BOARD OF DIRECTORS MEETING
OPEN SESSION
Thursday, September 24, 2026
5:30 pm – La Verendrye General Hospital / Webex

A G E N D A

Item	Description	Page
1.	Call to Order – 5:30 pm – Indigenous Acknowledgment & Reading of the Mission Statement 1.1 Quorum 1.2 Conflict of Interest and Duty	
2.	Consent Agenda 2.1 Board Minutes – June 18, 2026 * Pg 4 2.2 Board Chair & Senior Leadership General Report – D. Clifford, H. Gauthier, J. Cousineau, C. Larson, J. Loveday, D. Black, T. Morelli, Dr. L. Keffer * Pg 8 2.3 Governance Committee Report – E. Bodnar 2.4 Audit & Resources Committee Report – M. Jolicoeur * Pg 10 2.5 Quality Safety Risk Committee Report – M. Kitzul * Pg 14 2.6 Auxiliary Reports * Pg 16	
3.	Motion to Approve the Agenda	
4.	Patient / Resident Safety Moment – C. Vandenbrand	
5.	Business Arising - None	
6.	New Business 6.1 Board Member Consolidated Confidentiality, Accountability & Roles & Responsibility Statement – Annual Signing * Pg 18	
7.	Opportunity for Public Participation	
8.	Move to In-Camera	
9.	Other Motions/Business	
10.	Date and Location of Next Meeting: October 29, 2026	
11.	Termination	

* denotes attached in board package / **denotes circulated under separate cover / *** denotes previously distributed

BOARD OF DIRECTORS MEETING
ANTICIPATED MOTIONS – OPEN SESSION

Thursday, September 24, 2026

3.	Motion to Approve the Agenda	THAT the RHC Board of Directors approve the Agenda as circulated/amended
8.	Move to In-Camera	THAT the RHC Board of Directors move to in camera session at (time)
9.	Other Motions/Business	
11.	Termination	THAT the RHC Board of Directors meeting be terminated at (time)

Indigenous Acknowledgment:

Riverside acknowledges that the place we are meeting today is on the traditional lands of the Anishinaabeg people, within the lands of Treaty 3 Territory, as well as the home to many Métis.

RIVERSIDE HEALTH CARE FACILITIES INC.
MINUTES
OPEN SESSION

Date of Meeting: June 18, 2026 **Time of Meeting:** 5:30 pm

Location of Meeting: Webex / LVGH Board Room

PRESENT:	H. Gauthier	D. Clifford	E. Bodnar	D. Loney	
	M. Jolicoeur	M. Kitzul	K. Lampi	A. Beazley*	*via Webex

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

REGRETS: Dr. K. Arnesen, Dr. L. Keffer, B. Norton

GUESTS: J. Savage

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1. CALL TO ORDER:

D. Clifford called the meeting to order at 5:30 pm. B. Booth recorded the minutes of this meeting. M. Kitzul read the Indigenous Acknowledgment and the Mission Statement. D. Clifford welcomed everyone to the meeting and reminded all of the virtual meeting etiquette. Round table introductions took place.

D. Clifford acknowledged the LVGH Auxiliary for their generous $100k donation and their committed donation of $75k for this coming year. D. Clifford commended all Auxiliaries for all their work and dedication to supporting quality health care services in the district.

1.1 Quorum

D. Clifford shared there were 1 regret. Quorum was present.

1.2 Conflict of Interest

No conflict of interest or duty was 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. MOTION TO APPROVE THE AGENDA:

It was,

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

THAT the Board approves the Agenda as circulated.

CARRIED.

4. Presentation: Draft Financial Statements – MNP Auditor – Jeff Savage

D. Clifford welcomed J. Savage, MNP Auditor to the meeting who presented the draft financial statements. J. Savage has been involved with the RHC audit for roughly 20 years. J. Savage highlighted the following:

- The audit work started in February; timelines of the audit were discussed.
- The statements were presented in detail to the Audit & Resources Committee as well.
- The Management Responsibility Report and Auditors Report were reviewed. J. Savage noted the Management Responsibility Report required signature.

