

BOARD OF DIRECTORS MEETING

OPEN SESSION

Thursday, February 25, 2021

5:30 pm – La Verendrye General Hospital / GoToMeeting

A G E N D A

Item	Description	Page
1.	Call to Order – 5:30 pm – Indigenous Acknowledgment & Reading of the Mission Statement 1.1 Quorum 1.2 Conflict of Interest and Duty	
2.	Consent Agenda 2.1 Board Minutes – January 28, 2021 * Pg 4 2.2 Board Chair & Senior Leadership General Report – J. Ogden, H. Gauthier, J. Loveday, C. Larson, Dr. K. Eltawil* Pg 7 2.3 Governance Committee Report – J. Begg – No Report 2.4 Audit & Resources Committee Report – D. Robinson * Pg 9 2.5 Quality Safety Risk Committee Report – S. Weir – No Report 2.6 Riverside Foundation for Health Care Report * Pg 12 2.7 Auxiliary Reports * Pg 21	
3.	Motion to Approve the Agenda	
4.	Patient / Resident Safety Moment	
5.	Business Arising - None	
6.	New Business - None	
7.	Opportunity for Public Participation	
8.	Move to In-Camera	
9.	Other Motions/Business	
10.	Date and Location of Next Meeting: March 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 February 25, 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.

Our Mission
Improving the health of every person we serve,
responding to the needs of our communities.

MISSION

VISION

Our Vision
Innovative, high quality health care - inspired
and delivered by our team and partners.

Our Values **VALUES**
Integrity • Respect • Excellence • Growth

STRATEGIC PILLARS

Quality • Organizational Health • Partnerships • Advocacy

RIVERSIDE HEALTH CARE

RIVERSIDE HEALTH CARE FACILITIES INC.
MINUTES
OPEN SESSION

Date of Meeting: January 28, 2021

Time of Meeting: 5:30 pm

Location of Meeting: La Verendrye General Hospital – Board Room/GoToMeeting

PRESENT: H. Gauthier* D. Robinson* J. Ogden* B. Norton*
K. Lampi* Dr. K. Eltawil* C. Steiner* S. Weir*
Dr. V. Patel* J. Begg * *via OTN/teleconference/GoToMeeting

STAFF: J. Loveday*, B.Booth*, C. Larson*

GUEST: S. LeBlanc*, M. Emara (Fort Frances Times), N. Trivuncic (Fort Frances Times)

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.

1.1 Quorum

Joanne shared there was no 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. The following was removed:

- 2.4 Audit & Resources Committee Report

3. MOTION TO APPROVE THE AGENDA:

ADD: 6.1 Audit & Resources Committee Report
6.2 COVID-19 Update

It was,

MOVED BY: D. Robinson

SECONDED BY: S. Weir

THAT the Board approves the Agenda as amended.

CARRIED.

4. Patient / Resident Safety Moment

Julie shared the residents and families were overwhelmed with the feeling of relief and gratefulness yesterday during the 1st COVID-19 vaccine clinic in Rainy River District. The COVID-19 Pandemic has had significant impact on many residents; many speak of fear of the virus and reliance on others to keep them safe. Residents were eager to receive their vaccine yesterday knowing that this is a positive step in the right direction to ending this pandemic that has kept them so restricted over the past several months. Many of our residents fall within a generation that have a historical perspective that they shared; "We have lived through many other pandemics before and have not only grew up with but experienced the importance of vaccines in our life time." This resident story brought some true clarity based on the lived experience of one of the Resident's at Rainycrest Long Term Care.

Joanne thanked Julie for her story and all involved with administering the vaccine.

5. BUSINESS ARISING:

There was no business arising.

6. NEW BUSINESS:

6.1 Audit & Resources Committee Report

Carla referenced the December Financial report noting on the hospital side, an error was found on the budget piece and this will be corrected moving forward. Carla confirmed all other figures were accurate.

