and fostering the long-term growth of the organization.
Tara Morelli (Riverside Health Care)	VP, Long Term Care and RC Administrator	• Provides executive and operational oversight for long-term care and residential care services, including regulatory compliance, staffing, quality of care, and program administration.
Carla Larson (Riverside Health Care)	VP, Infrastructure, Information and CFO	• Manage and guide RHC's financial health and strategic direction by overseeing financial operations, financial planning and analysis, cash flow management, investments, risk management, and reporting.
Julie Cousineau (Riverside Health Care)	VP, Hospital Clinical Services and Chief Nursing Executive	• Managing nursing budgets, setting patient care standards, developing and implementing policies, leading and developing nursing staff, maintaining regulatory compliance, and serving as the voice of nursing on the executive team.
David Black (Riverside Health Care)	VP, Community and Transportation Services	• Provides executive oversight for community programs and transportation services, including service delivery, operations coordination, infrastructure planning, and community accessibility initiatives.
Julie Loveday (Riverside Health Care)	VP, Administrative and Support Services	• Provide local subject matter expertise for all RHC's facilities, programs, partners, and engage with the Project Team, providing accurate data and logistics.
Gabrielle Lecuyer (Riverside Health Care)	Senior Director of Finance	• Provides executive oversight for financial planning, budgeting, capital funding, and organizational resource management,

		supporting strategic decision-making and long-term infrastructure planning.
Kelly Woods (Riverside Health Care)	Senior Director of Human Resources	• Supports organizational effectiveness through strategic workforce planning, talent management, labour relations, and human resources leadership.
Amanda Green (Riverside Health Care)	Corporate Administrative Assistant	• Liaison with the Project Team as the Project Admin for RHC. Provide data, historical documentation, meeting coordination with RHC & the Project Team.
Patsy Poulin (Cumulus Architects)	Team/Planning Lead	• Responsible for leading the planning team in developing design solutions, overseeing master site and building plans, managing schedule, risk, and quality, and representing the team in senior management and budget discussions.
Lisa Tobin (Cumulus Architects)	Clinical Lead, Team Lead Back Up	• Responsible for leading clinical planning and stakeholder engagement, managing daily planning activities, coordinating with sub-consultants, monitoring project progress and budget, and serving as backup Team Lead.
Lucy Brun (LuBrun Consulting)	Master Programmer	• Responsible for leading the development of the Service Delivery Model Report, evaluating district-wide services, and aligning findings with the Strategic Plan and Master Plan to recommend a progressive future state model for RHC.
Carolyn Clubine (Clubine Consulting)	LTC Specialist	• Responsible for developing the LTC Service Delivery Model, integrating it into the Master Program in collaboration with Lucy, and completing the Redevelopment Application.
Michelle Murphy (WSP)	Civil/Structural Engineer + Team Lead	• Responsible for assessing the building's structural integrity, conducting inspections and reviews, identifying risks or code issues, and recommending repairs or further analysis to support future development.
Noorin Karmali (BIG Healthcare)	HR & Operational Forecasts	• Responsible for analyzing future service volumes, proposing health human resource plans, and assessing impacts on operational expenses using hospital benchmarking data.
Chris Helyar (Helyar Health)	Data Analyst	• Responsible for leading research, data analytics, forecasting, and modeling to support the Master Program and related service delivery reports and LTC applications.