- J. Savage provided the auditors opinion reporting the accompanying financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2026, and the results of its operations, its remeasurement gains and losses and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.
- Statement of Financial position was reviewed.
- The Going Concern was highlighted.
- Level of liabilities versus assets were reviewed noting the liabilities exceed the assets.
- Note 2 of the statements was highlighted.
- Overall Deficit is $7.5 million.
- Statement of Operations was reviewed.
- Assets, capital assets, liabilities, and net assets were reviewed.
- J. Savage noted RHC is not alone in being in this financial position and many hospitals are in the same position.
- Discussion took place regarding the MRI and whether it will bring in some revenue. C. Larson confirmed it will bring in some revenue. H. Gauthier discussed the importance of capital projects being fully funded and shared funding is not equal for all hospitals.
- Total Revenue was approximately $89 million.
- Total Expenses was roughly $95 million.
- Revenue over expenses is a deficit of approximately $5 million, 73% of this is Rainycrest.
- J. Savage highlighted pages 15-19 of the statements; the schedules were reviewed.
- Schedule 4 – Rainy River Clinic was reviewed.
- Schedule 23 – Fundraising was reviewed.
- J. Savage confirmed the statements are accurate and they are confirming a clean and unqualified audit.

J. Savage thanked C. Larson and G. Lecuyer and their entire team for their work. D. Clifford thanked J. Savage for his presentation.

It was,

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

THAT the Board of Directors approves the 2025-2026 audited financial statements, as reviewed and recommended by the Audit & Resources Committee.

CARRIED.

J. Savage exited the meeting.

5. <u>Patient / Resident Safety Moment</u>

J. Cousineau shared a story regarding “Care Close to Home”, on behalf of C. Holt, Director Perioperative Services & MDR. The following was highlighted:

Behind every procedure performed in our operating rooms is a person, a family, and a life deeply connected to our community. One of our former patients required ongoing monitoring for a urological condition. As part of the care plan, the patient underwent regular cystoscopy procedures to support early detection and maintain health. While these procedures may seem routine from a clinical perspective, for this patient they represented something much larger: the ability to continue living a full and active life.

Because these services were available locally, the patient was able to receive high-quality care close to home, surrounded by the support of their family and community. Rather than travelling long distances to larger centres for repeated appointments, the patient was able to remain engaged in the activities and relationships that mattered most to them. The patient continued contributing to family responsibilities, participating in community life, and spending meaningful time with their children and grandchildren.

Throughout the patient's care journey, the family remained closely involved. They attended appointments, supported recovery, and participated in important conversations about the patient's health. The convenience and accessibility of local surgical services reduced not only the burden of travel, but also the emotional, physical, and financial strain that can accompany ongoing surveillance and treatment.

For this patient, receiving care locally meant:

- Less time spent travelling
- Greater continuity of care
- Increased family involvement
- Reduced disruption to daily life
- The ability to remain connected to the people and community they value most

Stories like this demonstrate the true impact of maintaining strong perioperative and specialty services within our hospital. Access to care close to home is not simply about convenience; it is about preserving quality of life, supporting families, and strengthening the health of the communities we serve.

This patient's experience reflects the broader mission of our organization: delivering compassionate, high-quality care that allows patients to heal, recover, and continue living meaningful lives within their own community.

D. Clifford thanked J. Cousineau for sharing this story.

6. BUSINESS ARISING:

There was no business arising.

7. NEW BUSINESS:

There was no new business.

8. OPPORTUNITY FOR PUBLIC PARTICIPATION

There was no public participation.

9. MOVE TO IN-CAMERA:

It was,

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

THAT the Board go in-camera at 6:12 pm.

CARRIED.

10. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

11. DATE AND LOCATION OF NEXT MEETING:

September 2026 (date to be determined)

12. TERMINATION:

It was,

MOVED BY: D. Loney

THAT the meeting be terminated at 7:37 pm.

CARRIED.

_____ _____

Chair Secretary/Treasurer

Riverside Health Care

Board Chair, Chief of Staff & Senior Leadership Report – September 2026
Open Session

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **Human Resources**

  Suzie-Ana Boyne, RN has joined RHC as the new Director of Care for Rainy River and Emo Health Centres. Suzie-Ana is scheduled to begin working on-site the third week of September. Suzie-Ana has worked in nursing since 2008 and brings a strong background in resident care and nursing leadership to Riverside, including more than five years as a Resident Care Manager at Charleswood Care Centre in Manitoba.