6.2 COVID-19 Update

Julie provided an update, highlighting the following:

- Vaccination – 89 residents vaccinated at Rainycrest, 21 residents in Emo (one resident outstanding), 10 residents in Rainy River.
- We are hoping to have more vaccine next week.
- Julie reported all worked very hard and there have been no side effects reported.
- Onsite Testing – Biofire – 30 COVID tests have been done in a week to date. Julie discussed the criteria for using the Biofire onsite testing. Henry shared only 1 test can be done at a time and this takes approximately one hour for results. We are waiting on an additional unit from Ontario Health.
- Rapid Antigen Testing – this is now mandatory for all LTC facilities. This is done by a swab and results take approximately 15-20 minutes. We are hoping to go live February 16, 2021. All staff, visitors, volunteers, residents etc., will be required to have this done twice per week. There are a lot of logistics being worked out.
- Discussion took place regarding how the vaccine is being distributed throughout the NWHU catchment area. Further discussion took place around staffing; Julie noted there is a lot of work needed. Henry acknowledged Julie's team for all their hard work.

7. OPPORTUNITY FOR PUBLIC PARTICIPATION

There was no public participation.

8. MOVE TO IN-CAMERA:

It was, MOVED BY: D. Robinson THAT the Board go in-camera at 5:43 pm.	SECONDED BY: J. Begg CARRIED.
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9. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

10. DATE AND LOCATION OF NEXT MEETING:

February 25, 2021

11. TERMINATION:

It was,

MOVED BY: C. Steiner

THAT the meeting be terminated at 7:53 pm.

CARRIED.

Chair

Secretary/Treasurer



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

Strategic Pillars & Directions

Quality

- **Rainycrest COVID-19 Outbreak**
Rainycrest COVID-19 outbreak was declared over January 26, 2021. Clayton Fucile, Ministry of Labour Inspector, completed a virtual inspection at Rainycrest on January 19, 2021 in regards to the COVID-19 outbreak. No issues or concerns were identified as a result of the inspection.
- **COVID-19 Vaccine**
Vaccination clinics were held January 27 and February 10 at Rainycrest and January 28 at Emo and Rainy River Health Centers which allowed for all long term residents that consented to be vaccinated. In total, there are three residents that have elected not to receive the vaccine. At Rainycrest's second clinic five extra doses were available to vaccinate staff; these doses were used for high risk staff at the Home. In total, 129 residents have been vaccinated. We are awaiting confirmation of the delivery date for the second dose required to complete the vaccination process and for confirmation of the first vaccine for long term care staff. We have only received the Moderna vaccine to date.
- **COVID-19 Onsite Testing**
The Biofire Torch in the laboratory is active, and we are completing an average of 5-6 tests daily. A policy is developed to govern use of the limited testing supplies we receive (90 tests per month). If a request is received to use the Biofire Torch outside of the established policy, prior approval is required by the President & CEO or EVP, Clinical Services & CNE.
- **Rapid Antigen Testing**
Rapid Antigen Testing has been mandated by the Ministry for all long term care homes. The Homes, including Rainycrest, Emo and Rainy River, are required to transition to point-of-care testing for staff, students, volunteers, caregivers, support workers, and general visitors by March 15, 2021.
- **Stroke Protocol**
The regional stroke protocol has been amended. If a patient presents with stroke like symptoms, we will now initiate "Telestroke Protocol" for up to 24 hours, as compared to the 4 ½ hour timeline previously utilized. The primary purpose of this change is to ensure the patient receives endovascular therapy (EVT) for up to 24 hours. EVT is an intra-arterial method that uses catheter guided devices to assist restoration of blood flow in an occluded vessel.
- **Mechanical Ventilators**
Our portable ventilator has arrived; it is a Transport Hamilton C1 Ventilator. This is the same ventilator that Rainy River Health Centre has onsite. In total, we now have 4 ventilators at LaVerendrye and 2 anesthetic machines that have the capacity to ventilate; while Rainy River has 1 ventilator.
- **Patient Satisfaction Survey**
Additional questions have been added to the MoreOB survey that are culturally centric. This survey change is intended to support enhanced cultural care in the delivery of obstetrical care.

Organizational Health

- **Emergency Trauma Room**
Conversion plans for the LaVerendrye General Hospital's emergency trauma room are near completion. The conversion will allow for rapid transition of the trauma room into a negative pressure room, facilitating safer delivery of aerosol generating medical procedures (AGMP), as required. The room will enable 20-27 air exchanges per hours, depending on the degree of direct external air exchange.
- **Education**
 - Sexual Assault Evidence Collection – January 26&27 by Kathleen Fitzgerald. There were 4 sessions and all nursing supervisors, emergency nurses, and resources completed the education, except one nurse.
 - Simulation Lab - January 28&29, Dr. Halvorsen: Antepartum Bleeding
 - Simulation Lab - February 9, Dr. Jenks, Breech Delivery.
 - Ventilator training - March 3 virtually with Richard Kauc, respiratory therapist. All physicians were invited to attend. This will provide running through all functions for neonates and adults. A second session will occur after this date, directed for nursing.
 - Obstetrical course started February 1 (weekly x 10 weeks) – 3 participants
 - Canadian Triage Acuity Scale (CTAS) – March 4, Dwight Stang
 - Gentle Persuasive Approach (GPA) virtually March/April.

