

BOARD OF DIRECTORS MEETING
OPEN SESSION
 Thursday, January 29, 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 – November 27, 2025 * 2.2 Board Chair & Senior Leadership General Report – D. Clifford, H. Gauthier, D. Harris, C. Larson, J. Ogden, Dr. L. Keffer * 2.3 Governance Committee Report – B. Norton 2.4 Audit & Resources Committee Report – B. Norton * 2.5 Quality Safety Risk Committee Report – M. Kitzul * 2.6 Auxiliary Reports *	
3.	Motion to Approve the Agenda	
4.	Presentation – Lab and Diagnostic Imaging – A. Faragher *	
5.	Patient / Resident Safety Moment	
6.	Business Arising - None	
7.	New Business - None	
8.	Opportunity for Public Participation	
9.	Move to In-Camera	
10.	Other Motions/Business	
11.	Date and Location of Next Meeting: February 26, 2026	
12.	Termination	

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



**BOARD OF DIRECTORS MEETING
ANTICIPATED MOTIONS – OPEN SESSION**

Thursday, January 29, 2026

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

Indigenous Acknowledgment:

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

VISION
Caring, Together

MISSION
Improving The Health of Our Communities

VALUES
Progressive • Integrity • Caring • Accountable


STRATEGIC PILLARS

ONE RIVERSIDE
Supporting a consistent and enabling organizational culture

INVESTING IN THE PEOPLE WHO SERVE
Creating a plan to strategically leverage human resources

TOMORROW'S RIVERSIDE TODAY
Making investments today, to support Riverside tomorrow

STRIVING TO EXCEL IN EQUITY, DIVERSITY & INCLUSION
We will support EDI in all we do

 **Riverside
Health Care**

The first is an older woman who carried the weight of severe and prolonged childhood abuse throughout her life. She lived for decades with intrusive trauma memories, PTSD, dissociative symptoms, and a profound sense of disconnection from herself. When she first came to us, she described feeling voiceless and fragmented, fleeing for hours when triggered, unable to feel grounded in her body or her life. Today, having nearly completed her treatment, she no longer experiences trauma flashbacks or dissociation. She reports, for the very first time, feeling whole, steady, grounded, and empowered. She has found her voice again and is actively engaging in areas of life she once believed were forever out of reach.

Our second story is that of a young woman in her twenties who grew up in an environment marked by neglect, abuse, and instability. She entered our services with severe self-injury behaviors, frequent emergency visits, significant suicide risk, and intense difficulties with emotion regulation and relationships. Over the course of her treatment, she not only stabilized but transformed her life. She completed a university degree, is now thriving in a professional field, and has developed strong, healthy relationships and strong community ties. She is no longer self-injuring, currently no longer at risk for suicide, and is living with a level of emotional balance and confidence that once seemed impossible to her.

These two individuals have endured extraordinary adversity, yet their journeys highlight what becomes possible with compassionate, trauma-informed, culturally aware, and relationship-focused care. Their resilience, courage and capacity for growth are inspiring—and we are incredibly proud and profoundly grateful to have walked alongside of them on this path to healing.

As we mark Shine the Light, their stories affirm the importance of our services and stand as powerful reminders that healing, safety, and transformation are not only possible—they are happening here, every day.

D. Harris shared the following on behalf of staff member C. Vandenbrand regarding an LTC residents' admission. She highlighted the following:

When Mr. X arrived at long-term care, he came with little more than a hospital transfer summary and a handful of belongings in a plastic bag. During his hospital stay, he experienced significant mental-health challenges, including symptoms consistent with a possible personality disorder. In the midst of confusion, behavioral changes, and multiple care transitions, he lost contact with his family. Connections were lost, phone numbers did not exist, and no one seemed to know if he had any children or family. When he was admitted to LTC, he had no identified POA, no emergency contact, and no one who could speak to the life he led before his illness began to progress.