One Riverside - Promoting a Consistent and Empowering Culture

- **Project Updates**
  - MRI @ LVGH – capital portion of project is in progress, and MRI will go-live April 1, 2027.
  - X-Ray @ LVGH – project is now operational.
  - X-Ray @ RR – will go live December 15, 2026.
  - Pharmacy @ LVGH – renovation continues to progress. Project expected to go-live by January 31, 2027.
  - Generator @ LVGH – generator expected to arrive shortly with install complete by November 30, 2026.
  - Nurse Call @ RC – in progress. Go-live date expected by December 1, 2026.
  - Roofing @ RC - Completion expected prior by December 15, 2026.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **Human Resources**

  New Board Member orientation was held on September 15, 2026. The Board Chair presented under Board Governance, the COS presented on the credentialing process for physicians and the MAC, the senior team presented on The Organization from an operations perspective as well as Hospital, LTC, and Community/Transportation services. In addition, Accreditation, Confidentiality, Quality, Safety, Risk, and Privacy presentations were provided by the Directors' overseeing those areas. In advance of this session, the new Board members viewed the 3 Governance education session videos that were developed with BLG for use at Riverside Health Care (RHC).

- **Echocardiograms**

  Echocardiography is an essential diagnostic tool used to assess heart structure and function and to support the diagnosis and management of conditions such as heart failure, valve disease, cardiomyopathy, and other cardiovascular concerns. These services were previously provided in Fort Frances by the late Bernie Rittau.

  Currently, patients travel 200-400 kilometres to access this service; resulting in barriers to timely diagnosis and treatment. This distance can be particularly challenging for seniors, individuals with mobility limitations, patients with chronic illness, and those without reliable transportation. Last year, close to 300 individuals from our district were required to travel for this diagnostic exam.

  RHC intends to restore this service once a new ultrasound machine, cardiac probe, and stretcher have been acquired. As a result, RHC has asked the Fundraising department to consider this equipment of a $212,000 Holiday Appeal campaign.

- **Rapid Access to Addiction Medicine (RAAM) Clinic**

  The RAAM Clinic has increased its service schedule, with further expansion under consideration for the future. This improvement is intended to support the goal of ensuring clients access primary care within three days of being seen in the Emergency Department.

  The RAAM Clinic is now managed by a dedicated Coordinator with funding support from the Substance Use Disorder (SUD) program. This role provides daily oversight of the program, monitors referrals and follow-up, ensures effective processes are in place and aligned with the program requirements. Having dedicated coordination within the clinic has strengthened the overall clinic function, accountability, and continuity of care.

- **Hospital to Home**

  Funding for the Hospital to Home (H2H) program supports this integrated model of care that is designed to support patients in safely transitioning home following a hospital visit or stay, particularly those at risk of or designated as Alternate Level of Care (ALC).

H2H will help ensure patients are connected to the right services, reduce unnecessary transitions, support coordinated discharge planning, and strengthen collaboration across care teams—ultimately improving patient flow and outcomes.

Currently, the primary focus is on finalizing staffing, onboarding, and completing the operational setup as we progress towards launch of the program.

- The needs assessment and core processes have been developed.
- Medical records software has been selected.
- Information exchange pathways have been developed.
- Staff recruitment and equipment procurement are in progress.

- **Skin Health Program-Wounds Canada**
  The four students enrolled in MOHLTC funded positions for the Accredited wound care program have completed their courses. This group consists of 3 PSWs and 1 RPN, and they have now joined the relevant Quality committees where they will share and apply their knowledge with their new teams. These individuals have joined our Quality improvement Team as wound care champions.

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

- **Naicatchewenin First Nation - NDC Community Day**
  RHC received an invitation from Chief Dean Councillor, NDC LP, and Naicatchewenin First Nation to join them for their NDC Community Day on September 23, 2026.

  RHC is coordinating representatives to attend on behalf of the organization to setup an exhibit, share program information, employment opportunities, and engage with community members.
- **Wellness Fairs**
  RHC representatives attended the Emo Seniors Wellness Fair on September 11, 2026, as service exhibitors.

  RHC representatives are being coordinated to attend the Rainy River Seniors Activity Fair on October 15, 2026. Exhibitor participants from RHC include programs and services that work directly with seniors, including Community Health, Family Supports, Mental Health and Addictions, and other services that may be relevant to the communities being served.

