

## BOARD OF DIRECTORS MEETING OPEN SESSION Thursday, October 28, 2021

5:30 pm – La Verendrye General Hospital / GoToMeeting

### AGENDA

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 – September 30, 2021 * Pg 4	
	<ul> <li>Board Chair &amp; Senior Leadership General Report – J. Ogden, H. Gauthier, J. Loveday,</li> <li>C. Larson, Dr. K. Eltawil* Pg 8</li> </ul>	
	2.3 Governance Committee Report – J. Begg – No Report	
	2.4 Audit & Resources Committee Report – B. Norton * Pg 11	
	2.5 Quality Safety Risk Committee Report – S. Weir – No Report	
	2.6 Riverside Foundation for Health Care Report * Pg 14	
	2.7 Auxiliary Reports * Pg 31	
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: November 25, 2021	
11.	Termination	

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



## BOARD OF DIRECTORS MEETING ANTICIPATED MOTIONS – OPEN SESSION

# Thursday October 28, 2021

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:September 30, 2021Time of Meeting: 5:30 pm							
Location of Meeting: La Verendrye General Hospital – Board Room/GoToMeeting							
PRESENT:	RESENT:     H. Gauthier*     J. Ogden*     B. Norton*     C. Steiner*       J. Begg*     G. Copenace *     *via OTN/teleconference/GoToMeeting						
STAFF:	J. Loveday*, B.Booth*, C. Larson*						
REGRETS:	K. Lampi, Dr. K. Eltawil, S. Weir, Dr. V. Patel						
GUESTS:	C. Cole *						

## 1. CALL TO ORDER:

J. Ogden called the meeting to order at 5:32 pm. B.Booth recorded the minutes of this meeting. J. Ogden read the Indigenous Acknowledgment and J. Begg read the Mission Statement. Joanne welcomed everyone and reminded all of the GoToMeeting etiquette. A moment of silence was provided in honour of National Day for Truth & Reconciliation Day. Joanne shared the following quote from Chancellor Murray Sinclair:

"....we will not achieve reconciliation in my lifetime. We will probably not achieve it in the lifetime of my children. We may not even achieve it in the lifetime of my grandchildren.

"But if we make a concerted effort ... then eventually we will be able, someday, to wake up and, to our surprise, find that we are treating each other in a way that was intended when contact was first made."

-Murray Sinclair

### 1.1 <u>Quorum</u>

Joanne 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. H. Gauthier noted that item 4.0 will be discussed with item 6.2.

### 3. MOTION TO APPROVE THE AGENDA:

It was,	
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MOVED BY: C. Steiner SECONDED BY: B. Norton

THAT the Board approves the Agenda as circulated. CARRIED.

### 4. Patient / Resident Safety Moment

Discussed with item 6.2.

Minutes of the Open Board Meeting – September 30, 2021

### 5. BUSINESS ARISING:

There was no business arising.

## 6. NEW BUSINESS:

### 6.1 <u>Board Member Consolidated Confidentiality, Accountability & Roles & Responsibility Statement -</u> <u>Annual Signing</u>

Joanne reviewed the form noting all members are to sign this annually. She recalled that Brooke emailed everyone the form and asked that all members sign off at their earliest convenience and send back to Brooke.

### 6.2 National Day for Truth & Reconciliation and Orange Shirt Day

Carla shared the following communication:

This year, for the first time, September 30th will be observed to commemorate the horrific legacy of residential schools in Canada: The National Day for Truth and Reconciliation. It is meant to be a day for Canadians to spread awareness of and reflect on the tragedies experienced by Indigenous people as a result of the country's former residential school system.

This day is in line with one of the 94 calls to action of The Truth and Reconciliation Commission, which states: "We call upon the federal government, in collaboration with Aboriginal peoples, to establish ...a National Day for Truth and Reconciliation to honour Survivors, their families, and communities, and ensure that public commemoration of the history and legacy of residential schools remains a vital component of the reconciliation process."

This day of awareness and commemoration also coincides with Orange Shirt Day which has been observed across the country since 2013. This day was created by residential school survivor Phyllis (Jack) Webstad to commemorate the Indigenous children who were taken from their homes and placed in residential schools. It is a day to remind us of the significance of our shared Canadian history, the harm that occurred to First Nations communities via the Residential School System, to honour Residential School Survivors and all the children who did not return home, and to acknowledge our collective responsibility to take action and move this country forward in reconciliation. It is a day to recognize that Every Child Matters.

We encourage our Riverside family to wear Orange on Thursday, September 30, 2021. By wearing Orange on this day, we acknowledge the truths of Residential Schools in Canada, we honour Survivors, and we remember those murdered and abused by these schools.

At Riverside, we are responsible to our staff, patients, residents, clients and we acknowledge that words and symbolic gestures are not enough. We must move beyond words and truly commit ourselves to learn and understand the critical importance of truth, reconciliation and reparation.

Several Calls to Action from the Truth and Reconciliation Commission (TRC) are geared towards Healthcare, we recognize that this is a priority in strengthening our communities and we are committed to dismantling anti-Indigenous racism and discriminatory practices and policies against Indigenous Peoples. Advancing reconciliation means we all need to confront our Canadian history and experiences. In keeping with the TRC, Riverside is committed to dismantling anti-Indigenous racism and discriminatory practices and policies

This September 30th, we ask that you take time either on your own or with your loved ones to reflect on our Canadian history, our future and how we all have a role to play in healing our communities. It is the responsibility of every single one of us to commit to equality, diversity and inclusion, support and encourage meaningful reconciliation, and work together toward a better future for all peoples.

Julie shared the following patient story regarding traditional healing and accessing services through the Indigenous Care Coordinator:

What is traditional healing? What healing traditions are important to the Indigenous Population? Why do people smudge and how is it beneficial to health and well-being?

These are questions that many of our Health Care Providers do not know the answers too. After surveying our Indigenous Community, it was identified that our Indigenous patients did not always feel their cultural needs were being met as patients. This feedback was very understandable and not a surprise to learn. We, as Health Care Professionals, are not all well-versed, or educated, in the Indigenous culture and healing traditions that are so important to this population. Wanting to ensure we were meeting the diverse needs of our Community, Riverside Health Care partnered with GHAC to have Indigenous Care Coordinators (ICC's) on-site. The ICC's would help facilitate these healing traditions for our Indigenous patients and ensure we were meeting their cultural needs and providing them with the key elements that are so crucial to their health and well-being.

Here is a story from one of our patients who recently accessed services through our Indigenous Care Coordinators:

An elderly indigenous man was admitted to Hospital with some medical issues that were going to require a few weeks of treatment and physio before he would be well enough to return home. In a case discussion at Multidisciplinary rounds, it was identified that he was concerned about "Evil Spirits". He was very worried about sharing this with people, as he did not want to be thought of as needing psychiatric help. Our Indigenous Care Coordinator stated this could possibly be culturally-related and that she would go visit him after rounds. The ICC went in to speak with this patient and asked him if he would find it helpful to speak with the Traditional Healing Coordinator. He was very hesitant at first however the ICC reassured him that, if he wanted to speak with the Traditional Healing Coordinator, he would only be there to support his cultural needs and that there would be no type of psychiatric assessment occurring. The patient happily accepted this offer. Our negative pressure room was prepped ahead of time so that the Traditional Healing Coordinator and the client could have their visit and smudge in the same location. Once the Traditional Healing Coordinator arrived, the ICC introduced him to the patient and left them to talk. After a while had passed, the ICC went to check on them and to see if they needed anything. The patient was so thankful and with tears in his eyes he said "This man, this man! I feel so much better! Wow. You can take my walker to my room for me. I feel like I could float back to my room." The patient could not express enough how happy, thankful and strong he felt. The ICC was very touched by this patient's gratitude and just how happy he was. She left the patient and the Traditional Healing Coordinator so they could visit a bit longer and smudge together. When bringing the patient back to his room, after spending 2 hours with the Traditional Healer, he just kept repeating how happy and thankful he was and how he felt so much stronger. At the patient's request, another visit with the Traditional Healing Coordinator was facilitated by our ICC for further traditional support.

