



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

Minutes of Meeting of Table des chefs
October 26th, 2016 at 17h00 in the Boardroom

Present:

Ms. L. Miner - Chair
Dr. L. Rosenberg Dr. R. Chaytor
Dr. J. Minuk Dr. M. Kapusta
Dr. M. Malus Dr. M. Schwartz
Dr. K. Looper Dr. P. Warshawsky
Dr. A. Papageorgiou

Invited guests: Anne Lemay, Chantal Bellerose

Regrets: Ms. S. Malley, Dr. M. Levental, Dr. M. Afilalo, Dr. F. Bladou
Dr. E. MacNamara, Dr. E. Schiffrin, Dr. D. Zukor, Dr. G. Batist, Dr. A. Dascal

Minutes:

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

Matters arising:

2.1 PEMS

Dr. Miner referred to the PEM 2017 process noting that everyone should have received a copy of the approved PEMS; the four extra PEMS that were approved include GI, Cardiology, Internal Medicine and Orthopedics. The next PEM exercise (2018-2020) will be in line with the CIUSSS Portfolio exercise which she explained in her email of August 22nd. She understands that some members may have confused the Cartographie RUIS McGill and the Portfolio, but they are quite different.

Dr. Miner noted that the CIUSSS Portfolio containing all the exercises has to be submitted by November 12th; the second document must include an outline of the chiefs' visions along with what is needed to develop their departments. Following this Dr. Rosenberg, Dr. Miner and the team will evaluate these documents and decide whether the requests are reasonable before submitting a final document to the Ministry. She noted that the document is hospital centered; the Ministry would like to

know what the JGH sees as its mission as well as an outline of what it would like to continue doing, develop and do less of. If the Ministry does not agree, the third step would be to meet with the RUIS group and decide which institution does what.

2.2 CRDS

Dr. Miner gave a brief update on CRDS noting that the family physicians send in their requests to this dispatching team who review the request and dispatch it to the hospital or physician named on the request. She described several problems that occurred since this service began on Monday. She noted that the central booking office has not yet opened but will happen slowly as long as all the requests are met and the appointments are given according to the guidelines.

2.3 Flow

Dr. Miner reviewed the flow issue noting that Serge Cloutier has been replaced by someone else temporarily. She described how the Bed Czar job-description is being defined. One of the head nurses suggested designating one room called a departure lounge to where patients who are being discharged can wait until they go home. That way the patient's room could be cleaned and ready faster.

New Matters:

3.1 Accreditation

Dr. Miner welcomed Anne Lemay and Chantal Bellerose who were invited to talk about Accreditation which is scheduled to take place in five weeks (December 4th to 9th). Ms. Bellerose noted that this would be the first Accreditation as a CIUSSS and there are many changes to the organization of this exercise. The main teams to be visited are long-term care facilities, mental health trajectory (high-care, 4East etc.). At the JGH the leadership standards will be evaluated (i.e. quality, security, safety, human resources, evaluation, education etc.). The other two aspects to be visited are ETI and medication standards.

Her group is quite prepared but there is still a significant amount of work to be done. According to the previous Accreditation report, doctors are quite strong in the area of medication and are quite willing to work in teams. One of the expectations is to ensure that doctors are present with their teams on the wards. Questions that the Accreditation team will be asking include: 1) how do you evaluate your practice, 2) how do you measure quality, 3) what is your role to ensure safety in your sector; 4) what did you put in place for safe care; 5) how do you ensure proper communication; 6) how do you partner with your patients about their care plan or discharge planning.

Dr. Rosenberg suggested highlighting under "Quality" the use of NSQIP data with respect to transfusions.

3.2 Formation Complémentaire

Dr. Miner referred to the new document for Formation Complémentaire and explained the new rules. She will post this document on the MD Billboard.

3.3 Meeting with the Ministry

Dr. Miner talked about a recent meeting she attended in Quebec City. She noted that there is a new direction being formed to look at how to integrate the ED. She reported on the topics of effectif medicaux, replacements, associate status and moonlighting. She mentioned the Ministry's plan to shorten the wait-times for MRI and CT scans. She talked about a report from INESSS which measures the speed in which certain cardiac issues are addressed. According to results of that report, Montreal had the worst findings. She believes all the construction in the city might have been a contributing factor.

Dr. Miner mentioned the new rules concerning accessory fees which will take effect in January 2017.

The meeting adjourned at 18:00.