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

Audit & Resources Committee Report – September 2026

2.4.1 Financial Report – April - July 2026 *

Operating Revenue & Expense Summary
April 1, 2026 to July 31, 2026

Riverside Health Care

Fund Type 1 - OH Funded - Hospital Services

		April 1, 2026 to March 31, 2027 Annual Budget	2026-2027 YTD Budget	2026-2027 YTD Actual	Overall Change	YTD Actual Percent (%) Over(Under) YTD Budget
REVENUE						
OH - Base Funding*	A-1	$41,497,184	$13,870,292	$13,997,342	$127,051	0.31%
QBP Funding	A-2	$1,078,300	$360,418	$640,049	$279,631	25.93%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-3	$2,496,065	$834,301	$727,027	($107,274)	-4.30%
OH - One Time Funding	A-4	$575,687	$192,421	$183,377	($9,045)	-1.57%
MOHLTC - One Time Funding	A-5	$354,426	$118,466	$94,038	($24,428)	-6.89%
Other Revenue MOHLTC - HOCC	A-6	$994,381	$332,368	$342,488	$10,120	1.02%
Paymaster	A-7	$0	$0	$0	$0	#DIV/0!
Cancer Care Ontario	A-8	$12,722	$4,252	$4,835	$583	4.58%
Recoveries & Miscellaneous	A-9	$2,516,544	$841,146	$1,156,326	$315,179	12.52%
Amortization of Grants/Donations Equipment	A-10	$809,926	$270,715	$233,141	($37,574)	-4.64%
OHIP Revenue & Patient Revenue from Other Payors	A-11	$2,514,077	$840,322	$787,275	($53,046)	-2.11%
Differential & Copayment	A-12	$970,565	$324,408	$296,625	($27,783)	-2.86%
TOTAL REVENUE	**A-13**	**$53,819,877**	**$17,989,110**	**$18,462,523**	**$473,414**	**0.88%**
EXPENDITURES						
Compensation - Salaries & Wages	A-14	$27,815,731	$9,297,313	$8,241,813	($1,055,500)	-3.79%
Compensation - Purchased Service	A-15	$2,572,660	$859,903	$3,035,634	$2,175,731	84.57%
Benefit Contributions	A-16	$7,451,648	$2,490,688	$2,516,024	$25,336	0.34%
Future Benefits	A-17	$29,300	$9,793	$27,066	$17,273	58.95%
Medical Staff Remuneration	A-18	$2,913,129	$973,703	$1,016,172	$42,469	1.46%
Nurse Practitioner Remuneration	A-19	$438,152	$146,451	$259,282	$112,831	25.75%
Supplies & Other Expenses	A-20	$9,917,309	$3,314,827	$3,562,082	$247,255	2.49%
Amortization of Software Licenses & Fees	A-21	$844,861	$282,392	$85,910	($196,482)	-23.26%
Medical/Surgical Supplies	A-22	$1,464,568	$489,527	$484,400	($5,127)	-0.35%
Drugs & Medical Gases	A-23	$2,881,672	$963,189	$837,596	($125,593)	-4.36%
Amortization of Equipment	A-24	$1,354,810	$452,841	$457,799	$4,958	0.37%
Rental/Lease of Equipment	A-25	$257,217	$85,974	$54,704	($31,270)	-12.16%
Bad Debts	A-26	$175,000	$58,493	$168,264	$109,771	62.73%
TOTAL EXPENSE	**A-27**	**$58,116,057**	**$19,425,093**	**$20,746,746**	**$1,321,653**	**2.27%**
SURPLUS/(DEFICIT)	**A-28**	**($4,296,180)**	**($1,435,983)**	**($2,284,222)**	**($848,239)**	**19.74%**