## 7. OPPORTUNITY FOR PUBLIC PARTICIPATION

There was no public participation.

### 8. MOVE TO IN-CAMERA:

Minutes of the Open Board Meeting - September 30, 2021

It was,

MOVED BY: J. Begg

SECONDED BY: G. Copenace

THAT the Board go in-camera at 5:47 pm.

CARRIED.

# 9. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

## 10. DATE AND LOCATION OF NEXT MEETING:

October 28, 2021

## 11. TERMINATION:

It was, MOVED BY: J. Begg

THAT the meeting be terminated at 8:06 pm.

CARRIED.

Chair

Secretary/Treasurer

Minutes of the Open Board Meeting – September 30, 2021



Board Chair, Chief of Staff & Senior Leadership Report – October 2021 Open Session

### **Strategic Pillars & Directions**

### **Quality**

### Mental Health

Mental Health services in the emergency department have been reviewed for the past month. There is a multidisciplinary approach to process improvements for emergency department and crisis response staff, to ensure the safety of our mental health patients.

### • Supporting Indigenous Culture

We continue to support Indigenous culture within Riverside. We participated in National Day for Truth and Reconciliation & Orange Shirt Day. Numerous staff wore orange, communication was distributed via email and social media, conversations occurred, and long term care residents were provided t-shirts. Rainycrest hosted Couchiching First Nations to complete a pipe ceremony and drumming for all those that wanted to partake during Resident Council week.

### • Covid-19

We remain in Wave 4 with the Delta variant of Covid-19. There has been a total of 11 Covid-19 admissions to date; 3 that were in hospital at the same time this past month. The Ministry announced that all staff in long term care must be fully immunized by November 15, 2021. Unvaccinated staff have been contacted via phone and letters have been sent.

Residents							
	Rainycres	t EH	С	F	RHC		CSS
1st Dose	97.6%	100	100%		100%		100%
2nd Dose complete	97.6%	100	100%		100%		100%
3 <sup>rd</sup> dose for those eligible	96.6%	100%		100%		N/A	
						(not eligible yet)	
Employees							
	Rainycrest	EHC	RRI	HC	LVGH		CSS
1st Dose	90.2%	88.9%	97.9	9%	87.3%	ó	95.1%
2nd Dose complete	87.7%	80.6%	97.9	9%	86.3%	, D	90.2%

#### Statistics as of October 12, 2021

Riverside is looking at an approach to accommodate testing required to travel. Currently this is not within our funded scope; however, this service is unavailable in our district.

### Regional Pediatric Nurse

The regional pediatric nurse lead visited Fort Frances to share information about the program. They are currently working on a regional pediatric critical care program similar to the RCCR system we currently have for adults. They are also developing a Neonatal/Pediatric transport team based out of Thunder Bay.

### Obstetric SIM Lab

The SIMom simulation system was purchased for Riverside by the Fort Frances LEG and will be operational in November. The hospital is also providing new space for this lab on the 3<sup>rd</sup> floor as well as a dedicated teaching space.

### Influenza

Influenza vaccine clinics are being arranged. It is being predicted we can expect high influenza prevalence as the previous lock downs created lower exposure and immunity levels.

### • Ministry of Long Term Care

Ministry Compliance visited Rainycrest Long Term Care and Rainy River Health Centre in late September. No compliance orders were issued. Rainy River received 3 Written Notifications (WN) and 3 Voluntary plans of correction (VPC) related to falls, Residents' & Family Councils and dining and snack services. The Rainycrest inspection resulted in 1 VPC and 1 WN regarding documentation.

### • Medication Safety Technology Program

The Medication Safety funding policy initiated for the next 3 years is funding that was introduced in April 2021 in response to the Long Term Care Public Inquiry into the Safety and Security of Residents (Wetlauffer case). We have completed a needs assessment, met with Medisystem as well as Extendicare for some recommendations, and to discuss preferred technology. Year 1 funding (April 2021 – 22) is \$43,099 and we have elected to purchase 2 Automated Medication Dispensing units to use for the Emergency box medications and narcotics. Year 2 and 3 funding is \$58,622 each year. The Ministry strongly recommends Home's complete the Institute For Safe Medication Practices (ISMP) – Medication safety self-assessment (MSSA) as part of this program. Rainycrest has completed a MSSA annually for the past 3 years.

## Board Chair, Chief of Staff & Senior Leadership Report – October 2021 Open Session

### • Resident Council Week

Residents' Council Week, organized by the Ontario Association of Residents' Councils (OARC), was celebrated by many Long Term Care homes the week of September 13<sup>th</sup>. Resident Council Week aims to raise awareness of the important role Residents' Councils play in long-term care homes. We decided to postpone our festivities due to an Outbreak, but we celebrated September 20-24<sup>th</sup>. This was the first Rainycrest Resident Council Week and the Resident Council members planned an exciting, fun-filled week to highlight their unique role in making Rainycrest their Home. At Rainycrest, we have a thriving Resident Council. The Resident Council members come together as a group monthly and meet to discuss how they can improve Residents experience in long term care, specifically Rainycrest. They have roles of advocacy such as; how to engage all residents in decision-making surrounding their care, and planning special activities and events that take place in their home.

The development of this weeks' events were carefully selected by the Resident Council to ensure there was something for everyone to enjoy as the past year and a half has been tremendously challenging for Residents and Families during the COVID-19 Pandemic. Activities included Spry Farm, Vintage car show, custom made Resident Council Week t-shirts, iced tea and bracelet making in the gazebos, lawn bowling, window painting, live entertainment by Vince Sheppard, happy hour, Couchiching First Nations Pipe ceremony and drumming, and we closed the week off with a Fall BBQ for all Residents.

### **Organizational Health**

### Rainycrest Admissions

Rainycrest Home for the Aged has been closed to admissions since July 27, 2021 due to staffing shortages, creating a challenge to meet the needs of the residents. This staffing challenge at the Home has reached crisis levels. Resident admissions have been on hold since July 27, 2021 due to the significant health and human resource challenges. We will continue to focus our efforts on maintaining quality care to current Residents of the Home until staffing levels have stabilized. We have met with Ontario Health, Home & Community Care Division, Ministry of Long-term Care, WorkForce Ontario to advocate for action on the current HHR crisis in the LTC sector and health care in general. We notified the Long-Term Care Branch that our admissions remain on hold and we assess on a weekly basis if additional interim measures are required to ensure Resident care standards are maintained. We have also engaged with all of our community partners and other hospitals across the Northwest to request assistance, if anyone has the capacity to assist, even if on an interim basis. From this we have learned that many partners are also experiencing HHR challenges and have no capacity to help. Regardless, our community is pulling together and we are in discussion with 3 partners with some temporary sharing of staff. Our current waitlist to LTC is 19.

