Riverside Health Care

BOARD OF DIRECTORS MEETING
OPEN SESSION
Thursday, February 26, 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 – January 29, 2026 * Pg 4 2.2 Board Chair & Senior Leadership General Report – D. Clifford, H. Gauthier, D. Harris, C. Larson, J. Ogden, Dr. L. Keffer * Pg 8 2.3 Governance Committee Report – B. Norton 2.4 Audit & Resources Committee Report – B. Norton * Pg 10 2.5 Quality Safety Risk Committee Report – M. Kitzul 2.6 Auxiliary Reports * Pg 13	
3.	Motion to Approve the Agenda	
4.	Patient / Resident Safety Moment	
5.	Business Arising - None	
6.	New Business - None	
7.	Opportunity for Public Participation	
8.	Move to In-Camera	
9.	Other Motions/Business	
10.	Date and Location of Next Meeting: March 26, 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, February 26, 2026

3.	Motion to Approve the Agenda	THAT the RHC Board of Directors approve the Agenda as circulated/amended
9.	Move to In-Camera	THAT the RHC Board of Directors move to in camera session at (time)
10.	Other Motions/Business	
12.	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.

VISION

Caring, Together

MISSION

Improving The Health of Our Communities

VALUES

Progressive • Integrity • Caring • Accountable

STRATEGIC PILLARS

ONE RIVERSIDE

Supporting a consistent and enabling organizational culture

INVESTING IN THE PEOPLE WHO SERVE

Creating a plan to strategically leverage human resources

TOMORROW'S RIVERSIDE TODAY

Making investments today, to support Riverside tomorrow

STRIVING TO EXCEL IN EQUITY, DIVERSITY & INCLUSION

We will support EDI in all we do

Riverside Health Care

RIVERSIDE HEALTH CARE FACILITIES INC.
MINUTES
OPEN SESSION

Date of Meeting: January 29, 2026 **Time of Meeting:** 5:30 pm

Location of Meeting: Webex / LVGH Board Room

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

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

REGRETS: K. Lampi

GUESTS: A. Faragher

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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. B. Norton read the Indigenous Acknowledgment and the Mission Statement. D. Clifford welcomed A. Faragher to the meeting and reminded all of the virtual meeting etiquette. Round table introductions took place.

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: D. Pierroz

THAT the Board approves the Agenda as circulated.

CARRIED.

4. PRESENTATION – Lab and Diagnostic Imaging – Andrea Faragher

D. Clifford welcomed Andrea Faragher, Director of Diagnostic Services, to the meeting who provided a presentation on Lab and Diagnostic Imaging. The following was highlighted:

- Delivering Excellence in Patient-Centered Diagnostics – Vision, Mission and Values reviewed
- Clinical Laboratory Services:
- About Us – staffing noted
- Clinical Laboratory Services at Riverside Health Care
- Hematology
- Clinical Chemistry
- Microbiology
- Coagulation
- Transfusion Medicine

- Point of Care
- Pathology/Cytology
- Referred out testing discussed
- Diagnostic Imaging Services:
- About Us – staffing reviewed
- Diagnostic Imaging Services Offered at Riverside Health Care
- Radiography/X-ray
- Ultrasound
- Echocardiogram
- Mammography
- CT Scan (Computed Tomography)
- MRI (Magnetic Resonance Imaging)
- Discussion took place regarding echocardiograms. A. Faragher confirmed this will come January 2027. She shared she hopes to have a second echocardiogram machine and has put a request on the 2027 capital list.
- Further discussion took place regarding bone density scans. A. Faragher noted we do not currently have this however, this can be explored. Henry confirmed we can explore this however, we will need to look at the demand and volumes, staffing, and we will need to look at the equipment required to justify pursuing this initiative.
- Conversation ensued around the MRI and the value this will bring to our district. A. Faragher shared our equipment is the newest available, confirming we went with Siemens which is the leading vendor. The equipment is the highest rated MRI unit there is currently. She noted she expects others from the district will travel here for an MRI if required. We are very excited to bring this equipment to our district. H. Gauthier shared the original recommendation was there to be only one other MRI unit outside of Thunder Bay and Sioux Lookout Meno Ya Win Health Centre was suggested. However, we pushed to be considered to receive one as well and were approved. Our site will be the last site to be up and running due to the construction needed to accommodate the unit. A. Faragher noted the MRI will run currently Monday to Friday, 8:00 am – 4:00 pm, confirming this will be re-evaluated after that. H. Gauthier shared this will be based on demand and staffing. H. Gauthier reported the region is ensuring access to an MRI by booking through a central regional booking centre. A. Faragher shared the new radiology units for LVGH and Rainy River are the same units which will assist with staffing and coverage. The images are excellent and confirmed these units are also through the Siemens vendor.
- Discussion occurred around where lab specimens/tests are shipped to and A. Faragher confirmed they are sent to Kenora.