Isaac Gwendo (Hanscomb Limited)	Team Lead Backup + Senior (Architectural, Structural, Civil) Quantity Surveyor / Cost Consultant	• Responsible for collaborating with the Project Team and consultants to identify scope and risks, and deliver cost advice using healthcare Master Planning expertise.
Irene Malang (Hanscomb Limited)	Team Lead + Senior Quantity Surveyor / Cost Consultant	• Responsible for coordinating cost research, preparing estimates, supporting project deliverables, and maintaining proactive communication with consultants.
Kim Spencer (HH Angus)	Executive Lead – MEP MP Team	• Responsible for leading MEP Master Planning and Technical Building Assessment teams, managing resources and project administration, providing strategic direction, mitigating risks, and maintaining quality control.
Laura Sisson (HH Angus)	Mechanical Lead, Project Manager (M&E)	• Responsible for leading the Mechanical and Electrical (M&E) Master Planning and Programming teams, overseeing technical assessments, managing resources and project administration, providing strategic direction, identifying and mitigating risks, and maintaining quality control throughout the project lifecycle.
Peter Gryc (SMS Engineering)	Principal, Senior Mechanical Engineer	• Responsible for leading and coordinating SMS's Mechanical engineering input for technical building assessments, maintaining compliance with the project brief, and supporting overall project management and strategic direction.
Chris Hewitt (SMS Engineering)	Senior Electrical Engineer	• Responsible for leading and coordinating SMS's electrical engineering input for technical building assessments, maintaining compliance with the project brief, and supporting overall project management and strategic direction.
Deborah Hill (Colliers Project Leaders)	Executive Lead	• Provide subject matter expertise, liaison with the Master Programmer and support client satisfaction.
Jamie Cook (Colliers Project Leaders)	Project Director	• Provide healthcare expertise, oversight and guidance to the project team.
William Dawson (Colliers Project Leaders)	Master Programmer Technical Writer	• Provide support in drafting and preparing all technical reports for the Master Programming phase of the Project, and lead the Spatial Requirements component of the Master Capital Plan in collaboration with Cumulus and WSP.
Oday Hassan (Colliers Project Leaders)	Project Lead	• Overall project management responsibility on behalf of Riverside Healthcare (RHC)
Umar Khan (Colliers Project Leaders)	Senior Project Manager	• Overall project management responsibility on behalf of Riverside Healthcare (RHC)

Luke Olszewski (Colliers Project Leaders)	Designated Project Manager	• Overall project management responsibility on behalf of Riverside Healthcare (RHC)
Brian Reigh (Colliers Project Leaders)	Project Manager	• Provide support with the stakeholder engagement sessions
Emuobosa Ohwofasa (Colliers Project Leaders)	Assistant Project Manager	• Assist with overall project management responsibility on behalf of Riverside Healthcare (RHC)

5.2 Contact Information

Contact information for all project participants is provided in Appendix A.

6.0 Communications Management & Engagement

6.1 Parties for Communications

For email communication a standard nomenclature for the project team to “RHC” for project description followed by hyphen and subject matter.

6.2 Meetings

The Project Team will meet as required throughout the Project, and no less than once a month, with a monthly cadence with the Steering Committee and bi-weekly internal coordination meetings with the Project Team. Stakeholder Engagement meetings and interviews will also be scheduled as appropriate to ensure inclusive input and alignment. The Project Team meetings will be scheduled and chaired by the Project Manager.

6.3 Status Reports

The Project Manager will prepare Quarterly Project Status Reports communicating the status of the project performance with respect to scope, schedule, cost, and risk issues. Each status report will include the most current version of the Master Project Schedule, Cost Tracking Log, Risk Register and an executive summary. The Status Report will be issued to the Steering Committee in the first week of each month.

6.4 Email Correspondence

All project correspondence will be issued by email. All contractual or legal based directions are to be provided by formal letter or report by the authoring party that is issued as an attachment with the email. All email correspondence related to the Project should have the acronym ‘RHC’ at the beginning of every subject line. In addition, all email correspondence should contain and maintain one relevant subject for each email chain.

6.5 Stakeholder Engagement

The Project Manager will develop a Stakeholder Register that will encompass all stakeholder contact information and descriptions. The Stakeholder Register will be utilized for all Stakeholder Engagement sessions, visioning sessions, big-room sessions, and interviews. In collaboration with the RHC team, the Stakeholder Register is to be a living document, updated by both parties until engagement and outreach begins. During the engagement and outreach tasks the Stakeholder Register can only be revised by the Project Manager or the Designee.

7.0 Risk Management

The risk level of the project is in line with the risk tolerance of the client.

7.1 Currently Identified Risks

- Stakeholder Misalignment could lead to delays
- Regulatory or Policy Changes could impact the assumptions used in the Master Plan
- Incomplete or Outdated Baseline Data could lead to flawed Master Program
- Projections for future service delivery needs may not accurately reflect population growth, aging demographics, or shifts in care models
- Low Stakeholder Participation could lead to gaps in planning

7.2 Risk Management

The Project Manager has identified project risks during the Project Implementation Phase. These risks have been analyzed and entered into the Risk Register to facilitate the monitoring and management of the identified risks with the highest priority risks identified above. Changes to risks will be reviewed in project meetings and reported monthly through Project Status Reports. The Project Team will progressively elaborate the Risk Register throughout the project.