Operating Revenue & Expense Summary
April 1, 2026 to July 31, 2026

Riverside Health Care

		April 1, 2026 to March 31, 2027 Annual Budget	2026-2027 YTD Budget	2026-2027 YTD Actual	Overall Change	YTD Actual Percent (%) Over(Under) YTD Budget
Fund Type 2 - OH Funded - Counselling & Non Profit Housing Programs Mental Health - Case Management - Housing - Addictions - Problem Gambling						
TOTAL REVENUE	**C-1**	$2,529,663	$845,531	$843,690	($1,841)	-0.07%
TOTAL EXPENSE	**C-2**	$2,529,663	$845,531	$883,472	$37,941	1.50%
SURPLUS/(DEFICIT)	**C-3**	**$0**	**$0**	**($39,782)**	**($39,782)**	**#DIV/0!**
Fund Type 3 - Other Ministry/Agency Funded - Non Hospital Services Family Violence & Non Profit Supportive Housing Bricks & Mortar						
TOTAL REVENUE	**D-1**	$684,845	$228,907	$162,091	($66,816)	-9.76%
TOTAL EXPENSE	**D-2**	$684,845	$228,907	$177,350	($51,557)	-7.53%
SURPLUS/(DEFICIT)	**D-3**	**$0**	**$0**	**($15,259)**	**($15,259)**	**#DIV/0!**
Fund Type 2 - OH Funded - RainyCrest Community Support Services (Home Support, Assisted Living, Adult Day, Meals on Wheels)						
TOTAL REVENUE	**E-1**	$3,201,384	$1,070,052	$1,183,834	$113,782	3.55%
TOTAL EXPENSE	**E-2**	$3,201,384	$1,070,052	$1,268,379	$198,327	6.20%
SURPLUS/(DEFICIT)	**E-3**	**$0**	**$0**	**($84,545)**	**($84,545)**	**#DIV/0!**
Fund Type 2 - OH Funded - RainyCrest Long Term Care						
TOTAL REVENUE	**F-1**	**$15,756,120**	**$5,266,429**	**$5,513,066**	**$246,637**	**1.57%**
Compensation	F-2	$10,253,224	$3,427,105	$3,664,474	$237,369	2.32%
Purchased Service	F-3	$294,483	$98,430	$254,780	$156,350	53.09%
Benefits	F-4	$2,606,756	$871,299	$913,516	$42,217	1.62%
Nurse Practitioner	F-5	$417,394	$139,513	$141,075	$1,562	0.37%
Medical Staff Remuneration	F-6	$50,096	$16,744	$16,212	($532)	-1.06%
Supplies	F-7	$1,703,313	$569,327	$514,000	($55,327)	-3.25%
Service Recipient Specific Supplies	F-8	$0	$0	$0	$0	#DIV/0!
Sundry	F-9	$1,689,589	$564,739	$528,329	($36,411)	-2.16%
Equipment	F-10	$685,934	$229,271	$97,222	($132,049)	-19.25%
Contracted Out	F-11	$62,792	$20,988	$2,937	($18,051)	-28.75%
Building & Grounds	F-12	$150,690	$50,368	$142,886	$92,518	61.40%
TOTAL EXPENSE	**F-13**	**$17,914,271**	**$5,987,784**	**$6,275,431**	**$287,647**	**1.61%**
SURPLUS/(DEFICIT) including unfunded liabilities	**F-14**	**($2,158,151)**	**($721,355)**	**($762,364)**	**($41,010)**	**1.90%**
Less: Unfunded Future Benefits	**F-15**	$0	$0	($3,500)	($3,500)	#DIV/0!
Less: Unfunded Amortization Expense	**F-16**	$0	$0	$4,234	$4,234	#DIV/0!
SURPLUS/(DEFICIT) excluding unfunded liabilities	**F-17**	**($2,158,151)**	**($721,355)**	**($761,631)**	**($40,276)**	**1.87%**
Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY		**($6,454,331)**	**($2,157,338)**	**($3,045,853)**		
Total Operating Margin - Hospitals & Long Term Care ONLY		**-9.28%**	**-9.28%**	**-12.70%**		