D. Clifford thanked A. Faragher for attending. A. Faragher exited the meeting.

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

J. Ogden shared the following patient story regarding “A Journey Through Decline, Vulnerability, and the Gaps Between Systems”:

In early January 2025, a patient in their late fifties, once independent, resilient, and well-known to local community services, arrived at La Verendrye General Hospital under a Form 2. J. Ogden defined Form 2. Although the patient technically still had their own apartment, they began sleeping in shelters because they could no longer remember their home address. Individuals had taken advantage of the patient’s confusion, entering the unit, drugging the patient, and occupying the space. The patient’s tenancy was already under threat, and they were rapidly becoming unsafe in the community. The patient was admitted to hospital. During that time, the patient stabilized on medication for alcohol-related cognitive impairment. The patient’s condition improved enough that they were deemed capable of returning home with Ontario Health at Home support rather than transitioning to Long-Term Care. The eviction was paused, community supports were arranged, and the patient was discharged back to the apartment.

However, once back in the community, the cracks quickly became evident. An ALC nurse was assigned and worked diligently to maintain contact, but the patient was frequently unreachable. The patient’s insight into their condition was limited, and confusion became a persistent feature of daily life and over

the following months, troubling behaviors resurfaced. A home visit by hospital and support staff revealed the depth of decline. The apartment was filled with garbage, flies, and cigarette butts. Laundry and clutter covered nearly every surface. The refrigerator and freezer were empty. The patient appeared thin, confused, and unable to care for themselves. The very next day, the situation escalated into crisis as housing staff reported a fire incident in the apartment unit. Smoke filled the hallway, alarms sounded, and the safety of every tenant in the building was placed at risk and the patient now faces eviction, upon review of a tribunal. It became clear this individual, once capable and independent, is now in rapid cognitive and functional decline. Memory, judgment, and the ability to meet even basic needs have deteriorated sharply. The risk of homelessness is high. The risk of harm to themselves and others is even higher. The patient is no longer safe to live independently. Community supports are no longer sufficient, and the patient requires hospital reassessment and likely transition to Long-Term Care or another supervised living environment. A second Form 2 was issued and a plan developed by the interdisciplinary team and the patient was brought back into hospital for full medical and psychiatric reassessment, including capacity evaluations. The client again stabilized on medication, but it was very apparent that the ability for self-care was more diminished than last admission. The Ontario Health at Home cognitive assessment again was delayed but deemed the individual capable of making decisions despite documentation that they live in a world that is not of the now, needs direction to eat lunch and to do personal care. The patient has now left the facility because they were deemed capable, could not be redirected to stay and we have no authority to keep him. The patient faces eviction and if evicted the plans to have them transition into supportive housing will no longer be a possibility.

This story is not just about one patient. It reflects broader realities in our district:
The increasing number of patients with overlapping mental health, addictions, and cognitive decline.
The limited resources available to support them safely in the community.
The difficult balance between respecting autonomy and preventing harm.
The critical role of hospital-based reassessment and coordinated care.
At its core, this story reminds us that behind every referral, every crisis, and every clinical note is a person; someone who has lived a life, built relationships, struggled, and now depends on us to bridge the widening gap between safety and vulnerability.

