

Kemptville District Hospital (KDH)
Board of Directors Meeting
Thursday, September 25, 2025
Hybrid: Via Microsoft Teams and Greville Mutual Insurance Boardroom,
380 Colonnade Dr. Kemptville, ON.

Minutes

Directors:	Present	Regrets		Present	Regrets		Present	Regrets
G. Bebeung	√		J. Nolan		√	F. Vassallo	√	
D. Boyce		√	M. Norenberg	√		T. Wood	√	
E. Bonokoski (Chair)	√		D. O'Sullivan		√	G. Wyse	√	
G. Enei	√		J. Panciuk	√		A. Yee	√	
G. LeVasseur	√		K. Lawless	√		H. Zipes	√	
S. Mincoff	√		M. Jones	√		L. Armstrong	√	
Dr. Davison		√	Dr. C. Sentongo	√		E. MacPherson	√	
K. Hogue	√		P. Snelling	√		M. Ruigrok	√	

Management, Staff & Guests:

B. Rivard	√		M. Laughton (Recorder)	√			
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1. Call to Order: E. Bonokoski, Board Chair, called the meeting to order at 6:45 pm. Quorum was established and there were no conflicts declared.

Board Chair E. Bonokoski 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

2. Additions / Changes to the Agenda: There were no changes to the agenda.

3. Reaffirmation of the Mission: E. Bonokoski reaffirmed the mission.

The Chair and the Board recognized the KDH team, including the members of the Patient and Family Advisory Committee, Board members, and others who all came together to support the organization through the accreditation process. The Board remarked on the spirit and commitment to quality, and genuine care and consideration, across the organization that was demonstrated throughout accreditation.

4. Client Centred Care – Patient Stories: K. Hogue reviewed a complaint and compliment received and learning opportunities for the hospital.

5. Action Item Registry – There were no outstanding items on the action item registry.

6. Approval of June 26, 2025 Board Meeting Minutes:

On a motion duly made and seconded, without abstentions, the Board approved the Minutes of the meeting on June 26, 2025, as presented.

7. Approval of June 26, 2025 Board Meeting Minutes (post-AGM)

On a motion duly made and seconded, without abstentions, the Board approved the Minutes of the meeting on June 26, 2025, occurring immediately after the AGM, as presented.

8. Consent Agenda

The Board reviewed the consent agenda. Regarding the Critical Incident Report for the Interim Long-Term Care Home, the Board acknowledged the efforts of management and staff in managing the incident and the consistency of responding to each issue with solutions.

The Chair noted that in receipt of items for information there are a number of policies which were updated by the executive committee in advance of accreditation. The Chair noted that the Conflict of Interest Policy notes the importance of “perceived” conflicts of interests. The Chair reminded Board members that they should declare anything that could be perceived as a conflict so that the Board can understand and determine whether conflict exists or when a perceived or potential conflict may become an actual conflict.

On a motion made and seconded, and carried, with Melissa Ruigrok, Malcolm Jones, Ken Lawless, Leanne Armstrong, and George Enei abstaining, the Board approved the appointment of the following individuals to the following Committees for the remainder of the 2025-26 Board year:

- *Melissa Ruigrok be appointed to the Quality and Safety Committee*
- *Malcolm Jones be appointed to the Quality and Safety Committee*
- *Ken Lawless be appointed to the Corporate Services Committee*
- *Leanne Armstrong be appointed to the Governance Committee*
- *George Enei be appointed to the Governance Committee*

On a motion made and seconded, and carried without abstentions, the Board approved to receive the following items for information

- 8.1.1. Compliance Report**
- 8.1.2. Patient Engagement Workplan**
- 8.1.3. Quality Improvement Plan Q1 Update**
- 8.1.4. Q1 Publicly Reported Patient Safety Indicators & Mandatory Reporting**
- 8.1.5. Q1 Balanced Scorecard**
- 8.1.6. Q1 Enterprise Risk Management Dashboard**
- 8.1.7. Critical Incident Report – Interim Long-Term Care**
- 8.1.8. Policy Updates approved by Executive Committee**

- 8.1.8.1. CEO and COS Performance Management and Annual Compensation Review Policy*
- 8.1.8.2. CEO and COS Succession Policy*
- 8.1.8.3. Process for the Election of Officers and Committee Participation*
- 8.1.8.4. Ethical Decision Making and Public Disclosure Policy*
- 8.1.8.5. In-Camera Meetings Policy and Conflict of Interest Policy*
- 8.1.8.6. Code of Conduct for Directors and Committee Members*
- 8.1.8.7. Board and Committee Expenses*
- 8.1.9. KDH Foundation Report**
- 8.1.10. KDH Auxiliary Report**
- 8.1.11. Medical Staff Officers & Committees**

9. Quality and Safety Committee Report

H. Zipes reported that the Quality and Safety committee met on September 16. Most information was already included in the consent agenda and nothing reported that requires further discussion. She highlighted the organization's strong focus on quality, especially during accreditation.

