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AUBMC
AMERICAN UNIVERSITY of BEIRUT MEDICAL CENTER
المركز الطبي في الجامعة الأميركية في بيروت
Our lives are dedicated to yours

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OFFICE OF THE CHIEF OF STAFF NEWSLETTER

ANNUAL MEDICAL STAFF MEETING - 2012

The Annual Medical Staff Meeting took place on January 22, 2013, during which:

- Medical Center Director and Chief Medical Officer Dr. Adnan Taher shared with the attendees the various initiatives that took place in 2012, which mainly focused on the AUBMC Core Values and Goals.
- Chief of Staff Dr. Hassan El Solh summarized the structural changes that took place in the Office at the Chief of Staff in 2012 including Medical Staff Affairs, Medical Board Committees, Quality, Accreditation, and Risk Management, Resource Utilization, Clinical Auditing and Monitoring, and Infection Control.
- Chairperson of the Graduate Medical Education Committee (GMEC) Dr. Salah Zein-El-Dine presented the 2011-2012 GMEC Report.
- Drs. Muhieddine Seoud, Marianne Majdalani, and Pierre Sfeir were elected to serve on the Medical Board for a period of two years ending September 30, 2014.
- Drs. Jaber Sawaya, Ayman Tawil, Imad Uthman, Sami Azar, Nelly Rubeiz, Pierre Sfeir, and Ziad Salem were elected to serve on the Committee of Peers until September 30, 2014.

REAPPOINTMENT REQUIREMENTS FOR MEDICAL STAFF AT AUBMC

All contracts for Medical Staff (Active and Clinical Associates) at AUBMC will expire on June 30, 2013. The process of reappointment to Medical Staff and renewal of clinical privileges has been initiated on April 1, 2013. The steps of the reappointment application involve:

1. **Physician Applying for Reappointment**
   All Medical Staff should have completed and submitted their reappointment application online through the provided link.
2. **Chairperson's Recommendation**
   The application is being reviewed by the Head of Division/ Chairperson, and a recommendation for reappointment and renewal of privileges will be presented to the Credentialing Committee and the Medical Board. Chairpersons should have submitted their approval and recommendations by May 24, 2013.
3. **Credentialing Committee Recommendation**
   The application will be reviewed by the Credentialing Committee, and a recommendation for renewal of Medical Staff membership and privileges will be presented to the Medical Board. The Committee's recommendation will be finalized by June 4, 2013.
4. **Medical Board Approval**
   The final decision of the application will be taken by the Medical Board based on the recommendations of the Chairperson and Credentialing Committee. Final approval and action will be completed during the Medical Board meeting on June 11, 2013.

QUALITY, ACCREDITATION, AND RISK MANAGEMENT (QUARM)

Quality and Accreditation

- The Quality Officers are conducting staff educational rounds in AUBMC that focus on patient care related topics. Surveillance rounds are also maintained on the different floors and units to assess our compliance with Joint Commission International (JCI) standards and the institutional readiness for the expected JCI survey in September 2013.
- The staff continues to update the AUBMC multidisciplinary policies, procedures, and the departmental manuals. A total of 14 policies and procedures were reviewed and updated during the past quarter.
- The Quality Team is also currently preparing for the launching of the JCI accreditation Q&A booklet that addresses the various staff layers at AUBMC. The purpose of this booklet is to optimize the AUBMC staff readiness for any queries raised by the JCI Survey Team members. This initiative/content of the booklet will be closely coordinated with the MAGNET Team.
- A series of Failure Mode and Effects Analysis (FMEA) meetings was initiated in January 2013 and is currently in the progress of examining the Hand-Off Communication concept among different disciplines.

Risk Management

The Risk Management Office received and investigated a number of patient-related complaints and addressed all concerns according to the standard process of implementation of the recommendations of the Task Force.

External Programs

Members of the QUARM staff conducted a Certified Professional in Health Care Quality (CPHQ) Workshop over five days in January 2013 with a total of 40 participants. The Workshop was accredited by the National Association of Health Care Quality (NAHQ) for 30 Continuing Medical Education (CME) Credits.

UTILIZATION

What Is Utilization Management?

Utilization Management is a process for assessing the delivery of health care services to determine if patient care is medically necessary, appropriate, efficient, and meets quality standards. It is an organization-wide, interdisciplinary approach to balance cost, quality, and risk concerns in the provision of patient care.

Objectives

All patients, regardless of their type of sponsorship, are monitored for over-utilization, under-utilization, and inefficient scheduling of resources. The primary objectives of utilization review are the following:

1. Assure care at an appropriate level for patient needs
2. Ensure the efficient and effective use of professional care services, procedures, and facilities
3. Provide professional accountability
4. Educate the Medical Staff and other health care professionals

Moving Towards Managing Utilization

Several steps were followed in the implementation of the Utilization Review Program at AUBMC:

1. The Utilization and Case Management Review Committee was reactivated.
2. A utilization review plan was developed.
3. A tactical plan for implementation was put in place to clarify the data to be reviewed and is being currently implemented.

Benefits of Utilization Management: Why We Need It?

1. Cost saving
2. Decreased Length of Stay (LOS)
3. Decreased denials
4. Appropriate level of care
5. Decreased health care costs
6. Timely and efficient discharge
7. Patient safety

Conclusion

It is just the beginning. With the support and commitment of leadership and treating physicians' involvement, the goal of Utilization Management in improving the use of resources will be attained. Utilization Management is not just about controlling cost, but it is making sure that the resources are in place so that patients are getting the most appropriate care in the most appropriate setting. This is a proactive effort that has mutual benefits for both patients and the hospital.