Discussion took place around gaps and there being no escalation path. J. Ogden discussed pathways and the consequences of the individual being evicted. She noted this is a reality and unfortunately not a happy ending and not an isolated case.

D. Harris shared the following patient story regarding “Long-lasting impact”:

Having family feedback that reflects the values RHC strives to uphold is one of the most rewarding feedback the leadership team can receive. While we don’t often get to see the care firsthand; feedback and the complaints, concerns and compliments process keep us aware of the environment and its impact on staff, patients, and families. This story reflects compassion, patience, dignity, and most importantly it is person-centered. A family member’s father was admitted for heart issues and the family member shared feedback about the impact one nurse made to their father’s care as well as the positive impact on the family. For the sake of this story, the family members name will be “Bill”:

My name is Bill, and I am writing to express my sincere appreciation for a remarkable nurse who cared for my father during his admission. My father was going through a very difficult period. He was depressed and at times felt like giving up. The nurse consistently took the time to speak with him, reassured him, and encouraged him not to lose hope. No matter what challenges my father presented, she approached him with patience, kindness, and a genuine smile. She gently reminded him not to worry, even when he felt embarrassed or overwhelmed. My father always looked forward to the days when the nurse was his nurse. Her presence alone lifted his spirits. My family and I also witnessed how compassionately she cared for other patients, including a confused dementia patient. Her professionalism, gentleness, and dedication were evident in every interaction.

The nurse made a significant difference in my father’s recovery and in our family’s experience during a very stressful time. Even after being discharged, my father continued to talk about her and the positive impact she had on him. I wanted to ensure that her exceptional work, compassion, and influence were

acknowledged. She is truly a nurse who changes lives. Please extend our heartfelt gratitude to her if possible.

D. Harris noted the role that leaders play in creating person-centred environments is crucial. Leaders need to champion this approach to ensure it is ingrained in the environment. They do this through role modeling organizational values with a strong expectation of staff to do the same. Sharing feedback with staff, creating opportunities for patients & families to directly share their experience will lead to safer, healthier environments that promote independence and fosters respect. D. Harris noted the importance in providing positive feedback to staff as well as when there are concerns and ways to improve.

Discussion took place regarding the website, specifically highlighting the "Thank a Staff Member" on the home page and it was questioned how often it is used. J. Ogden confirmed we have received a few "Thank You's".

D. Clifford thanked both J. Ogden and D. Harris for sharing these stories.

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: B. Norton

THAT the Board go in-camera at 6:16 pm.

CARRIED.

10. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

11. DATE AND LOCATION OF NEXT MEETING:

February 26, 2026

12. TERMINATION:

It was,

MOVED BY: M. Kitzul

THAT the meeting be terminated at 8:38 pm.

CARRIED.

_____ _____

Chair Secretary/Treasurer

Riverside Health Care

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

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **Accreditation**
  The Accreditation work life pulse survey has 145 responses in 30 days: 53% are from LVGH, 25.5% from Rainy Crest, 9.66% from Rainy River, 4.14% from Emo and the rest are from other.

One Riverside - Promoting a Consistent and Empowering Culture

- **Quality**
  - P4R required audits for LVGH to be completed (return visit within 72 hours).
  - We had no sentinel events and will need to have a total of 30 audits posted to the P4R site by April 1.
  - Rainy River Audits will have to be completed on site and require a total of 10 completed by April 1.
  - There were no sentinel events in Rainy River.
- **Ontario Health Team**
  - Riverside will be submitting request for reallocation of year end surplus funds to support the unfunded Specialist & Diagnostic program. Request for funding was not previously approved.
  - No update regarding Primary Care application shared.
  - Consultant planning Governance sessions in March, April, and May.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **Meditech Expanse – Key Milestones**