Partnerships

- **Surgical Program**
Bariatric equipment has arrived for our laparoscopic instrumentation. There have not been any cholecystectomies or hernias booked through the Regional Surgical backlog program to date. The program Director, Caroline Fanti is looking to

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

address existing barriers. Centralized booking system has been identified as a key area to address barriers; this is a priority that the Regional Surgical program is focused on.

Dr. LeFrancois completed 5 Anterior Cruciating Ligament (ACL) repairs and 10 Arthroscopies. The Orthopedic program ran in February, completing 8 Total Knee Arthroplasties (TKA) and one arthroscopy during the month. Surgical gynecological services continue and the surgical dental program has recommenced.

- **Regional Mental Health Assessment Team**

Regional Mental Health Assessment Team (RMHAT) at TBRHSC is providing support from January 18 - March 31, 2021. Since January 18, we have had three consultations to RMHAT. Of these consults, two have resulted in transfers to Schedule 1 facilities and one was managed on-site with follow up from the RMHAT.

- **Urology Program**

The CEOs from Dryden, Kenora and Fort Frances met on February 9 to discuss some of the concerns/challenges that are being experienced as Thunder Bay looks to expand urology into the region. As a result, further discussion is scheduled with Thunder Bay representatives to ensure that we are evolving programs consistent from a process perspective.

- **Ontario Health Team**

Year 1 priority budget allocations, digital health, the regional integrated care working group web presence and a regional services summary highlighted the most recent meeting on February 16, 2021. In addition, one of our partners has recommended that we form a steering committee for each year 1 priority area, including mental health, addictions & diabetes and include front line staff as participants; a concept we support in theory.

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 – February 2021

2.4.1 Financial Report – January 2021 *



Operating Revenue & Expense Summary April 1, 2020 to January 31, 2021

		2020/2021 Annual Budget	YTD Budget	YTD Actual	YTD Actual Dollars Over(Under) YTD Budget	YTD Actual Percent Over(Under) YTD Budget
Fund Type 1 - LHIN Funded - Hospital Services						
REVENUE						
LHIN - Base Funding	A-1	\$26,661,629	\$22,218,024	\$22,234,627	\$16,603	0.07%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-2	\$1,624,458	\$1,353,715	\$4,856,673	\$3,502,958	258.77%
LHIN - One Time Funding	A-3	\$0	\$0	\$0	\$0	0%
MOHLTC - One Time Funding	A-4	\$222,275	\$185,229	\$185,228	(\$1)	0.00%
Other Revenue MOHLTC - HOCC	A-5	\$488,505	\$407,088	\$423,637	\$16,550	4.07%
Paymaster	A-6	\$0	\$0	\$0	\$0	0%
Cancer Care Ontario	A-7	\$21,563	\$17,969	\$7,659	(\$10,310)	-57.38%
Recoveries & Miscellaneous	A-8	\$1,485,678	\$1,238,065	\$1,408,297	\$170,232	13.75%
Amortization of Grants/Donations Equipment	A-9	\$270,000	\$225,000	\$229,749	\$4,749	2.11%
OHIP Revenue & Patient Revenue from Other Payors	A-10	\$1,725,505	\$1,437,921	\$1,149,568	(\$288,353)	-20.05%
Differential & Copayment	A-11	\$970,001	\$808,334	\$838,258	\$29,924	3.70%
TOTAL REVENUE	A-12	\$33,469,614	\$27,891,345	\$31,333,696	\$3,442,351	12.34%
EXPENSES						
Compensation - Salaries & Wages	A-13	\$18,775,421	\$15,740,490	\$17,377,762	\$1,637,272	10.40%
Benefit Contributions	A-14	\$5,081,817	\$4,260,373	\$4,368,455	\$108,082	2.54%
Future Benefits	A-15	\$163,200	\$136,000	\$141,735	\$5,735	4.22%
Medical Staff Remuneration	A-16	\$1,518,000	\$1,265,000	\$1,244,402	(\$20,598)	-1.63%
Nurse Practitioner Remuneration	A-17	\$122,800	\$102,333	\$121,500	\$19,167	18.73%
Supplies & Other Expenses	A-18	\$5,055,280	\$4,212,733	\$4,651,481	\$438,748	10.41%
Amortization of Software Licenses & Fees	A-19	\$34,887	\$29,073	\$29,072	(\$1)	0.00%
Medical/Surgical Supplies	A-20	\$720,889	\$600,741	\$812,667	\$211,926	35.28%
Drugs & Medical Gases	A-21	\$1,340,607	\$1,117,173	\$1,602,893	\$485,721	43.48%
Amortization of Equipment	A-22	\$641,257	\$534,381	\$669,743	\$135,362	25.33%
Rental/Lease of Equipment	A-23	\$147,252	\$122,710	\$122,604	(\$106)	-0.09%
Bad Debts	A-24	\$82,000	\$68,333	\$141,756	\$73,423	107.45%
TOTAL EXPENSE	A-25	\$33,683,410	\$28,189,339	\$31,284,070	\$3,094,731	10.98%
SURPLUS/(DEFICIT)	A-26	(\$213,796)	(\$178,163)	\$49,626	\$227,789	-127.85%