From the beginning, Mr. X was guarded. He rarely came to activities, he was angry, defensive and often withdrawing from staff and other residents. Offers of assistance were met with suspicion. Some days he accepted minimal care; other days he declined everything. He spent most of his time in his room, convinced that others were watching him or talking about him. As his mental health continued to decline, paranoia shaped even the simplest interactions, knocking on his door, offering a warm meal, or asking if he wanted to join an activity.

Without any family connections to guide the team, caring for him required slow, careful observation. Each staff member, recreation, behavioral support, shared what they noticed: what triggered fear, what eased it, which approaches felt safe for him. Progress was measured in inches, not miles. With no one to advocate for him, it truly took an entire village to ensure his basic well-being.

But everything changed the day we discovered a distant name on an old chart: a family member. The phone number was outdated, but through persistence and multiple attempts, including calling alternative numbers and checking community resources, contact was finally made. When the family member answered, they were surprised but relieved; as they had been trying to reconnect with Mr. X but had lost track of him during his hospitalizations.

The family members' involvement became a turning point. During their first conversation, they shared stories about the man he used to be: provided essential background information. With this new knowledge, the care team could finally build a truly individualized care plan. Staff also now had someone to call when important decisions needed to be made, as well as someone who could advocate for his wishes and values. Most importantly, Mr. X once again had a family member he could reach out to. His family member became a consistent source of reassurance, helping him feel less alone. Even on days when he remained withdrawn, knowing there was someone who cared about him made a difference.

Mr. X's story shows the profound impact of family connections—how a single person's involvement can change the course of care for someone who feels isolated and misunderstood. It highlights the importance of collaboration, persistence, and comprehensive care planning, especially for residents living with mental-health challenges and no known supports. When family cannot be present, the care team becomes the resident's community, but when a connection is restored, the resident gains something irreplaceable: a voice, a history, and a sense of belonging.

Discussion took place regarding keeping a collection of these stories. It was confirmed these stories are recorded in minutes and this would be our reference source. J. Odgen shared these stories are a great opportunity to hear from people we may not typically hear from at the Board table.

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

5. BUSINESS ARISING:

There was no business arising.

6. NEW BUSINESS:

There was no new business.

7. OPPORTUNITY FOR PUBLIC PARTICIPATION

There was no public participation.

8. MOVE TO IN-CAMERA:

It was,

MOVED BY: B. Norton

SECONDED BY: M. Jolicoeur

THAT the Board go in-camera at 5:45 pm.

CARRIED.

9. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

10. DATE AND LOCATION OF NEXT MEETING:

January 29, 2026

11. TERMINATION:

It was,
MOVED BY: M. Kitzul
THAT the meeting be terminated at 8:45 pm. CARRIED.

Chair

Secretary/Treasurer

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **UKG Scheduling & Payroll Implementation**
 - Scheduling post go-live improvements continue.
 - Payroll - conducted targeted parallel testing - all variances within acceptable parameters. UKG payroll anticipated to go live April 1, 2026.
- **Quality Initiatives**
 - Physician Work Life Pulse survey had 12 participants – vast improvement from participation in recent years. Presented at Medical Advisory Committee and feedback received. Pathway of communication reviewed with attendees, emphasizing Chief of Staff is the key for communication to and from both senior management and the physicians.
 - Accreditation Work Life Pulse survey questions have been posted to surge with almost 50 responses in 2 weeks. It will remain open until May 1, 2026. This survey has the mandatory questions requested of Accreditation Canada in compliance with our 2027 accreditation review.
 - LTC survey responses for both residents and family are down this year. Activation coordinator has requested extension to allow increased participation.

One Riverside - Promoting a Consistent and Empowering Culture

- **Project Updates**
 Weekly meetings held for all Project Managers providing oversight for competing capital projects to ensure aligned effort.

MRI	Site readiness assessment ongoing. Vibration testing occurred on January 21, 2026.
Radiology – LVGH	Minor renovation plans being developed.
Radiology – RR	Extent or renovations under assessment
Pharmacy – LVGH	Core focus on expediting project given March 31, 2026, deadline.
Drs. Clinic – LVGH	Awaiting approval from OH and MoH capital division to proceed.
10% roof upgrade – Rainycrest	In progress.
Nurse Call System – Rainycrest	RFP process advancing.
HVAC upgrades – Rainycrest	Near completion.