MEDICAL BOARD COMMITTEES

During the last six months, the Medical Board Committees were reorganized with the addition of new members and leadership and the introduction of revisions of the terms of references that are patient-focused and aligned with the AUBMC Core Values and 2020 Vision. These Committees are:

1. Ambulatory Services Committee
2. Antimicrobial Usage Committee
3. Blood Utilization Committee
4. Cancer Committee
5. Child Protection Committee
6. Committee on Point of Care Testing
7. Credentialing Committee
8. Critical Care Committee
9. Hospital Mortality and Morbidity Committee
10. Infection Control Committee
11. Medical Center Ethics Committee
12. Medical Records Committee
13. Medical Staff Bylaws Review Committee
14. Nutrition and Dietary Committee
15. Operating Room Committee
16. Organ Procurement Committee
17. Organ Transplant Committee
18. Pain Management Committee
19. Palliative Care Committee
20. Patient Education Committee
21. Patient Safety Committee
22. Performance Improvement Committee
23. Pharmacy and Therapeutics Committee
24. Physical Medicine Committee
25. Professional Fees Committee
26. Radiation Survey and Safety Committee
27. Social Service Committee
28. Tissue and Case Review Committee:
29. Utilization and Case Management Review Committee

The Committees have already met a number of times and defined their goals, objectives, and methodologies and started implementing their action plans. The invigorated momentum is inspiring and readily evident through the topics addressed in the Committee agendas, recommendations, and practical steps taken to optimize patient care at AUBMC.

COLLABORATIVE PRACTICE TEAMS

During the past few months, 15 Collaborative Practice Teams were created at AUBMC. They are expected to address the following patient care issues to improve our performance in patient care/satisfaction:

1. Guidelines/Standards of care/Evidence- based medicine
2. Continuity/Coordination of patient care
3. Communication/Attitude
4. Admission and discharge criteria
5. Optimal utilization of resources (inpatient, outpatient, Operating Room, Intensive Care Unit)
6. Orders of medications
7. Management rounds
8. Medical record documentation
9. Supervision/Education of Medical Students/Interns/ Residents/Fellows
10. Patient education
11. Discharge process
12. Other issues specific to each inpatient unit

One of those Teams will be featured in each issue of this newsletter.

CORONARY CARE UNIT (CCU) COLLABORATIVE PRACTICE TEAM

- Changing the admission/discharge process, which until now, has saved around two hours of the discharge time (11:20 am versus 1:50 pm before implementing the new process)
- Creation and activation of the Mortality and Morbidity (M&M) forms
- Unit-specific patient satisfaction survey
- Creation of a CCU house staff orientation module that is being delivered on a monthly basis to the rotating house staff at the CCU. It is composed of:
  - An overview of the new changes at the CCU and the role of the house staff (by Dr. Hussain Ismaeel)
  - Admission/Discharge criteria to/from CCU (by Dr. Dany Badreddine)
  - M&M (by Dr. Hussain Ismaeel)
  - Patient affairs: role of the patient advocate and an overview about the unit (by Ms. Yara Abu-Harb or her designate from the Patient Affairs Unit)
  - CCU protocols (by Ms. Angela Massouh, Cardiology Clinical Nurse Specialist)
- Monitoring of the CCU admissions and reporting all CCU non-indicated admissions on a quarterly basis
- Creation of a CCU core curriculum composed of 12 sessions that is to be taken on a monthly basis by the new rotating CCU house staff. The core curriculum will be posted on Moodle.
- Creation of a "Discharge" checklist for heart failure patients to be used as a reference/guide by the house staff. The checklist will be posted on Moodle, as well.
- Creation of an "End of Life Care" checklist that is to be activated by the patient's primary physician after consulting with the patient's consultants and conducting a family care conference

INFECTION CONTROL

Hand Hygiene

Keeping hands clean is one of the best ways to prevent the spread of infection.

- Alcohol-Based Solutions: What Benefits Do They Provide?
  1. Require less time
  2. More effective than soap and water
  3. More accessible than sinks
  4. Reduce bacterial counts on hands
  5. Improve skin condition
- Special Indications for Hand Hygiene
  1. When your hands are visibly dirty, contaminated, or soiled, wash them with antimicrobial soap and water.
  2. Before patient contact, donning gloves, and before invasive procedures
  3. After patient contact, contact with body fluids, and after removing gloves
  4. Gloves do not replace hand washing.
- How Should You Properly Use Alcohol-Based Solutions?
  1. Apply the correct amount of solution to the palm of one hand.
  2. Rub all surfaces of your hands together for 15 seconds.
  3. When your hands are visibly dirty, use soap and water.
  4. Alcohol-based solutions do not eliminate Clostridium difficile. Use soap and water.

Influenza Prevention

The flu season continues.

- Signs and Symptoms of Seasonal Influenza
  1. Fever
  2. Headache
  3. Fatigue
  4. Dry cough
  5. Runny or stuffy nose
  6. Muscle aches and pains
- Who Is at Risk of Influenza?
  1. Children ages 6 - 24 months
  2. Pregnant women
  3. Health care workers
  4. People with chronic health conditions
- Four Steps to Protect Yourself from Influenza

1. Get a flu vaccine. The best way to prevent the flu is by getting vaccinated each year.
2. Wash your hands often. A flu virus can survive on surfaces for up to eight hours.
3. Do not touch your eyes, mouth, or nose unless your hands are clean.
4. Take flu antiviral drugs only if your doctor prescribes them.

OFFICE OF THE CHIEF OF STAFF

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