



2019-2021

STRATEGIC PLAN

RAINY RIVER DISTRICT

JANUARY 2019

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Riverside Health Care Board of Directors 2017-2018	Riverside Health Care Board of Directors 2018-2019
Jan Beazley, Board Chair	Janice Beazley, Board Chair
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Jordan Forbes	Douglas Robinson, Second Vice Chair
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Dr. Robert Algie, Chief of Staff	Dr. Lorena Jenks, President of the Joint Medical Staff
Dr. Lorena Jenks, President of the Joint Medical Staff	Dr. Melanie Kowal, Chief of Staff

Senior Leadership Team:

Ted Scholten, President & Chief Executive Officer

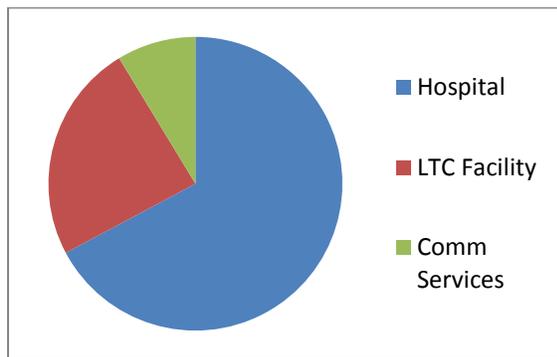
Henry Gauthier, Vice President, Corporate Services, Chief Operating & Financial Officer

Lori Maki, Vice President, Health Services & Chief Nursing Executive

The Board of Directors and Senior Leadership Team wishes to acknowledge and thank Elaine Todres for her expert facilitation in the development and preparation of this report.

Section 1 – Introduction Riverside Health Care (RHC) is a fully-accredited, multi-site and multi-sector health care corporation operating three hospital sites¹ (La Verendrye General Hospital in Fort Frances, Emo Health Centre and Rainy River Health Centre), a long term care home (Rainycrest), a supportive housing corporation and a range of community support services for seniors and programs for individuals with mental health and addiction problems. The three hospital sites represent two-thirds (\$31.2M) of the consolidated operating budget with the remaining one-third (\$14.5 M) going to the long term care home and community-based programs.

Figure 1 – Consolidated Budget for Riverside Health Care (Total Budget = \$45.6 million, FY 2018-19)



In terms of staffing, the following chart indicates where staff works across the corporation with some additional notes.

Riverside Health Care Employee numbers by Site/Program (Oct 18, 2018)

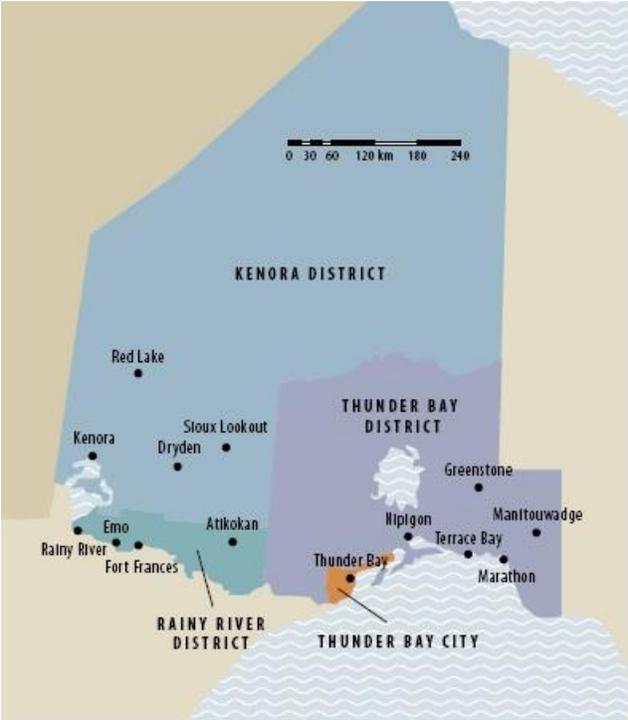
	LVGH	EMO	Rainy River	Rainycrest	Community Services	Community Counselling	Non Profit Housing	Total
FULL-TIME								
ONA	27	5	3	7	0	0	0	42
CUPE	56	9	9	68	0	1	4	147
NU/MGMT	60	2	2	5	2	9	0	80
PART-TIME								
ONA	36	5	5	7	0	0	0	53
CUPE	65	19	32	66	37	1	8	228
NU/MGMT	15	1	4	4	1	4	1	30
Total FTEs	259	41	55	157	40	15	13	580

¹ All three hospital sites provide acute care services. The Elderly Capital Assistance Program (ELDCAP) long term care beds are also provided at the Emo (12 beds) and Rainy River (21 beds) sites.