Tomorrow’s Riverside Today - Investing Today to Support Tomorrow

- **Colliers Project Leaders – Project Status Report (December 2025)**
 - During the month of December, the Project Team progressed work to consolidate and formalize information received from RHC team members.
 - Prior to the commencement of the holiday period, Clubine Consulting completed the draft Long-Term Care Home service delivery document, which is currently undergoing internal review.
 - Engagement with external stakeholders continued through December 24, 2025, immediately before the holiday break. In parallel, Colliers maintained ongoing outreach to external partners to support the scheduling of future engagement activities in the new year.
 - The Master Capital Planning Team was engaged to initiate a review of heat mapping drawings for each facility.
 - Throughout the holiday period, Colliers and RHC worked collaboratively to refine and enhance the heat mapping for all facilities, providing improved clarity and a comprehensive overview for Cumulus Architects and WSP.
 - The Project Team is planning to review the draft Present Service Delivery Document with RHC during an upcoming Project Status Update meeting. The objective of this review is to obtain feedback from RHC to further align expectations and confirm assumptions.
 - Progress toward completion of the Stage Service Delivery Model Report continues, with minor schedule adjustments anticipated due to summer vacation periods.
- **Annual Meeting – Strategy and Transformation Lead**
 The annual meeting for each NW CEO with the Regional Strategy and Transformation Lead was held on January 19, 2026. The focus of the meeting included Meditech Expanse, Regional Lab, Regional Pharmacy, and road mapping/visioning of other opportunities for the region.

- **Hospital Service Accountability Agreement (HSAA)**

- All Hospitals projecting a negative total margin for 25-26 are required to submit a financial forecast for 25-26, 26-27, and 27-28 as part of their current HSAA. This is due along with the Q3 submission by February 7, 2026.
- The HSAA extension letter for 26-27 will be issued to hospitals on March 1, 2026,
- In Q4 of 25-26 a draft HSAA performance schedule will be provided to each hospital.
- By March 31, 2026, HSAA extensions must be executed by the hospital and returned to OH.
- In Q1 of 26-27 the HSAA will be amended to reflect the initial allocation plus revised performance expectations.

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

- **Municipal Meetings**

Our first municipal meeting of 2026 was held on January 21, 2026. The meeting addressed many key priorities, including mental health, addictions, capital redevelopment, fundraising, transportation, and both physician and staff recruitment and retention.

- **MOU with GHAC**

RHC and GHAC have contributed to a draft MOU. BLG is currently reviewing the structure of the MOU and a few key terms.

- **OHT**

- No update yet regarding Primary Care application submitted by FF FHT to support west end of district.
- RHC has requested agenda packages at least one week in advance to ensure informed meeting engagement.