Activity	When
Monitor Local Delivery Board Plan & Meetings	Ongoing 2026
Review Testing, Training, and Activation Plans	March 2026
Identify Local Activation Resources for each site	April-June 2026
Support key IT and facility changes at each site	April-September 2026
Identify which Subject Matter Experts for site in testing	July-September 2026
Identify key users who will be Trainers, Super Users	June-October 2026
Support system testing on site and in clinical units	November 2026
Review test results, recommend system acceptance	December 2026
Monitor End User Training	January to March 2027
Support local Command Centre Activities	April 2027

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

- **Scorecard Trend Highlights**
  - LVGH Average time for low acuity patients in the ER until discharged is 123min (goal is less than 240 min).
  - LVGH Average time for high acuity patients in the ER until discharge is 157min (goal is less than 480 min).
  - Rainy River Average time for low acuity patients in the ER until discharged is 117 min (goal is less than 240 min).
  - Rainy River Average time for high acuity patients in the ER until discharge is 275 min (goal is less than 480 min).
- **Substance Use Disorder Program**
  Kick off meeting for partners and staff has occurred. RAAM coordinator recruitment in process. Plans are being developed to expand RAAM transportation from the west end of the district. Further information will be forthcoming.
- **Indigenous Cultural Training**
  Robert Horton's Indigenous Training held at La Place Rendezvous for numerous staff in 2025 has now been extended to 2026 (dates are currently being finalized). The dates identified at this juncture will support 200+ additional staff participating in this valuable session. A number of staff that attended in 2025 were highly complimentary of this program and we are looking forward to extending the training beyond the estimated 250 staff that participated in 2025.

Thank you to the Riverside Team for their submissions, they are invaluable in the preparation of this report.

Respectfully Submitted,
Diane Clifford, Board Chair
Dr. Lucas Keffer, Chief of Staff
Diana Harris, Chief Nursing Executive
Carla Larson, Chief Financial, Information & Technology Officer
Joanne Ogden, Quality Assurance & OHT Executive Lead
Henry Gauthier, President & CEO
RHC Directors, Managers & Supervisors

