

BOARD OF DIRECTORS MEETING
OPEN SESSION
 Thursday, March 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 – February 26, 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 7 2.3 Governance Committee Report – B. Norton 2.4 Audit & Resources Committee Report – B. Norton * Pg 9 2.5 Quality Safety Risk Committee Report – M. Kitzul * Pg 12 2.6 Auxiliary Reports * Pg 14	
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: April 30, 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, March 26, 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.



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: February 26, 2026

Time of Meeting: 5:30 pm

Location of Meeting: Webex / LVGH Board Room

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

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

REGRETS: M. Kitzul, A. Beazley

GUESTS: S. LeBlanc

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 everyone to the meeting and reminded all of the virtual meeting etiquette. Round table introductions took place.

1.1 Quorum

D. Clifford shared there were 2 regrets. 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: K. Lampi
 THAT the Board approves the Agenda as circulated.
CARRIED.

4. Patient / Resident Safety Moment

J. Ogden shared a patient story on behalf of Samantha Keown, RHC’s ALC Community Nurse:

ALC Community Nurse Program – Riverside Health Care

When I first met this 95-year-old man, the greatest change in his life was not simply age or illness, it was loss. His wife was gone, and the home they had shared for decades had grown painfully quiet. His daughter loved him deeply but lived fifteen hours away and was herself aging. Day to day, he was largely alone. Like many people of his generation, he had always managed on his own. He declined home care. He minimized symptoms. And he reminded us more than once that he had lived this way for over ninety years and planned to keep doing so.

Anyone who has cared for someone fiercely independent in their nineties may recognize this kind of

determination and perhaps a little stubbornness too. So, when he eventually agreed to try a walker, and later told me he loved it, it felt like a very big win.

In November 2024, he was admitted to hospital with severe edema related to congestive heart failure. During that admission, I worked closely with emergency, inpatient, and pharmacy teams, supporting communication, medication teaching, and helping him understand the changes happening in his health. After discharge, support continued in the community and has remained ongoing through February 2026. Over these months, my role became one of steady coordination and presence. I arranged clinic and optometry appointments for a serious eye infection, transported him using both my program vehicle and Riverside's Medically Stable Transport Van, coordinated visits with Community Paramedicine to avoid duplication, communicated with hospital teams, and remained in close contact with his family across the long distance separating them. Just as important as the clinical coordination was something quieter: time spent sitting with him, listening, and not rushing away. At first, he resisted conversations about the future. Planning felt like giving something up, and he wasn't ready. So, we waited, building trust visit by visit, until those conversations could happen when he was ready. He often spoke about loneliness. More than once he said, *"No one likes talking to old people."* I reminded him that I valued our time together just as much as he did, because I truly did. For a while, he found companionship in a stray cat he used to feed. When the cat stopped coming, the silence in the house felt even deeper. For a time, this relationship and coordinated care prevented further hospital admissions, allowing him to remain safely at home with dignity and independence. But it also revealed an equally important truth: good care is not only about avoiding hospitals; it is about connecting people to the right care at the right time.

As his health declined and loneliness grew, our conversations turned again to the future, this time with readiness. He shared that when he walked to get his mail, the hardest moment was turning back toward the house and realizing he would be alone again. He said quietly, *"I can't keep doing this."* He now wishes to move to long-term care, supported by his daughter and care team. Yet like many older adults in Northwestern Ontario, he faces significant barriers: limited bed availability, strict eligibility thresholds, and a system that measures need mainly through basic daily tasks, while profound loneliness, safety concerns, and loss of independence remain harder to quantify. Across Canada, nearly one in five senior's experiences loneliness, and social isolation is associated with declining physical health, cognitive impairment, and increased mortality. In rural communities, distance from family and limited access to services intensify these risks. The ALC Community Nurse role exists in this space, sometimes preventing hospitalization, sometimes guiding timely admission, and always ensuring that no one navigates aging and illness alone.

For this 95-year-old man, the most meaningful outcome has not been a single medical intervention. It has been consistent presence, trusted relationship, coordinated advocacy, and the dignity of being seen and heard at the end of a long life. Cases like this also shape those who provide the care. They remind us how deeply family, connection, and time together matter. As I prepare to transition from this role, I carry both gratitude and sadness, because this work has never felt like just a job, but a privilege. Health care, at its heart, is not only about helping people live longer, but also about helping them live, and be cared for, with compassion. This is the quiet but profound impact of person-centered community care at Riverside Health Care.