Almost six in ten staff works in one of the three hospital sites, while a third work at Rainycrest. One in ten staff works at the supportive housing corporation or provides community-based mental health, addictions and seniors home services.

Section 2 – Local and Regional Planning Context

2.1 Catchment Population



Rainy River District

Covering the south-western corner of Northwestern Ontario, Rainy River District is bordered to the south by the U.S. border with the State of Minnesota, to the north by Kenora District, to the west by the provincial border with Manitoba and to the east by Thunder Bay District (see map). Spanning some 15,485 square kilometers, from east of Sapawe to the western (Rainy River) border along Highway 11, the district stretches about 290 kilometers. The District of Rainy River accounts for 9% of the population of Northwestern Ontario and 0.2% of the Province.

Population Distribution and Composition

Almost four in ten people living in Rainy River District live in Fort Frances. Most of the remainder of the population lives in smaller communities along the Highway 11 corridor. It is important to recognize that apart from the First Nations, the overall population of Rainy River District has stabilized between 2011-2016, according to the federal Census. This population is just 1.3 % below that of 2011 with demographic patterns in the rest of the North West region.

The population density of Rainy River District is sparse (1.3 persons per km²), with wide variation among its constituent municipalities ranging from Rainy River Unorganized (0.1 residents per km²) to the Town of Fort Frances (296.4 residents per km²). This distribution presents a significant challenge to the provision of equitable access to health care services due to the remote and isolated nature of many of the district’s small communities. These access challenges are compounded by no public transit infrastructure and poor winter driving conditions.

According to the 2016 Census, the proportion of seniors (65+ years) is higher in the Rainy River District (19.4%) than the North West LHIN area (15.5%) and the Province (16.7%). The rate is even higher for the population aged 75 years and older. This means that service planning for the elderly is a key priority for RHC in partnership with other health and social service providers.

This total Aboriginal population represents over 21% of the District population and has a much younger age profile compared to the overall district. The Aboriginal identity population is composed of those persons who reported identifying with at least one Aboriginal group, that is, North American Indian, Métis or Inuit, and/or those who reported being a Treaty Indian or a Registered Indian, as defined by the *Indian Act* of Canada, and/or those who reported they were members of an Indian band or First Nation. Aboriginal groups are an important part of the RHC catchment area and this means that: (1) the appropriate array of services and programs must be delivered in a culturally competent manner; (2) services and programs must be planned and delivered in partnership with First Nation communities.

Population Health Status

Due to the relatively small population, statistically significant health statistics are not readily available exclusively for the Rainy River District but there are good data sources which compare the health status of North West LHIN residents to the rest of the Province. The following comparisons are noteworthy:

- Life expectancy at birth and at the age of 65 are lower for residents in the North West LHIN
- Overall mortality rates are almost 20% higher in the North West LHIN
- Infant mortality rates are 34% higher in the North West LHIN
- Residents of the North West LHIN reported being higher current smokers, higher heavy drinkers, less physically active and with lower fruit and vegetable consumption compared to the Province overall
- Fewer residents of the North West LHIN reported excellent or very good health compared to Ontario residents as a whole

2.2 North West LHIN Priorities

The North West LHIN has released a draft of their Integrated Health Service Plan (IHSP) V 2019-2022, a three year strategy which guides decisions about health system transformation, health service delivery and funding allocations over a three-year period. The feedback from Sub-region Planning Tables has informed the development of the IHSP V.

