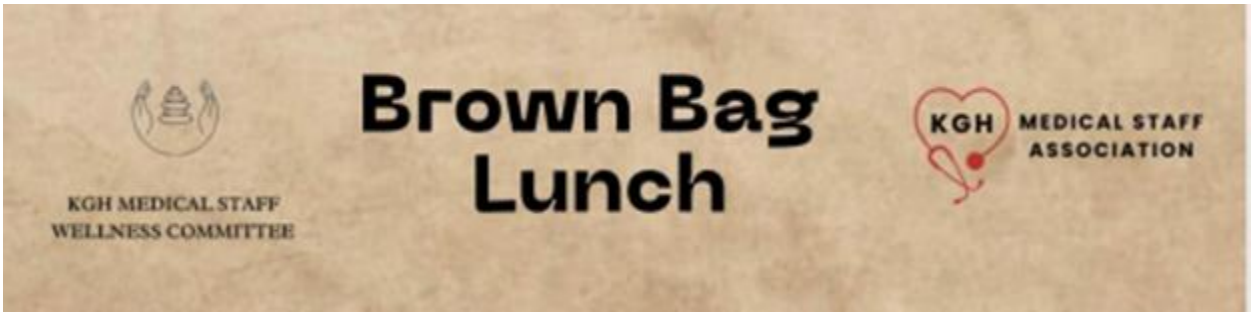

BROWN BAG LUNCH – June 17, 2026

Summary

Date: June 17, 2026
Time: 12:00–1:00 PM
Location: KGH Murray Ramsden Boardroom

Attendees

Leaders: Dr. Mark Masterson (Interior Health VP Medicine) and Diane Shendruk (Interior Health, VP Clinical Operations)

Facilitators / Wellness Officers: Dr. Deema Jassi

Attendees:

- Dr. Dwayne Wenzel, Pathologist
- Dr. Jack Loken, Hospitalist
- Dr. Steve Follett, Hospitalist
- Dr. Ryan Knebel, Psychiatrist
- Dr. Stephan Mostowy, Vascular Surgeon
- Dr. Julia Pritchard, Respirologist
- Dr. Liam Jackson, Internal Medicine
- Dr. Lukas Brand, Hospitalist,
- Dr. Geoff Sanz, EM
- Dr. Pete Penner, Hospitalist
- Dr. Mark Hickman, Hospitalist
- Brent Weiss, Doctors of BC
- Dr Deema Jassi (moderator)

Guests: Recorder: Liechen Naude / Suzanne Therrien

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. Mark Masterson (Interior Health, VP Medicine) and Diane Shendruk (Interior Health, VP Clinical Operations) to discuss medical affairs, governance, and system challenges.

c. Record Keeping

- Co-pilot recording and AI transcription used with permission
- Electronic Minutes maintained and summarized using Co-pilot
- Written notes recorded.

d. Information Sharing

- Summary to be shared with attending groups

e. Follow-up on Action Items

Summary of Pebbles & Asks

1. Communication & Public Messaging Alignment

Pebble:
Frontline physicians expressed concern that public/media messaging about hospital congestion (e.g., “patients in hallways from time to time”) does not reflect the lived reality of persistent and severe overcrowding, creating a perceived disconnect.

Ask:
That external communications accurately reflect the severity and ongoing nature of overcrowding to align with frontline experience.

Action Item:
Pebble and ask acknowledged, acknowledgement that there are chronically patients in hallways spaces at KGH. External communication pathways discussed. No action item generated after shared discussion.

2. Lack of Comparative System-Level Transparency

Pebble:
There is limited visibility into how KGH compares provincially (e.g., occupancy, overcrowding, outcomes). Physicians feel unable to contextualize performance or advocate effectively without comparative data. Physicians feel they are working in the most overcrowded, under resourced environment, and other health authorities get preferential resource allocation due to politics.
Reported performance metrics (e.g., readmissions, length of stay) suggest acceptable outcomes, yet frontline experience reflects worsening congestion, hallway care, and perceived declining patient conditions.

Ask:
- Provide site-level or regional comparative dashboards to help clinicians understand where KGH sits relative to other hospitals.
-Increase depth of measured metrics (i.e. falls on hospital day 1, 4, 7, > 7, delirium on admission vs after day 3, hospital acquired infection, readmission due to failed medical or social reasons)

Action Item:
- Information was shared verbally on current understanding of performance versus comparable sites in both congestion and outcomes. Pebble and ask noted – Mark and Diane to support site leadership in investigating options for sharing comparative data at KGH.
- Support medical staff led QI initiatives that seek to investigate congestion sensitive indicators into reporting.