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 – January 2026

2.4.1 Financial Report – November - December 2025 *



Operating Revenue & Expense Summary
April 1, 2025 to December 31, 2025

		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	\$25,454,088	\$25,585,651	\$25,376,494	(\$77,594)	(\$209,157)	-0.23%	-0.62%
QB* Funding	A-2	\$1,078,300	\$1,078,300	\$812,418	\$812,418	\$1,384,243	\$571,825	\$571,825	53.03%	53.03%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-3	\$2,496,065	\$2,496,065	\$1,880,597	\$1,880,597	\$1,891,051	\$10,455	\$10,455	0.42%	0.42%
OH - One Time Funding	A-4	\$625,127	\$625,127	\$470,986	\$470,986	\$563,036	\$92,050	\$92,050	14.72%	14.72%
MOHLTC - One Time Funding	A-5	\$354,426	\$354,426	\$267,033	\$267,033	\$264,092	(\$2,941)	(\$2,941)	-0.83%	-0.83%
Other Revenue MOHLTC - HOOC	A-6	\$847,404	\$847,804	\$638,455	\$638,756	\$809,721	\$171,266	\$170,965	20.21%	20.17%
Paymaster	A-7	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Cancer Care Ontario	A-8	\$12,722	\$12,722	\$9,585	\$9,585	\$8,879	(\$706)	(\$706)	-5.55%	-5.55%
Recoveries & Miscellaneous	A-9	\$2,467,200	\$2,467,200	\$1,858,849	\$1,858,849	\$1,828,026	(\$30,823)	(\$30,823)	-1.25%	-1.25%
Amortization of Grants/Donations Equipment	A-10	\$731,350	\$731,350	\$551,017	\$551,017	\$560,631	\$9,614	\$9,614	1.31%	1.31%
OH/P Revenue & Patient Revenue from Other Payers	A-11	\$2,284,781	\$2,284,781	\$1,721,410	\$1,721,410	\$1,847,310	\$125,900	\$125,900	5.51%	5.51%
Differential & Copayment	A-12	\$932,877	\$932,877	\$702,853	\$702,853	\$717,148	\$14,295	\$14,295	1.53%	1.53%
TOTAL REVENUE	A-13	\$45,614,769	\$45,789,789	\$34,367,291	\$34,499,156	\$35,250,632	\$883,340	\$751,475	1.94%	1.64%
EXPENDITURES										
Compensation - Salaries & Wages	A-14	\$26,077,132	\$26,077,132	\$19,647,154	\$19,647,154	\$17,583,285	(\$2,063,869)	(\$2,063,869)	-7.91%	-7.91%
Compensation - Purchased Service	A-15	\$572,660	\$2,572,660	\$431,456	\$1,938,305	\$6,191,951	\$5,760,495	\$4,253,646	1005.92%	165.34%
Benefit Contributions	A-16	\$7,301,597	\$7,301,597	\$5,501,203	\$5,501,203	\$4,460,950	(\$1,040,253)	(\$1,040,253)	-14.25%	-14.25%
Future Benefits	A-17	\$71,000	\$71,000	\$53,493	\$53,493	\$22,000	(\$31,493)	(\$31,493)	-44.36%	-44.36%
Medical Staff Remuneration	A-18	\$2,604,262	\$2,604,262	\$1,962,115	\$1,962,115	\$2,456,177	\$494,062	\$494,062	18.97%	18.97%
Nurse Practitioner Remuneration	A-19	\$544,665	\$544,665	\$410,364	\$410,364	\$576,549	\$166,185	\$166,185	30.51%	30.51%
Supplies & Other Expenses	A-20	\$8,626,606	\$8,626,606	\$6,499,497	\$6,499,498	\$7,020,452	\$520,955	\$520,954	6.04%	6.04%
