

Harbour West Consulting and Dr. Jana Davidson Kelowna General Hospital Pediatric Services Final Report - Management Response

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The Interior Health (IH) Board of Directors engaged Harbour West Consulting (HWC) and Dr. Jana Davidson to assess the cultural, relational, and structural factors contributing to significant instability in pediatric services at Kelowna General Hospital (KGH). The assessment followed prolonged workforce strain, multiple pediatrician resignations, and a seven-week service disruption in 2025.

IH Senior Executive team acknowledges the impact these challenges have had on pediatricians, hospital staff, patients, families and the wider community. Over the past year, we have focused on rebuilding trust through sustained engagement, improved transparency, and active collaboration with pediatricians—efforts reflected in the return to full pediatric services in August 2025, supported by new physician recruitment and strengthened medical leadership capacity and governance. Our collective efforts are advancing a data-driven, collaborative approach to pediatric service planning and underscore our commitment to ensuring families, clinicians, and the broader community see meaningful, lasting change.

The two reviews highlighted structural, communication, and functional gaps / lack of understanding of the current Medical Advisory Committee system; challenges in pediatric service planning; and some expressed barriers within physician recruitment and retention processes. More specifically:

- Medical Staff Governance – Ambiguous governance and escalation pathways, resulting in delayed decision-making and unclear accountability; as well as inconsistent internal communication during periods of crisis and heightened public discourse contributed to misunderstandings, and at times, further strained relationships.
- Service Planning/Model - Insufficient data transparency and coordinated service planning, undermining confidence in decisions related to workload, recruitment, and future service models.
- Recruitment & Retention – Turnover of staff (both recruiters and medical staff) resulting in communication gaps, lack of process/role clarity, and overall retention concerns for the department.

These gaps contributed to operational strain within KGH pediatrics and represent broader opportunities to strengthen governance, culture, and system performance across IH.

Following our review of the findings/recommendations within both reports we have developed a KGH Pediatric Report Action Plan to detail the completed, ongoing, and planned actions to address the recommendations. IH has accepted 23 of the 30 recommendations. Of the 23 recommendations, all but 2 had been implemented or were in process of implementation prior to receipt of the report as part of an escalating response to the noted challenges. Seven recommendations have not been accepted given their scope is beyond that of IH administration, feasibility, and/or timing (see details below). In several places the report contained inaccuracies or misunderstandings of the existing processes and structures. Where those inaccuracies formed part of a recommendation, clarification is provided.

The goal of these collective actions is to continue the efforts to build trust and stronger relationships underpinned by strong governance and process between pediatricians, hospital leadership, and IH senior administrators. As the KGH Pediatrics Action Plan details, significant collaborative work has been occurring which has resulted in several completed actions including:

- A renewed *Maternal, Newborn, Child & Youth (MNCY) Program* which with a commitment for multiyear transformation of pediatric services across the Interior. This work is anchored in sustainable staffing models, strengthened governance and strengthened dyad leadership, regional alignment, improved data systems, and ongoing evaluation of organizational culture.
- Strengthened *recruitment capacity* through the implementation of a regional specialty recruitment approach initiated in Fall 2024. This includes enhanced coordination across sites and continued use of the Recruitment Partnership Overview to support an opportunity for a cohesive and collaborative engagement with external partners—such as municipalities, Regional Hospital Districts, and Foundations—as well as timely and consistent follow-up with prospective candidates.
 - At present, the department has 13 pediatricians (representing 11.0 of 15.05 board approved full-time equivalent) working. With an additional 2.0 full-time equivalent (FTE) expected to start in May, September and January, 1.5 FTE vacant for recruitment, and 0.55 FTE on hold within their resource plan for future, management continues to work in partnership with site leadership and the department on sustainable recruitment allowing support for onboarding and change management. Management remains committed to stabilizing and sustaining pediatric recruitment to ensure continuity and quality of service delivery across the region.
- Added *staff/medical leadership capacity* beginning in November 2025 to advance medical staff governance, occupational health, safety and wellness, retention, and communication efforts.
- Extensive *medical leadership consultation with pediatricians and other impacted KGH departments* since Summer 2025 as part of service planning, Associate Physician Program (APP) contract development, and overall culture building. This is further supported by a *new Pediatric Medical Director / Department Head at KGH* who is keen to support recruitment, retention and cultural shifts with colleagues across the community.
- Revised *IH Medical Staff Rules* with strong input from medical staff, presented to the Board of Directors in April 2026, including long-standing direction informed by medical staff for the Health Authority Medical Advisory Committee (HAMAC) membership, Local Medical Advisory Committee (LMAC) Chair selection and renumeration, etc.