Operating Revenue & Expense Summary
April 1, 2026 to July 31, 2026

Riverside Health Care

Fund Type 1 - OH Funded - Rainy River Clinic

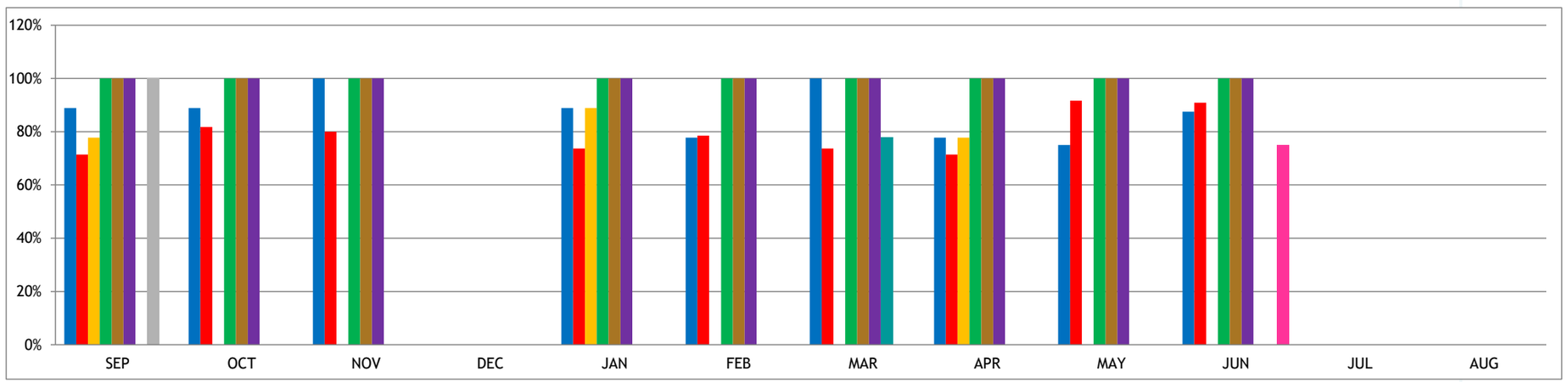
		April 1, 2026 to March 31, 2027 Annual Budget	2026-2027 YTD Budget	2026-2027 YTD Actual	Overall Change	YTD Actual Percent (%) Over(Under) YTD Budget
REVENUE						
MOH Funding	B-1	$3,074,446	$1,027,623	$943,051	($84,572)	-2.75%
Nurse Practitioner Funding thru RHC	B-2	$122,853	$41,063	$55,116	$14,053	11.44%
Recoveries & Miscellaneous	B-3	$68,867	$23,019	$0	($23,019)	-33.42%
TOTAL REVENUE	**B-4**	**$3,266,166**	**$1,091,705**	**$998,167**	**($93,538)**	**-2.86%**
EXPENDITURES						
Rainy River Clinic Salaries	B-5	$226,681	$75,767	$73,622	($2,145)	-0.95%
Rainy River Clinic Benefits	B-6	$58,510	$19,557	$25,724	$6,168	10.54%
Physician Remuneration	B-7	$2,432,150	$812,938	$669,129	($143,808)	-5.91%
Physician Travel	B-8	$200,000	$66,849	$66,480	($369)	-0.18%
Nurse Practitioner Expenditures	B-9	$226,026	$75,548	$106,730	$31,181	13.80%
Other Sundry	B-10	$6,223	$2,080	$8,983	$6,903	110.93%
Rainy River Clinic Rent	B-11	$58,115	$19,425	$24,386	$4,962	8.54%
Rainy River Clinic Software	B-12	$58,461	$19,540	$23,113	$3,572	6.11%
TOTAL EXPENSE	**B-13**	**$3,266,166**	**$1,091,705**	**$998,168**	**($93,537)**	**-2.86%**
SURPLUS/(DEFICIT)	**B-14**	**$0**	**$0**	**($0)**	**($0)**	**#DIV/0!**

Riverside Health Care

Quality, Safety, Risk Committee Report – September 2026

2.5.1 Board Quality Metrics *

BOARD OF DIRECTORS - QUALITY METRICS - 2025-2026



INDICATORS:
1. Participation A - # of voting board members attending board meetings monthly.
2. Participation B - # of voting board members attending committee meetings monthly.
3. Reflection A - # of completed board meeting evaluation surveys every 3rd meeting.
4. Reflection B - # of members that complete the board self-assessment questionnaire annually (June).
5. Decision Making - # of board decisions made by detailed briefing notes/supporting documentation done monthly.
6. Education A - # of education sessions at board meetings monthly.
7. Education B - # of board meeting agenda items related to integration, quality or strategy monthly.
8. Composition - # of categories in the skills based board matrix met annually (March).
9. Compliance - # of new directors that attend board orientation annually (Sept).

INDICATOR	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	YTD Actual	Target	Variance	Notes
1. Participation A	89%	89%	100%	#DIV/0!	89%	78%	100%	78%	75%	88%	#DIV/0!	#DIV/0!	87%	75%	12%	
2. Participation B	71%	82%	80%	#DIV/0!	74%	79%	74%	71%	92%	91%	#DIV/0!	#DIV/0!	78%	75%	3%	
3. Reflection A	78%	#DIV/0!	#DIV/0!	#DIV/0!	89%	#DIV/0!	#DIV/0!	1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	81%	100%	-19%	
4. Reflection B										75%			75%	100%	-25%	
5. Decision Making	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	100%	1	#DIV/0!	#DIV/0!	100%	90%	10%	
6. Education A	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	100%	1	#DIV/0!	#DIV/0!	113%	100%	13%	min of 1 session/mtg
7. Education B	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	100%	1	#DIV/0!	#DIV/0!	100%	100%	0%	min of 2 items/mtg
8. Composition							78%						78%	89%	-11%	
9. Compliance	100%	#DIV/0!	#DIV/0!										#DIV/0!	90%	#DIV/0!	