Amortization of Software Licenses & Fees	A-21	\$195,887	\$253,324	\$147,586	\$190,981	\$168,132	\$20,546	(\$22,729)	10.49%	-8.97%
Medical/Surgical Supplies	A-22	\$1,435,851	\$1,435,851	\$1,081,806	\$1,081,806	\$1,198,345	\$116,539	\$116,539	8.12%	8.12%
Drugs & Medical Gases	A-23	\$2,825,169	\$2,825,169	\$2,128,552	\$2,128,552	\$1,883,542	(\$245,010)	(\$245,010)	-8.67%	-8.67%
Amortization of Equipment	A-24	\$1,264,810	\$1,264,810	\$952,939	\$952,939	\$951,380	(\$1,559)	(\$1,559)	-0.12%	-0.12%
Rental/Lease of Equipment	A-25	\$252,174	\$252,174	\$189,994	\$189,994	\$157,345	(\$32,649)	(\$32,649)	-12.95%	-12.95%
Bad Debts	A-26	\$175,000	\$175,000	\$131,849	\$131,849	\$228,322	\$96,473	\$96,473	55.13%	55.13%
TOTAL EXPENSE	A-27	\$51,946,813	\$54,004,250	\$39,138,010	\$40,688,134	\$42,898,430	\$3,760,420	\$2,210,296	7.24%	4.09%
SURPLUS/(DEFICIT)	A-28	(\$6,332,044)	(\$8,214,461)	(\$4,770,718)	(\$6,188,977)	(\$7,647,799)	(\$2,877,080)	(\$1,458,821)	45.44%	17.76%
Fund Type 1 - OH Funded - Rainy River Clinic										
REVENUE										
MOH Funding	B-1	\$2,920,208	\$2,870,100	\$2,200,157	\$2,162,404	\$2,152,575	(\$47,582)	(\$9,829)	-1.63%	-0.34%
Nurse Practitioner Funding thru RHC	B-2	\$122,853	\$122,853	\$92,660	\$92,660	\$152,384	\$59,824	\$59,824	48.70%	48.70%
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	\$2,292,717	\$2,254,965	\$2,314,280	\$21,563	\$59,316	0.71%	1.98%
EXPENDITURES										
Rainy River Clinic Salaries	B-5	\$295,497	\$226,681	\$222,635	\$170,787	\$215,584	(\$7,051)	\$44,797	-2.39%	19.76%
Rainy River Clinic Benefits	B-6	\$76,272	\$58,510	\$57,465	\$44,083	\$61,692	\$4,227	\$17,609	5.54%	30.10%
Physician Remuneration	B-7	\$2,095,122	\$2,262,110	\$1,578,517	\$1,704,329	\$1,842,413	\$263,896	\$138,084	12.60%	6.10%
Physician Travel	B-8	\$190,066	\$200,000	\$143,200	\$150,685	\$166,790	\$23,590	\$16,105	12.41%	8.05%
Nurse Practitioner Expenditures	B-9	\$226,026	\$226,026	\$170,294	\$170,294	\$152,384	(\$17,910)	(\$17,910)	-7.92%	-7.92%
Other Sundry	B-10	\$8,112	\$6,223	\$6,112	\$4,689	\$27,082	\$20,970	\$22,393	258.51%	359.85%
Rainy River Clinic Rent	B-11	\$75,758	\$58,115	\$57,078	\$43,785	\$57,234	\$156	\$13,449	0.21%	23.14%
Rainy River Clinic Software	B-12	\$76,208	\$58,461	\$57,417	\$44,046	\$50,412	(\$7,005)	\$6,366	-9.19%	10.89%
TOTAL EXPENSE	B-13	\$3,043,061	\$3,096,126	\$2,292,717	\$2,332,698	\$2,573,591	\$280,874	\$240,893	9.23%	7.78%
SURPLUS/(DEFICIT)	B-14	\$0	(\$103,173)	\$0	(\$77,733)	(\$259,311)	(\$259,311)	(\$181,578)	#DIV/0!	175.99%