### Regional Health Human Resource Task Force

Riverside has active participants on the Health Human Task Force. This is hospital regionally driven to address system level health human resource challenges. The focus of this group is to identify and implement solutions to the hospital HHR challenges in Northwestern Ontario, including immediate and long term solutions.

### • MPP Greg Rickford Site Visit

On October 13<sup>th</sup> our MPP, Greg Rickford joined our Senior Leadership Team and Jon Begg, Board Vice Chair for an announcement at LaVerendrye General Hospital. \$148,664 was announced for Hospital Infrastructure Renewal Funding (includes the replacement of the air handling system in our sterile processing department at the LaVerendrye General Hospital) and \$5,561,900 was announced to address our historical working funds deficit (primarily 2018 & 2019 Rainycrest deficits).

### **Partnerships**

### Mental Health & Addictions (MH&A)

Ontario Health North representatives will be in Fort Frances November 3<sup>rd</sup> and 4<sup>th</sup> to meet with key MH&A partners individually and collectively to advance planning. Partners include Riverside Health Care, Atikokan General Hospital, CMHA – Fort Frances, and Fort France Area Tribal Health Services.

### • Regional Critical Care Program (RCCR)

Regional Critical Care program completed their regional tour and attended LaVerendrye General Hospital site on October 13, 2021. This was well attended and positive feedback was received. The new Regional Pediatric Program lead, Meghan Hill, travelled with this team. She met with nursing leadership and physicians to discuss this new program.

### • Surgical Program

We confirmed dates for the regional surgical program for Q4 with orthopedic program and Dr. LeFrancois. We are awaiting confirmation from gynecological surgeons and proposed dates provided for Urology specialist clinics. Riverside is purchasing a new autoclave and ultrasonic machine for the Sterile Processing Department to support the continued growth of our surgical program and address reliability issues with the existing equipment. Recruitment for a second general surgeon continues.



## Board Chair, Chief of Staff & Senior Leadership Report – October 2021 Open Session

### • Meditech Expanse (hospital information system renewal)

The region has started the work to plan renewal of its health information system. Digital health is actively transitioning to information systems that revolve around the patient across the care continuum. The work to renew the hospitals' information system will ideally consider how best to use this opportunity to advance our needs and issues in the provision of our collective services. In future it could also mean consideration of a single, unified platform, as is being done in a number of other regions in Ontario and Canada. Dr. Stephen Viherjoki, the new Regional Chief Medical Information Officer is currently reaching out to Chiefs of Staff to better understand the physician's needs across the region and workshops/demonstrations have been conducted with frontline staff.

### • Locum Surgical Coverage

We are currently experiencing challenges in filling general surgery locum dates, placing greater responsibility on our only general surgeon. In the meantime, Dr. William Harris, Chief of Surgery in Thunder Bay expressed there is some interest from the Surgeons in Thunder Bay to provide more locum support in the future. They will be offered clinic and operating room time during their locum stay. No progress has been made to date in recruiting a new full time general surgeon. We continue to receive good support from the Ob/Gyn team in Thunder Bay for emergency C- Section coverage when Dr. Jenks is away.

### Urology Program

Dr. Ahmed Zakaria started his urology practice in Thunder Bay and he will be dedicating time for the region. Dr. Zakaria is hoping to start doing urology clinics and minor urology procedures in Fort Frances in the near future. This will help providing Urology care closer to home to our patient population.

### Northern Ontario School of Medicine (NOSM)

Dr. Sarita Verma, Dean, President & CEO and other representatives of NOSM met with physicians, Riverside Health Care, and GHAC representatives in our socially distanced board room on October 15<sup>th</sup>. In addition to providing both a history and current state summary of NOSM, Dr. Verma asked attendees to share their perspective related to challenges and opportunities for a new NOSM. It is important to stress that NOSM is now its own University - Canada's first stand-alone medical university. NOSM did share that the region requires 126 family physicians (86 in rural communities) and 160 specialists (psychiatry, general Internal medicine, pediatrics, emergency medicine, and anaesthesia).

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

Respectfully Submitted,

Joanne Ogden, Board Chair Dr. Karim El-Tawil, Chief of Staff Julie Loveday, Executive Vice President, Clinical Services & CNE Carla Larson, Chief Financial Officer Henry Gauthier, President & CEO



