

# SOUTH ISLAND MEDICAL STAFF ASSOCIATION

January 28, 2026

## General Meeting Minutes – 6:00-7:30pm

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### 1. Call to Order at 6:00 pm – Welcome & Territorial Acknowledgement by MSA Co-President Dr. Fred Voon

- Approval of Agenda; Approval of Minutes from General Meeting on September 24, 2025
- Guests:
  - Kathy MacNeil – Island Health CEO
  - Candice Keddie – Executive Director, RJH & SPH Clinical Operations
  - Gillian Kozinka – Executive Director, VGH Clinical Operations
  - Beth Cairns – Victoria Hospital Foundation
  - Medical & Academic Affairs staff: Anna Sinova, Chris Dance, Amber Addley
  - Annebeth Leurs – Engagement Partner, Doctors of BC
  - Dr. Leah MacDonald – Executive Medical Director, Primary Care & Seniors Health (attending on behalf of Dr. Ben Williams)

### 2. Well Doc Canada Survey Results - Garielle Brown, Evaluation and Measures Lead

- Short survey was sent to all members of the South Island MSA with Active or Provisional Privileges on April 1, 2025; mixed-methods survey included validated scales, single item measures, and open-ended questions
- 35% response rate – good response rate but recognize it doesn't capture everyone
- Prevalence of burnout was moderate: 46% on the Stanford Professional Fulfillment Index, 42% based on the Mini Z
- Burnout driven mostly by work exhaustion (emotionally and physically exhausted)
- Professional Fulfillment – Stanford Professional Fulfillment Scale shows group is low, average score of 5.90
- Statement “My work is meaningful to me” – 73% marked Very or Completely True
- 27% Very/Completely True to “I feel in control when dealing with difficult problems at work”
- Work Environment Drivers: Mini Z, EHR/EMR, Community, Civility, Collegial Social Support, Psychological Safety, Discrimination, Valued in Work Environment
- Mini Z highlighted moderate levels of joy in the workplace, a “busy, but reasonable work atmosphere”, and high levels of stress
- Personal experience using EHR/EMR varied:
  - 70% of early career physicians, 77% of mid-career physicians, and 87% of late career physicians agree that the EHR/EMR adds frustration to their day
  - 50% report excessive use outside regular work hours (64% on 2025 CMA survey)
  - 47% of respondents report insufficient documentation time
- Looking at the Work Environment, 87% felt their team works efficiently together; 53% disagreed their professional values align with clinical leaders
- Higher than average psychological safety
- Some perceived discrimination based on witnessed or personal experiences; various types of discrimination noted (e.g. Sex, Gender or Sexual Orientation; Race or Ethnicity; Age or Career Stage; Religion; Disability) from multiple sources (e.g. System-level, Leadership, Colleagues, Patients/Families)

- Change Readiness: 72% feel confident in ability to adapt to change, 46% feel confident in group leaders' ability to implement change
- Themes from Qualitative results: Insufficient Resources; Unsupportive and Toxic or Fragmented Environment; Work and System Inefficiencies; Unreasonable Workload Expectations; Desire for Greater Collegiality, Support, and Involvement
- Opportunities for improvement:
  - Optimize workforce sustainability and recalibrate workload expectations by enhancing recruitment and retention efforts, members' control over workload, and efficiency of practice (especially related to the EHR/EMR and administrative work)
  - Foster a supportive culture that cultivates community, collegiality, and collegial social support, recognizes and values all members, and embeds system-level supports to promote and enable a positive work-life climate.

### 3. Well Doc Survey Discussion:

- Communication is valued but must be more relevant to clinical realities (staffing, environment pressures)
- “TLDR effect” is real, if communication isn’t concise and engaging, it isn’t read
- Commitment from leadership (Gillian) to improve communication with Medical Staff
- Email works best for sharing formal results; helpful when sent before meetings to support discussion
- Information should be brought to physicians where they are; informal conversations are often most effective
- South Island MSA can help filter and distribute key messages
- There is significant information overload, key messages are being lost
- Need to prioritize transparency, even when it means acknowledging the problems and the things that are not going well
- Clinical documentation overload (e.g. copying notes broadly) contributes to noise and inefficiency
- Need clarity on new leadership structures, partnerships, and communication pathways
- Informal, in-person conversations are often more effective than formal channels
- Visible leadership is important; helps when you know who you are communicating with, if someone has never met you they are unlikely to stop you in the hallway
- People want to see progress over time and know that feedback leads to change
- Current engagement approaches are missing alignment; partnership feels strained, lack of awareness of who people are and opportunities for connection (.e.g. hallway conversations)
- Knowing who leaders are matters, relationships enable informal communication
- Compassionate leadership principle raised: connection before content
- Sharing examples of “what’s working” helps build collective momentum
- Term “wellness” can feel off-putting; perceived as placing responsibility on individuals rather than systems
- Efficiency losses (EHR burden, workflows) reduce time for colleague and patient connection
- Less informal interaction across specialties (e.g. radiology, nursing) compared to the past
- Technology use (EHR, bedside devices) can unintentionally reduce human interaction
- Information overload and redundant processes are key drivers of frustration
- Different career stages (new to practice, mid or late career) experience work challenges and define “wellness” differently; communication and engagement strategies need to reflect these differences
- Findings align with last year’s Employee Engagement Survey (aside from EHR impacts), but staff don’t have access to any kind of “improvement funding” like FEI through DoBC

