

**Kemptville District Hospital (KDH)  
Board of Directors Meeting  
Thursday, June 26, 2025  
Hybrid: Via Microsoft Teams and Greville Mutual Insurance Boardroom,  
380 Colonnade Dr. Kemptville, ON.  
6:30 pm  
Minutes**

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**Call to Order:** J. Nolan, Board Chair, called the meeting to order at 6:44 pm.

- 1. Regrets / Quorum / Declaration of Conflicts:** Quorum was established and there were no conflicts declared.

Directors:	Present	Regrets		Present	Regrets		Present	Regrets
G. Bebeung	√		J. Nolan (Chair)	√		F. Vassallo	√	
D. Boyce	√		M. Norenberg	√		T. Wood	√	
E. Bonokoski	√		D. O’Sullivan	√		G. Wyse	√	
G. Enei	√		J. Panciuk	√		A. Yee	√	
G. LeVasseur	√		Y. Pelletier		√	H. Zipes	√	
S. Mincoff	√		S. Saslove	√				
Dr. L. Luong		√	Dr. C. Sentongo	√				
K. Hogue	√		P. Snelling	√				

**Management, Staff & Guests:**

B. Rivard	√		M. Laughton (Recorder)	√			
M. Jones	√		L. Armstrong	√			

Board Chair J. Nolan made the following Territorial Acknowledgement:

*In the spirit and understanding that we continue to gain in today's world, we would like to acknowledge the Algonquin nation, whose traditional and unceded territory we are gathered upon today. Also, for those attending remotely, acknowledgement is given for the lands they are located on at the time of the meeting.*

***On a motion duly made and seconded the Board moved in-Camera.***

*Staff and Guests departed the meeting.*

***On a motion duly made and seconded the Board came out of in-camera.***

*Staff and Guests returned to the meeting.*

- 4. Additions/Changes to the Agenda:** There were no changes to the agenda.

- 5. Re-affirming the KDH Mission**

S. Saslove reaffirmed the mission.

**6. KDH Board Action Item Registry: No outstanding actions.**

**7. May 29, 2025 Board Meeting Minutes**

*On a motion duly made, seconded, and carried, without abstentions, the Board approved the May 29, 2025 Board meeting minutes, as presented.*

**8. Client Centred Care - Patient Stories**

K. Hogue highlighted a patient complaint and compliment for discussion by the Board.

**9. Consent Agenda**

The Board reviewed the consent agenda. The Board noted that the Champlain Centre for Health Care Ethics report should be updated to reflect that the current contact for KDH.

The Board noted the Enterprise Risk Management Dashboard and discussed two risks:

- Cash Flow Risk, noting that the external risk is high and increasing due to sector-wide funding and financial pressures, but internal mitigation efforts are strong.
- Engagement and Morale Risk, noting that the risk level is moderate and decreasing with mitigation efforts consistently being implemented and improved in order to better support staff.

*On a motion duly made, seconded, and carried, without abstentions, the Board approved the consent agenda consisting of:*

**9.1 An approval of:**

**9.1.1. HSAA Compliance Declaration**

**9.1.2. BPSAA Declaration**

**9.2 An approval of the receipt of:**

**9.2.1. Compliance Report**

**9.2.2. Balanced Scorecard**

**9.2.3. Enterprise Risk Management Dashboard**

**9.2.4. Ethical Decision Making**

*9.2.4.1. Ethical Decision Making and Public Disclosure Policy*

*9.2.4.2. Ethics Consultation Services and Ethical Decision-Making Frameworks*

*9.2.4.3. KDH Ethics Consultations January to June 2025*

*9.2.4.4. CCHCE Annual Report 2024-25*

*9.2.4.5. Q4 Operating Plan Update*

*9.2.4.6. CNE Report*

**10. Governance Committee**

**10.1 Governance Committee Chair's Report**

E. Bonokoski reported that the Governance Committee met on June 18, 2025 and discussed the Q4 operating plan and the Crystal Clear Code of Conduct. The Crystal Clear Code of Conduct, aims to address systemic racism and improve patient care experiences through education. The Committee is working to ensure that the policy reflects the true spirit and intent of its principles.

## **10.2 Director Nominations**

There was a significant effort in recruiting new board members, with many strong candidates interviewed. Four new members have been nominated to join the Board, with one candidate withdrawing their candidacy.

*On a motion duly moved, seconded, and carried without abstentions, the Board approved a recommend to the Membership to elect Melissa Ruigrok for a first term (2025-2028), subject to satisfactory police reference checks which must be received before the individual may act as a director.*

*On a motion duly moved, seconded, and carried without abstentions the Board approved a recommendation to the Membership to elect Elizabeth MacPherson, to fill the position of “one individual nominated by the Kemptville District Hospital Auxiliary” to complete the remainder of the previous individual’s term, to the next Annual General Meeting (2026) at which time they may be renewed, subject to satisfactory police reference checks which must be received before the individual may act as a director.*

## **10.3 Policy 11: Statement of Board Roles and Responsibilities**

The Board reviewed the revised Policy 11: Statement of Board Roles and Responsibilities and noted that it has been updated to align with Ontario Hospital Association (OHA) guidance. The policy will continue to be updated as new guidance is released from the OHA.