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OHIP Revenue & Patient Revenue from Other Payers	A-11	\$2,284,781	\$2,284,781	\$1,721,410	\$1,721,410	\$1,847,310	\$125,900	\$125,900	5.51%	5.51%
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TOTAL REVENUE	A-13	\$45,614,769	\$45,789,789	\$34,367,291	\$34,499,156	\$42,998,132	\$8,630,840	\$8,498,975	18.92%	18.56%
EXPENDITURES										
Compensation - Salaries & Wages	A-14	\$26,077,132	\$26,077,132	\$19,647,154	\$19,647,154	\$17,583,285	(\$2,063,869)	(\$2,063,869)	-7.91%	-7.91%
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Future Benefits	A-17	\$71,000	\$71,000	\$53,493	\$53,493	\$22,000	(\$31,493)	(\$31,493)	-44.36%	-44.36%
Medical Staff Remuneration	A-18	\$2,604,262	\$2,604,262	\$1,962,115	\$1,962,115	\$2,456,177	\$494,062	\$494,062	18.97%	18.97%
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Supplies & Other Expenses	A-20	\$8,626,606	\$8,626,606	\$6,499,497	\$6,499,498	\$7,020,452	\$520,955	\$520,954	6.04%	6.04%
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Drugs & Medical Gases	A-23	\$2,825,169	\$2,825,169	\$2,128,552	\$2,128,552	\$1,883,542	(\$245,010)	(\$245,010)	-8.67%	-8.67%
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Rental/Lease of Equipment	A-25	\$252,174	\$252,174	\$189,994	\$189,994	\$157,345	(\$32,649)	(\$32,649)	-12.95%	-12.95%
Bad Debts	A-26	\$175,000	\$175,000	\$131,849	\$131,849	\$228,322	\$96,473	\$96,473	55.13%	55.13%
TOTAL EXPENSE	A-27	\$51,946,813	\$54,004,250	\$39,138,010	\$40,688,134	\$42,898,430	\$3,760,420	\$2,210,296	7.24%	4.09%
SURPLUS/(DEFICIT)	A-28	(\$6,332,044)	(\$8,214,461)	(\$4,770,718)	(\$6,188,977)	\$99,702	\$4,870,420	\$6,288,679	-76.92%	-76.56%
Fund Type 1 - OH Funded - Rainy River Clinic										
REVENUE										
MOH Funding	B-1	\$2,920,208	\$2,870,100	\$2,200,157	\$2,162,404	\$2,152,575	(\$47,582)	(\$9,829)	-1.63%	-0.34%
Nurse Practitioner Funding thru RHC	B-2	\$122,853	\$122,853	\$92,560	\$92,560	\$152,384	\$59,824	\$59,824	48.70%	48.70%
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	\$2,292,717	\$2,254,965	\$2,314,280	\$21,563	\$59,316	0.71%	1.98%
EXPENDITURES										
Rainy River Clinic Salaries	B-5	\$295,497	\$226,681	\$222,635	\$170,787	\$215,584	(\$7,051)	\$44,797	-2.39%	19.76%
Rainy River Clinic Benefits	B-6	\$76,272	\$58,510	\$57,465	\$44,083	\$61,692	\$4,227	\$17,609	5.54%	30.10%
Physician Remuneration	B-7	\$2,095,122	\$2,262,110	\$1,578,517	\$1,704,329	\$1,842,413	\$263,896	\$138,084	12.60%	6.10%
Physician Travel	B-8	\$190,066	\$200,000	\$143,200	\$150,685	\$166,790	\$23,590	\$16,105	12.41%	8.05%
Nurse Practitioner Expenditures	B-9	\$226,026	\$226,026	\$170,294	\$170,294	\$152,384	(\$17,910)	(\$17,910)	-7.92%	-7.92%
Other Sundry	B-10	\$8,112	\$6,223	\$6,112	\$4,689	\$27,082	\$20,970	\$22,393	258.51%	359.85%
Rainy River Clinic Rent	B-11	\$75,758	\$58,115	\$57,078	\$43,785	\$57,234	\$156	\$13,449	0.21%	23.14%
Rainy River Clinic Software	B-12	\$76,208	\$58,461	\$57,417	\$44,046	\$50,412	(\$7,005)	\$6,366	-9.19%	10.89%
TOTAL EXPENSE	B-13	\$3,043,061	\$3,096,126	\$2,292,717	\$2,332,698	\$2,673,591	\$280,874	\$240,893	9.23%	7.78%
SURPLUS/(DEFICIT)	B-14	\$0	(\$103,173)	\$0	(\$77,733)	(\$259,311)	(\$259,311)	(\$181,578)	#DIV/0!	175.99%