Riverside Health Care

Audit & Resources Committee Report – February 2026

2.4.1 Financial Report – January 2026 *

Operating Revenue & Expense Summary
April 1, 2025 to January 31, 2026

Riverside Health Care

		April 1, 2025 to March 31, 2026 Annual Budget	April 1, 2025 to March 31, 2026 Adjusted Annual Budget (with Agency Costs)	2025-2026 YTD Budget	2025-2026 YTD Adjusted Budget (with Agency Costs)	2025-2026 YTD Actual	Overall Change	Overall Change Adjusted Budget (with Agency Costs)	YTD Actual Percent (%) Over(Under) YTD Budget	YTD Actual Percent (%) Over(Under) YTD Adjusted Budget (with Agency Costs)
Fund Type 1 - OH Funded - Hospital Services										
REVENUE										
OH - Base Funding	A-1	$33,784,517	$33,959,137	$28,323,458	$28,469,852	$32,128,302	$3,804,844	$3,658,451	11.26%	10.77%
QBP Funding	A-2	$1,078,300	$1,078,300	$903,999	$903,999	$1,561,636	$657,637	$657,637	60.99%	60.99%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-3	$2,496,065	$2,496,065	$2,092,591	$2,092,591	$2,097,263	$4,672	$4,672	0.19%	0.19%
OH - One Time Funding	A-4	$625,127	$625,127	$524,079	$524,079	$5,461,666	$4,937,587	$4,937,587	789.85%	789.85%
MOHLTC - One Time Funding	A-5	$354,426	$354,426	$297,135	$297,135	$292,345	($4,790)	($4,790)	-1.35%	-1.35%
Other Revenue MOHLTC - HOCC	A-6	$847,404	$847,804	$710,426	$710,762	$875,886	$165,460	$165,124	19.53%	19.48%
Paymaster	A-7	$0	$0	$0	$0	$0	$0	$0	#DIV/0!	#DIV/0!
Cancer Care Ontario	A-8	$12,722	$12,722	$10,666	$10,666	$10,204	($462)	($462)	-3.63%	-3.63%
Recoveries & Miscellaneous	A-9	$2,467,200	$2,467,200	$2,068,392	$2,068,392	$2,204,941	$136,549	$136,549	5.53%	5.53%
Amortization of Grants/Donations Equipment	A-10	$731,350	$731,350	$613,131	$613,132	$622,063	$8,932	$8,931	1.22%	1.22%
OHIP Revenue & Patient Revenue from Other Payors	A-11	$2,284,781	$2,284,781	$1,915,460	$1,915,460	$2,089,744	$174,284	$174,284	7.63%	7.63%
Differential & Copayment	A-12	$932,877	$932,877	$782,083	$782,083	$790,519	$8,436	$8,436	0.90%	0.90%
TOTAL REVENUE	**A-13**	**$45,614,769**	**$45,789,789**	**$38,241,422**	**$38,388,152**	**$48,134,569**	**$9,893,147**	**$9,746,417**	**21.69%**	**21.29%**
EXPENDITURES										
Compensation - Salaries & Wages	A-14	$26,077,132	$26,077,132	$21,861,924	$21,861,924	$19,696,925	($2,164,999)	($2,164,999)	-8.30%	-8.30%
Compensation - Purchased Service	A-15	$572,660	$2,572,660	$480,093	$2,156,805	$7,112,660	$6,632,567	$4,955,855	1158.20%	192.64%
Benefit Contributions	A-16	$7,301,597	$7,301,597	$6,121,339	$6,121,339	$5,005,542	($1,115,797)	($1,115,797)	-15.28%	-15.28%
Future Benefits	A-17	$71,000	$71,000	$59,523	$59,523	$24,480	($35,043)	($35,043)	-49.36%	-49.36%
Medical Staff Remuneration	A-18	$2,604,262	$2,604,262	$2,183,299	$2,183,299	$2,698,708	$515,409	$515,409	19.79%	19.79%
Nurse Practitioner Remuneration	A-19	$544,665	$544,665	$456,623	$456,623	$645,845	$189,222	$189,222	34.74%	34.74%
Supplies & Other Expenses	A-20	$8,626,606	$8,626,606	$7,232,168	$7,232,168	$7,760,003	$527,835	$527,835	6.12%	6.12%
Amortization of Software Licenses & Fees	A-21	$195,887	$253,324	$164,223	$212,376	$187,504	$23,281	($24,872)	11.88%	-9.82%
Medical/Surgical Supplies	A-22	$1,435,851	$1,435,851	$1,203,755	$1,203,755	$1,300,664	$96,909	$96,909	6.75%	6.75%
Drugs & Medical Gases	A-23	$2,825,169	$2,825,169	$2,368,498	$2,368,498	$2,096,619	($271,879)	($271,879)	-9.62%	-9.62%
Amortization of Equipment	A-24	$1,264,810	$1,264,810	$1,060,361	$1,060,361	$1,056,384	($3,977)	($3,977)	-0.31%	-0.31%
Rental/Lease of Equipment	A-25	$252,174	$252,174	$211,412	$211,412	$170,424	($40,988)	($40,988)	-16.25%	-16.25%
Bad Debts	A-26	$175,000	$ 175,000	$146,712	$146,712	$245,711	$98,999	$98,999	56.57%	56.57%
TOTAL EXPENSE	**A-27**	**$51,946,813**	**$54,004,250**	**$43,549,931**	**$45,274,796**	**$48,001,470**	**$4,451,539**	**$2,726,674**	**8.57%**	**5.05%**
SURPLUS/(DEFICIT)	**A-28**	**($6,332,044)**	**($8,214,461)**	**($5,308,508)**	**($6,886,644)**	**$133,099**	**$5,441,607**	**$7,019,743**	**-85.94%**	**-85.46%**
Fund Type 1 - OH Funded - Rainy River Clinic										
REVENUE										
MOH Funding	B-1	$2,920,208	$2,870,100	$2,448,174	$2,406,166	$2,391,750	($56,424)	($14,416)	-1.93%	-0.50%
Nurse Practitioner Funding thru RHC	B-2	$122,853	$122,853	$102,995	$102,995	$179,084	$76,089	$76,089	61.94%	61.94%
Recoveries & Miscellaneous	B-3	$0	$0	$0	$0	$9,321	$9,321	$9,321	#DIV/0!	#DIV/0!
TOTAL REVENUE	**B-4**	**$3,043,061**	**$2,992,953**	**$2,551,169**	**$2,509,161**	**$2,580,155**	**$28,986**	**$70,994**	**0.95%**	**2.37%**
EXPENDITURES										
Rainy River Clinic Salaries	B-5	$295,497	$226,681	$247,732	$190,039	$236,162	($11,570)	$46,123	-3.92%	20.35%
Rainy River Clinic Benefits	B-6	$76,272	$58,510	$63,943	$49,052	$67,709	$3,766	$18,657	4.94%	31.89%
Physician Remuneration	B-7	$2,095,122	$2,262,110	$1,756,458	$1,896,454	$2,032,482	$276,024	$136,028	13.17%	6.01%
Physician Travel	B-8	$190,066	$200,000	$159,343	$167,671	$178,727	$19,384	$11,056	10.20%	5.53%
Nurse Practitioner Expenditures	B-9	$226,026	$226,026	$189,490	$189,490	$179,084	($10,407)	($10,407)	-4.60%	-4.60%
Other Sundry	B-10	$8,112	$6,223	$6,801	$5,217	$24,563	$17,762	$19,346	218.96%	310.88%
Rainy River Clinic Rent	B-11	$75,758	$58,115	$63,512	$48,721	$63,121	($391)	$14,400	-0.52%	24.78%
Rainy River Clinic Software	B-12	$76,208	$58,461	$63,889	$49,011	$58,573	($5,316)	$9,562	-6.98%	16.36%
TOTAL EXPENSE	**B-13**	**$3,043,061**	**$3,096,126**	**$2,551,169**	**$2,595,656**	**$2,840,421**	**$289,252**	**$244,764**	**9.51%**	**7.91%**
SURPLUS/(DEFICIT)	**B-14**	**$0**	**($103,173)**	**$0**	**($86,496)**	**($260,266)**	**($260,266)**	**($173,770)**	**#DIV/0!**	**168.43%**