# Audit & Resources Committee Report – October 2021

2.4.1 Financial Report – September 2021 \*

	21/2022 Annual Budget De 1 - LHIN Fur \$27,196,296 \$1,624,458 \$0	YTD Budget nded - Hospital \$13,598,148	YTD Actual Services \$13,506,524	YTD Actual Dollars Over(Under) YTD Budget (\$91.624)	YTD Actual Percent Over(Under) YTD Budget
REVENUE         LHIN - Base Funding       A-1         Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement       A-2         LHIN - One Time Funding       A-3         MOHLTC - One Time Funding       A-4         Other Revenue MOHLTC - HOCC       A-5         Paymaster       A-6         Cancer Care Ontario       A-7         Recoveries & Miscellaneous       A-8         Amortization of Grants/Donations Equipment       A-9         OHIP Revenue & Patient Revenue from Other Payors       A-10         Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$27,196,296 \$1,624,458	\$13,598,148		(\$91 624)	
LHIN - Base Funding       A-1         Other Funding (19*) - Bundled Care, Hospice,       A-2         Oncology Drug Reimbursement       A-2         LHIN - One Time Funding       A-3         MOHLTC - One Time Funding       A-4         Other Revenue MOHLTC - HOCC       A-5         Paymaster       A-6         Cancer Care Ontario       A-7         Recoveries & Miscellaneous       A-8         Amortization of Grants/Donations Equipment       A-9         OHIP Revenue & Patient Revenue from Other Payors       A-10         Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$1,624,458		\$13,506,524	(\$91 624)	
Other Funding (19*) - Bundled Care, Hospice,       A-2         Oncology Drug Reimbursement       A-3         HIN - One Time Funding       A-3         MOHLTC - One Time Funding       A-4         Other Revenue MOHLTC - HOCC       A-5         Paymaster       A-6         Cancer Care Ontario       A-7         Recoveries & Miscellaneous       A-8         Amortization of Grants/Donations Equipment       A-9         OHIP Revenue & Patient Revenue from Other Payors       A-10         Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$1,624,458		\$13,506,524	(\$91 624)	
Other Funding (19*) - Bundled Care, Hospice,         Oncology Drug Reimbursement       A-2         LHIN - One Time Funding       A-3         MOHLTC - One Time Funding       A-4         Other Revenue MOHLTC - HOCC       A-5         Paymaster       A-6         Cancer Care Ontario       A-7         Recoveries & Miscellaneous       A-8         Amortization of Grants/Donations Equipment       A-9         OHIP Revenue & Patient Revenue from Other Payors       A-10         Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$1,624,458		, ,,,,,,,,,		-0.67%
MOHLTC - One Time Funding       A-4         Other Revenue MOHLTC - HOCC       A-5         Paymaster       A-6         Cancer Care Ontario       A-7         Recoveries & Miscellaneous       A-8         Amortization of Grants/Donations Equipment       A-9         OHIP Revenue & Patient Revenue from Other Payors       A-10         Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$0	\$812,229	\$1,090,178	\$277,949	34.22%
Other Revenue MOHLTC - HOCC       A-5         Paymaster       A-6         Cancer Care Ontario       A-7         Recoveries & Miscellaneous       A-8         Amortization of Grants/Donations Equipment       A-9         OHIP Revenue & Patient Revenue from Other Payors       A-10         Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19		\$0	\$805,355	\$805,355	00
Paymaster       A-6         Cancer Care Ontario       A-7         Recoveries & Miscellaneous       A-8         Amortization of Grants/Donations Equipment       A-9         OHIP Revenue & Patient Revenue from Other Payors       A-10         Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$222,275	\$111,138	\$111,140	\$3	0.00
Cancer Care Ontario       A-7         Recoveries & Miscellaneous       A-8         Amortization of Grants/Donations Equipment       A-9         OHIP Revenue & Patient Revenue from Other Payors       A-10         Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$508,405	\$254,203	\$254,185	(\$18)	-0.019
Recoveries & Miscellaneous       A-8         Amortization of Grants/Donations Equipment       A-9         OHIP Revenue & Patient Revenue from Other Payors       A-10         Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$0	\$0	\$0	\$0	0%
Amortization of Grants/Donations Equipment       A-9         OHIP Revenue & Patient Revenue from Other Payors       A-10         Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$21,788	\$10,894	\$9,464	(\$1,430)	-13.12%
OHIP Revenue & Patient Revenue from Other Payors       A-10         Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$1,485,678	\$742,839	\$893,713	\$150,874	20.319
Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$322,327	\$161,164	\$159,369	(\$1,794)	-1.119
Differential & Copayment       A-11         TOTAL REVENUE       A-12         Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$1,725,505	\$862,753	\$762,985	(\$99,768)	-11.569
Compensation - Salaries & Wages       A-13         Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$970,001	\$485,001	\$393,078	(\$91,922)	-18.95%
Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$34,076,733	\$17,038,367	\$17,985,992	\$947,625	5.56%
Benefit Contributions       A-14         Future Benefits       A-15         Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$18,722,471	\$9.386.883	\$9.860.759	\$473.877	5.05%
Future Benefits     A-15       Medical Staff Remuneration     A-16       Nurse Practitioner Remuneration     A-17       Supplies & Other Expenses     A-18       Amortization of Software Licenses & Fees     A-19	\$5,069,685	\$9,580,883	\$9,800,739	\$25,922	1.029
Medical Staff Remuneration       A-16         Nurse Practitioner Remuneration       A-17         Supplies & Other Expenses       A-18         Amortization of Software Licenses & Fees       A-19	\$170,100	\$85,050	\$2,507,710	\$25,922	17.05
Nurse Practitioner Remuneration     A-17       Supplies & Other Expenses     A-18       Amortization of Software Licenses & Fees     A-19	\$1,537,900	\$768,950	\$843,726	\$74,776	9.729
Supplies & Other Expenses     A-18       Amortization of Software Licenses & Fees     A-19	\$137,077	\$68,539	\$68,536	(\$3)	0.00
Amortization of Software Licenses & Fees A-19	\$5,263,114	\$2.631.557	\$2,776,337	\$144,780	5.50
Medical/Surgical Supplies A-20	\$74.608	\$37,304	\$17,443	(\$19.861)	-53.24
	\$735,307	\$367,654	\$475,948	\$108,295	29.469
Drugs & Medical Gases A-21	\$1,340,607	\$670,304	\$771,544	\$101,241	15.10
Amortization of Equipment A-22	\$772,441	\$386,221	\$373,688	(\$12,533)	-3.249
Rental/Lease of Equipment A-23	\$150,197	\$75,099	\$81,164	\$6,065	8.08
Bad Debts A-24	\$82,000	\$41,000	\$45,000	\$4,000	9.769
TOTAL EXPENSE A-25 SURPLUS/(DEFICIT) A-26	\$34,055,507	\$17,060,345 \$10,613	\$17,981,405 \$4,587	\$921,059 (\$6,026)	5.40° -56.78°

Riverside Health Care         Operating Revenue & Expense Summary April 1, 2021 to September 30, 2021							
		2021/2022 Annual Budget	YTD Budget	YTD Actual	YTD Actual Dollars Over(Under) YTD Budget	YTD Actual Percent Over(Under) YTD Budget	
		HN Funded - Court se Management - \$1,523,053 \$1,523,053 \$0		ions - Problem G \$803,651 \$807,286	ambling \$42,125 \$45,759	5.539 6.019 <b>0.00</b> 9	
Fund Typ		Other Ministry/Ag		-	ices		
TOTAL REVENUE		artner Assault Re	sponse - Family \ \$101.718		¢4.546	4 440	
TOTAL REVENUE	C-1 C-2	\$203,436 \$203,436	\$101,718 \$101,718	\$106,234 \$85,976	\$4,516 (\$15,742)	4.449	
SURPLUS/(DEFICIT) - DUE To Other	C-3	\$0	\$0	\$20,258		0.00%	
TOTAL REVENUE TOTAL EXPENSE SURPLUS/(DEFICIT) - DUE To LHIN	D-1 D-2 D-3	\$1,612,382 \$1,612,382 <b>\$0</b>	\$806,191 \$806,191 <b>\$0</b>	\$803,836 \$808,022 (\$4,186)	(\$2,355) \$1,831 ( <b>\$4,186)</b>	-0.29' 0.23' 0.00'	
Fu	nd Ty	pe 2 - LHIN Funde	ed - RainyCrest L	ong Term Care			
TOTAL REVENUE	E-1	\$12,936,227	\$6,468,114	\$6,714,493	\$246,380	3.81	
Compensation & Benefit Contributions	E-2	\$10,604,568	\$5,316,811	\$5,373,220	\$56,409	1.069	
Supplies	E-3 E-4	\$1,259,987 \$0	\$629,994 \$0	\$680,739 \$0	\$50,745 \$0	8.059	
Service Recipient Specific Supplies Sundry	E-4 E-5	\$0 \$926,709	\$463,355	\$625,526	\$162,172	35.00	
Equipment	E-6	\$252,989	\$126,495	\$190,379	\$63,884	50.50	
Contracted Out Building & Grounds	E-7 E-8	\$113,883 \$27,415	\$56,942 \$13,708	\$38,396 \$30,113	(\$18,546) \$16,406	-32.57 119.68	
TOTAL EXPENSE	E-9	\$13,185,551	\$6,607,302	\$6,938,372	\$331,070	5.01	
SURPLUS/(DEFICIT) including unfunded liabilities	E-10	(\$249,324)	(\$139,189)	(\$223,879)	(\$84,690)	60.85	
Less: Unfunded Future Benefits	E-11	\$0	\$0	\$77,050	. ,	09	
Less: Unfunded Amortization Expense SURPLUS/(DEFICIT) excluding unfunded liabilities	E-12 E-13	\$0 (\$249,324)	\$0 ( <b>\$139,189</b> )	\$203 ( <b>\$146,626</b> )	\$203 (\$7,437)	0 <sup>0</sup> 5.34	
Operating Surplus(Deficit) - Corporate - Hospital and Other Funds		(\$228,098)	(\$128,576)	(\$129,601)			
Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY		(\$228,098)	(\$128,576)	(\$142,039)			
Total Operating Margin - Hospitals & Long Term Care ONLY		-0.49%	-0.55%	-0.58%			

# **RIVERSIDE FOUNDATION FOR HEALTH CARE**

# MINUTES OF MEETING

Name of Meeting: Annual Meeting of Riverside Foundation for Health Care

Date of Meeting:	September 27, 2021	Time of Meeting:	11:30 am
Location:	GO TO MEETING		
PRESENT:	Allison Cox Tyler Cousineau Kim Jo Bliss Bev Langer Carlene Steiner Meghan Cox	Bill Gushulak Susan Irvine Delaine McLeod Rob Georgeson Paul Brunetta	
GUESTS:	Jeff Savage	Jon Evans	

# 1. CALL TO ORDER:

Delaine McLeod called the meeting to order at 11:33. She welcomed attendees and and guests Jeff Savage and Jon Evans to the meeting. S. Beadle recorded the minutes of this meeting.

