

MEDICAL LEADERSHIP ENGAGEMENT AND COMMUNICATION REPORT

OCTOBER 2025

INTERNAL

PURPOSE

This report provides an overview of current and future engagement and communication activities to inform the design and implementation of the future medical leadership model and to keep medical leaders and medical staff apprised of progress as work unfolds. The work is guided by a commitment to diversity of perspectives, system integration, and the long-term sustainability of leadership roles, all in support of strengthening medical governance and advancing clinical excellence.

STRATEGIC ENGAGEMENT & COMMUNICATION APPROACH

ENGAGEMENT OBJECTIVES:

- Surface real challenges and lived experiences in the current medical leadership system to build a shared understanding of what needs to change.
- Co-design a future model that reflects medical staff needs, advances organizational goals, and strengthens medical governance at every level.
- Empower medical leaders and medical staff to help shape the new structure, ensuring those impacted by change have meaningful voice and influence throughout the process.
- Build trust and readiness for change by engaging transparently and reinforcing shared purpose across the system.

COMMUNICATION OBJECTIVES:

- Generate and maintain project awareness and establish foundational knowledge of Medical Leadership Strategy with targeted audiences.
- Provide status updates and employ intentional repetition across medical staff channels to keep medical staff apprised of progress.
- Ensure that interested parties and program spokespeople have appropriate messaging and communication tools at their disposal.
- Introduce reporting and communicate progress with interested party holders.

GUIDING PRINCIPLES:

- Diversity of voices, perspectives, and experiences to ensure the future medical leadership structure reflects the realities of medical staff and care settings.
- Transparent communication about what is changing, why it matters, and how input is being used to shape decisions.
- Collaboration with medical leaders on all aspects of the medical leadership structure during all phases of the work.
- Ensure medical leaders and medical staff fundamentally understand ‘What does the Medical Leadership Strategy mean for me?’

CONSTRAINTS AND STRATEGY:

The Medical Leadership Strategy team consists of five staff members, limiting the ability to attend every forum or meet individually with all interested participants. To address this, a structured approach was developed to balance broad representation and feedback with focused co-design work tailored to each site and department.

The Design phase (Nov 2024 – May 2025):

- Engaged widely across all levels of medical leadership, including current and former medical staff through focus groups, interviews, and forums to understand current challenges and future needs.
- Established an Advisory Committee to guide and shape the future medical leadership structure.
- Conducted targeted interviews to refine reporting relationships, decision-making pathways, and leader supports.

The Implementation phase (June – Dec 2025):

- Working closely with senior leaders (EMDs, Department Heads, Chiefs of Staff) as co-designers to adapt the model to local contexts.
- Supporting senior leaders in cascading updates through their established committees (LMACs, Departmental meetings) and communication channels.
- Delivering broad communications through information sessions, Dr. Weizel's newsletter, memos, the medical staff website, bulletins, and forums.

The Launch (January – March 2026):

- Establishing Communities of Practice for Division Heads and Site Chiefs to support transition and peer learning.
- Continuing broad communication through MSAs and medical staff channels to build knowledge and readiness.
- Maintaining leadership communication through existing forums.
- Publishing new organizational charts, directories, and leadership support resources.

LEADERSHIP:

Engagement is greatly enhanced by visible and engaged leadership from project sponsors: Dr. Michelle Weizel, Associate Vice President Medicine (and previously, Dr. Keith Menard), and Damian Lange, Executive Director, Clinical Operations. Their visible leadership and active participation are essential in building strong relationship, trust, ensuring alignment, and elevating the visibility of this work.

ENGAGEMENT AND COMMUNICATION ACTIVITIES
DESIGN PHASE (OCTOBER 2024 – MAY 2025)

Engagement during the design phase focused on understanding the current state and co-creating a future medical leadership model grounded in diverse perspectives and practical experience.

