



HÔPITAL GÉNÉRAL JUIF - JEWISH GENERAL HOSPITAL

Minutes of Meeting of Table des chefs

May 25th, 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. D. Zukor

Dr. K. Looper

Ms. S. Malley

Dr. R. Chaytor

Dr. M. Kapusta

Dr. M. Levental

Dr. S. Eintracht

Dr. M. Schwartz

Dr. G. Batist

Dr. A. Dascal

Dr. F. Bladou

1.0 Minutes:

Dr. Miner referred to the minutes from the April 21st meeting which were approved as presented.

2.0 Matters arising:

2.1 *PEMS*

Dr. Miner mentioned that she forwarded the following documents to department chiefs: a letter from Dr. Bureau along with request forms for PEMS and the contract signed by the FMSQ and the Ministry. She noted that the PEM exercise will be a five-year plan. The Ministry would like to have the institution's request for 2017-2018 PEMS by June 30th; and PEM requests for 2018-2021 by September 30th. She mentioned that there is a guideline on how to justify the need for PEMS; noting that ORA can be used to replace anticipated retirement.

PEM requests will be tied in with the mission representing the entire CIUSSS. However Family Medicine is more complicated since their mission includes rehab, long-term care and homecare. The Ministry would like the chiefs to submit on paper everything they will need to accomplish their mission to look after the population they serve. The hospital will then revisit as an institution what is being requested which will be the basis of discussion and negotiations with the Ministry.

Dr. Miner talked about strict criteria concerning associate status requests as well as formation complémentaire.

3.0 New Business:

3.1 *Cartographie RUIS McGill*

Dr. Rosenberg mentioned a recent meeting with the RUIS executive concerning the development of a document called "Cartographie RUIS McGill" to be sent to the Ministry. During their discussion there was a suggestion to include the academic component.

Dr. Rosenberg referred to specific information as well as pertinent data which the chiefs were asked to submit. He informed everyone that this information would be included in the document, but the deadline is June 15th.

3.2 CIUSSS Portfolio

Dr. Miner noted that she would distribute the CIUSSS Portfolio template once she receives it. In terms of communication, a computer platform is being developed where physicians will be able to access information and documents received from the Ministry. When she asked if anyone had suggestions for a name, Dr. Dascal thought “MD Bookshelf” could be appropriate.

3.3 Patient Flow

Dr. Miner talked about improved flow efforts to reduce the number of patients who wait all night in the ER for consultation in the morning. Some patients leave the ER with a promise that they will get a phone call which never comes. These patients need to leave with assurance of a follow-up with the appropriate specialty.

Some departments agreed to have several open clinic slots available for ER patients who need follow-up. Other departments would like the ER to FAX the consultation and they will contact the patient.

Dr. Miner would like to start a hybrid to ensure that there is a uniform way of dealing with these patients. Emergency clinicians will be asked to FAX consultations to the appropriate specialties who will then create open slots for these patients. She plans to email everyone about this initiative and suggests including all pertinent information on the consult to allow physicians to reach patients and change the appointment if necessary.

Dr. Minuk referred to a document he worked on along with a template for ER physicians to follow. He suggests that departments could come up with specific criteria to help facilitate patients who should be followed by specialists versus the ones who could go back to their family physician or those who do not need to be seen.

Dr. Schiffrin mentioned that Medicine offers a chest pain clinic where patients can be seen the next day.

Dr. Miner plans to meet with the chiefs to look at out-patient activities. She described a centralized process being developed by the Ministry where the chiefs will be required to create an access plan with consultation slots according to priority.

3.4 CRO outbreak and hand-hygiene

Dr. Rosenberg talked about the importance of regular handwashing and announced that the hospital would be initiating a hand-hygiene campaign under Dr. Longtin and Anne Lemay. He urged everyone to encourage members of their department to practice regular hand-hygiene.

3.5 Meeting with the Minister

Dr. Rosenberg mentioned that he would be meeting with the Minister to discuss patient volume, the budget as well as the Government's plan to move towards the electronic health record system called "Cristal-Net".

The meeting adjourned at 18:00.