The seven recommendations that we were unable to accept are detailed below with rationale and, where possible, alternative actions that are within the span of control of IH management:

[Recommendation 1.2 / HW:3](#): Ensure LMAC Chairs are independent from hospital medical administrative positions such as Chiefs of Staff.

[Rationale](#): Outside of management’s authority; driven by Medical Staff Rules/Bylaws. As part of planned review of Medical Advisory Committee (MAC) structures in 26/27, LMAC Chair roles and rural site leadership can be considered.

[Recommendation 1.4/1.10 / HW:3](#): Consider eliminating the current Regional MACs (RMAC), and in their place provide opportunity for the Chief of Staff of the larger “big six” and separately, the smaller hospitals, to meet regularly.

Rationale: As above. The recommendation will be provided as a consideration as part of planned review of MAC structures in 26/27.

Recommendation 1.10 / HW:3: Consider reviewing the need for RMACs in the current role.

Rationale: As above.

Recommendation 2.2: Explore co-medical directorship or alternating leadership model.

Rationale: MNCY Program governance structure is regional with dyad leadership. As part of the above-mentioned renewal of the Maternal Neonatal Youth and Child Program a governance structure was implemented including representation from both the tertiary sites in addition to rural geography.

Recommendation 3.4: Use Foundation funding to expedite candidate visits.

Rationale: Funding / policies exist for recruitment visits and recent process improvements/added recruiter resources have expedited timelines. Management is committed to ongoing collaboration with Foundations, municipalities and other community partners to support overall recruitment activities.

Recommendation 3.6: SET monitoring of contract and payment timing benchmarks.

Rationale: The contract and payment processing concerns associated with the temporary Fee-for-Service (FFS) income guarantee were negated when the Alternative Payment Arrangement (APA) Clinical Service Contract was implemented. The APA contract streamlines contract processes and payments for regular members and locums with hourly invoicing. Contract management and physician compensation processes in place to ensure timely action.

Management continues to be alive to the concerns emphasized in the KGH Pediatric Services Final Report and has made significant efforts to support improvements in governance, communications and processes both prior to and since the service interruption which will continue through the implementation of the Action Plan and in the future as we renew and reestablish relationships on a solid foundation of good governance, a strong culture that attracts and retains medical staff, and ultimately supports sustainable pediatric services that the public can rely on.

We would like to extend our gratitude to Harbour West Consulting and Dr. Jana Davidson for providing practical recommendations and insights that will help us to further improve our processes.

Pediatric Reviews – Action Plan

Vice President	Directors	Date
Diane Shendruk, VP, Clinical Operations	Vikas Sethi, Executive Director, Regional Integrated Services Dr. Cara Wall, Executive Medical Director, Regional Integrated Services	April 1, 2026
Dr. Mark Masterson, VP, Medicine	Dr. Devin Harris, Executive Medical Director, Medical Affairs Dr. Jennifer Miller, Executive Director, Medical Affairs Jennifer Hiebert, Executive Director, Medical Staff Recruitment & Contracts	April 1, 2026

Report (HW / JD)	Recommendation	Accepted (Y/N) Status	Management Plan	Position/ Team Responsible	Target Date Completion
	1: MEDICAL STAFF GOVERNANCE				
HW:3,5 JD:1.1	Formalize a consistent process by which LMAC Chairs are selected across IH.	Y Complete	The selection process for LMAC Chairs is outlined in the Medical Staff Rules. Revised Rules were approved in January for presentation to the Board of Directors.	HAMAC Chair VP Medicine	Complete Jan 2026
HW:3,5 JD:1.2	Ensure LMAC Chairs are independent from hospital medical administrative positions such as Chiefs of Staff.	N	Review of MAC structures, including Chair roles, is planned following approval of revised Medical Staff rules. Rural site leadership needs to be considered.	HAMAC Chair VP Medicine	--
JD: 1.3	Consider small stipend for LMAC Chair	Y Complete	Stipends are provided to LMAC Chairs.	VP Medicine	Complete ~2009
HW:3 JD: 1.4, 1.10	Consider eliminating the current RMACs, and in their place provide opportunity for the Chief of Staff of the larger “big six” and separately, the smaller hospitals, to meet regularly.	N	MAC structures are outlined within the Medical Staff Rules. Review of MAC structures is planned for 26/27 following approval of revised Medical Staff	HAMAC Chair	--



