



Summary

Date: December 9, 2025

Time: 12:00–1:00 PM

Location: KGH Boardroom

Attendees

Leader: Robyn Goplen, Director, IH Cardiac Program

(Original leader, Lindsay Taberner, Executive Director of Operations, was unable to attend due to an unexpected emergency Senior Executive Level request to attend a priority meeting related to the Pediatrics Service Disruption review - notice given, as soon as parties became aware of the conflicting schedule)

Facilitators / Wellness Officers: Drs. Rebecca Munk, Deema Jassi

Guests: Dr. Sohayl Ghadirian, Dr. Jason Randhawa, Dr. Ian Green, Dr. Janno de Wet, Dr. Ben Wierstra, Dr. Stephan Mostowy, Dr. Maria Brake

Recorder: Sarika de Wet

All attendees participated in dialogue.

Methods

a. Advertisement

- Posters and email invitations distributed via KGH medical staff email lists
- Invitations shared on WhatsApp (KGH Wellness Community group)
- Personal invitations and messages
- Paper posters placed throughout the hospital

The last-minute change in leadership was communicated using the same channels; unfortunately not all attendees received the notification prior to the session.

b. Selection of Leader / Guest

- Robyn Goplen graciously agreed to attend..

c. Record Keeping

- Electronic minutes maintained
- AI minute-taker used with permission
- Written notes recorded

d. Information Sharing

- Summary information to be shared with attending groups

e. Follow-up on Action Items

- As outlined below
- *Items in Green Font are directly managed by today's leader, and follow up actions have been included.*
- *Items in Blue Font indicate Pending Action Items. These actions are under the direct management of another IHA leader. The Wellness Officer will have the responsibility to find the leader under whose portfolio this matter falls and will follow-up, either by inviting the responsible leader to lead a Brown Bag Lunch, or via another communication channel.*
- *Robyn initiated resolution requests within 24 hours (for identified priorities).*
- *Robyn addressed and resolved the Pharmacy sticker issue promptly.*
- *Anesthesia record issue is under investigation.*
- Dr. Munk is aware of the progress and resolutions.

f. Feedback from Attendees

- Informal feedback received via hallway conversations and text messages.
- The Wellness Officer, in consultation with Leadership, will plan a future Brown Bag Lunch, to provide another opportunity, to both physicians and leadership, to communicate in person.
- Despite an unexpected, but necessary, change in leadership for the day, attendees proceeded with questions, with the understanding that the attending leader might not be able to respond.
- The goal remains to work together towards building a deeper sense of commitment, appreciation and camaraderie between leadership and medical staff.

Summary of Pebbles & Asks

1. Anesthesia Records Management

Pebble:

Anesthesia records are removed from charts during admission and may not be returned (for 7+ days), creating information gaps

Ask:

Engage the Medical Records administrators and request that they retain anesthesia records in charts until discharge; photocopy and keep a physical copy in the chart at all times

Action Item:

- *Robyn has started an investigation and action is underway*

2. Pharmacy Medication Labeling

Pebble:

Pharmacy stickers obscure drug labels and expiration dates, increasing medication error risk.

Ask:

Raise concerns with Pharmacy and explore alternative labeling practices.

Action Item:

- *Robyn contacted Pharmacy and the issue was resolved within 24 hours.*

*****The following issues are not under the management of Robyn Goplen, but was brought up by Medical Staff during our dialogue On December 9, and as such are included in the minutes*****

3. Patient Insurance Documentation

Pebble:

Uninsured or underinsured patients are inconsistently identified at admission.

Ask:

Implement a standardized admission process to identify insurance status and immediately refer uninsured patients to Social Work.

4. Hospital Metrics Transparency

Pebble:

Limited public-facing hospital performance data.

Suggestion:

Develop a public dashboard with real-time metrics (ER wait times, ward placement delays, patient volumes, department capacity). This may improve transparency, public understanding, and asset allocation.

5. 6E Ward Expansion

Pebble:

Unclear project status.

Ask:

Increase transparency around Ministry of Health communications related to capital projects, including 6E ward expansion.

6. Ministry Policy Development & Communication

Pebble:

Limited healthcare professional representation in policy-making; lack of clear two-way communication (“black box”).

Ask:

Outline current communication mechanisms in place.

Action Item:

- *Deema to circle back with Doctors of BC Regional Advocate to discuss tables that the physicians sit at alongside MOH representatives*

7. Regional On-Call Responsibilities

Pebble:

KGH physicians disproportionately carry on-call responsibilities when rural coverage is unavailable.

Ask:

Establish clear guidelines for regional call coverage expectations and enforce medical staff rules.
