



BROWN BAG LUNCH – APRIL 20, 2026

Summary

Date: April 20, 2026

Time: 12:00–1:30 PM

Location: KGH Murray Ramsden Boardroom

Attendees

Leader: Dr Devin Harris (Executive Medical Director of Medical Affairs, Interior Health) and Jennifer Miller (Executive Director, Medical Affairs, Interior Health)

Facilitators / Wellness Officers: Dr Deema Jassi

Attendees:

- Dr. Stephan Mostowy
- Ms Jamie Ross
- Dr. Julie Bryson
- Dr. Carlyne McLellan
- Dr Adrian Bak
- Dr Ainsley Mccaskill
- Dr Ben Wierstra
- Dr Erma Gardner
- Dr Aleksander Tkach
- Dr Ann Marie McKenna
- Dr Maurice Blitz
- Dr Arthur Skotnicki

- Dr Deema Jassi (moderator)

Guests: Recorder: Liechen Naude / Paymaneh Ritchie

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

b. Selection of Leader / Guest

Dr Devin Harris (Executive Medical Director, Medical Affairs) and Jennifer Miller (Executive Director Medical Affairs) to discuss medical affairs, governance, and system challenges.

c. Record Keeping

- AI-Minute-taker used with permission
- Electronic Minutes maintained
- Written notes recorded.

d. Information Sharing

- Summary to be shared with attending groups

e. Follow-up on Action Items

- As outlined below
- *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.*
- *Items in Green Font are under the management and portfolio of today's leaders*

f. Feedback from Attendees

- Open discussion format with active engagement

g. Miscellaneous

- Meeting emphasized dialogue over presentation
- Significant discussion on system pressures and physician wellness

Summary of Pebbles & Asks

1) Communication & Physician Voice - see slide 3

- Concerns regarding lack of communication, transparency, and authentic physician input in decision-making
- Perception that decisions are made without frontline insight, leading to misalignment with clinical realities
- Frustration with delayed or unclear communication and limited feedback loops

Ask:

- Improve transparency in how decisions are made and communicated
- Ensure meaningful, structured physician engagement in planning, priority-setting, and system redesign
- Establish consistent two-way communication channels where feedback is acknowledged and acted upon

Action Item:

- Strengthen communication channels and integrate physician feedback into decision-making structures (MAC / HAMAC)

2) Governance, HAMAC & Medical Staff Structures - See slide 6

- HAMAC historically under-resourced and unable to fully meet governance expectations
- Limited access to timely, reliable data to support informed decisions
- Lack of clarity around roles, authority, and influence within governance structures

Ask:

- Improve resourcing, analytics capacity, and administrative support within HAMAC
- Clarify governance roles and strengthen authority for effective decision-making
- Enable data-driven planning and accountability

Action Item:

- Provide secretariat and operational support through Medical Affairs
-

3) Workforce, Recruitment & Retention

Pebble:

- Ongoing workforce shortages (e.g., hematology, GI, neurology) creating service delivery strain
- Recruitment challenges tied to system inefficiencies, workload pressures, diminished interest in on-call availability, and diversification of practice.
- Retention concerns due to burnout, lack of support, and limited career sustainability

Ask:

- Improve recruitment pathways, onboarding experience, and retention strategies
- Address working conditions, including workload, support, and professional satisfaction
- Promote the region as a desirable and sustainable place to practice

Action Item:

- Collaborate with recruitment teams to streamline hiring and onboarding processes
-

4) Regionalization of Services

Pebble:

- Increasing complexity of care requiring coordinated regional (hub-and-spoke) models
- Current hospital-centric hiring and service models come with limitations
- Variability in service access and delivery across IHA sites

Ask:

- Expand regional service delivery models to optimize expertise and resource use
- Improve coordination, referral pathways, and cross-site collaboration
- Create regional on call agreements - to create equal workload pressures across the region.