J. Ogden shared Samantha will be leaving us to move closer to family. She will be greatly missed, and we need more people like her. Our district is losing a great individual.

Discussion took place regarding Assisted Living facilities and having an actual facility in our district and who would potentially manage this type of facility. Further discussion occurred around expansion of this service as well as support of the ALC Nurse position. Conversation ensued around a possible volunteer/visiting program and possibly linking with the Palliative Care Committee to investigate this.

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

5. BUSINESS ARISING:

There was no business arising.



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

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **Cybersecurity Training**
Cybersecurity training from Infosec IQ will be provided for staff across all Northern Hospitals. This training is being provided through the guidance of the NW Security Operations Centre.
- **RC Outbreak – West Wing**
RHC and the Northwestern Public Health Unit declared a Respiratory Outbreak on the West Wing of Rainycrest Long Term Care Home on March 10, 2026.
 - There is no cross-facility staffing unless approved by your supervisor in consultation with Infection control.
 - Visitation is restricted to two (2) individuals, at one time, per patient. Medical masking is required for all visitors.
 - Thorough hand hygiene is mandatory for all staff.
 - Increased high-touch cleaning is ongoing.
 - Appropriate droplet and contact precautions are in place. Signage has been posted.
 - Enhanced Masking remains in place for all resident care areas, including required for all staff entering the West Wing Unit as well as for visitors.

One Riverside - Promoting a Consistent and Empowering Culture

- **Privacy Impact Assessments**
New legislation requires RHC to complete a Privacy Impact Assessment (PIA) for any new system or device that will collect, use/process, retain, store, disclose, secure or dispose of personal information.
- **Payroll Project**
Go-live of the UKG payroll and HR system is deferred to April 28, 2026. This project was originally scheduled to go-live at the start of 2026.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **AI Leadership**
The ongoing evolution of AI across the health care system, including the benefits and challenges created, are garnering considerable attention at the district and regional levels. IT leadership at the regional level is working collaboratively to advance policy and procedure development and technology onboarding in a consistent and aligned manner.

As a result of this evolving technology RHC's communication lead has agreed to serve as AI Lead for the organization, ensuring synergies are addressed across all aspects of the organization, and that there is a coordinated effort to manage this new technology as its role in health care continues to expand.
- **Fundraising/Grants**
The "Lights, Camera, DIAGNOSIS" campaign to fund the acquisition of the Rainy River District's first-ever MRI machine and new Digital Radiography (X-ray) units for La Verendrye General Hospital (LVGH) in Fort Frances and the Rainy River Health Centre continues to progress well. Funds raised to date are around \$1.45 million and the remaining fundraising target is at \$165k. Canadian Tire donated \$20,000 to the campaign on March 11, 2026. This is the largest contribution from a district business for this campaign. Fundraising efforts continue to include 50/50 raffles, ongoing donations/grant opportunities. The Lakers Hockey Fights Cancer night and the Tim Horton's April Smile Cookie campaign are specific events that further support this campaign.

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

- **Hospital To Home (H2H)**
Hospital to Home funding was recently approved for Q4 of this fiscal year. The Hospital to Home (H2H) program consists of integrated models of care designed to support patients as they safely transition home following a hospital visit or stay, especially those at risk of being designated Alternate Level of Care (ALC) or already designated ALC. H2H will ensure patients are aligned with the right program, avoids unnecessary transitions, prioritize higher complexity patients, minimize service disruption, support smooth transition planning, improve data sharing, promote collaboration, and improve key metrics related to patient outcomes.

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

- **MOU with GHAC**
The draft MOU with GHAC has been reviewed and returned to GHAC for final review. The agreement governs Indigenous supports such as Indigenous Care Coordinators that work within RHC sites in support of Indigenous communities.
- **Indigenous Services Plan**
Communications will be working with our Indigenous Liaison and leadership to update the Indigenous Services Plan (ISP). In addition, an additional education session for Surge Learning is being developed to communicate the contents of the ISP to RHC staff.

