

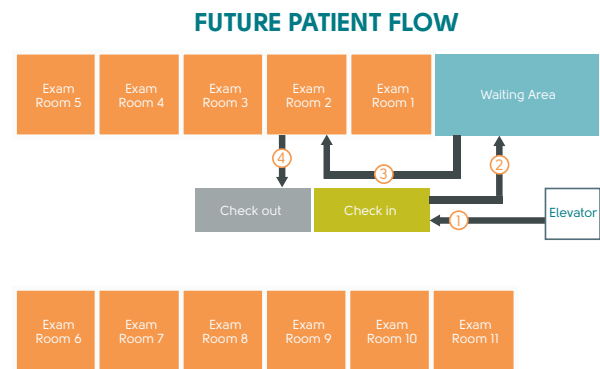
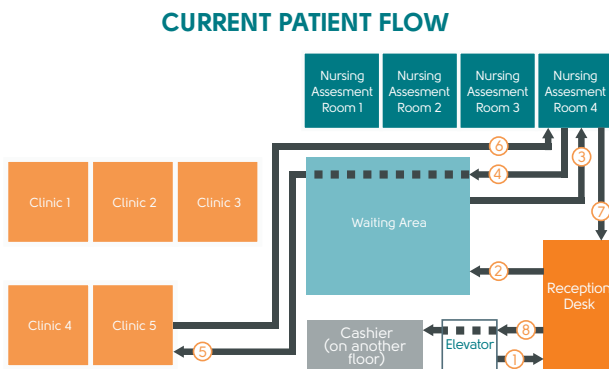
ACC TRANSITION

THE HALIM & AIDA DANIEL ACADEMIC AND CLINICAL CENTER

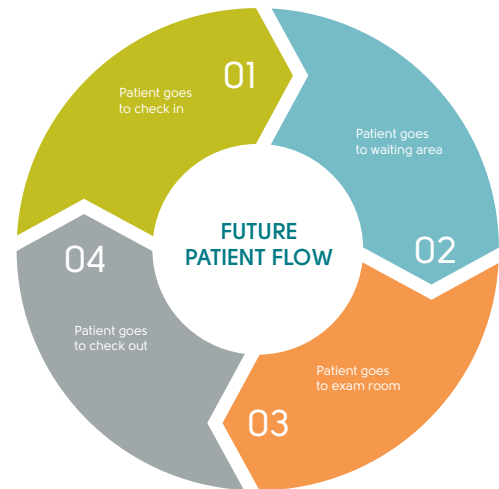


1 ACC PROCESS/FLOW MAPPING

The transition to ACC has offered multidisciplinary teams at AUBMC the opportunity to undertake new and innovative ways of working to provide the very best in care delivery models. The process design team, led by Line Reda and strongly supported by Hisham Bawadi from Nursing Services, Rula Antoun and Maya Kouba from IT, Diala Abu Daher from clinic administration, and Alhan Shamseddine from the Department of Human Resources, conducted a series of «process mapping» events that have been held with various end-users to map current critical processes and flow, identify opportunities for improvement, and suggest new designs that fit the ACC floors layout. To attain our goal, the team had to organize a walk through a patient visit from arrival to departure while taking a patient’s point of view into consideration. The scope included the flow of patients, family/visitors, providers, equipment, supplies, and medications in addition to the flow of information. An IT and a staffing plan have been prepared accordingly to meet the requirements of the new flow.



VS.



2 — OPTIMIZING OUR CLINIC EFFICIENCIES

1. Visit pre-planning is a strategy that is implemented for better efficiency during the patient visit time. A preplan ensures the necessary information and resources are available for a patient before his/her arrival.
2. Payment, scheduling follow-up appointments, and other services requested by the physicians, including insurance clearance and admission to the medical center when applicable, are completed in the checkout office by the end of a patient's visit. We aim to minimize subsequent calls and give the patient the opportunity of having a clean end to a medical visit without having concerns about the steps that follow.
3. Two exam rooms are typically planned for every physician during his consultation shift for better efficiency. Physicians share exam rooms with other healthcare providers during same patient visits to minimize the number of patient trips and improve coordination of care. Exam rooms can also be used by other healthcare providers during periods of low utilization.
4. Physicians schedule are evenly spread throughout the week to optimize resource utilization and have a consistent delivery care model.
5. Automation is introduced in areas where there is duplication of tasks; this serves in improving communication among healthcare providers and consolidating patient information.
6. Inter-professional collaborative teams are fostered to ensure seamless coordinated patient care
7. All surgeries including preparation, support and payment are done on the same day and same floor in a seamless flow.
8. Automated medication dispensing machines are introduced to improve patient safety and medication management.
9. Governance structure is revised to better support clinical care and management.