Action Item:

- Continue development of regional models (e.g., urology pilot, infectious disease coverage) If successful the model could be expanded to other surgical and non-surgical services
-

5) Call Coverage & Workload Sustainability

Pebble:

- Unsustainable call expectations contributing to burnout at KGH, particularly bothersome when neighbor sites have similar resources and staffing but defer weekend calls to KGH.
- Unequal distribution of call responsibilities across sites and individuals
- Generational, systemic and lifestyle differences impacting willingness to participate in call

Ask:

- Develop equitable and sustainable call models across regions
- Establish clear expectations, accountability, and incentives for participation
- Explore innovative approaches (regional pools, compensation adjustments, etc.)

Action Item:

- e regional call models and governance expectations
-

6) System Capacity & Service Gaps**Pebble:**

- Critical infrastructure gaps (hematology, GI, lab services) including technical/capital and systemic limitations - impact timely patient care despite specialist availability.
- Physicians working outside scope or covering gaps informally
- Physicians don't have the resources they need to deliver the care they are trained to give.

Ask:

- Address infrastructure gaps through strategic resource allocation and planning
- Improve access to diagnostics, specialists, and support services
- Align services more closely with population health needs

Action Item:

- Advocate for improved lab services (e.g. flow cytometry) and specialist support
 - Align services with population needs
Dr Devin Harris and Jennifer Miller hold accountability to bring that back to the lab's leadership in terms of a question and then feedback to Deema in terms of a response
-

7) Occupational Health, Safety & Wellness

Pebble:

- High workload, moral injury and system pressures contributing to burnout

Ask:

- Address root causes of burnout, not just symptoms

Action Item:

- Scale wellness initiatives regionally
 - Address workload inequities
- Assignee:** Wellness Committee + Medical Affairs
-

8) Accountability & System Levers

Pebble:

- Limited mechanisms to enforce participation (e.g., call coverage, committee roles)
- Perception of inconsistent application of rules and expectations

Ask:

- Develop clear, fair, and enforceable accountability frameworks
- Align expectations across all physicians regardless of practice model

Action Item:

- Provide and encourage access to bylaws, rules, and enforcement mechanisms
- Assignee:** Medical Affairs + Governance bodies
-

9) System Complexity & Long-Term Planning

Pebble:

- Increasing complexity of care delivery across all services
- Growing mismatch between demand and available workforce/resources
- Reactive rather than proactive system planning

Ask:

- Focus on long-term, system-level planning and sustainability
- Gather, share and use data and forecasting to guide workforce and infrastructure decisions
- Strengthen collaboration across health, academic, and government sectors

Action Item:

- Collaborate with medical schools and government on workforce planning
 - Use population-based data for resource allocation
- Assignee:** Medical Affairs + Ministry + Academic partners
-

10) Regional Collaboration & Inter-Site Relationships

Pebble:

- Tension between sites (e.g., Kelowna vs Kamloops)
- Perception of unequal burden sharing and resource allocation
- Limited opportunities for cross-site collaboration

Ask:

- Improve collaboration and foster stronger collegial relationships across regions
- Promote shared responsibility and equitable workload distribution
- Create structured opportunities for inter-site dialogue and planning

Action Item:

- Develop shared expectations and support systems between sites
- Assignee:** Medical leadership across regions
-

11) Public Expectations & Healthcare Literacy

Pebble:

- Public misunderstanding of healthcare system limitations and constraints
- Increasing demand for services without corresponding resources
- Pressure on physicians to meet unrealistic expectations

Ask:

- Improve transparency and communication with the public about system realities
- Support public education on appropriate use of healthcare services

- Advocate for broader system-level messaging

Action Item:

- Advocate for broader system-level discussions and messaging
-

Closing Notes

- Strong engagement and candid discussion across participants
- Recognition of significant system complexity and interdependencies
- Shared understanding that meaningful change will require coordinated action at local, regional, and provincial levels
- Continued dialogue and follow-up will be critical to maintaining momentum and accountability