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	$2,529,663	$2,120,759	$2,120,759	$2,224,209	$103,450	$103,450	4.09%	4.09%
TOTAL EXPENSE	**C-2**	$2,529,663	$2,529,663	$2,120,759	$2,120,759	$2,296,230	$175,471	$175,471	6.94%	6.94%
SURPLUS/(DEFICIT)	**C-3**	**$0**	**$0**	**$0**	**$0**	**($72,021)**	**($72,021)**	**($72,021)**	**#DIV/0!**	**#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	$684,845	$574,144	$574,144	$373,420	($200,724)	($200,724)	-29.31%	-29.31%
TOTAL EXPENSE	**D-2**	$684,845	$684,845	$574,144	$574,144	$434,086	($140,058)	($140,058)	-20.45%	-20.45%
SURPLUS/(DEFICIT)	**D-3**	**$0**	**$0**	**$0**	**$0**	**($60,666)**	**($60,666)**	**($60,666)**	**#DIV/0!**	**#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	$3,201,384	$2,683,900	$2,683,900	$2,784,618	$100,718	$100,718	3.15%	3.15%
TOTAL EXPENSE	**E-2**	$3,201,384	$3,201,384	$2,683,900	$2,683,900	$3,418,465	$734,565	$734,565	22.95%	22.95%
SURPLUS/(DEFICIT)	**E-3**	**$0**	**$0**	**$0**	**$0**	**($633,846)**	**($633,846)**	**($633,846)**	**#DIV/0!**	**#DIV/0!**