MEDICAL LEADERSHIP ADVISORY COMMITTEE: KEY PILLAR

A key strategy for incorporating medical staff voice from the outset was establishment of the **Medical Leadership Advisory Committee**. The Advisory Group served to guide, ground, and shape the medical leadership design process. Group membership was selected from open applications, to represent diverse geographies, leadership roles, time in leadership, and program representation. Representation from the Medical Staff Associations (MSA) was secured via nomination by the MSA.

Advisory Member	Title/Affiliation	Location
Chaundra Willms	MD/Dept Head, NP	Central Island
Dr. Markus Sikkell	Section Head, Cardiac Health	South Island
Dr. Drew Digney	Division Head, Primary Care	Central Island
Dr. Gustavo Pelligra	Department Head, Pediatrics	South Island
Jessalyn Miyashiro	Medical Lead/Division Head, Midwifery	Central Island
Dr. Nicole Bennett-Boutilier	MD, Community, Mt Waddington	North Island
Dr. Nimrod Levy	Medical Lead, Orthopedics	Central Island
Dr. Tracey Stephenson	MD, Access & Flow	Central Island
Dr. Vamshi Kotha	Medical Lead, Radiology	South Island
Dr. Catherine Jenkins	MSA, SI MSA	South Island
Melanie Cyr	Director (dyad)	South Island
Leanne Frechette	Director (dyad)	Central Island
Dr. Michael Chen	Medical Lead/Division Head, Med Biochemistry	South Island
Dr. Carol-Ann Saari	Regional Medical Director - Child Youth and Family MHSU	South Island
Dr. Michael Pariser	MSA representative; Division Head	Central Island

ENGAGEMENT SESSIONS – DESIGN PHASE

In addition to the Advisory Group, a range of targeted engagement methods (IAP2 Involve and above) were used to gather meaningful input from across the system. Each engagement was designed with a specific purpose — whether to understand the current state, test assumptions, validate emerging ideas, or co-design elements of the future state.

Engagement Method	Audience	Purpose	Timing
Standing Meetings (5)	Department Heads Council, Chiefs of Staff Quarterly, HAMAC, ELT	Current state mapping	Oct - Nov 2024

Engagement Method	Audience	Purpose	Timing
Medical Director Focus Groups (3 Sessions)	Site, Community & Program Medical Directors	Current state mapping	Nov 2024
Interviews (17)	Front-line medical staff, departed medical leaders, current medical leaders at all levels	Current state mapping	Oct – Dec 2024
Advisory Group (5 Sessions)	Cross-section of medical leaders & MSA	Future state co-design & validation	Nov 2024 – June 2025
Interviews (36)	Chiefs of Staff, Department Heads, Medical Directors, EMDs, Division Heads, Medical Leads, Clinical Services Directors	Future state co-design and validation	Jan – May, 2025
Standing Meetings	Department Heads Council, Chief of Staff Council, HAMAC, ELT	Future state design and validation	Jan - May 2025
Information Sessions	All medical leaders and interested medical staff	Build awareness, answer questions	October 2025 (2 sessions)

COMMUNICATION ACTIVITIES – DESIGN PHASE

Communication Output	Audience	Purpose	Timing
'What We Heard' Documents x 3	Advisory Group	To capture advisory member feedback during the design labs	April 2025
Medical Staff Bulletin	All medical staff	Inform/progress update	October 2024, March, April , May 2025
Medical Staff Forum	All medical staff	Inform/progress update	April 2025
Leadership memo	All medical staff	Critical/ high priority information	September 2024
Medical Staff Website page	All medical staff	Inform/progress update	Ongoing

OUTCOMES – DESIGN PHASE

- **Engagement Reach:** Over 100 individual medical leaders participated through structured engagements.
- **Communication Reach:** Bulletin average opens during this period: 3000 per issue. 115 medical staff attended the April Forum.

