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NOTICE OF A MEETING OF THE COMMISSION OF ENQUIRY TO BE HELD AT J G STRIJDOM HOSPITAL ON FRIDAY, 1993/10/08 AT 14:00.

A G E N D A

DISCUSSIONPOINTS:

1.

Bed Allocation

Status of hospitals - medical posts coupled there.

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Future oi.Prof. Sparks at Coronation Hospital.

Rasionalization of out-patients.

Casualty - J G Strijdom & Coronation

Nursing staff establishment

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MINUTES OF THE MEETING OF THE COMMISSION OF ENQUIRY HELD IN THE BOARDROOM AT J G STRIJDOM HOSPITAL ON 27/09/93 AT 14:00.

WELCOME:

Dr F van der Merwe welcomes everyone present.

PRESENT:

See list.

DISCUSSION:

It is suggested that the 2 Superintendents of the 2 hospitals should put into writing how they want the two hospitals to be run.

The hospitals want to become autonomous. (Self establishments)

The Commission has given the hospitals mostly what they asked.

1. If the Commission should give them more beds they will not remain in their budget.

2. Teaching status - medical staff establishments - not addressed.

Coronation is currently paying the doctors, but most of them work at J G Strijdom Hospital. A major problem is experienced in that doctors cannot be located when bleeped.

It is stated again that there were clearly defined patient drainage areas but still under utilized feed of patients are being experienced.

Patients are directly admitted.

Mr Thomas says that Dr Meniere's status has been downgraded from

Academic Hospital to Community Hospital. People feel deprived.

Prof. Milne suggests that the two hospital managements come together and talk things out. Mr Thomas seconds the idea.

Mrs Stander suggested that a questionnaire be completed by the community to determine the global service for the community.

Coronation also experiences downgrading of staff/equal sharing/upgrading as being done at J G Strijdom. Coronation sacrificed its status for JGS and is taking it badly.

Problems reviewed:

1. Academic status.

2. Patients being referred backwards and forwards between the two hospitals.

3. Doctors that aren't around when bleeped.

Apparently the roll players are not giving staff the right information.

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Mr Thomas stated that Coro. hospital management and nursing staff are 'losing benefits.

V. If Coronation downgrades to a Community hospital, they have to surrender x?) e.g. equipment and then Coronation is left with nothing.

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Prof Milne said that the amalgamation would have been wonderful, but was Ch) never really completely carried through. The best would be to split the Rxse two hospitals -each must have it's own staff and management.

The two managements experience approximately the same problems:

1. Medical staff

2. CPD, Casualty

3.' Academic status

Prof Robertson said that in amalgamation fewer promotions are given eg.to nursing staff.

'Dr v/d Merwe suggests that both the Superintendents tell the Commission that who's medical staff is on who's establishment.

It is stressed that the Superintendent's have to discipline staff if they are not available for no apparent reason.

H Coronation does not have any control of medical staff. Coronation is at Rx )the moment a large empty medical staff establishment.

Medical staff is incumbent, financial allocation to be revised, cannot create posts.

Coronation's medical staff posts moved over and doubled at J G Strijdom.

li Coronation depleted staff - doing nothing for Coro. patient's.

//t' Coronation does not have medical staff to do the work.

/, Superintendent's to allocate - staff establishments, posts at Coronation ) and J G Strijdom.

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Deviding posts - not the answer to the problem.

Regional hospital - medical staff problem - post by men.

OPD-Casualty:

Prof. Sparks want to implement what he suggested on amended document at last meeting.

, A meeting has to be set up with the roll players - ownership of system. XiReluctant to go ahead because of the situation between the two " hOSpitals. /

Prof. Robertson commented that the human factor must be remembered - the board must remain openminded in this regard.

PRO action - Ds Muller must contribute.

2 Superintendents, 2 Senior Nursing Service Managers and 2 Secretaries of the two hospitals must look at it together.

Conversion thinking of roll players must take place.

The Board stated that consensus must be reached soon, they have already carried on too long, conflicting reports are constantly received.

Information must be requested and implemented it. Everybody cannot be satisfied.

/ Medical records - per name, per post, per discipline from the two separate hospitals at the next meeting. ,

2 Superintendents, 2 Senior Nursing Service Managers and 2 Secretaries to attend next meeting. 67

A special Board meeting will be held on 07/10/93 - Mr Thomas will attend this meeting - report back.

47 Documents must be transmitted to Dr Meniere before the meeting that will take place on 1993/10/07 so that he knows what is going on.

(Background) 47

Non-negotiable - 350 beds Coronation

300 beds J G Strijdom

The hospital must compliment each other.

Line of first attack will go to forming a Regional/Community hospital.

Referrals from Coronation to J G Strijdom and the minimum of referrals if any from J G Strijdom to Coronation Hospital.

Exception: if Coronation has beds for rehabilitation or for less specialized treatment.

Academic Status:

Prof Milne states that the Supervisory Board is having a special meeting on 1993/09/27

Next meeting will be held on Friday 1993/10/08 at 14:00 at J G Strijdom Hospital. 2 Superintendents, 2 Senior Nursing Service Managers, Prof Sparks and Ds Muller to attend.

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