Fund Type 2 - OH Funded - RainyCrest
Long Term Care

TOTAL REVENUE	**F-1**	**$15,330,585**	**$15,330,585**	**$12,852,490**	**$12,852,490**	**$14,297,402**	**$1,444,912**	**$1,444,912**	**9.43%**	**9.43%**
Compensation	F-2	$9,265,810	$10,013,462	$7,768,049	$8,394,848	$9,437,170	$1,669,121	$1,042,322	18.01%	10.41%
Purchased Service	F-3	$0	$781,103	$0	$654,843	$1,954,421	$1,954,421	$1,299,578	#DIV/0!	166.38%
Benefits	F-4	$2,580,947	$2,580,947	$2,163,753	$2,163,753	$2,067,583	($96,170)	($96,170)	-3.73%	-3.73%
Nurse Practitioner	F-5	$149,394	$417,394	$125,245	$349,925	$357,923	$232,678	$7,998	155.75%	1.92%
Medical Staff Remuneration	F-6	$50,096	$50,096	$41,998	$41,998	$34,705	($7,293)	($7,293)	-14.56%	-14.56%
Supplies	F-7	$1,669,915	$1,669,915	$1,399,984	$1,399,984	$1,505,297	$105,313	$105,313	6.31%	6.31%
Service Recipient Specific Supplies	F-8	$0	$0	$0	$0	$0	$0	$0	#DIV/0!	#DIV/0!
Sundry	F-9	$1,404,535	$1,669,535	$1,177,501	$1,399,665	$1,473,145	$295,644	$73,480	21.05%	4.40%
Equipment	F-10	$572,484	$672,484	$479,945	$563,781	$196,527	($283,418)	($367,254)	-49.51%	-54.61%
Contracted Out	F-11	$61,561	$61,561	$51,610	$51,610	$5,256	($46,354)	($46,354)	-75.30%	-75.30%
Building & Grounds	F-12	$62,735	$217,735	$52,594	$182,539	$360,296	$307,702	$177,757	490.48%	81.64%
TOTAL EXPENSE	**F-13**	**$15,817,478**	**$18,134,232**	**$13,260,680**	**$15,202,945**	**$17,392,323**	**$4,131,643**	**$2,189,377**	**26.12%**	**12.07%**
SURPLUS/(DEFICIT) including unfunded liabilities	**F-14**	**($486,893)**	**($2,803,647)**	**($408,189)**	**($2,350,455)**	**($3,094,920)**	**($2,686,731)**	**($744,466)**	**551.81%**	**26.55%**
Less: Unfunded Future Benefits	**F-15**	$0	$0	$0	$0	($63,212)	($63,212)	($63,212)	#DIV/0!	#DIV/0!
Less: Unfunded Amortization Expense	**F-16**	$0	$0	$0	$0	$0	$0	$0	#DIV/0!	#DIV/0!
SURPLUS/(DEFICIT) excluding unfunded liabilities	**F-17**	**($486,893)**	**($2,803,647)**	**($408,189)**	**($2,350,455)**	**($3,158,132)**	**($2,749,943)**	**($807,678)**	**564.79%**	**28.81%**

Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY		**($6,818,937)**	**($11,018,108)**	**($5,716,698)**	**($9,237,099)**	**($3,025,034)**
Total Operating Margin - Hospitals & Long Term Care ONLY		**-11.19%**	**-18.03%**	**-11.19%**	**-18.03%**	**-4.85%**

Riverside Health Care

Auxiliary Report – February 2026

Emo

No Report.

La Verendrye General Hospital

No Report.

Rainycrest

No Report.

Rainy River

The Rainy River Health Centre Auxiliary met in February with the following highlights:

- An invoice was received from Holly Kaemingh for the donated funds earmarked for the Rainy River Health Centre Vital Signs machine.
- Our bursary winner from 2025 has received her funds.
- The Tuck Shop will attend the Vendor's Market on February 7, 2026, to sell selected items.
- Members will attend the long-term care Valentine's party to assist the staff.
- The membership list for 2026 has been updated with several community members being approached to attend our meetings.
- We will sponsor another Rainy River High School $1,000.00 Bursary for 2026 with the recipient entering a health-related field. Funds will be released upon proof of enrolment in semester two.