Operating Revenue & Expense Summary April 1, 2020 to January 31, 2021

		2020/2021 Annual Budget	YTD Budget	YTD Actual	YTD Actual Dollars Over(Under) YTD Budget	YTD Actual Percent Over(Under) YTD Budget
Fund Type 2 - LHIN Funded - Counselling & Non Profit Housing Programs Mental Health - Case Management - Housing - Addictions - Problem Gambling						
TOTAL REVENUE	B-1	\$1,560,807	\$1,300,673	\$1,387,485	\$86,813	6.67%
TOTAL EXPENSE	B-2	\$1,560,807	\$1,300,673	\$1,402,011	\$101,339	7.79%
SURPLUS/(DEFICIT) - DUE To LHIN	B-3	\$0	\$0	(\$14,526)	(\$14,526)	0.00%
Fund Type 3 - Other Ministry/Agency Funded - Non Hospital Services Partner Assault Response - Family Violence						
TOTAL REVENUE	C-1	\$191,338	\$159,448	\$173,151	\$13,703	8.59%
TOTAL EXPENSE	C-2	\$191,338	\$159,448	\$165,580	\$6,132	3.85%
SURPLUS/(DEFICIT) - DUE To Other	C-3	\$0	\$0	\$7,571	\$7,571	0.00%
Fund Type 2 - LHIN Funded - RainyCrest Community Support Services (Home Support, Assisted Living, Adult Day, Meals on Wheels)						
TOTAL REVENUE	D-1	\$1,340,836	\$1,117,363	\$1,237,475	\$120,111	10.75%
TOTAL EXPENSE	D-2	\$1,340,836	\$1,117,363	\$1,209,813	\$92,449	8.27%
SURPLUS/(DEFICIT) - DUE To LHIN	D-3	\$0	\$0	\$27,662	\$27,662	0.00%
Fund Type 2 - LHIN Funded - RainyCrest Long Term Care						
TOTAL REVENUE	E-1	\$13,044,393	\$10,870,328	\$12,184,591	\$1,314,264	12.09%
Compensation & Benefits	E-2	\$10,794,697	\$9,049,801	\$9,599,154	\$549,353	6.07%
Supplies	E-3	\$1,289,047	\$1,074,206	\$1,109,566	\$35,360	3.29%
Service Recipient Specific Supplies	E-4	\$0	\$0	\$0	\$0	0.00%
Sundry	E-5	\$675,873	\$563,228	\$807,295	\$244,067	43.33%
Equipment	E-6	\$234,600	\$195,500	\$273,392	\$77,892	39.84%
Contracted Out	E-7	\$343,883	\$286,569	\$195,970	(\$90,599)	-31.62%
Building & Grounds	E-8	\$26,877	\$22,398	\$23,214	\$816	3.64%
TOTAL EXPENSE	E-9	\$13,364,977	\$11,191,701	\$12,008,591	\$816,890	7.30%
SURPLUS/(DEFICIT) including unfunded liabilities	E-10	(\$320,584)	(\$321,373)	\$176,000	\$497,374	-154.77%
Less: Unfunded Future Benefits	E-11	\$0	\$0	\$109,750	\$109,750	0%
Less: Unfunded Amortization Expense	E-12	\$0	\$0	\$34,694	\$34,694	0%
SURPLUS/(DEFICIT) excluding unfunded liabilities	E-13	(\$320,584)	(\$321,373)	\$320,445	\$641,818	-199.71%
Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY						
		(\$534,380)	(\$499,537)	\$370,071		
Total Operating Margin - Hospitals & Long Term Care ONLY						
		-1.15%	-1.29%	0.85%		

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

DATE: Monday, January 25, 2021 **TIME:** 11:30 a.m.