10. Governance Committee Report

10.1 G. LeVasseur reported that the Committee met on September 18, 2025.

10.2 Nurse Practitioner Led Clinic (NPLC) Initiative – Operations and Governance for NPLC Site

G. LeVasseur reported that the Committee reviewed and made a recommendation to the Board regarding the NPLC.

The Board chair noted that two individuals had potential conflicts of interest with the proposed decision regarding the NPLC and were asked to recuse themselves from the discussion.

G. Enei and P. Snelling departed the meeting.

On a motion duly made and seconded, with G. Enei and P. Snelling abstaining, the Board of Directors approved Kemptville District Hospital to act as the fund holder and governance/operational lead for the proposed Nurse Practitioner-Led Clinic satellite site at KDH and authorized the leadership team to submit the Expression of Interest in partnership with the three Family Health Organizations, Leeds and Grenville Community Paramedicine, Seniors' Care Services, and other key partners.

G. Enei and P. Snelling rejoined the meeting.

10.3 Indigenous Cultural Safety in Healthcare

The Committee presented and a new pledge for truth and reconciliation and indigenous cultural safety in healthcare. The Board also committed to related annual training.

On a motion duly made and seconded, and carried without abstentions, the Board approved to:

- a) Adopt the following pledge as part of the Board's Commitment to Truth and Reconciliation and reaffirm the pledge annually on the National Day for Truth and Reconciliation (September 30):***
"We offer our promise that we will actively seek the truth and we will share the knowledge and the good words that will help to bring our cultures, our organizations, and our communities closer together. My organization is committed to measurable progress in our Journey to Reconciliation."
- b) Agree to complete the following annual training through Surge Learning Modules:***
 - a. Cultural Competence and Indigenous Cultural Safety Training (4 Modules)***
 - b. Privacy and Confidentiality Policy and Training***
 - c. Prevention of Workplace Violence and Harassment Policy***

11. Corporate Services Committee Report

11.1 Corporate Services Committee Chair's Report

The Chair of the Corporate Services Committee reported that the Committee last met on September 17, 2025 with the various informational dashboards provided in the consent agenda.

11.2 Quarterly Review of the Financial Position

The Chair of the Corporate Services Committee reviewed the financial position of the hospital noting:

- That expenditures are currently greater than revenue and management's response to this situation.
- The purchase of capital items out of operating funds, to continue to improve services, is being put at risk due to the position of expenses outpacing revenue.

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.

13.3 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 September 2025:

Temp	App	Re-App	Physician	Privilege Category	KDH Primary	Change	Other
	√		Dr. Sheldon CLARK	COURTESY, Radiology			<i>Approved pending Oct 1, 2025, CMPA start date.</i>
	√		Dr. Federico DISCEPOLA	COURTESY, Radiology		√	<i>From Temporary to Courtesy. Granted Temporary until Board Approval.</i>
	√		Dr. Kevin GUO	COURTESY, Emergency		√	<i>From Temporary to Courtesy. Granted Temporary until Board Approval.</i>
	√		Dr. Genevieve HORWOOD	COURTESY, Surgery, Gynecology		√	<i>Requested change to Courtesy with Admitting Privileges.</i>
	√		Dr. Roderick MACPHEE	COURTESY, Transfusions			<i>Requested as an additional privilege.</i>
	√		Dr. Elise MALEK-ADAMIAN	COURTESY, Family Medicine	√		<i>With Admitting Privileges.</i>
	√		Dr. Hatef MOTTAGHI	COURTESY, Transfusions	√		<i>Requested as an additional privilege.</i>
	√		Dr. Yara MOUHAMED	COURTESY, Surgery, Surgical Assist	√		<i>Requested as an additional privilege.</i>
	√		Dr. Hailey NEWTON	COURTESY, Emergency		√	<i>From Temporary to Courtesy. Granted Temporary until Board Approval.</i>
	√		Dr. Michael SEABROOKE	COURTESY, Emergency		√	<i>From Temporary to Courtesy. Granted Temporary until Board Approval.</i>
	√		Dr. Alexandra WUDWUD	COURTESY, Emergency			

13.4 Medical Staff Policies

The Chief of Staff reviewed the revisions to the policy #32 – Credentialing. The Board noted a minor grammatical change in the policy to which the Chief of Staff agreed.

On a motion duly made, seconded, and carried, without abstentions, the Board of Directors approved Medical Staff Policy #32 – Credentialing, as amended.

14. Next Meeting: Thursday, November 27, 2025, at 6:30 pm via Teams.

15. In-Camera Session

On a motion duly moved and seconded, the meeting went in-camera.

Staff, guests, and non-voting ex-officio members departed the meeting.

16. Meeting Termination: There being no further business, the meeting was terminated on a motion at 9:06 p.m.



F. Vassallo, CEO



Erin Bonokoski (Jan 13, 2026 13:21:23 EST)

E. Bonokoski, Board Chair