# 2. ADOPTION OF AGENDA:

It was, MOVED BY: Kim Jo Bliss SECONDED BY: Bill Gushulak THAT the Agenda be accepted as circulated. CARRIED.

# 3. CONFLICT OF INTEREST:

No conflict of interest was declared.

# 4. APPROVAL OF 2020 ANNUAL GENERAL MEETING MINUTES

It was, MOVED BY: Meghan Cox SECONDED BY: Paul Brunetta THAT the minutes of the Annual Meeting dated September 21, 2020 be approved as circulated. CARRIED.

# 5. Reports

# 5.1 REPORT OF THE CHAIR

# Delaine's report follows:

March 2020 will forever be remembered as the month the world changed. COVID and the restrictions put in place to help reduce the spread impacted individuals and businesses around the world. The Riverside Foundation was no exception. As the Foundation entered a new fiscal year of fundraising all live events were cancelled, the office was closed to the public with staff working from home and the Canada Day Cash Lottery was in limbo. It quickly became evident that if the Foundation were to have a successful year of fundraising, efforts would have to pivot to greatly increase our digital impact.

In the beginning stages of the pandemic, the Foundation and the Facilities were overwhelmed by the support of individuals and businesses in the community through in-kind donations. Riverside staff was treated to food, snacks and other small gifts as tokens of appreciation and thanks. Offers of donations of PPE and hand sanitizer were rolling in. Despite no one actually being able to be together, the entire community came together.

The cancellation of the Spring Luncheon, which was raising funds for isolation carts, meant a loss of approximately \$6,000 - \$8,000 in profit. Donors who normally attend the luncheon were asked to still support the purchase of the carts through online donations. Some donations were received and the balance for the carts was covered through the general fund.

After careful consideration and the realization that in person ticket sales would be next to impossible, it was decided to cancel to the Canada Day Cash Lottery and instead move forward with an online 50/50 raffle that began in July and was drawn on Labour Day with the winner taking home over \$18,000. The success of this raffle lead to the launch of monthly 50/50 raffles beginning in November 2020 and running through until October 2021. Since the launch, the Foundation has given away \$225,000 in winnings, which means the same amount has gone to the Foundation for the purchase of equipment. Proceeds from the November-March draws were used to purchase 2 new ultrasound units for LVGH.

The Facilities approached the Foundation in the fall with a proposal to run a capital campaign to raise funds for the upgrade and purchase of new Diagnostic Imaging equipment. In addition to the x-ray machines being upgraded from analog to digital, the DI department is in need of an elevating fluoroscopy table, a new digital mammography machine and a new CT scanner. A motion was passed in January 2021 to move forward with this \$1.5 million dollar capital campaign. A volunteer committee was established with Meghan Cox and Linda Hamilton holding the position of co-chair. By spring the committee was fully established and entered into the quiet phase of the Picture This campaign in June.

The annual Christmas Appeal began in October to raise funds for upgrades to the Activation Room at Rainycrest. People gave generously and almost \$40,000 was donated through the appeal and raised through an online silent auction. The upgrades, which were completed in the spring of 2021, evoke a feeling of home for the residents. New furnishings, window treatments

Riverside Foundation for Health Care – Annual Meeting Minutes September 27, 2021 Page 2

and accessible kitchen cupboards were installed. In addition, a Bluetooth speaker, bonspiel game and garden centre were purchased.

The Auxiliaries, greatly impacted by the pandemic, saw an immediate cancellation in all services and events that they normally hold and continue to deal with disruption to these. Despite this great financial hit, the Emo & District Hospital Auxiliary donated \$40,000 towards the purchase of a new AC unit for the Emo Health Centre after the existing once broke down during a heat wave. The LVGH Auxiliary donated over \$20,000 for the purchase of a tourniquet, a phlebotomy cart and a bili light and the Rainy River Hospital Auxiliary donated over \$5,000 for the purchase of new resident furniture. We look forward to being able to attend Auxiliary events once again when it is safe to do so.

Spring and summer were seasons of change with the Foundation. A new donor database system, online donation platform and website were launched in May. These changes will allow for better donor management and greater ease with website updates. New digital donor walls were installed at each facility at the end of June.

We said goodbye to long serving board member Livia Lundon in October. Livia joined the board in 2009 and served as the Special Events Rep for the duration of her term, playing a pivotal role in the success of many luncheons and galas. She also served as Board Chair from 2012-2014. Also leaving the board is Irene Laing who filled the vacancy left by Livia. We welcomed new board members Meghan Cox in September 2020, and Holly Angus in March 2021 who filled the LVGH Auxiliary Rep vacancy.

Despite the challenges COVID has presented us with I think we can all agree that the Foundation has had a successful year with the dedication of our Foundation Director Allison, and the generosity of our community and beyond in keeping care close to home.

It was, MOVED BY: Bill Gushulak SECONDED BY: Tyler Cousineau THAT the Report of the Chair of the Board be accepted. CARRIED.

# 5.2 FINANCIAL REPORT: BDO Canada LLP

Jon Evans gave a brief introduction and thanked the Foundation. He also Congratulated them for their service and the ability to change and mould to the changing times.

The Draft Financial Statements for the year ended March 31, 2021 was circulated prior to the meeting.

Jeff Savage reviewed the Draft Audited Statement for the year ended March 31, 2021 as well as the Auditors Report. He explained the Management's responsibility for the Financial Statements as well as the Auditor's responsibility.

Riverside Foundation for Health Care – Annual Meeting Minutes September 27, 2021 Page 3

He will report a Qualified Opinion for two reasons. The Foundation recognizes capital expenses for the year rather than capital outside not for profit organizations, this makes sense as the Foundation accounts more on a cash basis, but it is outside normal practice for not for profit organizations so the auditors opinion is qualified. It is difficult to say accurately that all revenue has been recognized because of the nature of how it comes in. Cash donations are more of a risk, now the foundation is primarily using digital and external software applications. The statement has been prepared with not for profit accounting standards. The audit is not fully complete so there isn't a date. They do not anticipate anything major or that will prevent from having the auditor report finished within the next couple of days.

The Board made a decision about authorized signatures, they will be Paul Brunetta and Delaine McLeod. When the statements are ready they can sign them and get things wrapped up.

Jeff reviewed the Statement of Financial Position and the Statement of Operations and Changes in Net Assets. He reviewed the 2021 and 2020 numbers, they are broken down by restricted fund.

The overall revenues of \$580,033 doesn't include the lottery pay out winners, they are currently reported under Fundraising Expenses. If the lottery ticket sales and payout expenses are netted together, they will show up in revenue. Allison suggested to show as a net revenue as this is how the Canada Day Lottery was historically shown. Everyone was in favour and they will move it in the Final Financial Statement to net revenue.

