



Hôpital général juif
Jewish General Hospital
HÔPITAL GÉNÉRAL JUIF - JEWISH GENERALHOSPITAL

Minutes of Meeting of Table des chefs
November 30th, 2016 at 17h00 in the Boardroom

Present:

Ms. L. Miner - Chair

Dr. L. Rosenberg	Dr. R. Chaytor
Dr. M. Afilalo	Dr. J. Minuk
Dr. E. Schiffrin	Dr. M. Kapusta
Dr. M. Malus	Dr. M. Schwartz
Dr. K. Looper	Dr. P. Warshawsky
Dr. A. Papageorgiou	Dr. G. Batist
Dr. M. Levental	Dr. M. Hier

Regrets: Ms. S. Malley, Dr. F. Bladou, Dr. E. MacNamara, Dr. D. Zukor,
Dr. A. Dascal

Minutes:

Dr. Miner referred to the minutes from the October 26th meeting which were not received but will be presented next month.

Message from the CEO:

Dr. Rosenberg summarized some of the latest developments within the CIUSSS in the past few weeks.

Matters arising:

2.1 PEMS

Dr. Miner mentioned that the next PEM exercise (2018-2020) will be part of the CIUSSS Portfolio which was sent to the Ministry with PEM requests. Several departments received PEMs for this year; other requests may be approved in the next exercise.

2.2 CRDS

Dr. Miner talked about the CRDS which was recently initiated. However the organization outside the hospital is not ready and the JGH was the only institution to provide times slots in Gastroenterology. In January eight more specialties will be

included in the process and there have been meetings on how to integrate them into the centralized call system.

2.3 Accreditation

Dr. Miner noted that Accreditation would be starting on December 4th and the surveyors will be present in the building during the entire week. Although the focus will be on long-term care facilities, mental health trajectory (high-care, 4East etc.), she cautioned everyone to be ready if called to speak with the surveyors or answer questions.

New Business:

3.1 Access files

Dr. Miner talked about the following four areas that the Ministry is concentrating on: 1) access to Surgery; 2) Consultation times in the Emergency department; 3) CRDS and 4) hospitalized patients.

- 1) Access to surgery concerns wait times. Dr. Miner noted that the only service with a wait list of over one year for procedures is Urology which is being addressed.
- 2) Consultation times in the ER is composed of three tables: the first is the average for the entire province; the second is the average for the JGH and the 3rd is the Ministry's expectations which include: a) consultations to be done within 2 hours 40% of the time; b) consultations to be done within 4 hours 75% of the time. Dr. Miner noted that this hospital's standard is 2 hours 80% of the time. She believes part of the reason is that the data may not be completely reliable, but this is being addressed. She summarized the four criteria on how to calculate the beginning and end of a consultation noting when CENTRO is used the time is automatically indicated; however physicians have to ensure that they specify it on the paper consultations.

Dr. Miner will be sending an email to all clinicians but asked the chiefs to distribute this information to the members of their department. She noted that there are some specifics which will be addressed and a report will be sent to the chiefs every month. Also, the Ministry plans to submit a second list in January.

- 3) CRDS: Dr. Miner talked about some of the problems occurring with the central booking system; particularly one where a patient with a GI consult who lives outside the hospital's catchment area was given an appointment at the JGH in one month, when the consult specified "appointment in three months". She sent this consult directly to Dr. Bureau and advises the chiefs to send all inappropriate requests to Chantal Bédard who will contact the CRDS.

Dr. Rosenberg mentioned that the Ministry plans to visit hospitals to see how well the system is working.

- 4) Hospitalized patients: The Ministry would like 65% of hospitalized patients to be cared for by specialists. The JGH is well within that quota since 75% of its hospitalized patients are looked after by specialists.

3.2 Disruptive Behavior

Dr. Miner mentioned a conference put on by the CMPA on how to take charge and handle physicians with disruptive behavior.

3.3 Fused PEM

Dr. Miner talked about the Ministry's plan to fuse the PEMS in the CIUSSS with more than one hospital.

3.4 Replacement

Dr. Miner explained the two methods of replacement outlined by the Ministry: 1) a 3 month non-renewable replacement which can be used when replacement is needed urgently on short notice; 2) Replacement of someone who will be away longer than 3 months. The absence has to be full-time and replacement is non-renewable. In both cases permission must be requested from the Ministry, which could be refused if there are ten or more people in the division. Along with the request would have to be the effect on the division when there is a refusal.

3.5 Flow

Dr. Miner mentioned an email she sent about a new initiative where at least one patient per ward who is scheduled to be discharged would be transferred to another area at 8:00 a.m. to allow for thorough cleaning, and disinfection of the room. Some housekeeping staff were rescheduled to report to work earlier and physicians are being requested to identify at least one patient per day who could be discharged at 8:00 a.m. As a result of these measures more patients are being brought up to the floors during the day, in fact today 16 people were brought up from the ER before 4:00 p.m.

She also described new criteria to address overcapacity in the Emergency room. However she hopes the above initiative will help alleviate that issue. She stressed the significance of continuing these measures especially since the flu season is fast approaching.

3.6 CRO

Dr. Miner reported that there were no new cases of nosocomial CRO infection in the last few weeks especially since measures were implemented to promote and

monitor hand-hygiene. She noted that the compliance rate for hand-washing among physicians increased from 51 to 76% in November.

3.7 Other requests

Dr. Schiffrin suggested inviting the following Division chiefs of admitting services to join the committee; Dr. Lawrence Rudski, Dr. Rubin Becker and Dr. Ruby Friedman.

Dr. Rosenberg warned about the importance of ensuring proper coverage during the upcoming holiday season. He mentioned the difficulties that occurred last year.

The meeting adjourned at 18:00.