LOCATION: Go-To-Meeting

PRESENT:

AllisonCox	Carla Larson
Kim JoBliss	Tyler Cousineau
Delaine McLeod	Henry Gauthier
Bev Langner	Irene Laing
Susan Irvine	Bill Gushulak
Paul Brunetta	Rob Georgeson
Meghan Cox	

1. Call to Order

Delaine McLeod called the meeting to order at 11:30 a.m. Sandra Beadle recorded the minutes of this meeting.

2. Adoption of Agenda

IT was,
MOVED BY: Bill Gushulak **SECONDED BY:** Paul Brunetta
 THAT the Agenda be accepted as circulated.
 Noted the date was incorrect and will be changed to 2021
 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: Tyler Cousineau **SECONDED BY:** Paul Brunetta
 THAT the minutes from the November 30, 2020 meeting be accepted as circulated.
 CARRIED.

6. Correspondence

There was no correspondence to be discussed.

7. On-going Business

7.1 Donor Walls

Our walls were scheduled to be fabricated at the end of November, however due to shutdown in Toronto; the fabrication of the walls was delayed once again. Digitality has reached out to Ed to request information from him so that they can complete their drawings to ensure that their installers can have everything ready to go. We are waiting on Ed to get that information to Digitality.

7.2 2020/2021 Capital Equipment Updates

The updated capital tracking was circulated via email. To date there are only 3 outstanding items that are yet to be ordered and Leo will be working on those this week.

Capital Proposal:

The ultrasounds were beginning to experience quality issues and the discounted pricing only existed to the end of December. Riverside was unable to wait for a capital campaign so Henry approved the purchase of these at a cost of \$215,596. This was a 2 for 1 rate that was given and includes a cardiac package and a probe package. These can still be included in the capital campaign; however the optics of including something in a campaign that has already been purchased can be problematic. It is difficult to convince the public to give funds for something that has already cleared the bank.

We agreed to revisit our commitment level to the Facilities in Q4. For reference, as at November 30th the Foundation revenue was \$219K., at the same time last year it was \$290K, a difference of only \$70K. The available operating fund as at November 30th was \$1.3M.

For reasons above and because we have a healthy operating balance, Allison is recommending that the Foundation support the purchase of the ultrasound as an urgent purchase using current Foundation funds available and remove them from the capital campaign.

It was, MOVED BY: Tyler Cousineau THAT the ultrasound machines be removed from the capital campaign and the Foundation support the purchase of the ultrasound machines at a cost of \$215,596 as an urgent purchase using current Foundation funds. CARRIED.	SECONDED BY: Irene Laing
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7.3 Monthly 50/50

Finance reports for both November and December raffles were circulated via email. November's profit was just over \$13,500 while December profit was just over \$21,000. Marketing December tickets as stocking stuffers was very successful. The lottery report for both months has been completed.

January sales have been fairly slow compared to previous months, they have begun to increase and the pot is currently about \$2,000 less than November's draw. This could be due to after Christmas lull or the fact that similar 50/50 s have been started in Sioux Lookout, Dryden, Atikokan and Thunder Bay. November's pot went up \$5,000 in the last 4 days of sales and December's went up \$10,000 in the last 4 days, so we should still see a sharp increase.

If you are on Facebook please continue to share any posts to help spread the word. Allison has spoken with both the Kenora and Dryden Foundations to see what strategies they have used to have such successful draws (\$100K) and they are both relying heavily on Facebook ads and word of mouth.

Once the bladder scanners have arrived it might be a good idea to take a short video of one to use as a marketing tool ("Look what your lottery dollars purchased!"). If anyone has any other ideas on how we can increase awareness and ticket sales please let Allison know. Kenora has been issuing some challenges (if the pot reaches, \$x, then x will do this), if there is a challenge that someone would like to issue or you think there may be someone prominent in the community that would be willing to issue a challenge please let Allison know.

