



## HÔPITAL GÉNÉRAL JUIF - JEWISH GENERAL HOSPITAL

Minutes of Meeting of Table des chefs

April 21<sup>st</sup>, 2016 at 17h00 in the Boardroom

Present:

Ms. L. Miner - Chair

Dr. L. Rosenberg

Dr. J. Minuk

Dr. M. Afilalo

Dr. M. Malus

Dr. E. Schiffrin

Dr. A. Spatz

Dr. A. Papageorgiou

Dr. A. Dascal

Dr. R. Chaytor

Dr. E. MacNamara

Dr. M. Levental

Dr. C. Ziegler

Dr. M. Schwartz

Dr. G. Batist

Dr. K. Looper

Dr. M. Kapusta

### **1.0 Introduction**

Dr. Miner welcomed everyone to the first meeting of the Table des chefs which will replace the monthly Medical Advisory Committee meetings. The purpose of these meetings is to ensure that physicians are kept up to date on the latest developments concerning the Ministry and Government. It will also give them the opportunity to ask questions as well as express their comments and opinions.

Dr. Miner informed the group that Stephanie Malley is setting up a process computer program where physicians will be able to access information and documents received from the Ministry. This special communication program will only be accessible to physicians. She encouraged chiefs to pass on the information to the doctors in their department.

### **2.0 Computer Issue**

Dr. Miner referred to the computer issue in which all workstations with Windows XP would have to be changed. She mentioned an email from Bob Lapointe requesting green tag numbers and locations of all computers used by physicians and their assistants to look after patients; these workstations are being prioritized. Apparently the Ministry has contributed \$600,000 towards the conversion. Physicians are also being asked to inform Bob Lapointe of any glitches: i.e. programs that are being blocked or cannot be used because of complexities or incompatibility.

Dr. MacNamara thought it would be wise to take the time to replace the software rather than scrap perfectly good computers. Dr. Afilalo raised a question regarding the IT steering committee.

Dr. Miner responded that Bob Lapointe plans to come to a meeting and explain the background. She mentioned the creation of a steering committee under the direction of the Board and Mr. Segal to help guide decisions concerning IT needs. The membership would be composed of individuals and physicians who are computer savvy and would like to help steer the medical side of the IT service. The chiefs were asked to identify some names. Dr. MacNamara stated that there already is a medical IT committee for the hospital; this will be for the CIUSSS.

### **3.0 Bed closure**

Dr. Miner briefed the committee on ER overcrowding and bed closures. Apparently the reorganization of beds is still being addressed; some physicians have been involved in meetings. She noted that 6-North as a Family Medicine unit was closed and those patients were transferred to surgical beds. There would be a back filling of those beds with long-term care patients. Nursing is looking at opening a 25 bed unit for those long-term care patients along with specific training in order to care for them. Dr. Ruby Friedman is managing the transfer of these long-term care patients in order to free up active surgical and medical beds.

Dr. Chaytor felt some decisions concerning placement of patients do not consider the impact. She agrees that Family Medicine patients should be together in one unit, and on 8West there is little impact. However she does not believe they should be transferred to 3NW which is a short-stay unit for surgical patients. She described today's disaster when there were not enough beds on 3NW to accommodate surgical patients coming from the PACU and cases had to be cancelled. This was due to some off-service patients occupying the beds needed for those surgical patients. Dr. Miner stated that there will be some bed re-distribution to protect 3NW.

Dr. Miner mentioned that some patients hospitalized in Pavilion K refuse to be discharged or moved to another part of the hospital when their acute care is completed. Therefore she suggests informing patients on admission that once their acute care is completed they will either be discharged or moved from Pavilion K to another part of the hospital.

Dr. Afilalo suggested reinstating the Bed Flow committee to include physicians who admit patients. This will give them the opportunity to meet and discuss all issues surrounding bed utilization.

### **3.0 MSSS Files**

#### ***3.1 PEMS***

Dr. Miner talked about the situation with PEMS in which the Ministry plans to send each institution a table of its current situation including PEMS that might not be filled. The Government is asking each hospital to propose the PEMS they would need from 2017 to 2020 to be linked to the population they serve as well as the organization they wish to have in place. The Ministry would like the JGH to define its portfolio for the CIUSSS by September 15<sup>th</sup>.

A brief discussion followed.

The meeting adjourned at 18:30.