- Even when problems feel unsolvable, the act of reflecting, engaging, and having some control is meaningful
- Physicians want to be partners in improving systems, not just recipients of information or wellness messaging

#### 4. MSA Next Steps

- Improve communication - feelings of lack of transparency re: MSA interactions with HA, tables, influence, etc.
- FAQs will be sent out in weekly newsletters, shared at Lunch in the Lounges, put on website
- Department Heads have department-specific Well Doc survey reports; will work with them to share with Department/Divisions
- Seeking approval for FE funding for Culture Change Projects; April intake, 6-month QI projects

#### 5. IHealth Discussion

- Frustration with the EMR is high; initial years focused on implementation, now the need is optimization
- Current workflows often feel redundant, circuitous, and sometimes punitive rather than supportive
- Need to evaluate and streamline processes so the system works for clinicians
- Feedback pathways exist (Clinical Governance tables, CARE Networks, central EHR intake), but most physicians don't know how to access them or what happens after they speak up
- Many physicians don't know who represents them at these tables, how to get issues formally raised or what priorities are being advanced
- Prioritization processes are in place (Integrated Council, regional IHealth tables), but resource constraints limit how much can be actioned
- Smaller day-to-day usability issues ("annoying little buttons") rarely rise to priority despite cumulative time and cost impact
- Need structured process mapping with frontline clinicians to identify waste and clearly show what could be simplified or removed
- Resource limits for IHealth are real, but without workflow optimization, inefficiency continues to drain time, money, and morale
- Still see posters for "Engagement Labs" but unsure if they are still happening
- Engagement of frontline physicians remains a challenge; governance structures feel like a "black box"
- Ideas for improvement include clearer communication of top priorities, more visible engagement opportunities (e.g. posters with QR codes), and focused improvement events (e.g. an "IHealth code hack day")

#### 6. South Island MSA Announcements

- **South Island MSA Executive**
  - Dr. Fred Voon and Dr. Catherine Jenkins – Co-Presidents
  - Dr. Richard Reid – Treasurer
  - Dr. Jane McGregor – Secretary
  - Dr. Krystal Cullen – Director at Large (Projects)
  - Dr. Gaby Yang – Director at Large
  - Dr. Shavaun MacDonald – Director at Large

## 7. South Island MSA Upcoming events:

- “Reconnect and Recharge” – Sat, Jan 31, 08.30 – 12.45
- South Island FEI Society Working Group Dinner – Mon, Feb 9, 17.30
- Virtual Mindful Monday – Mon, Feb 9, 20.00 – 21.00
- South Island Physicians’ Walking Group at Lone Tree Hill – Sun, Feb 15 13.00
- Lunch in the Lounge – Thurs, Feb 19, 11.30 – 13.00
- Special Meeting - Results and Discussion of the Doctors of BC Health Authority Engagement Survey - Wed, April 1, Dinner 17.30, Meeting 18.00; Woodward Room, RJH

## 8. Island Health Update

- Out of September MSA meeting, focusing on improving ICU Capacity – hope it’ll be a real source of collaboration
- Proposed changes to Med Staff Rules looking at the MRP issue
  - Response to real issue, especially up island
  - Less problem in SI because of robust Hospitalist program that includes provisions; have been able to recruit and have a good contract
  - Physicians need to be able to define when they can’t safely see a patient
  - Groups who will be most affected have the option to leave to work into the community
  - Have had constructive conversations to increase capacity and ability
  - Hope this is an issue we can work through together
  - Everyone is agreement, patients need MRP
- Process of discipline
  - For those caught in it, feel arbitrary and unsupportive
  - Have an agreement looking at a way of doing discipline with a Restorative Justice approach, not primarily discipline
  - Looking at having locally respected people to support it
  - Progress stalled; victim of lack of funding being available
  - Want to feel if complaints are made they will be dealt with fairly and transparently