Hôpital général juif
Jewish General Hospital

HÔPITAL **G**ÉNÉRAL **J**UIF - **J**EWISH **G**ENERAL**H**OSPITAL

Minutes of Meeting of Table des chefs
December 21st, 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
Dr. D. Zukor	Dr. L. Rudski
Ms. S. Malley	Dr. A. Dascal
Dr. C. Ziegler	Dr. A. Spatz
Dr. F. Bladou	Olivier Beauchet

Regrets: Dr. E. MacNamara

Minutes:

Dr. Miner referred to the minutes from the November 30th meeting which were accepted as presented.

Matters arising:

2.2 CRDS

Dr. Miner mentioned that the second wave of CRDS clinics would be included in January. There are some internal issues with several services who have not given their availability as well as a specific problem related to triaging and the form for Neurology.

2.3 Access files

Dr. Miner referred to the Ministry's plan to concentrate on access to Surgery by opening 3 more operating rooms. The process to accelerate the opening of new

operating rooms should begin in January. The JGH is negotiating its needs (PEMS and beds) with the Government.

In terms of hospitalized patients, Dr. Miner explained that the Ministry would like 65% (provincial average) of hospitalized patients to be cared for by specialists. Some hospitals are completely run by family physicians while others are almost completely (95%) run by specialists. Apparently Dr. Bureau developed a table suggesting that university hospitals should be 90% in order to average out the entire system. His table represented statistics from 2012-2013 where 84.5% of JGH hospitalized days were taken care of by specialists and 15.5% by family physicians. His goal is to have hospitals bring up their average to 89%; according to this year's findings the average at the JGH is 79%. In order to comply, Dr. Miner suggests changing discharged summaries to be signed off under specialists rather than family physicians. However this will be revisited in January.

2.4 CRO

Dr. Miner reported that there was one new case of nosocomial CRO infection; a Family Medicine patient who was CRO positive on admission.

New Business

3.1 Predicting Discharge on Admission

Dr. Miner displayed a document with detailed information on how to predict discharge dates. She noted that the Ministry is looking at the percentage of patients who had a discharge date predicted on admission. The Government's expectation is for every patient to have a plan from the discharge team within 48 hours of admission. Although this anticipated discharge date can change, it could help the discharge planners and the team, as well as the family and the patient. She asked all the chiefs to try to come up with a discharge plan for their department.

According to Dr. Zukor's experience, usually 20% of patients refuse to go home even when they have a discharge date. Dr. Miner mentioned that the discharge team can help with these difficult cases.

3.2 Hospital's Performance

Dr. Miner referred to another document (Bilan mi-année EGI 2016-2017 Chapitre III) posted on the MD billboard which has to do with the hospital's performance.

3.3 Clinic patients with no family physician

Dr. Miner asked everyone to send her an email because the premier ligne is interested in signing up patients who do not have a general practitioner. However this exercise

will only include patients who live in the hospital's geographic area. She mentioned a website at RAMQ called GAMF where patients can register; the entire exercise will be done through CRDS.

3.4 Re-evaluating the relocation of out-patient activities

Dr. Miner talked about a recent meeting to re-evaluate the feasibility of Pavilion J; and the construction of a private building outside the hospital where many of its clinics could be outsourced. However, it seems to be much more complicated with a number of legal issues. This has caused the initial plans to shift from a private facility to a hospital building where certain clinics could be housed.

3.5 MDs with no PEM

Dr. Miner mentioned a list of PEMS by department which she received from the Ministry. Included in that document is a list of physicians without PEMS; some are currently working in the hospital while others no longer work here. She will be sending the chiefs a list of names of physicians in their department and noted that together they will have to come up with a solution.

3.6 Law 130

Dr. Miner informed the chiefs that the institution will be able to decide how family physicians are spread out. She mentioned that there are new rules about isolating patients as well as forced confinement which are now legal. The whole concept of departments has been revamped; now there are eleven departments in the hospital which include Anesthesia, Surgery, Imaging, Pediatrics, Pharmacy, Emergency, Medical Biology and General Medicine. Clinical infectious disease and clinical hematology will be under Medical Biology; each with its own chief.

Dr. Miner talked about a new law concerning chiefs' expectations of their department members along with the renewal of their privileges. She asked them to write down these obligations and submit them to her.

The meeting adjourned at 18:00.