Draft Priorities are as follows:

- PRIORITY ONE

Improve Access to Care

1.1 Implement initiatives that reduce hospital overcrowding

1.2 Improve the health of the population by increasing access to health services for:

- Mental Health and Addictions

- Acute and Specialty Care

- Long-Term Care

- Home and Community Care

- Primary Care

1.3 Address Health Equity by focusing on priority populations including Indigenous and Francophone communities

- PRIORITY TWO

Enhance Care Experience

2.1 Optimize the Mental Health and Addictions system, services and programs across the North West LHIN

2.2 Design and implement an integrated system of care across sectors

2.3 Implement regional programs

- PRIORITY THREE

Improve Health System Sustainability

3.1 Drive efficiency and effectiveness to improve health system sustainability through implementation and adoption of:

- Innovative health human resource models

- Evidence-based care solutions including virtual care

3.2 Better use of resources and enhanced accountability

3.3 Implement digital health solutions

As this plan further evolves it will be important that our strategic plan maintains alignment. RHC's La Verendrye General Hospital site remains as the District Health Campus for the Rainy River District with Local Health Hubs recommended for the communities of Fort Frances, Emo, Rainy River and Atikokan. We will work with the North West LHIN and key health care partners to determine the appropriate service requirements and appropriate patient/resident/client care pathways for Local Health Hubs and the District Health Campus. We look forward to advancing the work of the Rainy River District West Health Hub.

The LHIN's priorities and RHC strategic planning will also need to be aligned with current and emerging priorities of the Ministry of Health and Long Term Care (MOHLTC). Ministry of Health and Long-Term Care province-wide LHIN Imperatives are as follows:

- Improve the patient experience
- Address health inequities by focusing on population health
- Reduce the burden of disease and chronic illness
- Build and foster healthy communities through integrated care closer to home
- Drive innovation through sustainable new models of care and digital solutions
- Drive efficiency and effectiveness
- Hospital Overcrowding: Hallway Medicine
- Mental Health and Addictions
- Long-Term Care
- Home and Community Care
- Capacity Planning

In the context of...

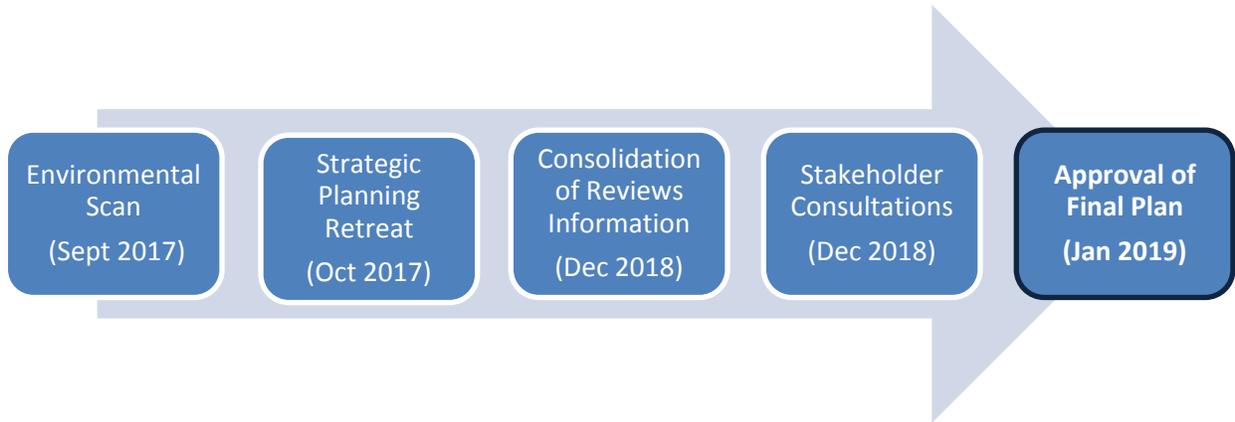
- Efficient Service Delivery
- Clarity of role for sub-regions.

The MOHLTC is forming a Premiers Council that will, over the coming year, further define and operationalize the above identified imperatives.