Report (HW / JD)	Recommendation	Accepted (Y/N) Status	Management Plan	Position/ Team Responsible	Target Date Completion
			Rules, with recommendations provided to MACs during review process.		
HW:3,5 JD:1.5	Ensure HAMAC membership represents IH geographic regions, regional vs smaller community hospitals, regional programs, as well as senior medical / operational leadership within IH.	Y Complete	HAMAC currently includes regional and rural representation.	HAMAC Chair	Complete 2009
HW:3 JD:1.6	Review existing/develop new orientation documentation for MAC Chairs at all levels.	Y Planned	Improve onboarding and orientation for medical staff / leaders, including MACs.	HAMAC Chair Medical Affairs	Fall 2026
HW:3 JD:1.7	Regular review of the function of each MAC.	Y Planned	Review of MAC structure/functions planned following approval of revised Medical Staff rules.	HAMAC Chair VP Med	Winter 2027
HW:3,4,5 JD:1.8	Create formalized pathways to identify, ratify, and communicate issues in a closed loop manner between LMACs and HAMAC.	Y Partially Complete	<p>Medicine Matters Newsletter includes HAMAC update, as part of HAMAC-endorsed 25/26 Med Staff Communications Plan.</p> <p>Refreshed Med Staff Communications Plan is in progress and includes improved HAMAC communications and ED/EMD RMAC / LMAC Roadshow.</p> <p>Augmented HAMAC Secretariat support via realigned portfolio structure and added capacity (e.g. Governance Specialist, Communications Consultant, etc).</p>	HAMAC Chair Medical Affairs	<p>Complete April 2026</p> <p>Spring 2026</p> <p>Complete April 2026</p>

Report (HW / JD)	Recommendation	Accepted (Y/N) Status	Management Plan	Position/ Team Responsible	Target Date Completion
HW:3,4 JD:1.9	Create formalized fast-track pathways for urgent/emergent quality/safety and service delivery issues to the HAMAC.	Y Partially Complete	Escalation pathways in place / utilized in 2025. KGH Pediatrics Action Plan documented and reviewed regularly with working group; included DOBC input.	VP Clinical Ops VP Medicine	Spring-Summer 2025
			Formal communication pathways, including urgent escalation protocols will be considered as part of Clinical Governance enhancement (broader than the HAMAC).	VP Quality & PPO VP Medicine	2026
HW:3 JD:1.10	Consider reviewing the need for RMACs in the current role	N	Review of MAC structures planned for 26/27 following approval of revised Medical Staff Rules.	HAMAC Chair	--
2: PEDIATRIC SERVICE PLANNING					
HW:2 HD:2.1	Increase access to pediatric-specific data across IH.	Y Partially Complete	Strengthen data infrastructure and analytics for pediatric planning, service delivery, and quality improvement. Launched Maternal, Newborn, Child & Youth (MNCY) Power BI App including pediatric admissions report.	MNCY Program	Complete Mar 2026
			Utilize population-based data for regional medical staff resource planning, including pediatrics.	HAMAC Chair Medical Affairs	2027

Report (HW / JD)	Recommendation	Accepted (Y/N) Status	Management Plan	Position/ Team Responsible	Target Date Completion
HW:5 JD:2.2	Explore co-medical directorship or alternating leadership model.	N	MNCY Program governance structure is regional and includes medical-operational dyad leadership. MNCY Program governance includes representation from tertiary, regional and rural sites at committee level.	VP, Clinical Ops	--
JD:2.3	Maintain enhanced MNP program supports (planner, quality leads, PMs).	Y Complete	Currently in place with a recommendation to continue resourcing to sustain program performance and planning capacity.	MNCY Program	Complete Oct 2025
HW:4,5 JD:2.4	Ensure closed loop reporting from Steering Committee to SET.	Y Complete	MNCY program is the conduit for information sharing/communication. MNCY Steering Committee reports to the VPs of Clinical Operations and Medicine who link with SET and other leadership tables.	MNCY Program	Complete Nov 2025
JD:3.7	Develop pediatric service model with hours-based FTE definitions	Y Complete	A pediatric service plan was developed as part of APP implementation, to inform the model for the workforce, recruitment, and scheduling needs.	MNCY Program	Complete July 2025
3: MEDICAL STAFF RECRUITMENT & RETENTION					
JD:3.1	Create a cohesive partnership between IH and physicians to support recruitment and retention.	Y Partially Complete	Regional specialty recruitment approach implemented with additional recruiter resources and marketing endorsed by medical leadership.	Medical Staff Recruitment	Complete Oct 2024