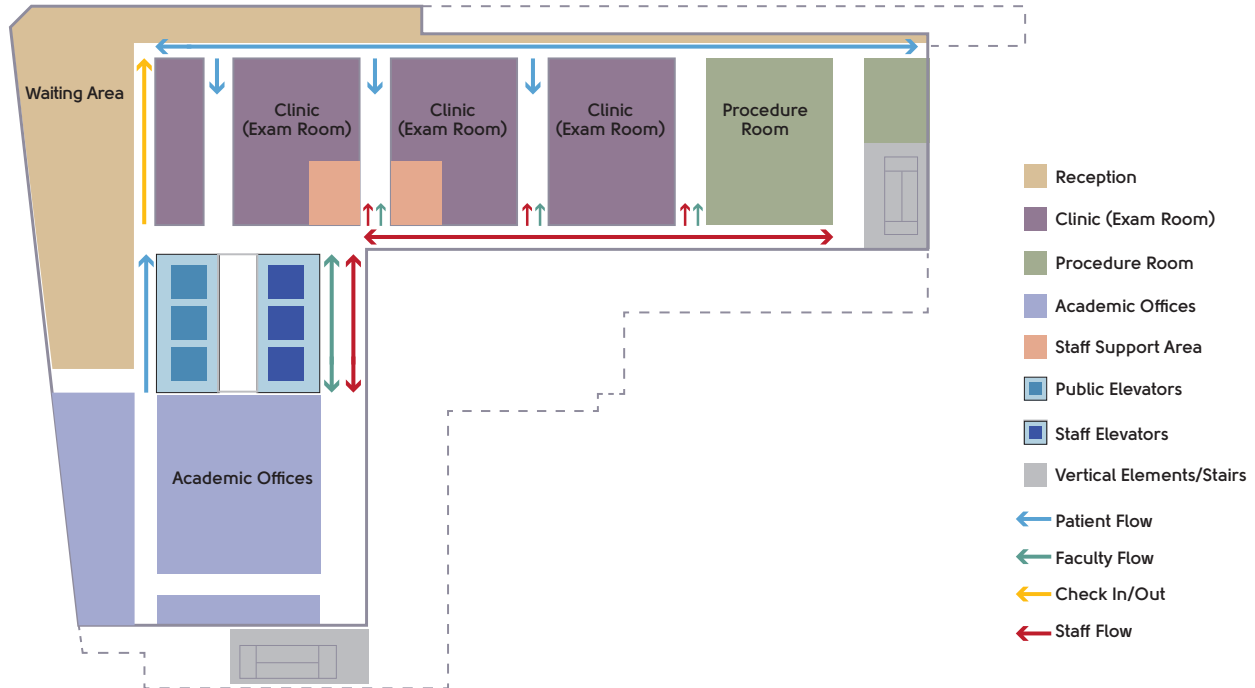
3 — IMMERSION ACTIVITIES

The NBBJ (architecture, planning, and design firm) Transition Advisory Team spent an "Immersion Week" between June 6 and 10, 2016 with the AUBMC ACC Transition Project Team, Steering Committee Members, Transition Team Members, end-users, representatives of the medical staff, executive leadership, nursing management, and other stakeholders to validate the clinical process redesign efforts that have been underway. The planning and preparation required that we stage and execute the immersion exercise on the clinical levels at ACC. Spanning over two days, the exercise was well worth the effort as it revealed a variety of issues/items and recommendations from NBBJ team to follow up with.