Section 3 – Planning Process

The strategic planning process was formally initiated in the Fall 2017. The previous 2013-2016 Strategic Plan was carried over to 2018. This new Strategic Plan was approved in January 2019. An Environmental Scan (ES) was prepared and reviewed at a strategic planning retreat for the RHC board and senior leadership team in October. The ES document provides a detailed description of catchment population and some specific utilization. At the retreat, board members developed revised mission and vision statements and identified the strategic pillars on which to build the new plan. These were shared with key external stakeholders as well as physicians and staff in November. Based on stakeholder feedback (see section 4) and the results of the retreat, a draft strategic plan was developed. The draft plan was then reviewed and refined through board-senior leadership team engagements.

FIGURE 1 – Process Steps for Developing RHC’s New Strategic Plan, 2017-19



Section 4 – Strategic Plan Overview

At the fall strategic planning retreat, participants reviewed the current mission and vision statements and agreed that revised statements should capture the following key components:

- Quality services for patients, residents and clients
- A safe and healthy workplace for staff
- Working with community partners
- Meeting the evolving needs of the community

The new revised statements are listed below:



Based on this renewed Mission and Vision, we determined that four strategic pillars of the new plan should be:



Section 5 – What We Heard from Stakeholders

Board, key leadership and external stakeholders attended the Strategic Planning Retreat. A key part of the plan development process was consultation with internal and external stakeholders. During the planning retreat, the new strategic pillars and preliminary strategic directions were shared with key stakeholders for their feedback. A strategic planning facilitator met with many RHC service provider partners as well as physicians, staff and volunteers at the different RHC sites as part of an environmental scanning exercise intended for Health Hub advancement (see Appendix 1). This information was leveraged in leading the Strategic Planning exercise. Internal Management and the Community Advisory Council (CAC) were also engaged. Highlights of this stakeholder feedback are described below.

Regional Service Providers

In general, regional service provider partners are aware of our service delivery challenges. These include significant travel distances and lack of transportation options as well as some service gaps including limited supportive housing/assisted living, insufficient primary care capacity, lack of rehabilitation and home care service challenges. The regional partners are also challenged in terms of limited resources to provide outreach services to all districts across the large Northwest region and will continue to depend on various ‘shared care’ models. These models are often delivered, in partnership with local service providers, for patients and clients who initially need specialized treatment in Thunder Bay but can then return home with appropriate supports.

There was also discussion of the lead role RHC plays in the implementation of the North West LHIN’s *Blueprint*. Establishment and facilitation of service planning tables support Local Health Hubs in the hospital communities. Rainy River District West Health Hub initiatives are being leveraged at Rainy River District Sub-region planning tables.

Local Service Providers

Local service provider partners were pleased to see that the initial strategic priorities included a strong emphasis on ‘Partnerships’. They too see us playing a leadership role in the implementation of the NW LHIN’s identified priorities. In terms of specific partnership opportunities, RHC continues to explore and pursue the following:

- Stronger collaborations with Indigenous partners
- Exploring opportunities to partner with the Rainy River District Social Services Administration Board (RRDSSAB)
- Ongoing discharge planning with the NW LHIN’s Community Care Division
- Mental Health and Addictions Integration opportunities

The Ministry and NW LHIN’s have recently signaled the importance of further integration of primary care with other service sectors. We are working on overcapacity planning with the NW LHIN while continuing to explore shared clinical services with the local Family Health Team.

Physicians and Riverside Staff

Among staff, there is general support for the four preliminary strategic priorities:

- Quality
- Organizational Health
- Partnerships
- Advocacy

The issue of Organizational Health generated a lot of discussion about a variety of human resource issues including recruitment and retention, internal communications and time management issues. Labor representatives specifically raised individual workloads as a concern and the need to revisit staffing levels in certain departments. In terms of professional development, there was agreement that additional skills training would be required to support a corporate-wide goal of quality services.

We heard loud and clear from staff at Emo, Rainy River and Rainycrest sites that corporate communication needs to continue to be improved. It is important that staff at all sites feel they are part of the Riverside ‘family’. It also means as a multi-site, multi-sector corporation, that we need to strike a balance between preserving some of each site’s unique attributes while at the same time shifting emphasis from buildings and facilities to people and services.