The statement shows \$350,486 in expenses for 2021 compared to \$244,177 in 2020. This is an increase of \$106,000 and included \$145,000 in payout for the lottery winners. If there is a change in showing net revenue for the Lottery this would decrease the expenses by \$39,000 which is comparable to last year.

The other expense to note is the Donor Wall, last year it was \$92,199 and this year \$28,639. The increase in Fees and Dues are mostly due to increase in more electronic commerce used now with electronic fund transfers, fees and dues increase due to the fact that more digital software is being used for the Foundation.

The Statement of Financial Position was reviewed it shows net assets of \$1.46M. Cash and bank balance is \$1.95M. There was a lot contributed to RHC this year with \$481,000 owing. The carry forward of \$1.46M consists of endowments as well. The endowments have restrictions so investment income is used for specific purposes. The \$50,000 donated in 1997 by RHC cannot be touched and accumulates interest.

BDO is just waiting for some final confirmation from the Finance Department. There shouldn't be any notable changes.

Delaine asked for an explanation regarding the Trade receivables and Government remittances receivable.

Riverside Foundation for Health Care – Annual Meeting Minutes September 27, 2021 Page 4

Jeff thanked everyone for the opportunity to do this audit and to present today.

# **Qualified Opinion**

We have audited the financial statements of Riverside Foundation for Health care (the Entity), which comprise the statement of financial position as at March 31, 2021, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to financial statements, including a summary of significant accounting policies.

In our opinion, except for the possible effects of the matters described in the *Basis for Qualified Opinion* section of our report, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at March 31, 2021, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit Organizations.

There will be a final letter to the Board regarding independence and independent audit opinion representation letter, there isn't anything to bring to the Boards attention. The Disbursement quota has been exceeded once again. There is no risk of the Foundation not meeting its disbursement quota.

Jeff also comments on the changes to not-for profit accounting standards. He is not sure what may change in the terms of the by-laws or if they will need changed. These changes are coming with the next month. The Board will stay on top of the changes to ensure they do not affect this Foundation.

It was, MOVED BY: Tyler Cousineau SECONDED BY: Rob Georgeson THAT the Draft Copy of the Audited Financial Statements for the year ended March 31, 2021 as prepared by BDO Canada LLP, be accepted. CARRIED.

# 5.3 FINANCE COMMITTEE REPORT

There was no report from the Finance Committee

It was, MOVED BY: SECONDED BY: THAT the Finance Committee Report be accepted as presented. CARRIED.

# 5.4 NOMINATION COMMITTEE REPORT

Allison presented the Nomination Committee Report Nomination Committee 2021/2022

# Nomination Committee Report:

Riverside Foundation for Health Care – Annual Meeting Minutes September 27, 2021 Page 5

- Paul Brunetta has agreed to let their name stand as Chair
- Tyler Cousineau has agreed to let their name stand as Vice Chair.
- Paul Brunetta to be re-appointed for another 3 year term ending June 2024
- Bev Langner to be re-appointed for a 1 year term ending June 2022 as the Rainy River Aux rep
- Susan Irvine to be re-appointed for a 1 year term ending June 2022 as the Emo Aux rep
- Holly Angus to be re-appointed for a 1 year term ending June 2022 as the LVGH Aux rep
- \_\_\_\_\_to be appointed for a 1 year term ending June 2021 as the Rainycrest Aux rep
- Carlene Steiner to be re-appointed for a 1 year term ending June 2022 as the Riverside Health Care Board of Directors rep

Riverside Foundation Board Members/Position 2021/2022					
Position	Name	Term Ending			
Chair	Paul Brunetta				
Vice-Chair					
Rainy River Aux.	Bev Langner	2022			
Representative					
Emo Aux. Representative	Susan Irvine	2022			
LVGH Aux. Representative	Holly Angus	2022			
Rainycrest Aux.	VACANCY	2022			
Representative					
Riverside Representative	Carlene Steiner	2022			
Board Members	Bill Gushulak	2022			
	Delaine McLeod	2022			
	Tyler Cousineau	2022			
	Rob Georgeson	2023			
	Kim Jo Bliss	2023			
	Meghan Cox	2023			
	Paul Brunetta	2024			
	VACANCY				
Foundation Director	Allison Cox				

# It was, MOVED BY: Bill Gushulak SECONDED BY: Susan Irvine THAT the Nomination Committee Report be accepted as presented, and nominations be closed. CARRIED.

# 6. APPOINTMENT OF INCOMING DIRECTORS

Riverside Foundation for Health Care – Annual Meeting Minutes September 27, 2021 Page 6

It was, MOVED BY: Bill Gushulak SECONDED BY: Bev Langner THAT Paul Brunetta be re-appointed to the Board of Directors for a 3-year term ending June 2024. CARRIED.

# lt was,

MOVED BY: Meghan Cox SECONDED BY: Paul Brunetta THAT Bev Langner, Susan Irvine and Holly Angus be appointed to the Board of Directors as the Auxiliary Representatives for a one year term ending June 2022. CARRIED.

It was, MOVED BY: Delaine McLeod SECONDED BY: Bill Gushulak THAT Carlene Steiner be appointed to the Board of Directors for a 1 year term ending June 2022 as representative from Riverside Health Care's Board of Directors. CARRIED.

# 7. RECOGNITION OF BOARD MEMBERS LEAVING THE BOARD

Delaine recognized Livia Lundon and Irene Laing for their service on the Board. Allison has sent a card to Livia and will send one to Irene.

# 8. APPOINTMENT OF AUDITORS

It was,

MOVED BY: Paul Brunetta SECONDED BY: Bill Gushulak THAT BDO Canada LLP be appointed auditor for the Corporation for the fiscal year. CARRIED.

# 9. ADJOURNMENT:

It was, MOVED BY: Bill Gushulak THAT the meeting be adjourned at 12:21p.m. CARRIED.

Chair

Riverside Foundation for Health Care – Annual Meeting Minutes September 27, 2021 Page 7

/sb

05/10/2021

# Riverside Foundation for Health Care Board of Directors Minutes of Meeting

DATE:	Monday, September 27, 2021	TIME: 11:30 a.m.
LOCATION:	Go-To-Meeting	
PRESENT:	Allison Cox Tyler Cousineau Kim Jo Bliss Bev Langer Carlene Steiner Meghan Cox	Bill Gushulak Susan Irvine Delaine McLeod Rob Georgeson Paul Brunetta

# 1. Call to Order

Delaine McLeod called the meeting to order at 12:22 p.m. Sandra Beadle recorded the minutes of this meeting.

# 2. Adoption of Agenda

IT was,									
MOVED BY:	Bill Gushulak	SECONDED BY:	Susan Irvine						
THAT the Agenda	be amended as follow	vs:							
ADD: NEW BUSINESS: 9.4 Dialysis Unit Request									
	CARRIED.								

# 3. Confidentiality

All confidential information obtained through this committee will not be accessed or disclosed. All confidential information will not be altered, destroyed, copied or interfered with except with authorization and in accordance with the policies and procedures of *RHC*.

# 4. Conflict of Interest

There was no conflict of interest.

# 5. Approval of Minutes

IT was, MOVED BY: Bill Gushulak SECONDED BY: Bev Langner THAT the minutes from the May 31, 2021 meeting be accepted as circulated. CARRIED.