*On a motion duly moved, seconded, and carried without abstentions, the Board approved the revised Policy No.: 11: Statement of Board Roles and Responsibilities.*

## **11. Quality and Safety Committee**

### **11.1 Quality and Safety Committee Chair’s Report**

H. Zipes received a report and information regarding accreditation. She also noted that the Committee:

- Discussed the ethical decision-making framework as a key part of their work, emphasizing its alignment with the hospital’s mission to provide compassionate, patient-centered care.
- The ethical decision-making process is included in the consent agenda and is being updated to reflect best practices and current standards. The committee noted that the framework is not only for compliance but also serves as a practical guide for staff

and the Board in challenging situations, reinforcing the hospital's values in decisions.

### **11.2 Critical Incidents (Hospital)**

K. Hogue reported that as of the last Quality and Safety Committee there have been no critical incidents to report. There has been a critical incident relating to the ILTC.

### **11.3 Critical Incidents (Interim Long Term Care [ILTC] Unit)**

A code green (evacuation) was called in the ILTC unit due to high temperatures from a failed chiller. All residents were safely relocated within the hospital, and the incident will be reviewed by the Ministry of Long Term Care (MLTC).

- Initial MLTC feedback commended the hospital's handling of the evacuation noting that all procedures were followed correctly and patient safety was prioritized.
- The CEO highlighted the professionalism and calmness of the teams during the crisis, emphasizing the hospital's resilience in managing emergencies.

### **11.4 Quality and Safety Committee Terms of Reference**

The Board reviewed the proposed changes to the Quality and Safety Committee's terms of reference.

***On a motion duly moved, seconded, and carried, without abstentions, the Board approved the revised Policy No.: 19: Quality and Safety Committee – Terms of Reference.***

## **12. Corporate Services Committee**

### **12.1 Corporate Services Committee Chair Report**

S. Saslove reported that the Committee reviewed and approved the HSAA Compliance Declaration and the BPSAA attestation which were included in the consent agenda.

*Dr. Sentongo joined the meeting.*

***On a motion duly made and seconded the Board moved in-Camera.***

***On a motion duly made and seconded the Board moved out of in-Camera.***

### **15.2 Credentialing**

***On a motion duly moved, seconded, and carried without abstentions, the Board approved that hospital privileges for the following physicians, who have been credentialed as set out under Article 7 Appointment and Reappointment to Professional Staff of the Professional Staff Bylaws, be approved by the Board of Directors:***

Credentialing Report for April 2025:

Temp	App	Re-App	Physician	Privilege Category	KDH Primary	Change	Other
	√		Dr. Deljit DHANOA	COURTESY, Radiology			<i>From Temporary to Courtesy (Given temporary until Board approval)</i>
	√		Dr. Annabella YIM	COURTESY, Radiology			<i>From Temporary to Courtesy (Given temporary until Board approval) Main CT reader for KDH during the day.</i>

Credentialing Report for May 2025:

Temp	App	Re-App	Physician	Privilege Category	KDH Primary	Change	Other
	√		Dr. Stanley JERAM	COURTESY, Anaesthesia			
	√		Dr. Karyn MARTIN	COURTESY, Radiology			

Credentialing Report for June 2025:

Temp	App	Re-App	Physician	Privilege Category	KDH Primary	Change	Other
		√	Dr. Frosso ADAMAKOS	COURTESY, Emergency		√	<i>From Temporary to Courtesy</i>
	√		Dr. Miguel CORTEL-LEBLANC	COURTESY, Emergency			
			Dr. Patrick DAVISON	ACTIVE, Surgery		√	<i>Request for transition of privileges from Courtesy to Active – Approval done electronically</i>

	√		Dr. Erica HOE	COURTESY, Emergency			
	√		Dr. Pawandeep KAUR	COURTESY, Surgical Assist	√		
	√		Dr. Zack LI	COURTESY, Surgical Assist			
			Dr. Mannpreet PHAMBRI-KOMAL	ACTIVE, Family Medicine		√	<i>Request for transition of privileges from Courtesy to Active</i>
			Dr. Michael WOO	ACTIVE, Emergency		√	<i>Request for transition of privileges from Courtesy to Active</i>

### 15.3 Medical Staff Policies

Dr. Sentongo reviewed the proposed changes to the medical staff policies and rationale.

***On a motion duly moved, seconded, and carried without abstentions, the Board approved:***

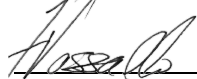
**15.3.1.** Medical Staff Policy #08 – Admission of Patients and Inpatient Coverage

**15.3.2.** Medical Staff Policy #39 – Infection Prevention and Control Committee (IPACC) Terms of Reference.

*Dr. Sentongo departed the meeting.*

**16. Next Meeting: Thursday June 26, 2025 (immediately following the AGM) - hybrid (Teams and Grenville Mutual Insurance Boardroom, 380 Colonnade Dr., Kemptville, ON)**

**17. Meeting Termination:** There being no further business, the meeting was terminated on a motion at 8:15 p.m.



F. Vassallo, CEO



J. Nolan, Board Chair