We heard from physicians that recruitment remains their highest priority – both for family physicians and the need to maintain surgical capacity. Improved primary care capacity in communities will not only improve access for patients but will also help to manage demand for

hospital and ER services. Given significant travel distances for more specialized care, there was discussion about whether telemedicine capacity is fully utilized. Making full use of videoconferencing technology can also help with distance education for staff and for improving communication between sites. Physicians also reminded us that we need to pay special attention to the health needs of Indigenous communities.

Section 6 – Strategic Directions

Based on the results of the strategic planning retreat and feedback from stakeholders, Clinical Operational Review, Dietary Review, staff and physicians, RHC’s new strategic directions are listed below.



*Patient= Patient/Resident/Client

Based on these key directions, RHC has developed strategic goals, measurable objectives and a description of successful outcomes which are described on pages 11-18.

Strategic Pillar #1 – Quality
• Strategic Goal 1.1 – <i>Delivering optimal, safe and equitable care</i>

To accomplish this goal, we will work on the following key objectives:

- Develop and implement an education plan to ensure skills-based requirements are met
- Identify and support evolving educational requirements to advance care/services (ie. spinal surgeries)
- Create an internal communication plan in the Strategic Communications and Community Engagement Plan
- Monitor our Quality Improvement Plan performance and make adjustments as required
- Develop efficiency based approach to maximize direct care time by clinical staff
- Routinely engage with system partners to address system demand, gaps and opportunities at the service level
- Ensure all compliance requirements are met

Successful outcomes include:

- ✓ *All physicians and staff are knowledgeable about how they can best contribute to our quality improvement goals*
- ✓ *All quality & safety targets in our Quality Improvement Plan and our publicly reportable Patient Safety Indicators are achieved*

Strategic Pillar #1 – Quality
• Strategic Goal 1.2 – <i>Access to care across the continuum</i>

To accomplish this goal, we will work on the following key objectives:

- Coordinate care within and across the organization
- Achieve corporate alignment in systems and processes across the organization

- Continue to grow and foster partnerships with other local and regional care providers
- Increase use of e-Health strategies to improve access
- Focus on achieving full scope of practice across clinical roles
- Grow our surgical program
- Work across the region to market Convalescent Care & Respite beds

Successful outcomes include:

- ✓ *Increased access to specialized services and care closer to home*
- ✓ *New services are introduced in partnership with community providers while maintaining and/or enhancing appropriate services at our sites*
- ✓ *Standardized care pathways with improved patient hand-offs between providers*

Strategic Pillar #1 – Quality
Strategic Goal 1.3 – Enhanced Patient * experience
<small>*Patient= Patient/Resident/ Client</small>

To accomplish this goal, we will work on the following key objectives:

- Continue to standardize and develop patient experience measurement tools (surveys, post discharge phone calls)
- Support the development of best practices for quality improvement of patient experience
- Integrate patient feedback into quality improvement activities to further enhance the patient experience
- Identify multicultural supports for patients to better meet their needs
- Expand on-line resources for patients, residents, family members, and caregivers

Successful outcomes include:

- ✓ *Every person we serve has an exceptional patient experience*
- ✓ *Patient satisfaction scores improve over time*
- ✓ *Active patient and family engagement and education*

Strategic Pillar #1 – Quality

- **Strategic Goal 1.4 – *Commitment to Continuous Improvement***

To accomplish this goal, we will work on the following key objectives:

- Review of care processes to eliminate inefficient practices and minimize potential for error
- Learn from other health care organizations about successful process improvement techniques
- Enhance use of patient, resident and client care surveys to identify and implement strategies for improving the patient experience
- Implement Quality Management Program with focus on staff engagement, utilization of metrics and continuous improvement
- Develop master operating plan to provide clear vision for future
- Develop master capital plan to address aging facilities and impending rebuild dates (Feasibility)
- Achievement of Ontario College of Pharmacy (OCP) requirements and National Association of Pharmacy Regulatory Authorities (NAPRA) Standards

Successful outcomes include:

- ✓ *Reduced error rates*
- ✓ *Patient satisfaction scores that increase over time*
- ✓ *Regular use of process improvement techniques*