## 6. Nomination of Chair & Vice Chair

It was, MOVED BY: Meghan Cox SECONDED BY: Bill Gushulak THAT Paul Brunetta be nominated for the position of Chair. CARRIED

Paul accepted the nomination of Chair. Nominations were called three times.

It was,

MOVED BY:Susan IrvineSECONDED BY:Bill GushulakTHAT nomination be closed for the position of Chair.CARRIED

Paul Brunetta is acclaimed Chair of the Riverside Foundation for Health Care Board.

It was, MOVED BY: Bill Gushulak SECONDED BY: Meghan Cox THAT Tyler Cousineau be nominated for the position of Vice-Chair CARRIED

Tyler accepted the nomination of Vice Chair Nominations were called three times.

It was, MOVED BY: Susan Irvine SECONDED BY: Bev Langner THAT nomination be closed for the position of Vice-Chair CARRIED

Tyler Cousineau is acclaimed Vice-Chair of the Riverside Foundation for Health Care Board.

Allison said before we pass the rains on to Paul she wanted to give a huge thank you to Delaine for the past two years of being Chair, it has been great working with Delaine and we are happy she will remain on the Board.

Paul thanked Delaine as well for a job well done. It wasn't an easy couple of years.

## 8. Correspondence

There was no correspondence to be discussed.

# 7. On-going Business

# 8.1 Donor Walls

All the donor walls have been installed at each location. Allison now has the name plates from Rainycrest, Emo and Rainy River in her possession. The press release about the new walls and information about how people can collect name plates will be going out soon. The website will also be updated to include historical pictures of the static walls, thank you to Bill for sending pictures from Rainycrest.

# 8.2 2020/2021 Capital Equipment Updates

The Capital tracking spreadsheet was sent out via email.

All outstanding purchases from 2020/2021except the Broda Chair for Rainy River have been completed. The Broda Chair will be ordered this week.

It was, MOVED BY: Bev Langner SECONDED BY: Bill Gushulak THAT the QI Foundation Equipment Purchases & Other expenses be approved. CARRIED

# **Capital Campaign equipment:**

An application had to be filed with the government for approval to purchase a new CT scanner. Senior leadership has begun to meet to discuss priority ordering and work with Bernie in DI to determine the exact equipment to go out for quotes.

# 8.3 Monthly 50/50

The May – August revenue reports were sent out via email.

Monthly sales have started to slow down, however when the monthly 50/50 was originally proposed it was with a budget of selling \$20,000 in tickets and we are still maintaining that.

April-August has so far profited \$84,669.79 all of which is going towards the capital campaign.

Allison has begun the process of applying for a new lottery license. She is suggesting that we drop the \$5,000 guarantee on the new license, we don't know what things will look like in a years' time and we don't want to be put in a position to lose money. Tyler has not had a chance to speak to West End and Gillons' about continuing the early bird sponsorship, he will do so today. It is likely that the first draw will begin sometime in November (once the license is granted) and be drawn at the end of December, so slightly longer than one month. Then starting in January there will be monthly draws once again.

Allison also clarified that yes we get the same amount as the prize money is but we then take expenses out of that.

Allison will rewrite the rules of play and plan to have the first draw on December 31<sup>st</sup>. With the additional time on the draw it will build a little more for the Christmas season. If anyone has additional ides on ways to change the raffle or garner more interest please contact Allison.

## 9. New Business

## 9.1 Board Page/Login on Website

The board page has been set up and is ready to start using. Allison will be sending out login information and details on how to access the page soon.

Allison gave a demonstration of the page and what it looks like.

# 9.2 Board Vacancy

We have a vacancy on the board. An ad was run in the Times and no interest was generated from it. Allison asked for some brainstorming ideas. There were some names thrown out and Allison is following up. She would like to build a list to reference back to in years to come. She also is looking for names from the central and west end of the district.

# 9.3 Staff Bursary

Applications for the staff bursary are due back on October 2<sup>nd</sup>. To date, Allison has handed out 6 applications, none have been returned yet. We need a representative from the Foundation Board to sit on the Selection Committee. This involves reviewing the application son your own time and grading them using a provided criteria sheet. Meghan volunteered to sit on this committee. Thank you Meghan.

# 9.4 Dialysis Unit Request

Thunder Bay Regional has put in a request to the Foundation to support the purchase of new TV's for the Dialysis Unit in Fort Frances. There is currently \$10,475 available in the Dialysis Fund. The quote for the TVs is \$14,642.40 (The request is to access the monies in the dialysis fund as well as to cover the outstanding costs). The quote came from Health-Hub. The TVs need to be hospital grade. There are 7 TVs. Thunder Bay Regional would purchase the TVs and then invoice us.

'The Hemodialysis Unit in Fort Frances is in operation to support residents living in and around the Fort Frances area. The nurses working in the unit are members of the Fort Frances community as well although employed by TBRHSC. Hemodialysis patients are on treatment 3 times/week for 4 hours each time and utilize the TVs during treatment. The current TVs are passed end of life and not fully functioning. If the Riverside Foundation would consider supporting this purchase using the Dialysis Funds and consider covering the outstanding costs it would greatly benefit the patients in the unit and allow us to replace all the TVs at once instead of in stages.' It was, MOVED BY: Bill Gushulak SECONDED BY: Delaine McLeod THAT the Foundation Board support the purchase of 7 new TV's for the dialysis unit in Fort Frances, using \$10,475 in available dialysis funds with the remainder amount taken out of General Funds for a total of \$14,652.40.

CARRIED

## **10.** Standing Reports

## **10.1** Capital Campaign Report

It has been a very busy summer with the quiet launch of the Picture This Campaign in May and the public launch in September.

Allison played the Video that was produced. The Video is available to view at the top of our Face Book page.

The district has already been extremely supportive and through donations, pledges, the public launch and the 50/50 raffle, we have reached 91.36% of the \$1.5 million dollar goal.

Pledged/Donated		Received		
Туре	Total	Туре	Te	otal
Donations	\$ 509,570.00	Donations	\$	509,570.00
Pledges	\$ 735,240.00	Pledges	\$	236,600.27
Payroll Pledges & Donations	\$ 30,098.00	Payroll Pledges & Donations	\$	2,030.00
Events & Grants	\$ 10,948.75	Events & Grants	\$	10,948.75
Lotteries	\$ 84,508.77	TOTAL:	\$	759,149.02
TOTAL:	\$ 1,370,365.52	Lotteries	\$	84,508.77
GOAL:	\$ 1,500,000.00	TOTAL:	\$	843,657.79
<b>DIFFERENCE:</b>	\$ 129,634.48			
PERCENT OF GOAL	91.36%			

The mail out was dropped off at the Post Office on Friday so it should be hitting mailboxes around the district late this week.

Meghan added that she is really thrilled with the campaign going so good and thanked Allison for all the work she has done.

Allison also mentioned that the announcement about the Public Launch was that there was just over \$17,000 raised. Linda Sekulich walked the entire distance from Emo to Fort Frances and had some outstanding pledges. When she turned them in she had actually collect \$6,000 more from Ted Kaemingh, this was a huge bonus and bumped the proceeds over \$24,000 through donations and pledges.

Paul also commended Allison on a great job on the event as well as her work on the Campaign. He said Linda was very happy to be able to contribute and so much through her pledges.