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



Audit & Resources Committee Report – March 2026

2.4.1 Financial Report – February 2026 *



Operating Revenue & Expense Summary
April 1, 2025 to February 28, 2026

	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	\$30,915,147	\$31,074,936	\$35,344,876	\$4,429,728	\$4,269,939	13.11%	12.57%
QBP Funding	A-2	\$1,078,300	\$1,078,300	\$986,718	\$986,718	\$1,701,383	\$714,665	\$714,665	66.28%	66.28%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-3	\$2,496,065	\$2,496,065	\$2,284,070	\$2,284,070	\$2,234,262	(\$49,808)	(\$49,808)	-2.00%	-2.00%
OH - One Time Funding	A-4	\$625,127	\$625,127	\$572,034	\$572,034	\$5,968,006	\$5,395,972	\$5,395,972	863.18%	863.18%
MOHLTC - One Time Funding	A-5	\$354,426	\$354,426	\$324,324	\$324,324	\$322,012	(\$2,312)	(\$2,312)	-0.65%	-0.65%
Other Revenue MOHLTC - HOCC	A-6	\$847,404	\$847,804	\$775,433	\$775,799	\$952,203	\$176,770	\$176,404	20.86%	20.81%
Paymaster	A-7	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Cancer Care Ontario	A-8	\$12,722	\$12,722	\$11,642	\$11,642	\$11,297	(\$345)	(\$345)	-2.71%	-2.71%
Recoveries & Miscellaneous	A-9	\$2,467,200	\$2,467,200	\$2,257,657	\$2,257,657	\$2,446,839	\$189,182	\$189,182	7.67%	7.67%
Amortization of Grants/Donations Equipment	A-10	\$731,350	\$731,350	\$669,235	\$669,235	\$683,477	\$14,242	\$14,242	1.95%	1.95%
OHIP Revenue & Patient Revenue from Other Payors	A-11	\$2,284,781	\$2,284,781	\$2,090,731	\$2,090,731	\$2,253,128	\$162,397	\$162,397	7.11%	7.11%
Differential & Copayment	A-12	\$932,877	\$932,877	\$853,646	\$853,646	\$868,810	\$15,163	\$15,163	1.63%	1.63%
TOTAL REVENUE	A-13	\$45,614,769	\$45,789,789	\$41,740,638	\$41,900,793	\$52,786,293	\$11,045,655	\$10,885,499	24.22%	23.77%
EXPENDITURES										
Compensation - Salaries & Wages	A-14	\$26,077,132	\$26,077,132	\$23,862,362	\$23,862,362	\$21,742,697	(\$2,119,664)	(\$2,119,665)	-8.13%	-8.13%
Compensation - Purchased Service	A-15	\$572,660	\$2,572,660	\$524,023	\$2,354,160	\$7,780,208	\$7,256,185	\$5,426,048	1267.10%	210.91%
Benefit Contributions	A-16	\$7,301,597	\$7,301,597	\$6,681,461	\$6,681,461	\$5,499,852	(\$1,181,609)	(\$1,181,609)	-16.18%	-16.18%
Future Benefits	A-17	\$71,000	\$71,000	\$64,970	\$64,970	\$26,720	(\$38,250)	(\$38,250)	-53.87%	-53.87%
Medical Staff Remuneration	A-18	\$2,604,262	\$2,604,262	\$2,383,078	\$2,383,078	\$2,905,291	\$522,213	\$522,213	20.05%	20.05%
Nurse Practitioner Remuneration	A-19	\$544,665	\$544,665	\$498,406	\$498,406	\$708,004	\$209,598	\$209,598	38.48%	38.48%
Supplies & Other Expenses	A-20	\$8,626,606	\$8,626,606	\$7,893,935	\$7,893,935	\$8,475,527	\$581,592	\$581,592	6.74%	6.74%
Amortization of Software Licenses & Fees	A-21	\$195,887	\$253,324	\$179,250	\$231,809	\$206,876	\$27,626	(\$24,933)	14.10%	-9.84%
Medical/Surgical Supplies	A-22	\$1,435,851	\$1,435,851	\$1,313,902	\$1,313,902	\$1,439,559	\$125,657	\$125,657	8.75%	8.75%
Drugs & Medical Gases	A-23	\$2,825,169	\$2,825,169	\$2,585,223	\$2,585,223	\$2,219,150	(\$366,073)	(\$366,073)	-12.96%	-12.96%
Amortization of Equipment	A-24	\$1,264,810	\$1,264,810	\$1,157,388	\$1,157,388	\$1,162,766	\$5,378	\$5,378	0.43%	0.43%
Rental/Lease of Equipment	A-25	\$252,174	\$252,174	\$230,756	\$230,756	\$195,397	(\$35,359)	(\$35,359)	-14.02%	-14.02%
Bad Debts	A-26	\$175,000	\$175,000	\$160,137	\$160,137	\$270,711	\$110,575	\$110,575	63.19%	63.19%
TOTAL EXPENSE	A-27	\$51,946,813	\$54,004,250	\$47,534,892	\$49,417,588	\$52,632,759	\$5,097,867	\$3,215,171	9.81%	5.95%
SURPLUS/(DEFICIT)	A-28	(\$6,332,044)	(\$8,214,461)	(\$5,794,254)	(\$7,516,794)	\$153,534	\$5,947,788	\$7,670,328	-93.93%	-93.38%