As decision also has to be made as to what capital item(s) the Foundation is supporting will be supported by the November-March draws. As per the AGCO regulations, we must be able to show that money from the lottery account has been distributed properly. This can be discussed with the Capital Committee at a different time.

7.3 Donor Database

Allison continues to have weekly status meetings with ASI in addition to completing all the required training videos and populating content on the website. If you have not got your bio and headshot to Allison please do so ASAP. There is a fairly steep learning curve involved and it is quite time consuming.

We have done a test pull of data from Income Manager to run a test of converting it for iMIS. The next steps are getting our staff site ready to accept the data. We are still on track for a go live date of early March.

Allison also mentioned that the package did not come with colour branding. She received information on how to change the colour but it's very involved and IST doesn't have time to assist. She is thinking she will pay for a one or two hours of web design through ASI to put our branding on the website.

7.5 CEWS (Canada Emergency Wage Summary)

BDO Thunder Bay was dealing with our application but has now passed it off to BDO Fort Frances. Kelly from BDO has been in touch with Dawn and the required filing will be completed by the deadline of January 31st. There was some discussion on fees and what stands to be gained. The first application will help ascertain that but until we actually submit we won't know how much we are eligible for, all we know at this time is that we do qualify. Carla will ask BDO if they can anticipate what the contributions will be.

7.6 Christmas Appeal

The Revenue Report was circulated via email. To date the Appeal has raised just over \$34,000. To try to encourage more local business's to support the appeal an additional ask letter was sent to 30 business's the week of January 11th. To date we have had no responses. Normally, we have riverside staff sign up for monthly pledges that is an automatic deduction on their pay stub. This year, no staff members made a pledge. Thank you cards have been sent to those who gave \$150 or more. Any costs above what is raised will come from the General Funds. Leo is working on ordering the furniture.

7.7 Capital Campaign

Allison and Meghan met with Nicke Baird before Christmas to discuss beginning steps of running a Capital Campaign. Allison is currently working on developing a Case Statement to support the campaign and will be reaching out to the DI Department to gather information for this.

Allison is also working on developing descriptions for the various positions on the Campaign Committee so that we can recruit members. Meghan has expressed interest in being the Campaign Co-Chair. Nicke has agreed to come on board as the Communication Co-chair and has asked Tanya Cumming at The FF Times to Co-Chair with her. The following members are needed:

- Co-Chairs
- Riverside Foundation Board Director
- Riverside Executive
- Riverside Board Director Representative
- Riverside Family Representative (staff member)
- DI Representative
- Physician Representative
- First Nation Health Care Representative
- Major Gifts Committee Chair
 - subcommittee needed, chair to recruit
- East Committee Chair
 - subcommittee needed, chair to recruit
- Central Committee Chair
 - subcommittee needed, chair to recruit

\$500 – ML Caron Electric – Xmas Appeal
 \$500 – Voyageur Lions Club – Xmas Appeal
 \$500 – Dave & Nancy Evans – Xmas Appeal
 \$500 – Don & Pat Steele – Xmas Appeal
 \$500 – Doug & Vesta Teeple – Xmas Appeal
 \$500 – Edward Stewart – Xmas Appeal
 \$500 – Ken & Cindy Noble – Xmas Appeal
 \$500 – Marjorie Smeeth – Xmas Appeal
 \$600 – Canada Customs – General Fund
 \$1,000 – Debbie Lang/Branstone Financial Strategies – General Fund
 \$1,000 – Heikki Lampi Sand & Gravel – Xmas Appeal
 \$1,000 – B.E. June Smith – Xmas Appeal
 \$1,000 – Dalton Taylor – Xmas Appeal
 \$1,000 – Darcy & Diane Oliver – Xmas Appeal
 \$1,000 – Joe & Sharilyn Georgeson – Xmas Appeal
 \$1,000 – Pat Maurer – Xmas Appeal
 \$1,000 – Wayne & Diane Ross (Nov 50/50 winner)– Xmas Appeal
 \$1,350 – Mel & Kathy Haukaas – Temporal Thermometers for OR
 \$1,500 – Donald & Rhoda Dickson – General Fund
 \$1,500 – Dr Algie – Physician Recruitment
 \$2,000 – Bernice Eileen Krawchuk – LVGH General Fund, IM Howard Honka
 \$2,500 – Legion Ladies Aux – Xmas Appeal
 \$2,500 – Township of Chapple – Xmas Appeal
 \$2,600 – Val Grant – RR General Fund, Car Auction
 \$10,000 – Jean & Eloise Camirand - \$5,000 Xmas Appeal, \$5,000 General Fund