IT was, MOVED BY: Delaine McLeod SECONDED BY: Bill Gushulak THAT the Capital Campaign Report be accepted. CARRIED.

# **10.2** Physician Recruitment and Retention Report

The September meeting was deferred so Meghan had no report

# **10.3** Special Event Committee Report

No report

# **10.4 Hospital Auxiliaries Update**

Bev started with the Rainy River Auxiliary Report, they have started having meetings again but she was unable to attend the last one. They are looking for a new venue to meet as the room in the hospital is too small. They had the last meeting at the Legion but there is a cost associated with that and they are unwilling to pay that. The Rainy River Auxiliary sold tickets and tuck shop items at the Walleye Tournament in Rainy River. The invoice for the furniture was sent to Joyce a few weeks ago and Donna was cc'd. Bev will follow up with Donna.

Susan reported for the Emo Auxiliary. Their first meeting was on September 16<sup>th</sup>. There isn't a lot going on yet so they are not having an October meeting, their next meeting will be in November.

LVGH Auxiliary resumed their meetings in September. Linda Booth has resigned as president and Allison isn't sure if they have nominated or appointed a new president yet. The Gift Shop re-opened and they have volunteers in there working and will be asking Senior Leadership and Infection Control when they can resume selling their break open tickets in the Lottery.

Rainycrest Auxiliary has not met since pre COVID.

IT was,			
MOVED BY:	Bill Gushulak	SECONDED BY:	Rob Georgeson
THAT the Auxiliary	Reports be accepted.		
		CARRIED.	

# **10.5** Foundation Director Report

Sandy has been working out of the Rainycrest site since mid-September and will be there until mid-October. She cannot bring cash over there to prepare deposits, so there will be a delay during this time period in getting deposits completed and tax receipts/thank-you letters printed and sent out.

Henry would like to start to get the ball rolling on looking at alternate options for the management of the Foundation finances sooner rather than later. He will be engaging with Allison moving forward on this process. It is expected that this may take some time and we don't anticipate any actual changes being made until the new year at the earliest.

Allison will be taking holidays from October 4<sup>th</sup> to 8<sup>th</sup>.

Full Name	Date Received	Amount	Description
Lawrence & Betty Fontana	9/14/2021	500.00	Picture This DI Capital Campaign
Sandra Irene Gosselin	8/13/2021	500.00	Picture This DI Capital Campaign
Mrs. Wendy Derendorf	7/29/2021	500.00	Picture This DI Capital Campaign
Harold & Susan Norlund	5/30/2021	500.00	General Fund Rainy River
Larry & Shirley Glueheisen	5/24/2021	500.00	Foundation General Fund
Tom & Emily Mosbeck	4/8/2021	500.00	Food & Nutrition Services
Maverick Judson	9/14/2021	750.00	Picture This DI Capital Campaign
Mr. Paul Brunetta	9/14/2021	1,000.00	Picture This DI Capital Campaign
AJ Logging Inc.	9/14/2021	1,000.00	Picture This DI Capital Campaign
Ms. Bernice Eileen Krawchuk	9/10/2021	1,000.00	Picture This DI Capital Campaign
Dennis & Annette Ash	8/23/2021	1,000.00	Picture This DI Capital Campaign
Jade Dittaro	8/8/2021	1,000.00	Picture This DI Capital Campaign
Carol Livingston	6/7/2021	1,000.00	Chemotherapy Department
Ms. Melody Hartnell	5/18/2021	1,000.00	Inpatient Unit
Jon Judson	4/8/2021	1,000.00	Food & Nutrition Services
Nor-West Animal Clinic Professional Corporation	8/27/2021	1,500.00	Palliative Care General
Mr. Gordon W. Woollard	9/14/2021	2,000.00	Picture This DI Capital Campaign
Dennis & Beth Brown	9/14/2021	2,000.00	Picture This DI Capital Campaign
Mr. Robert McLean	8/27/2021	2,000.00	Picture This DI Capital Campaign
Rainy River District Municipal Association	7/20/2021	2,332.06	Physician Recruitment
Patrick & Joanne Giles	9/14/2021	2,500.00	Picture This DI Capital Campaign
Wm. E. & Mary Jane Gushulak	9/14/2021	2,500.00	Picture This DI Capital Campaign
Rod & Delaine McLeod	8/27/2021	5,000.00	Picture This DI Capital Campaign
The Township of Chapple	8/27/2021	5,000.00	Picture This DI Capital Campaign
The Township of Morley	8/23/2021	5,000.00	Picture This DI Capital Campaign
The Town of Rainy River	7/30/2021	5,000.00	Picture This DI Capital Campaign
James & Marnie Cumming	8/27/2021	10,000.00	Picture This DI Capital Campaign
Vaishali M. Patel Medicine Professional Corporation	7/30/2021	10,000.00	Picture This DI Capital Campaign

Major Donors (April 1 – present):

India Heritage Research Foundation (IHRF) – Canada	7/30/2021	10,000.00	Picture This DI Capital Campaign
The Corporation of the Town of Fort Frances	7/29/2021	10,000.00	Picture This DI Capital Campaign
Dr. J. Nelson & Dr. L. Jenks Medicine Professional Corporation	6/2/2021	10,000.00	Picture This DI Capital Campaign
Duane & Grace Cridland	6/2/2021	10,000.00	Picture This DI Capital Campaign
Norbord Inc.	8/18/2021	20,000.00	Picture This DI Capital Campaign
Estate of Olive Eisenhauer	6/28/2021	40,000.00	Picture This DI Capital Campaign
RGLD Gold AG	8/19/2021	60,000.00	Picture This DI Capital Campaign
Mrs. Patricia Maurer	8/23/2021	100,000.00	Picture This DI Capital Campaign
Estate of Olive Eisenhauer	5/5/2021	420,000.00	Picture This DI Capital Campaign

Foundation in the News:

There has been plenty of coverage in both the Times and on the radio about Picture This in the past 4 months.

Some highlights:

- FF Times article on the Eisenhauer estate donation
- B93 interview about the quiet launch of the campaign.
- FF Times article about the campaign reaching \$1 million
- 'Feel Good Friday' interview on B93 about the public launch

It was,				
MOVED BY:	Bill Gushulak	SECONDED BY:	Tyler Cousineau	
THAT the Foundation Director Update be accepted.				
CARRIED.				

## **10.6 Finance Report**

*Tabled*. Allison had some questions she sent out for Lindsay. Allison will follow up. Please review the attached Finance Reports and forward any questions to Allison for follow up.

The bank balances have not been reconciled from April to July so they are not on the reports.

Allison has some questions regarding the two lines on the Operating Funds for Picture This Campaign and will get some clarification. Delaine had a question about the \$50,000 Endowment from RHC and asked why there is no interest show. This may show under Interest and Other Recoveries but Allison will get clarification on that as well.

## 10.7 Other

## 11. Next Meeting

Next Meeting Date: October 25<sup>th</sup>, 2021 11:30 to 12:30

# 12. Adjournment

It was,			
MOVED BY:	Bill Gushulak	SECONDED BY:	Meghan Cox
THAT the meeting	g be adjourned at 1:25	p.m.	
		CARRIED.	

Paul Brunetta (Chair)

/sb

05/10/2021



## Auxiliary Report – October 2021

Emo

The Emo Auxiliary did not meet in October.

## La Verendrye General Hospital

No Report.

### Rainycrest

No Report.

### **Rainy River**

No Report.