8.0 Quality Management

8.1 Project Management Documents

All documents created and maintained by the Project Manager will be managed using Colliers' ISO 9001:2015 Quality Management System throughout the project. All deliverables generated by the Project Manager will be identified, released and traceable to personnel and organizations. The Project Plan, Master Project Schedule, Cost Tracking Log, and Risk Register documents will be managed as Controlled Documents so that all recipients are aware of the most current document version.

8.2 Design Documents

The Consultant will be responsible for defining and delivering the appropriate quality assurance and quality control efforts to prepare the design documents (e.g. working drawings and specifications) so that the intended Project Objectives and specified standards are achieved.

The quality assurance requirements for this project are expected to be consistent with current standards of practice.

For the RHC Master Program and Capital Plan, Colliers and Cumulus will apply a rigorous Quality Assurance (QA) process aligned with recognized professional and regulatory standards. These include:

- Ontario Association of Architects (OAA) standards for professional ethics and practice.
- Toronto Green Standards (TGS) and LEED®/ENVISION™ sustainability frameworks to ensure designs meet or exceed environmental performance benchmarks.
- Accessibility for Ontarians with Disabilities Act (AODA) and Ontario Building Code (OBC) requirements, supplemented by universal design best practices that go beyond minimum compliance.
- Colliers' Sustainability Policy, which require ongoing monitoring, measurement, and tracking of sustainable and ethical practices.
- Client-specific healthcare protocols, including infection control measures and operational requirements for active healthcare facilities.

Quality reviews will be embedded at each design stage to confirm compliance with these standards, supported by checklists, peer review, and benchmarking against best practice examples from healthcare and other sectors.

The project team will ensure that the Master Program and Capital Plan fully capture both explicit and implicit requirements by:

- Documenting all stated requirements in the functional program and progressively updating it as the design evolves.
- Conducting structured design reviews at the end of each stage, mapping requirements against design outputs to ensure alignment.
- Engaging stakeholders early and continuously (including clinical staff, operational leads, patients, families, Indigenous partners, and accessibility advocates) to surface implied or evolving needs.
- Utilizing evidence-based design principles and user testing to validate solutions, particularly where unique accessibility or healthcare requirements are identified.
- Applying a whole-life approach, ensuring design decisions reflect sustainability, operational efficiency, and resilience beyond initial construction.

9.0 Diversity and Inclusion

The following Diversity and Inclusion Initiatives are integral to the services of Riverside Healthcare's Project and will be incorporated as follows:

Opening Practice

- All sets of meetings will begin with a formal Land Acknowledgement, recognizing and respecting Indigenous communities and their traditional territories.

Indigenous Engagement & Collaboration

- Conduct meaningful engagement with Indigenous communities and businesses throughout project planning and execution.
- Leverage the expertise of team members of Indigenous heritage to guide deliverables with cultural sensitivity.
- Support Indigenous economic self-determination through partnerships and procurement opportunities.

Workforce Diversity & Inclusive Practices

- Recruit from broad, diverse candidate pools with decisions based solely on ability and performance.
- Ensure full compliance with the Ontario Human Rights Code and the Accessibility for Ontarians with Disabilities Act (AODA).

Accessible & Inclusive Design

- Integrate universal design principles to create inclusive, dignified, and accessible healthcare spaces.
- Implement beyond-code accessibility solutions for individuals with stamina limitations, chemical sensitivities, intellectual disabilities, and low vision.
- Use evidence-based design and mock-up testing to validate accessibility in patient and family spaces.

Ongoing Education & Engagement

- Provide continuous AODA training to staff to help identify and remove workplace and service barriers.
- Foster inclusion and innovation through professional development, mentorship, and collaborative initiatives (e.g., Lunch-and-Learns, Blue Sky sessions).
- Support community and academic outreach through mentorship and co-op opportunities.