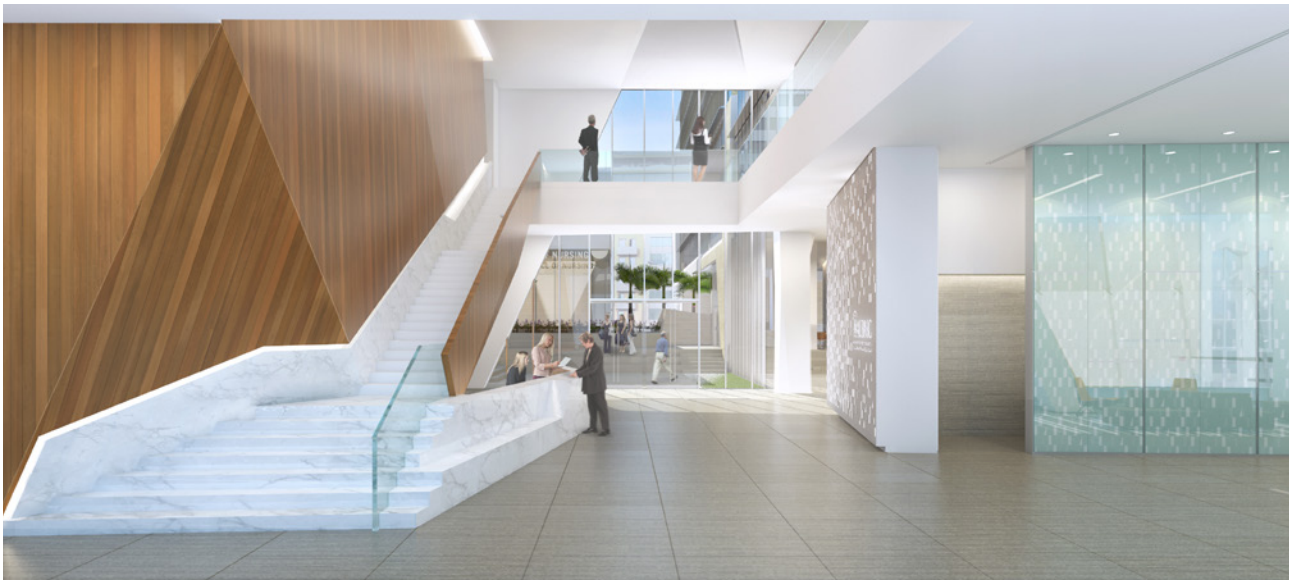
4 — ACC FLOORS LAYOUT

While some minor changes in the layout have been made throughout the transition activities to support the changes and expansions of the departments that occurred during the past three years, the intent of the design and the general layout have been carefully preserved. Key space planning principles include, as outlined below, segregation of circulation between patient and staff to promote privacy and operational efficiency, alignment and breakdown of corridors to allow for daylight and views at their end, segregation of clinical and academic areas, consolidation of patient support services, the check in/check-out into one focal point of the waiting area.



5 — ACC FACTS AND DECISIONS

- A 5 floor underground parking will be available. Valet services are provided for all cars. Service will be outsourced to VPS.
- A coffee shop in the lobby will serve visitors and staff. Service will be outsourced to café Younis.
- OPD clinics for ENT, ophthalmology and psychiatry will move to ACC. Internal Medicine will remain in the same place (OPD building 5th floor).



6 — TRANSITION TIMELINE AND UPDATE

The graph below shows our progress in terms of transition. We are on track and ready to move in spring 2017. All the tasks of the 3rd quarter of 2016 have been successfully completed, and we are currently in the “train” phase. Overall, we are shifting from planning to training and implementation activities, preparing the move schedule and building momentum up to the activation while paying close attention to all details associated with the implementation of the new delivery model. All equipment and assets have been already requested electronically. Our staffing plan is also complete and recruitment is in progress. IT applications are being developed and on track.



UPCOMING EVENTS

Pilot testing for IT applications:
September and October 2016

Simulation of patient flow:
November 2016

CONTACT INFORMATION

ACC transition leader:
Dania Baba - ext. 6175

Move team leader:
Mona Ghasham - ext. 6007

Building readiness team leader:
Nayla Tamer - ext. 6189

Process design team leader:
Line Reda - ext. 4842

Communication team leader:
Nadine Chatila - ext. 4791

Training and orientation team leader:
Linda Laham - ext. 5828