- **What we heard:**
 - o A consistent message from across the system to ensure that local decision-making was handled by medical leaders who are present and embedded at the site level.
 - o Desire for a regional departmental structure, which provides regional operational oversight and ensures regional practice quality standards.
 - o Strong support for each medical staff member to be aligned with a single department.
 - o The importance of co-leadership and strong relationships with administrative leaders at all levels of leadership.
- **Impact:** The input received directly shaped the proposed medical leader role definitions, role scope, medical leadership reporting structure, medical leadership supports, workload funding model, and co-leadership model.
- The design engagement work was supported by the Health System Redesign funding.

ENGAGEMENT AND COMMUNICATION ACTIVITIES IMPLEMENTATION PHASE (AUGUST – DECEMBER 2025)

Engagement and communication during the implementation phase are centered on working closely with senior leaders to adapt and operationalize the new medical leadership structure while maintaining clear, ongoing communication with all medical leaders and building awareness among medical staff at large.

ENGAGEMENT SESSIONS - IMPLEMENTATION PHASE

Engagement Method	Audience	Purpose	Timing
Standing Meetings (5)	Department Heads Council, Chiefs of Staff Quarterly, HAMAC, ELT	Current state mapping	August – December 2025
Interviews (32)	Chiefs of Staff, Department Heads, Medical Directors, EMDs, Division Heads	Developing custom structures and support materials	June – September 2025
Information Sessions (2)	All medical leaders and interested medical staff	Build awareness and knowledge	October 2025
LMACs	Medical leaders - site	Build awareness and knowledge, address concerns	Ongoing
Departmental Meetings	Medical leaders - department	Build awareness and knowledge, address concerns	Ongoing
1:1 Senior Leadership Support	Senior leaders	Support senior leaders in their communication activities to their members	Ongoing

COMMUNICATION ACTIVITIES – IMPLEMENTATION PHASE

Communication Channel	Audience	Purpose	Timing
Medical Staff Forum	Broad medical staff	Inform/progress update	July 2025, September 2025, [November 2025]
Medical Leader Forum	All medical leaders	Inform/progress update	August 2025
Medical Staff Bulletin	All medical staff	Inform/progress update	July 2025, August 2025, September 2025, October 2025
Dr. Weizel Restructure Newsletter	All medical staff	Facilitate awareness, promote transparency, inform	October 21, 2025, ongoing
FAQ and Slido	All medical staff	Inform/build awareness, anonymized feedback	October 2025, ongoing
Leadership memos	Medical Leaders	Update	July 24, 2025
Emails from Department Heads and Chiefs of Staff	Division Heads and Medical Leads	Custom structures, custom communications	October 2025
Medical Staff Website	All medical staff	Inform/ update/archive	Ongoing

OUTCOMES – IMPLEMENTATION PHASE

- **Engagement Reach:** Continuous individualized engagement has been taking place with all EMDs, Department Heads and Chiefs of Staff. 106 individual medical leaders and medical staff participated in engagement sessions held by the project team (excluding any engagements led by senior leaders for their members).
- **Communication Reach:** Over 90 medical leaders attended the Medical Leader Forum held in August, and nearly 100 medical staff attended the Medical Staff Forum in September. Dr. Weizel’s first restructure newsletter received over 3000 opens; the October Bulletin had a statistically high # of opens of 4008. Restructure-specific [Slido](#) remains open for medical staff questions—the project team will endeavor to answer questions in subsequent issues of the restructure newsletter.
- **Impact:**
 - o Engagement during the implementation phase directly shaped the custom leadership structures for each site, department, and community, and informed the development of new job descriptions, contracts and the workload funding model.
 - o Communication efforts strengthened awareness and understanding of upcoming changes among medical staff and leaders, while positioning senior medical leaders as key leaders and partners in the restructuring process.

We sincerely thank all medical leaders who contributed and continue to contribute to this process, whose time, experience, and thoughtful perspectives grounded this work in lived realities.