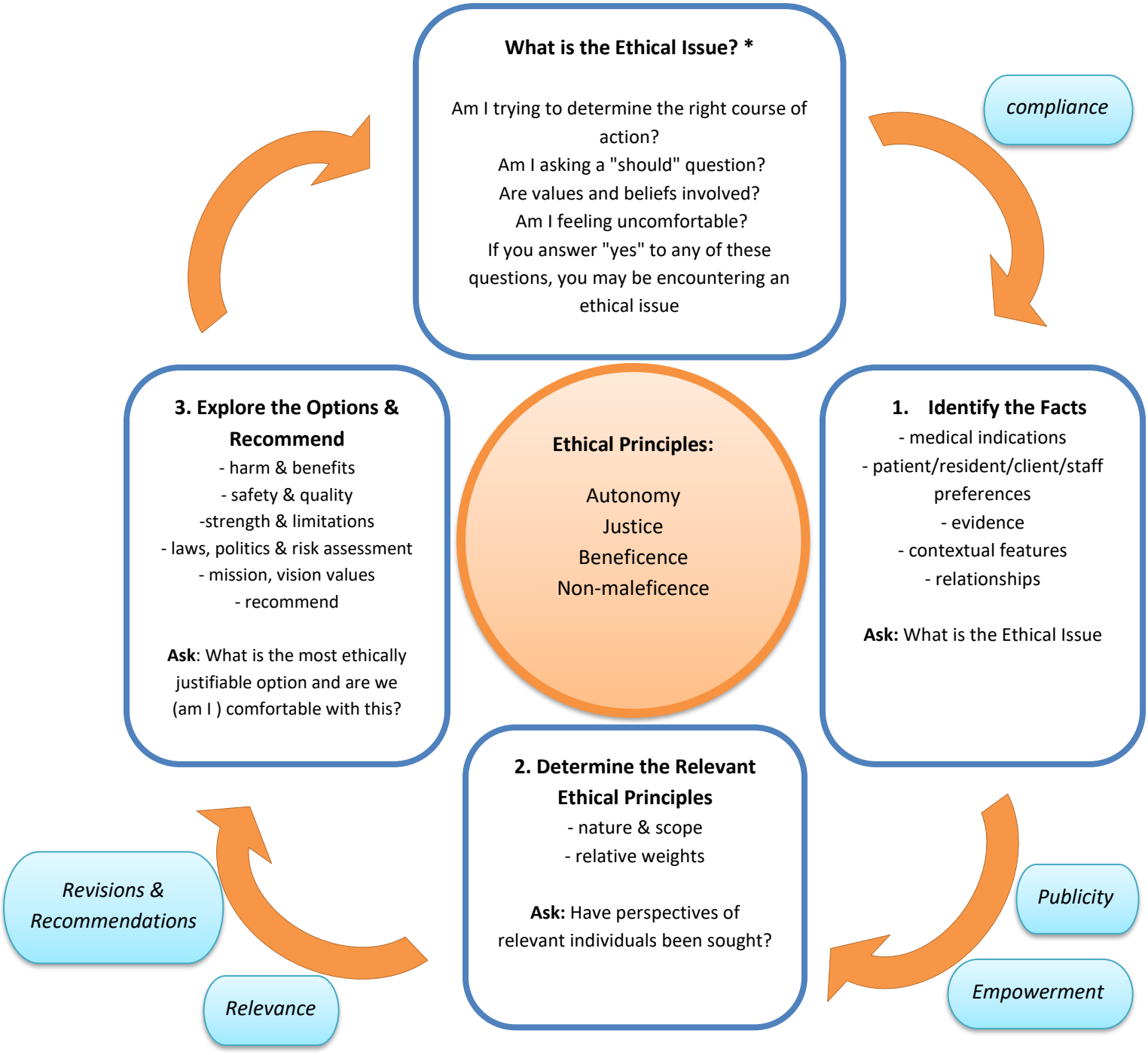
APPENDIX A - Project Contact List

Name	Title	Company	E-mail	Phone
Deborah Hill	Executive Lead	Colliers Project Leaders	Deborah.Hill@colliersprojectleaders.com	(647)-274-3173
Jamie Cook	Project Director	Colliers Project Leaders	Jamie.Cook@colliersprojectleaders.com	(289)-962-6356
William Dawson	Master Programmer Technical Writer	Colliers Project Leaders	William.Dawson@colliersprojectleaders.com	(902)-818-6308
Oday Hassan	Project Lead	Colliers Project Leaders	Oday.Hassan@colliersprojectleaders.com	(519).563.7478
Umar Khan	Senior Project Manager	Colliers Project Leaders	Umar.Khan@colliersprojectleaders.com	(289)-962-4823
Luke Olszewski	Project Manager	Colliers Project Leaders	Luke.Olszewski@colliersprojectleaders.com	(705)-920-0491
Brian Reigh	Project Manager	Colliers Project Leaders	Brian.Reigh@colliersprojectleaders.com	(807)-709-9875
Emuobosa Ohwofasa	Assistant Project Manager	Colliers Project Leaders	Emuobosa.Ohwofasa@colliersprojectleaders.com	(705)-665-4035
Patsy Poulin	Team/Planning Lead	Cumulus Architects	patsy@cumulusarch.com	(647)-822-9751
Lisa Tobin	Clinical Lead, Team Lead Back Up	Cumulus Architects	lisa@cumulusarch.com	(647)-302-0333
Lucy Brun	Master Programmer	LuBrun Consulting	lucy@lubrun.ca	(416)-948-3616
Carolyn Clubine	LTC Specialist	Clubine Consulting	carolyn.clubine@gmail.com	(905)-451-7443
Michelle Murphy	Civil/Structural Engineer + Team Lead	WSP	Michelle.Murphy@wsp.com	(807)-631-9418
Noorin Karmali	HR & Operational Forecasts	BIG Healthcare	noorin.karmali@bighealthcare.ca	(416)-627-6666
Chris Helyar	Data Analyst	Helyar Health	chris@helyarhealth.com	(416)-317-6397
Isaac Gwendo	Team Lead Backup + Senior (Architectural, Structural, Civil) Quantity Surveyor / Cost Consultant	Hanscomb Limited	igwendo@hanscomb.com	(204)-775-3389
Irene Malang	Team Lead + Senior Quantity Surveyor / Cost Consultant	Hanscomb Limited	imalang@hanscomb.com	(204)-775-3389
Kim Spencer	Executive Lead – MEP MP Team	HH Angus	kim.spencer@hhangus.com	(416) 435 9739