Riverside Health Care

Auxiliary Report – September 2026

Emo

No Report.

La Verendrye General Hospital

- First Executive meeting of the new membership year was held last week. Executive remains the same as previous year although secretary position has been taken by new individual. As with most organizations, finding people to volunteer for leadership roles is a challenge. That said, we have a committed, energetic, creative group working hard throughout the year.
- 2nd Pumpkins & Plaid fundraising luncheon scheduled for Sunday, October 25th at the Legion. Hope to build on last year's success. We certainly welcome Board and staff members to attend. Tickets available in Gift Shop with cost remaining at $30. Proceeds raised will go towards our $75,000 pledge for chemo department renovations.
- September Coffee & Conversation takes place Monday, September 14th at Senior Centre. Social gathering and update for members and friends.
- Initial discussions about ways to celebrate our 75th Anniversary in 2027. More news to follow.
- Scott Family Music Studio provided entertainment for CCU in August. Programming for patients and families will continue throughout the upcoming year.

Rainycrest

No Report.

Rainy River

The Rainy River Health Centre Auxiliary met on September 9, 2026, with the following highlights:

- Our auxiliary was saddened to learn of our president, Nancy Schaak's, recent illness which has caused her to step back from her duties to focus on her health. We wish her success with her health journey. As a result, our executive has been adjusted to the following:

  President- Elsie Gerula
  Vice-President- Karen Ruff
  Treasurer- Donna McDonald
  Secretary- Georgina Jarvis
- Last year's accomplishments were reviewed with our fundraising efforts being very successful, culminating in a $10,000 donation to the Digital Campaign.
- We are participating in the 2026 Walleye Tournament in September by selling Nevada tickets.
- One table has been booked for our auxiliary at the Senior Living Fair in October. We will use this time as information distribution and as a membership drive.
- Our Christmas Bazaar has been booked for December.
- After discussion, we have decided to sell the Tuck Shop inventory in a few special event community sales starting with a Fall Sale at the end of October.

- The auxiliary has decided to replace the welcome gifts to long term care patients with sponsoring special events instead. This was decided due to the higher volume of patient transfers.
- Once we review the capital list, we will determine our fundraising targets for this year and be sure to advertise our goals in the community.

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.

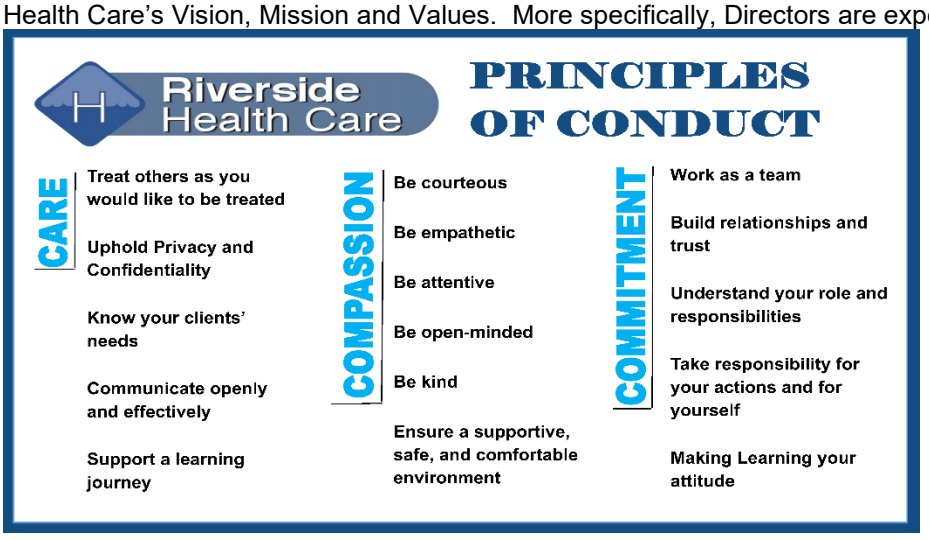
The Directors establish objectives that are within the capacity of the Corporation's plant and resources. The board strives to maintain a balance within its medical and other staff to ensure a broad base of expertise while attaining the most efficient utilization of the facilities and resources of the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