Report (HW / JD)	Recommendation	Accepted (Y/N) Status	Management Plan	Position/ Team Responsible	Target Date Completion
			<p>Onboarding of new KGH Pediatric Medical Director and Department Head to support rebuilding partnerships.</p> <p>Continue to proactively review recruitment partnership overview with hiring leads to improve clarity, strengthen consistent and transparent two-way communication, and enhance candidate experience.</p> <p>IH Med Staff Retention & Experience Action Plan planned for 26/27.</p>	<p>KGH CoS/EMD IH South</p> <p>Medical Staff Recruitment</p> <p>Medical Staff Retention & Experience</p>	<p>Sept 2025</p> <p>Ongoing</p> <p>Winter 2027</p>
JD:3.2	Ensure timely candidate follow up.	Y Complete	<p>Service level expectations defined in Recruitment Partnership Overview.</p> <p>Continue to strengthen communication of recruitment partnership best practice service level timelines.</p>	Medical Staff Recruitment	<p>Complete Fall 2025</p> <p>Ongoing</p>
JD:3.3	Establish minimum qualifications in advance of recruitment.	Y Complete	CPSBC determines minimum qualification for practice, supported by BCMQI. IH Medical Staff Recruitment Needs Analysis formally confirms preferred qualifications early in the recruitment process.	Medical Staff Recruitment	Ongoing

Report (HW / JD)	Recommendation	Accepted (Y/N) Status	Management Plan	Position/ Team Responsible	Target Date Completion
JD:3.4	Use Foundation funding to expedite candidate visits.	N	<p>Funding continues to be in place for recruitment visits. Process improvements implemented to support expediting visits. Investment in recruitment resources has led to more efficient processing and enhanced support as well as content expertise in specific specialties. Ongoing work to ensure awareness of processes in place.</p> <p>Ongoing collaboration with Foundations, municipalities and other community partners where appropriate to support recruitment.</p>	Medical Staff Recruitment	--
JD:3.5	Couple recruitment process to contracts and finance.	Y Complete	Implementation of an Alternative Payment Arrangement (APA) clinical service contract to smooth payment process for regular and locum physicians.	Medical Staff Recruitment & Contracts	Complete July 2025
JD:3.6	SET monitoring of contract and payment timing benchmarks.	N	Improved contract management and payment processes implemented with APA clinical service contract.	<p>Medical Staff Contracts</p> <p>Physician Compensation</p>	--
HW:1,5 JD:3.8	CEO & Board commitment to rebuilding trust with pediatricians Facilitated session with participants	Y Partially Complete	Extensive engagement with pediatricians and other impacted departments by site medical/operational leadership to support culture building, conflict resolution and enhanced communication.	VP, Medicine EMD, IH South COO, IH South	Summer-Fall 2026



Report (HW / JD)	Recommendation	Accepted (Y/N) Status	Management Plan	Position/ Team Responsible	Target Date Completion
			IH-wide Med Staff Retention & Experience Action Plan planned for 26/27.	Med Staff Retention & Experience	Winter 2027
JD:3.9	Enable nonmonetary incentives (QI, teaching, interdisciplinary work)	Y In Progress	<p>Continue to enhance awareness, engagement and participation through IH programs and supports (quality training and initiatives like Physician Quality Improvement (PQI), leadership training (NAVIG8), research and teaching), with partners at the Southern Medical Program and Joint Collaborative Committee funded initiatives (Facility Engagement, Specialist Services, Shared Care, Health System Redesign).</p> <p>As part of regional medical staff retention and clinical governance efforts, consider site liaison mechanisms / forums that include senior medical and operational leaders, for initiatives and projects.</p>	<p>VP Medicine VP Quality & PPO EMD, Medical Affairs EMD, Quality</p> <p>Med Staff Retention & Experience VP Quality PPO</p>	<p>Ongoing</p> <p>Winter 2027</p>
HW:4,5 JD:3.10	Celebrate and recognize physician contributions regularly	Y Partially Complete	<p>Medicine Matters newsletter and Leaders Update include / celebrate medical staff recognition.</p> <p>IH Supporting our People Strategic Priority and Med Staff Retention & Experience Action Plan planned for 26/27 include focus on recognition and belonging.</p>	VP Medicine VP Comm Medical Affairs	<p>Complete April 2026</p> <p>Winter 2027</p>

Report (HW / JD)	Recommendation	Accepted (Y/N) Status	Management Plan	Position/ Team Responsible	Target Date Completion
JD:3.11	Consider establishing a medical staff occupational health program	Y In Progress	<p>Added capacity to lead med staff occupational health, safety and wellness program that is integrated with IH OHS program.</p> <p>IH Medical Staff Occupational Health, Safety & Wellness Roadmap, reviewed with DOBC representatives and to be implemented by dedicated staff and medical leadership.</p>	Med Staff Admin & Governance / Med Director, Safety	<p>Complete March 2026</p> <p>Winter 2027 (Year 1 deliverables)</p>
HW: 5	Prioritization of people-centred, relational, trauma-informed leadership	Y Ongoing	Recognition of compassionate leadership as a pillar in the medicine portfolio, collaboration with the Atleo Center for Compassionate leadership and Visible Felt Leadership as a SET priority.	VP Medicine Med Staff Admin & Governance Med Director, Safety	Ongoing

Legend:

- HW: Harbour West Consulting
- JD: Dr. Jana Davidson