Hôpital général juif
Jewish General Hospital

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

Minutes of Meeting of Table des chefs
April 19th, 2017 at 17h00 in the Boardroom

Present:
Ms. L. Miner - Chair

Dr. J. Minuk	Dr. R. Chaytor
Dr. C. Ziegler	Dr. M. Schwartz
Dr. M. Afilalo	Dr. M. Kapusta
Dr. M. Malus	Dr. M. Hier
Dr. A. Papageorgiou	Dr. R. Friedman
Dr. L. Rudski	Dr. K. Weiss
Ms. S. Malley	

Regrets: Dr. L. Rosenberg, Dr. A. Spatz, Dr. M. Levental,
Dr. G. Batist, Dr. P. Warshawsky, Dr. E. MacNamara, Dr. K. Looper,
Dr. D. Zukor, Dr. A. Dascal, Dr. E. Schiffrin, Dr. F. Bladou

1.0 Minutes:

Dr. Minuk proposed adoption of the minutes of the March 1st meeting, seconded by Dr. Chaytor; minutes accepted as presented.

2.0 Matters arising:

2.1 Predicting Discharge on Admission

Dr. Miner mentioned that the initiative of predicting discharge within 24 to 48 hours of admission was started on three units. The plan is to gather some data to see the effect of this process.

2.2 Contracts

Dr. Miner referred to the working document, which chiefs could use as an example to develop their physician contracts. She offered to send everyone an electronic version that would enable them to set up a template. Apparently physician contracts have been the subject of discussion for the past 2 years; their purpose is to evolve an understanding with all the hospital clinicians that privileges come with responsibilities

and obligations. Once Bill 130 is passed (probably with modifications), the hospital will have three months to come up with something reasonable that the chiefs have negotiated with the members of their departments. Following discussions with their members, these chiefs will have to develop a list of their responsibilities, obligations and privileges.

3.0 <u>New Business</u>

3.1 Flow Policy

Dr. Miner referred to the Flow Policy and asked everyone to read it and bring their comments and suggestions to the next meeting. She noted that Maria Kozma is applying this policy and has already been the subject of difficult comments from some staff members. There seems to be some bitterness around this policy when she tries to move patients in a particular way. She explained that there is movement happening between wards and departments to help decongest the ED and put patients in the right place. Part of Maria's job is to be aware of the needs everywhere and not just a certain division; she is just trying to do her best to move patients. However there has to be some flexibility with clinical discussion as well as room for change.

3.2 State of Quebec ERs and Ministry's reaction

Dr. Miner noted that despite the Ministry's investment into long-term care, rehab beds and homecare, the ERs are just as congested as before. Also, the decrease in NSA patients hasn't made any difference to the wait-times in the ER. At present the average length-of-stay (ER to ward) is 13 hours; the Ministry's plan is 10 hours.

According to Dr. Afilalo, for the past 2 years the JGH has been the busiest Emergency room in Quebec. Although 50% of our patients are outside our CIUSSS, we still have the lowest admission rate and the best length-of-stay. He felt in order to achieve an average length-of-stay of 10 hours, it would be important to decide on a specific "cap" to be applied to all patients who come to the ER. Dr. Rudski believes this too must be flexible in order to accommodate certain particularities with each clinical program.

Dr. Miner outlined four projects that the Minister is planning in order to address the congestion in the ER. Each hospital will be asked to: 1) submit an action plan; 2) send P4 and P5's to walk-in-clinics; 3) find alternatives to hospitalization (patients in need of a workup to be seen in diagnostic clinics); 4) send patients to the floor when they are admitted and not when a bed is ready. In addition the Ministry plans to offload 15 more algorithms for D'Accueil Clinic.

A discussion followed.

The meeting adjourned at 18:00.