Laura Sisson	Mechanical Lead, Project Manager (M&E)	HH Angus	laura.sisson@hhangus.com	(416) 435 9320

Peter Gryc	Principal, Senior Mechanical Engineer	SMS Engineering	pgryc@smseng.com	(204)-775-0291
Chris Hewitt	Senior Electrical Engineer	SMS Engineering	chewitt@smseng.com	(204)-775-0291

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 – June 2026

2026 Appointment and Reappointment Application for Privileges

See attached list.

Medical Learners

Reem Al-Obiade (PRP – Family Medicine – Rural West) – Supervisor Dr. M. Ruppenstein – June 8 – June 30, 2026
Spinghar Yonus (PGY2) – Supervisor Dr. T. Lefrancois – June 1-2, 2026
Simon Bezanson (UGY2) – Supervisor Dr. K. Meyers – August 3 - 16, 2026
Claire Calarco (PGY2) – Supervisor Dr. M. Ruppenstein – September 21 – October 18, 2026
Rajpreet Panesar (PGY2) – Supervisor Dr. M. Ruppenstein – September 21 – November 15, 2026

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 09-06-2026

2026

Appointment

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

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

Boktor, Dr. Marly	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]

Holmquist, Dr. Brent	Locum Tenens	Physician		

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

Reviewer Comments:

Comment Added By	Date Added	Comment
Brooke Booth	5/8/2026 2:40:43 PM	CMPA valid as of June 10, 2026 Work permit valid until March 1, 2029

Samanabadi, Dr. Mahdokht	Associate	Physician		

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

* 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 - 09-06-2026

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

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

Reviewer Comments:

Comment Added By	Date Added	Comment
Brooke Booth	5/14/2026 11:43:09 AM	ON CMPA coverage is for June 1 - August 31, 2026 - Dr. Schreader is aware she needs to provide updated CMPA coverage if scheduled outside of this timeframe prior to locum work.