Operating Revenue & Expense Summary
April 1, 2025 to December 31, 2025

		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	\$1,905,910	\$1,905,910	\$1,956,149	\$50,239	\$50,239	1.99%	1.99%
TOTAL EXPENSE	C-2	\$2,529,663	\$2,529,663	\$1,905,910	\$1,905,910	\$2,021,180	\$115,270	\$115,270	4.56%	4.56%
SURPLUS/(DEFICIT)	C-3	\$0	\$0	\$0	\$0	(\$65,031)	(\$65,031)	(\$65,031)	#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	\$515,979	\$515,979	\$335,792	(\$180,187)	(\$180,187)	-26.31%	-26.31%
TOTAL EXPENSE	D-2	\$684,845	\$684,845	\$515,979	\$515,979	\$404,200	(\$111,779)	(\$111,779)	-16.32%	-16.32%
SURPLUS/(DEFICIT)	D-3	\$0	\$0	\$0	\$0	(\$68,408)	(\$68,408)	(\$68,408)	#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	\$2,412,002	\$2,412,002	\$2,556,981	\$144,979	\$144,979	4.53%	4.53%
TOTAL EXPENSE	E-2	\$3,201,384	\$3,201,384	\$2,412,002	\$2,412,002	\$2,944,090	\$532,088	\$532,088	16.62%	16.62%
SURPLUS/(DEFICIT)	E-3	\$0	\$0	\$0	\$0	(\$387,109)	(\$387,109)	(\$387,109)	#DIV/0!	#DIV/0!
Fund Type 2 - OH Funded - RainyCrest Long Term Care										
TOTAL REVENUE	F-1	\$15,330,585	\$15,330,585	\$11,550,441	\$11,550,441	\$11,477,661	(\$72,780)	(\$72,780)	-0.47%	-0.47%
Compensation	F-2	\$9,265,810	\$10,013,462	\$6,981,090	\$7,544,389	\$8,493,818	\$1,512,728	\$949,429	16.33%	9.48%
Purchased Service	F-3	\$0	\$781,103	\$0	\$588,502	\$1,843,493	\$1,843,493	\$1,254,991	#DIV/0!	160.67%
Benefits	F-4	\$2,580,947	\$2,580,947	\$1,944,549	\$1,944,549	\$1,846,303	(\$98,246)	(\$98,246)	-3.81%	-3.81%
Nurse Practitioner	F-5	\$149,394	\$417,394	\$112,557	\$314,475	\$306,379	\$193,822	(\$8,096)	129.74%	-1.94%
Medical Staff Remuneration	F-6	\$50,096	\$50,096	\$37,744	\$37,744	\$30,712	(\$7,032)	(\$7,032)	-14.04%	-14.04%
Supplies	F-7	\$1,669,915	\$1,669,915	\$1,258,155	\$1,258,155	\$1,356,166	\$98,011	\$98,011	5.87%	5.87%
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	\$1,058,211	\$1,257,869	\$1,333,525	\$275,314	\$75,656	19.60%	4.53%
Equipment	F-10	\$572,484	\$672,484	\$431,324	\$506,666	\$165,640	(\$265,684)	(\$341,026)	-46.41%	-50.71%
Contracted Out	F-11	\$61,561	\$61,561	\$46,382	\$46,382	\$4,442	(\$41,940)	(\$41,940)	-68.13%	-68.13%
Building & Grounds	F-12	\$62,735	\$217,735	\$47,266	\$164,047	\$318,807	\$271,541	\$154,760	432.84%	71.08%
TOTAL EXPENSE	F-13	\$15,817,478	\$18,134,232	\$11,917,278	\$13,662,778	\$15,699,285	\$3,782,007	\$2,036,507	23.91%	11.23%
SURPLUS/(DEFICIT) including unfunded liabilities	F-14	(\$486,893)	(\$2,803,647)	(\$366,837)	(\$2,112,337)	(\$4,221,624)	(\$3,854,787)	(\$2,109,287)	791.71%	75.23%
Less: Unfunded Future Benefits	F-15	\$0	\$0	\$0	\$0	(\$56,808)	(\$56,808)	(\$56,808)	#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)	(\$366,837)	(\$2,112,337)	(\$4,278,432)	(\$3,911,595)	(\$2,166,095)	803.38%	77.26%
Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY		(\$6,818,937)	(\$11,018,108)	(\$5,137,555)	(\$8,301,314)	(\$11,926,231)				
Total Operating Margin - Hospitals & Long Term Care ONLY		-11.19%	-18.03%	-11.19%	-18.03%	-25.52%				