Foundation in the News:

Dec 2/20 – November 50/50 Winner Press Release & Photo
 Dec 2/20 – Christmas Appeal Press Release
 Dec 3/20 – Online Auction, photos of bid items and small blurb
 Dec 3/20 – Community Spirit – Customs Photo, Beer Store Photo
 Dec 31/20 – December 50/50 Winning Ticket Number
 Jan 6/21 – December 50/50 Winner Press Release & Photo
 Jan 14/21 – Community Spirit - LVGH Aux cheque presentation photo

Allison will be in the office Thursday this week to process ticket sales and on Friday to do

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

9.5 Riverside Corporate Report

The Drive through COVID Testing centre is up and running at LVGH. It is attached to the old Ambulance Base. Volume is set to simplify swabbing.

COVID-19 on site PCR testing is now available through Biofire. There were several validation requirements as well as licensing to get through and kudos to the Lab staff for completion. Swabs are limited to approximately 90 per month. There is Policy outlining onsite testing criteria in place. These tests are to help assist with outbreaks and probable cases and will help with prioritizing. Follow up swabs are still sent to Public Health. We will continue to use Public Health for the bulk of testing. A courier travels from the west (Rainy River) including Atikokan and all the First Nations communities and takes all the swabs for the district to Thunder Bay. Biofire can get results in one hour as opposed to the 3-5 days through Public Health. There has been a rise in active COVID-19 cases in the district recently.

Vaccine prioritization has been following an ethical framework for LTC at the fore front. RHC has been working on providing education and getting consents from residents and families to ensure that when the vaccine is received we are ready to administer it. We will be getting the Moderna product. It will likely be April or May before there is a real surge with vaccine availability.

The organization has started the process of looking at a central health campus as a future for this Corporation. It would include having LTC, the hospital and community services on one parcel of land. There are lots of logistics to this process. In the meantime RHC must consider redevelopment of the LTC home (Rainycrest). This includes looking at processing an initial application for redevelopment as we move forward. We need to evolve the LTC Home in a parallel effort to the health campus, this requires we submit a LTC application and Hospital application so these two different capital branches can work with us collectively. These two projects will likely evolve several years apart, but we need to proactively plan on both fronts. RHC is committed to moving towards a future health campus to benefit Fort Frances and the District. A location is not confirmed for the campus at this time. Rainycrest redevelopment is not planned for their existing location due to water table, under pass and rail way challenges that adversely impact development of a centralized campus. RHC is looking at the potential redevelopment of Rainycrest with the long vision of connecting it or co-location it to a new future hospital site. There are a lot of benefits and challenges to achieving this vision. We previously engaged RiversEdge regarding the mill property but we have since stepped back and are now considering an alternate location. This project would include representation from the Foundation, Auxiliaries, and all communities, including our District First Nations.

It was,

MOVED BY: Paul Brunetta SECONDED BY: Bill Gushulak
THAT the Riverside Corporate Report be accepted.

CARRIED.

9.6 Finance Report

Carla gave a quick Financial Report. Financials have improved significantly since last month. 50/50 proceeds a little under \$30,000. General and memorial donations maintain slight differences but is likely due to end of year. Otherwise everything looks really good. Finance is a little behind with the December Report due to COVID. Allison finished her month end this morning and it shows \$116,000 compared to December last year which was \$66,000, the difference likely due to the 50/50 draw.

Carla and her team will change so that wording doesn't state September 50/50, this will make it clearer.

was, MOVED BY: Paul Brunetta SECONDED BY: Bill Gushulak THAT the Finance Report be accepted. CARRIED
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9.7 Other

None

10. Next Meeting

Next Meeting Date: February 22nd, 2021. This will be a virtual meeting.

11. Adjournment

It was, MOVED BY: Bill Gushulak THAT the meeting be adjourned at 12:40 p.m. CARRIED.

Delaine McLeod (Chair)

/sb

01/02/2021



Auxiliary Report – February 2021

Emo

The Emo Auxiliary did not meet in February.

La Verendrye General Hospital

The LVGH Auxiliary did not meet in February.

Rainycrest

No Report.

Rainy River

No Report.