Trent, Dr. Jessica	Locum Tenens	Physician	Lake of the Woods District Hospital	

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

PROFESSIONAL STAFF PRIVILEGES FOR APPROVAL

RECOMMENDATIONS TO THE MEDICAL ADVISORY COMMITTEE - 09-06-2026

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

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

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Ezie, Dr. Oboatarhe Blessing	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Golrokhian Sani, Dr. Mohammad Reza	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Gunka, Dr. Barbara	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Holzapfel, Dr. Nicholas	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Mashari, Dr. Azad	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Newcombe, Dr. Christopher Howard	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 - 09-06-2026

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Pek, Dr. Elisabeth	Regional Staff	Physician	St. Joseph's Care Group	
Power, Dr. Laura	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Rafiq, Dr. Farina	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Sobiesiak, Dr. Agnes	Regional Staff	Physician	Lake of the Woods District Hospital	
Sood, Dr. Shikha	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 - 09-06-2026

2026

Reappointment

Regional Ordering	Staff Status		Alt Department / Primary Org	Area Of Work
Butt, Dr. Usne Josiah	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Cano, Dr. Paul	Regional Staff	Physician	Lake of the Woods District Hospital	
Deacon, Dr. Perri	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Dumontier, Mr. Nicholas	Regional Staff	Nurse Practitioner	Lake of the Woods District Hospital	
Fortier-Tougas, Ms. Fannie	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Huang, Dr. Michael	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Koury, Ms. Terri-Lynn	Regional Staff	Nurse Practitioner	Sioux Lookout Meno Ya Win Health Centre	
Leah, Dr. Jessica	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Lin, Dr. Vincent Yu-Wen	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Mikail, Dr. Christine	Regional Staff	Physician	Sioux Lookout Meno Ya Win Health Centre	
Pascoe, Ms. Jill Patricia	Regional Staff	Nurse Practitioner	Thunder Bay Regional Health Sciences Centre	
Rumbolt, Dr. Colin Brian Charles	Regional Staff	Physician	Thunder Bay Regional Health Sciences Centre	
Zeng, Ms. Helen	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

Riverside Health Care Facilities Inc.
Medical Staff Organization 2026/27

BOARD OF DIRECTORS

MEDICAL ADVISORY COMMITTEE
Chief of Staff (Chair) – Lucas Keffer
Associate Chief of Staff – Fort Frances - Lorena Jenks
Associate Chief of Staff – Emo – Kim Meyers
Associate Chief of Staff – Rainy River - VACANT
President Medical Staff – Jeff Gustafson
Vice-President Medical Staff – Marc Ruppenstein
Chair - Medical Quality Assurance/Health Records Committee – Vaishali Patel
Chair- Education & Library Committee - Danielle Gustafson-Mitchell
Chair - Pharmacy & Therapeutics Committee - Brewster Laxton
Chief Executive Officer – Henry Gauthier
CNE – Julie Cousineau
Director of Care, Emo & Rainy River Health Centres – Suzie-Ana Boyne

*** The Medical Advisory Committee is the Credentials Committee**

MEDICAL QA/HR COMMITTEE
Chair - Vaishali Patel
Pathologist
QI Co-ordinator
Laboratory Manager
Director, Patient Information Services & Privacy

PHARMACY & THERAPEUTICS COMMITTEE
Chair – Brewster Laxton
Emo
Rainy River
Pharmacist
Director, Nursing Practice
Rehab. Services representative

LIBRARY & EDUCATION COMMITTEE
Chair – Danielle Gustafson-Mitchell
Emo
Rainy River
Education Services Rep.

MEDICAL REPRESENTATIVES ON COMMITTEES

· Emergency Planning – Dr. Brewster Laxton
· Ethics Team (COS/ACOS) – Lucas Keffer/Lorena Jenks
· Infection Control – Melanie Halvorsen
· Perinatal (MORE OB) - Lorena Jenks/Melanie Halvorsen/Vaishali Patel/Karina Arnesen
· Quality Safety Risk Committee (COS/ACOS) - Lucas Keffer/Lorena Jenks
· Surgical Services - All surgeons
-Transfusion Committee – Carolyn Trottier

(Revised: June 2026)