Fund Type 1 - OH Funded - Rainy River Clinic

REVENUE										
MOH Funding	B-1	\$2,920,208	\$2,870,100	\$2,672,190	\$2,626,338	\$2,630,925	(\$41,265)	\$4,587	-1.41%	0.16%
Nurse Practitioner Funding thru RHC	B-2	\$122,853	\$122,853	\$112,419	\$112,419	\$194,377	\$81,958	\$81,958	66.71%	66.71%
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	\$2,784,609	\$2,738,757	\$2,834,623	\$50,014	\$95,866	1.64%	3.20%
EXPENDITURES										
Rainy River Clinic Salaries	B-5	\$295,497	\$226,681	\$270,400	\$207,429	\$254,018	(\$16,382)	\$46,589	-5.54%	20.55%
Rainy River Clinic Benefits	B-6	\$76,272	\$58,510	\$69,794	\$53,541	\$73,205	\$3,411	\$19,664	4.47%	33.61%
Physician Remuneration	B-7	\$2,095,122	\$2,262,110	\$1,917,180	\$2,069,986	\$2,186,267	\$269,087	\$116,281	12.84%	5.14%
Physician Travel	B-8	\$190,066	\$200,000	\$173,923	\$183,014	\$201,194	\$27,271	\$18,180	14.35%	9.09%
Nurse Practitioner Expenditures	B-9	\$226,026	\$226,026	\$206,829	\$206,829	\$194,377	(\$12,452)	(\$12,452)	-5.51%	-5.51%
Other Sundry	B-10	\$8,112	\$6,223	\$7,423	\$5,694	\$26,124	\$18,701	\$20,430	230.53%	328.29%
Rainy River Clinic Rent	B-11	\$75,758	\$58,115	\$69,324	\$53,179	\$64,756	(\$4,568)	\$11,577	-6.03%	19.92%
Rainy River Clinic Software	B-12	\$76,208	\$58,461	\$69,736	\$53,496	\$65,083	(\$4,653)	\$11,587	-6.11%	19.82%
TOTAL EXPENSE	B-13	\$3,043,061	\$3,096,126	\$2,784,609	\$2,833,167	\$3,065,024	\$280,415	\$231,857	9.21%	7.49%
SURPLUS/(DEFICIT)	B-14	\$0	(\$103,173)	\$0	(\$94,410)	(\$230,401)	(\$230,401)	(\$135,991)	#DIV/0!	131.81%



Operating Revenue & Expense Summary
April 1, 2025 to February 28, 2026

	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 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	\$2,314,815	\$2,314,815	\$2,413,073	\$98,258	\$98,258	3.88%	3.88%
TOTAL EXPENSE	C-2	\$2,529,663	\$2,529,663	\$2,314,815	\$2,314,815	\$2,443,082	\$128,267	\$128,267	5.07%	5.07%
SURPLUS/(DEFICIT)	C-3	\$0	\$0	\$0	\$0	(\$30,009)	(\$30,009)	(\$30,009)	#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	\$626,680	\$626,680	\$411,080	(\$215,600)	(\$215,600)	-31.48%	-31.48%
TOTAL EXPENSE	D-2	\$684,845	\$684,845	\$626,680	\$626,680	\$435,268	(\$191,412)	(\$191,412)	-27.95%	-27.95%
SURPLUS/(DEFICIT)	D-3	\$0	\$0	\$0	\$0	(\$24,188)	(\$24,188)	(\$24,188)	#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	\$2,929,486	\$2,929,486	\$2,862,442	(\$67,044)	(\$67,044)	-2.09%	-2.09%
TOTAL EXPENSE	E-2	\$3,201,384	\$3,201,384	\$2,929,486	\$2,929,486	\$3,424,271	\$494,786	\$494,786	15.46%	15.46%
SURPLUS/(DEFICIT)	E-3	\$0	\$0	\$0	\$0	(\$561,829)	(\$561,829)	(\$561,829)	#DIV/0!	#DIV/0!