3. Chronic Overcapacity & Baseline Drift

Pebble:
KGH consistently operates above 100% occupancy (often ~120%), suggesting that the defined “baseline” is outdated and no longer reflects actual demand.

Ask:
Reassess funded bed baselines and align capacity planning with true population demand and growth projections.

Action Item:
It was noted that the baseline relates to funded beds, and that any measure of congestion at a site can be complicated. It is acknowledged that planning continues for both 6E and Long Term Care in the region.

4. Immediate Patient & Staff Safety Risks from Overcrowding

Pebble:
Severe ED and inpatient congestion is creating unsafe conditions (e.g., hallway care, fire hazards, limited mobility of equipment, inability to safely assess patients, staff burnout and retention concerns).

Ask:
Acknowledge overcrowding as a critical safety issue and prioritize mitigation strategies in the short term.

Action Item:
Pebble and ask acknowledged – shared understanding of overcrowding described. No action item generated after discussion.

5. Insufficient Focus on Medical Subspecialty & Preventative Care Models

Pebble:
There is no coordinated strategy for high-impact medical conditions (e.g., COPD), despite strong evidence that outpatient management, early follow-up, and specialty clinics could reduce admissions and readmissions.

Ask:
Develop strategic, long-term planning for medical subspecialty services that reduce hospital utilization.

Action Item:
Pebble and ask acknowledged. A review of networks continues under the Quality and Professional Practice Porfolio. The lack of a medicine network is an acknowledged gap in clinical governance.

6. Lack of Long-Term Strategic Planning (10 Year Plan)

Pebble:
Planning has been largely reactive and short-term, with limited visibility into long-range system design or prioritization of medical services.

Ask:
Establish a clear long-term (10–20 year) clinical and infrastructure plan for KGH, including prioritization of programs and services.

Action Item:
Acknowledged the historical context. Interior Health is currently engaged in a 10 year

planning exercise, conversations have occurred recently at both KGH LMAC and HAMAC to solicit medical staff knowledge in informing the early development.

7. Organizational Complexity & Role Clarity Gaps

Pebble:
Physicians report significant confusion around leadership roles, reporting structures, and responsibilities within the evolving operational and network model.

Ask:
Improve transparency and accessibility of physician leadership roles and organizational structure.
Explore providing organizational framework/chart in department meeting templates

Action Item:
Pebble and ask acknowledged, noting the organization charts are now available on the insidenet, Mark will explore adding medical leadership roles in the staff directory.

8. System Barriers to Digital Integration & Information Sharing

Pebble:
Fragmented EMRs and lack of interoperability (within IH and across health authorities) limits access to outpatient plans, affecting continuity of care and contributing to inefficiencies.

Ask:
Improve EMR interoperability and access to outpatient clinical data across settings.

Action Item:
Pebble and Ask acknowledged. IHA will continue to work with provincial initiatives to improve interoperability, noting regulation and standards are beyond the scope of Interior Health.

9. Limited Communication Loop & Feedback Closure

Pebble:
Recurring concerns, ideas, questions are raised with feeling of lack of visible resolution or clear follow-up, leading to frustration and perception of stagnation “into the ether”.

Ask:
Establish clearer feedback loops so clinicians understand what actions are being taken and expected timelines (even when progress is constrained).

Action Item:

Pebble and ask acknowledged noting efforts through Medical Staff Communication Plan for communication. No action item generated after shared discussion.

10. Structural & Funding Constraints Acknowledged by Leadership

Pebble:
Leadership confirmed significant fiscal constraints, provincial approval barriers, and paused capital projects, limiting short-term solutions despite alignment on priorities.

Ask:
Continue requesting infrastructure growth, while also identifying actionable steps within current funding constraints.

Action Item:
Continue to explore alternative funding models, phased solutions, and non-capital interventions.

Overall Themes
A consistent, year-long signal of:

- Request for provincial comparative resource and capacity data sharing
- Leadership and medical staff are aligned on current priorities of overcrowding, resource scarcity, and need for program/network and digital growth, the limiting factors include fiscal constraints.