

**Kemptville District Hospital (KDH)
Board of Directors Meeting
Thursday, November 27, 2025
Via Microsoft Teams
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)	√	L. Clifford Ward	√		
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1. Call to Order: H. Zipes, Board Vice-Chair, called the meeting to order at 6:30 pm. Quorum was established and there were no conflicts declared.

H. Zipes 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:** G. Wyse reaffirmed the mission.
- 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 September 25, 2025 Board Meeting Minutes:**

On a motion duly made and seconded, without abstentions, the Board approved the Minutes of the meeting on September 25, 2025, as presented.

7. Consent Agenda

The Board reviewed the consent agenda and requested clarification regarding the Q2 Quality Improvement Plan (QIP) results regarding the “90th Percentile Emergency Room Wait Time for Inpatient Bed for Admitted Patients”. The Board noted that the results indicated a significant negative deviation from Q1 and the overall target. Management committed to get further information regarding the result and report back to the Board.

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

7.1 To approve the revised Corporate Services Committee Terms of Reference.

7.2 To approve the receipt of the following items for information:

7.2.1. Patient Compliments and Complaints Semi-Annual Report

7.2.2. Compliance Report

7.2.3. Critical Incident Aggregate Report

7.2.4. QIP Q2 Update

7.2.5. Q2 Publicly Reported Patient Safety Indicators & Mandatory Reporting

7.2.6. Q2 Enterprise Risk management Dashboard

7.2.7. Nurse Practitioner Led Clinic Primary Care Governance Orientation Update

7.2.8. KDH Foundation Report

7.2.9. KDH Auxiliary Report

8. Quality and Safety Committee Report

8.1 H. Zipes reported that the Quality and Safety committee met on November 25, 2025. Most information was already included in the consent agenda. The following items were highlighted:

- That recent patient stories and complaints demonstrate strong performance in kindness, professionalism, teamwork, and communication, reflecting excellence in person-centered care at KDH. Actions taken in response to complaints are documented and the loop is closed with involved staff, focusing on patient safety, communication, compassion, and process improvements.
- The multi-year complaint rate remains low, with a slight increase from 0.067% in 2015/16 to 0.071% in 2024/25, still well below the accepted range of 0.1%.
- Education sessions on the quality improvement plan were held, and a full debrief from accreditation highlighted exceptional organizational performance.
- Invitations were extended to all board members, especially new ones, to attend future Quality Committee meetings for deeper understanding of quality processes and procedures.
- The staff’s willingness to learn from complaints reflecting a responsive and learning-oriented culture.

9. Governance Committee Report

9.1 G. LeVasseur reported that the Committee met on November 13, 2025, and noted that:

- An update regarding the governance orientation and steps forward for the Kemptville NPLC was shared with board members for information.
- A new ad hoc committee has been created to develop the next strategic plan and that Board members have stepped forward to participate. The Committee's roll will be to do the initial drafts of the strategic plan, consult broadly and implement the process to completion.

10. Corporate Services Committee Report

10.1 Corporate Services Committee Chair's Report

The Chair of the Corporate Services Committee reported that the Committee last met on November 20, 2025 and noted:

- The committee's review of the current financial position, year-end projections versus budget.
- The committee discussed various financial risks and reviewed relevant financial metrics to understand potential impacts.

10.2 Revised Capital Budget

The Board reviewed the proposed approval of the revised capital budget noting that:

- The two main drivers of the change to the budget are:
 - The Automated Dispensing Unit, which was approved on an urgent basis by the Executive Committee; and,
 - The 2nd X-ray machine, which will be funded by the Foundation. The Treasurer thanked the Foundation for their support for this item.
- The Board noted the funding sources that will be used this year to cover the capital budget and noted an approximate \$90,000 shortfall which will be covered by the working capital of the hospital.

On a motion duly moved and seconded, the Board approved, without abstentions, the revised capital budget with a total cost of \$1,373,040,00.

L. Clifford-Ward departed 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.

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 October 2025:

Temp	App	Re-App	Physician	Privilege Category	KDH Primary	Change	Other
			Dr. John EVANS	ACTIVE, Family Medicine & Surgery	√	√	<i>Changing to Transfusions and Surgical Assist only</i>
			Dr. Daniel HOLMAN	COURTESY, Family Medicine & Surgery	√	√	<i>Changing to Transfusions and Surgical Assist only</i>
			Dr. Patrick LEAHY	ACTIVE, Family Medicine	√	√	<i>Changing to Transfusions only</i>
			Dr. Jonathan RATHWELL	COURTESY, Family Medicine & Surgery	√	√	<i>Changing to Transfusions and Surgical Assist only</i>
			Dr. Gurender RATTAN	COURTESY, Family Medicine & Surgery	√	√	<i>Changing to Transfusions and Surgical Assist only</i>

Credentialing Report for November 2025:

Temp	App	Re-App	Physician	Privilege Category	KDH Primary	Change	Other
	√		Dr. Jarmila KIM	COURTESY, Surgery, Surgical Assist			
	√		Dr. Giuseppe PAGLIARELLO	COURTESY, Surgery, General Surgery			
			Dr. Anne Marie PELLETIER	COURTESY, Surgery, Surgical Assist		√	<i>Changing to Surgical Assist only</i>
	√		Dr. Omar RAMADAN	COURTESY, Surgery, Surgical Assist			
	√		Dr. Inas SLIM	COURTESY, Radiology			

13.4 Medical Staff Policies

The Chief of Staff reviewed the policy #48 – Management of Patient Concerns Involving Learners.

On a motion duly made, seconded, and carried, without abstentions, the Board of Directors approved Medical Staff Policy #48 – Management of Patient Concerns Involving Learners.

13.5 Interim Emergency Department Lead

The Chief of Staff reviewed the rationale for the appointment of Dr. Michael Woo as Interim Emergency Department (ED) Lead from November 15, 2025 to December 28, 2025 who shall be followed by Dr. Tahereh Hosseini from January 4th, 2026 onward.

The Board noted that there is a gap in someone being in the position of ED lead from December 29, 2025 to January 3, 2026. Dr. Sentongo confirmed that he will take on the role of ED lead during that gap.

On a motion duly made, seconded, and carried, without abstentions, the Board of Directors approved the temporary appointment of Dr. Michael Woo as Interim Emergency Department Lead, Kemptville District Hospital, for the period November 15, 2025 – December 28, 2025, followed by Dr. Tahereh Hosseini starting January 4th, 2026, onward, under the authority of Article 3.1(4) of the KDH Professional Staff By-Laws.

13.6 Medical Departments Restructuring

Dr. Sentongo reviewed the proposal to move oversight of chronic pain and sports medicine physicians, who are family physicians, from direct oversight of the Chief of Staff to the Chief of Family Medicine, and to transfer endoscopists under the oversight of the Chief of Surgery, reflecting their specialties. This realignment is intended to place clinical services under the most appropriate departmental leadership, improving organizational structure and oversight.

On a motion duly moved, seconded, and carried, without abstentions, the Board of Directors approved the restructuring of oversight for selected medical departments and specialized clinics at Kemptville District Hospital, as recommended by the Medical Advisory Committee (MAC), and authorized the Chief of Staff to implement the revised oversight structure and update the associated reporting relationships and Professional Staff organization charts.

14. Next Meeting: Thursday, January 29, 2026, 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 8:30 p.m.



F. Vassallo, CEO



H. Zipes, Vice-Chair