Strategic Pillar #2 – Organizational Health

Strategic Goal 2.1 – *A healthy and engaged contemporary workforce*

To accomplish this goal, we will develop and successfully implement a Strategic Human Resources (HR) Plan which includes the following components:

- Labor demographics & succession planning
- Recruitment & retention strategies
- Professional development plan
- Performance management system
- Updated HR policies
- Training on cultural competency
- Physician recruitment
- Develop Leadership Training for Management
- 2017 Work Life Pulse Themes
- Implement human resource management system
- Provide a safe and respectful work environment

Successful outcomes include:

- ✓ *High satisfaction scores from staff and patients*
- ✓ *Low job turnover rates*
- ✓ *Staff working on customized professional development plans*
- ✓ *Progressive and competitive HR policies and practices*

Strategic Pillar #2 – Organizational Health

Strategic Goal 2.2 – *Timely communications with internal and external stakeholders*

To accomplish this goal, we will develop and successfully implement a comprehensive Strategic Communications and Community Engagement Plan which includes the following components:

- **Internal** communication strategies including:
 - Formal communication protocols for ensuring information distribution to staff at all sites
 - New Intranet for staff and board
 - Ongoing regular newsletters and other communication bulletins
- **External** communication and community engagement strategies including:
 - New contemporary, culturally-competent website featuring social media tools
 - proactive media relations
 - regular meetings with key stakeholder groups

Successful outcomes include:

- ✓ *Staff at all sites better connected to RHC issues, events and announcements*
- ✓ *Our external stakeholders are up-to-date on key RHC issues and success stories*
- ✓ *We have a strong public profile in the communities we serve*

Strategic Pillar #2 – Organizational Health

Strategic Goal 2.3 – *Appropriate use of resources*

To accomplish this goal, we will develop and successfully implement a Financial Stewardship Plan which includes the following components:

- A resource allocation methodology, based on community needs, which balances the requirements of all sites and programs

- A compliance & risk management strategy
- An e-Health & information technology (IT) strategy
- An asset management & renewal plan for equipment and facilities
- Implement visual stock management across the organization
- Implement a comprehensive Business Planning Cycle Process

Successful outcomes include:

- ✓ *Recognition by the LHIN of the necessary operating requirements of a multi-site, multi-sector corporation*
- ✓ *Resources re-allocated to meet evolving community needs*
- ✓ *Equipment upgrades at our sites based on a fair and equitable capital priority-setting process*
- ✓ *More effective use of information communication technologies to improve operating efficiencies*

Strategic Pillar #2 – Organizational Health

Strategic Goal 2.4 – Lifelong Learning

To accomplish this goal, we will work on the following key objectives:

- Provide professional and personal development opportunities that inspire and empower a culture of caring
- Seek out learning opportunities with partners for growth and/or development
- Encourage knowledge sharing across disciplines
- Enhance staff opportunities to facilitate innovation in the workplace

Successful outcomes include:

- ✓ *Evidence of continuing professional and personal development opportunities for staff, physicians and students*

Strategic Pillar #2 – Organizational Health

Strategic Goal 2.5 – *Strong governance and leadership capacity*

To accomplish this goal, we will continue to build on existing governance practices by developing a **Governance Improvement Plan** which includes the following components:

- a proactive board recruitment strategy using a skills-based matrix
- succession planning for President and CEO Position
- on-going board education and training
- an annual board evaluation process

Successful outcomes include:

- ✓ *A well-regarded board of directors that is representative of our catchment population*
- ✓ *All board members having participated in governance training*
- ✓ *A knowledgeable board that has the skills and combined experience to deal with the challenges and opportunities presented by ongoing reform of the health system*

Strategic Pillar #3 – Partnerships

Strategic Goal 3.1 – *Strategic and transparent relationships with local and regional partners*

To accomplish this goal, we will work on the following key objectives:

- Increase awareness of programs/services in the community and across the Rainy River District
- Strengthen existing partnerships and explore new partnerships consistent with RHC priorities and current work completed by the Rainy River District West Health Hub

Successful outcomes include:

- ✓ *Increased awareness of local, district, and regional programs and services*
- ✓ *New partnerships to advance a more integrated local health system*