**Fund Type 2 - OH Funded - RainyCrest
Long Term Care**

TOTAL REVENUE	F-1	\$15,330,585	\$15,330,585	\$14,028,535	\$14,028,535	\$15,845,875	\$1,817,340	\$1,817,340	11.85%	11.85%
Compensation	F-2	\$9,265,810	\$10,013,462	\$8,478,851	\$9,163,004	\$10,276,745	\$1,797,894	\$1,113,741	19.40%	11.12%
Purchased Service	F-3	\$0	\$781,103	\$0	\$714,763	\$2,037,042	\$2,037,042	\$1,322,279	#DIV/0!	169.28%
Benefits	F-4	\$2,580,947	\$2,580,947	\$2,361,744	\$2,361,743	\$2,265,272	(\$96,472)	(\$96,471)	-3.74%	-3.74%
Nurse Practitioner	F-5	\$149,394	\$417,394	\$136,706	\$381,944	\$373,919	\$237,213	(\$8,025)	158.78%	-1.92%
Medical Staff Remuneration	F-6	\$50,096	\$50,096	\$45,841	\$45,841	\$38,616	(\$7,225)	(\$7,225)	-14.42%	-14.42%
Supplies	F-7	\$1,669,915	\$1,669,915	\$1,528,087	\$1,528,087	\$1,641,189	\$113,102	\$113,102	6.77%	6.77%
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	\$1,285,246	\$1,527,739	\$1,612,585	\$327,339	\$84,846	23.31%	5.08%
Equipment	F-10	\$572,484	\$672,484	\$523,862	\$615,369	\$375,206	(\$148,656)	(\$240,163)	-25.97%	-35.71%
Contracted Out	F-11	\$61,561	\$61,561	\$56,333	\$56,333	\$7,379	(\$48,954)	(\$48,954)	-79.52%	-79.52%
Building & Grounds	F-12	\$62,735	\$217,735	\$57,407	\$199,242	\$402,740	\$345,333	\$203,498	550.46%	93.46%
TOTAL EXPENSE	F-13	\$15,817,478	\$18,134,232	\$14,474,075	\$16,594,064	\$19,030,693	\$4,556,618	\$2,436,629	28.81%	13.44%
SURPLUS/(DEFICIT) including unfunded liabilities	F-14	(\$486,893)	(\$2,803,647)	(\$445,540)	(\$2,565,529)	(\$3,184,818)	(\$2,739,277)	(\$619,289)	562.60%	22.09%
Less: Unfunded Future Benefits	F-15	\$0	\$0	\$0	\$0	(\$68,996)	(\$68,996)	(\$68,996)	#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)	(\$445,540)	(\$2,565,529)	(\$3,253,814)	(\$2,808,274)	(\$688,285)	576.77%	24.55%

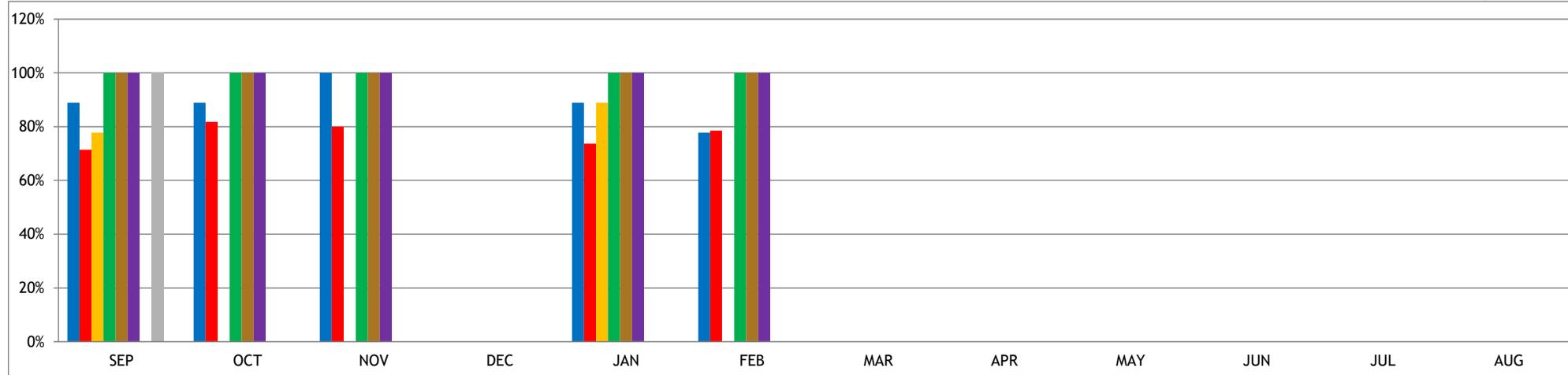
Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY		(\$6,818,937)	(\$11,018,108)	(\$6,239,794)	(\$10,082,323)	(\$3,100,280)				
Total Operating Margin - Hospitals & Long Term Care ONLY		-11.19%	-18.03%	-11.19%	-18.03%	-4.52%				