Strategic Pillar #3 – Partnerships
Strategic Goal 3.2 – <i>Advancement of regional and sub-regional priorities and needs</i>

To accomplish this goal, we will work on the following key objectives:

- Participate in Sub Region Collaborative for a District Wide Health and Human Resource Strategy
- Pursue opportunities for linkages with regional partners to advance priorities
- Support and enable the implementation of Rural Health Hub and Sub Region Planning initiatives including a Mental Health and Addictions

Successful outcomes include:

- ✓ *Achievement of HHR Strategy*
- ✓ *Achievement of Mental Health and Addictions Strategy*
- ✓ *Identification and advancement of other opportunities*

Strategic Pillar #3 – Partnerships
Strategic Goal 3.3 – <i>Leverage mutual opportunities to enhance services</i>

To accomplish this goal, we will work on the following key objectives:

- Continue to explore collaborative opportunities that can be supported by existing resources
- Champion and support the development of new regional collaborative structures
- Work with regional partners to ensure adoption and maintenance of new programs and services

Successful outcomes include:

- ✓ *RHC continued to be seen as a valued partner by regional service providers*
- ✓ *RHC is supporting and contributing to regional service planning initiatives for the benefit of Rainy River District residents*
- ✓ *New regional enterprise structures are successfully established*
- ✓ *Improved access to more outreach/satellite services from specialized service providers*

Strategic Pillar #4 – Advocacy

Strategic Goal 4.1 – Advocate for Health Equity

To accomplish this goal, we will work on the following key objectives:

- RHC recognizes the challenges of our rural, remote, northern location. A framework is necessary to develop successful delivery of patient advocacy, health and human resources recruitment and retention (health and administrative professionals), capital planning, and funding
- Establish and implement a short term advocacy plan that includes provincial, regional and local engagement of government and political leadership (including indigenous communities)
- Engagement with local Health Integration Network and Ministry of Health and Long Term Care to achieve Right Size Funding
- Promotion and Advancement of an Integrated Health Centre Campus concept

Successful outcomes include:

- ✓ *Recognition of successful advocacy milestones including:*
- ✓ *Short term financial relief*
- ✓ *Defined pathway towards new Integrated Health Campus*
- ✓ *Routine bilateral engagement with our Indigenous partners*
- ✓ *Achievement of right-sized funding*

Section 7 - Next Steps

With board approval of the new strategic plan, we will pursue the following implementation activities over the next 6 months:

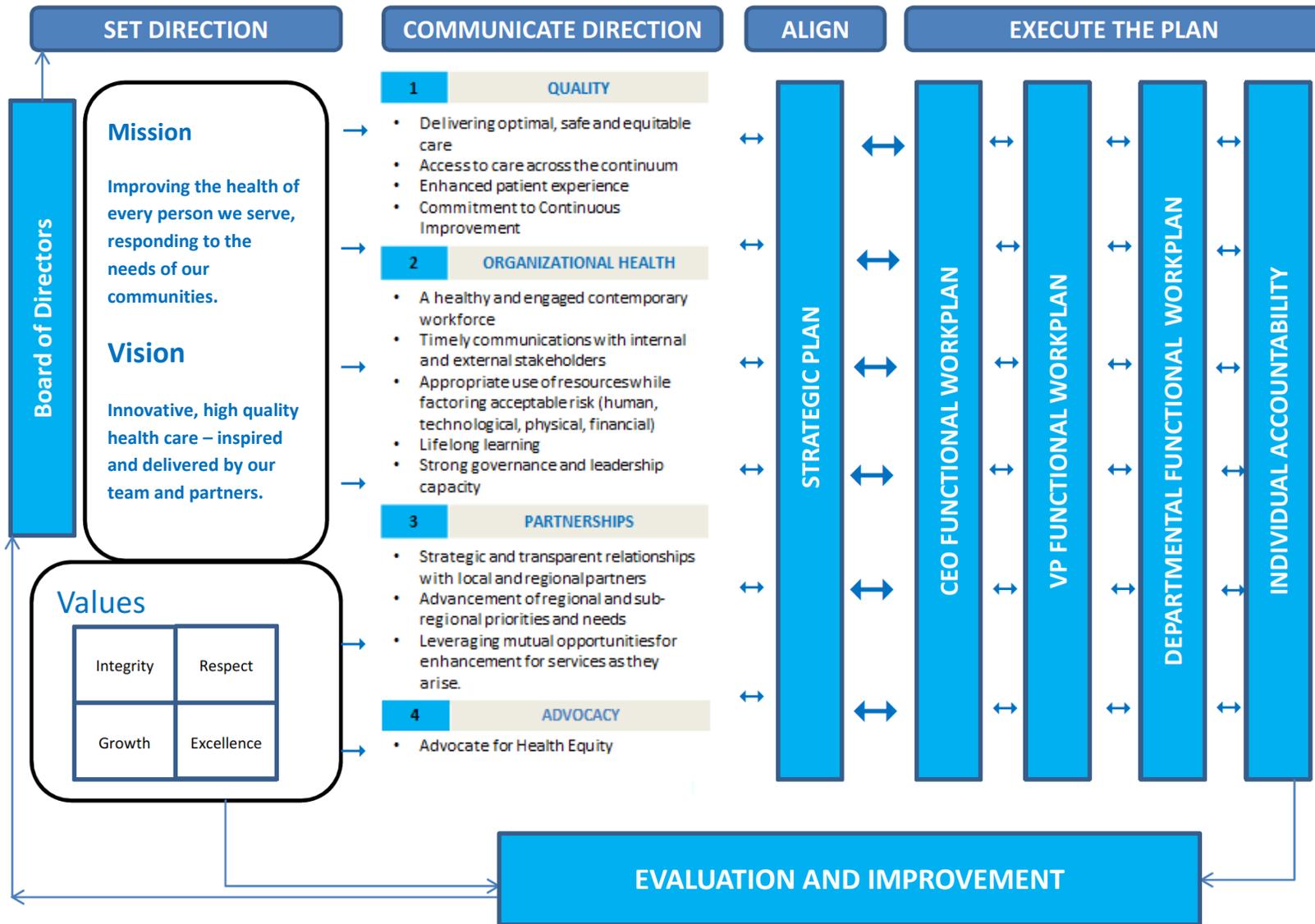
- ✓ Internal and external communication of the new plan;
- ✓ The establishment of internal working groups (where appropriate) to develop implementation action plans for specific short-term priorities; and
- ✓ Supporting each department to develop annual goals, objectives and performance measures in support of the new plan (see attached diagram)

We also need to be flexible and realistic in terms of implementing this new strategic plan. Like many rural and northern health care organizations, we are facing a number of challenges including:

- an uncertain political climate;
- increasing accountability requirements; and
- the resource implications of an aging catchment population coupled with the unique health challenges of our Indigenous communities

Given these challenges, as we begin implementing our strategic plan, it is important that we remain open to innovative ideas and new ways of working with our partners. Only by working smarter together – within our corporation and within our communities – can we pursue new opportunities while at the same time manage our resource challenges.

Ultimately, we need to remain focused on providing quality patient care and commit to quality improvement as the key driver for positive change at Riverside Health Care.



APPENDIX 1

Stakeholder Consultation

- Strategic Planning Retreat:
 - Gerri Yerxa, Fort Frances Family Health Team
 - Dan McCormick, Rainy River District Social Services Administration Board
 - Sheila Shaw, CMHA Fort Frances
 - Sheila McMahon, United Native Friendship Centre
 - Calvin Morriseau, Fort Frances Tribal Area Health Services
 - Shanna Weir, Gizhewaaddiziwin Health Access Centre
 - Kayla Caul- Chartier, Fort Frances Tribal Area Health Services
 - John McTaggart, Nelson Medicine
 - RHC Directors, Senior Management and select Managers
 - Physicians (Dr. R. Algie, Dr. M. Kowal, Dr. L. Jenks)

- Other Stakeholder Engagement:
 - Hospital Directors
 - Community Advisory Council (CAC)

- Site Visits:
 - Rainy River Health Centre
 - Emo Health Centre
 - Rainycrest Long Term Care

RIVERSIDE HEALTH CARE

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