Quality, Safety, Risk Committee Report – March 2026

2.5.1 Board Quality Metrics *

BOARD OF DIRECTORS - QUALITY METRICS - 2025-2026



- INDICATORS:**
- Participation A** - # of voting board members attending board meetings monthly.
 - Participation B** - # of voting board members attending committee meetings monthly.
 - Reflection A** - # of completed board meeting evaluation surveys every 3rd meeting.
 - Reflection B** - # of members that complete the board self-assessment questionnaire annually (June).
 - Decision Making** - # of board decisions made by detailed briefing notes/supporting documentation done monthly.
 - Education A** - # of education sessions at board meetings monthly.
 - Education B** - # of board meeting agenda items related to integration, quality or strategy monthly.
 - Composition** - # of categories in the skills based board matrix met annually (March).
 - 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%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	89%	75%	14%	
2. Participation B	71%	82%	80%	#DIV/0!	74%	79%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	77%	75%	2%	
3. Reflection A	78%	#DIV/0!	#DIV/0!	#DIV/0!	89%	#DIV/0!	83%	100%	-17%							
4. Reflection B										#DIV/0!			#DIV/0!	100%	#DIV/0!	
5. Decision Making	100%	100%	100%	#DIV/0!	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%	90%	10%	
6. Education A	100%	100%	100%	#DIV/0!	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	125%	100%	25%	min of 1 session/mtg
7. Education B	100%	100%	100%	#DIV/0!	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%	100%	0%	min of 2 items/mtg
8. Composition							#DIV/0!						#DIV/0!	89%	#DIV/0!	
9. Compliance	100%	#DIV/0!	#DIV/0!										#DIV/0!	90%	#DIV/0!	



Auxiliary Report – March 2026

Emo

No Report.

La Verendrye General Hospital

- On February 18, 2026, 200 snack bags were distributed for LVGH Staff Appreciation.
 - Continuing Care Patients: A bin of personal care items (e.g. hand lotions, dental care) and activity books (e.g. large print word search) has been left with the nursing staff. The intent is to provide items for long term patients who may not have family members visiting who could provide the extras. We will test the efficacy of this over the next 6 months and determine whether it is indeed filling a need. Plans are also underway to provide some programming for patients. This may include music, bingo, holiday decorating.
 - Welcome Baby Kits: We continue to partner with local agencies supporting children (provide brochures, dreamcatchers), suppliers of promotional baby products, to create welcome kits for all new babies. Gift items (teddy bears, hats) provided by LVGH Auxiliary and community volunteers are also included.
 - Rock'n for a Reason planning is underway. Once again, we will have a display at the FF Chamber of Commerce Expo (booth donated to us) being held May 22-23, 2026.
-

Rainycrest

No Report.

Rainy River

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

- There is another Vendor's Market being held at the Legion on March 21, 2026, that the Tuck Shop will attend. Nevada tickets will also be sold.
- Our Strawberry Social is set for May 6, 2026, at the Legion from 2:00 to 4:00 p.m. It is our hope that Long Term Care residents, who wish to attend, will be transported to the event as one of their social events for May.
- We are making donations to Ronald McDonald House in Winnipeg to support one of our Rainy River families as they navigate health care for their daughter, as well as Tamarack House in Thunder Bay, as many of our Rainy River residents use this facility.
- Members will attend the St. Patrick's Day celebrations at the Health Centre for the Long-Term Care residents.
- We have paid for the vital signs machine in full and will be determining our next fundraising campaign in the near future.