By the time this newsletter is out, 6 dedicated and loyal employees would be retired. We will all miss their daily presence among us, but we are sure that they will remain part of

AUBMC family that we will alwavs remember.

The fellow retirees are:

- Ms Zepure Hamparian, Coordinator of X-ray Training in Diagnostic Radiology
- Mr. Puzant Touziian. Supervisor in Inhalation Therapy.

• Mr. Ilias Mukhayil Yunis Attendant in Diagnostic Radiology

• Mr. Salem Nasif, Pharmacy Aide in Hospital Pharmacy

- Mr. Al-Abid Sha'atu, Janitor in Housekeeping
- Ms Nuha Francis. Maid in

House keeping HRDMC employees wishes them all best of luck and years full of prosperity health and happiness to come.

 \mathcal{Q}

Congratulations on your Newsletter !

The Human Resources Department Newsletter comes at a time where the AUBMC is witnessing major changes to reflect a new perspective, new goals and core values. The Human Resources Department plays a pivotal role to instill these values in the staff members of AUBMC through disseminating the needed messages via its newsletter

As a reader of this newsletter I look forward to read new updates in personnel policies and procedures, performance improvement projects related to human resources, and other topics of common interest to the AUBMC staff at large.

Good Luck

Khalil Rizk Quality, Accreditation and Risk Management Program

2011-2012 Staff Development Plan

HRD belief is in the value and potential of AUBMC employees. The 2011-2012 Staff Development plan was thus devised to offer the best, most effective, job related training possible with which employees can continue to improve the level of service provided. Within this framework, key developmental activities will be offered to attend to the needs for development on identified significant general competencies including Management and Supervisory Skills: Critical thinking: Chairing and Conducting meeting: Project Management and Projecting a Professional Positive Image.

On another front, the 2011-2012 Staff Development plan will embrace promoting proficiency of functional competencies specific to certain jobs. Accordingly, HRD will support the below listed "job specific development activities" as per the following:

Certified Purchasing Professionals: This is planned to be achieved by supporting yearly two employees to attain "internationally recognized" certification for professionals in this function. Certified "Controlling Food Service **Costs" Professionals:** AUBMC HRD will fend for the progress of this service by supporting two eligible employees to attain "internationally recognized" certification for professionals in this function. "Recruitment and Retention of Talent" Professional: The "Recruitment and Retention of Talent in Healthcare" conference has been identified to assist the AUBMC HRD Recruitment Manager in significantly contributing towards introducing appropriate AUBMCwide talent recruitment, retention and management plans. Clinical Embryologist: Embryology is a rapidly developing field which has seen enormous growth in the last 20 years. On another front, the IVF technician job is one the technical jobs at AUBMC that are not backed by specific specialized educational program. HRD will thus be supporting the participation of one IVF technician in the "Alpha 2012 9th Biennial Conference.

Clinical Perfusionist: Patient safety is paramount, but safety within particularly the operating room and more specifically on cardiopulmonary bypass need to take into account the protection of the perfusionists' careers. The call to attend to this function was addressed by the 2011-2012 Staff Development Plan through supporting the participation of one Perfusionist in the "American Society of Extracorporeal Technology" Conference

Performance Management Cycle on FOCUS – BDI

Performance Management is a joint program intended to advance AUBMC mission and vision by aligning individual employee contributions with the hospital's goals; Performance Management is a joint collaboration effort between a supervisor and an employee utilizing the concepts of coaching, supporting and developing.

The performance appraisal measures employee performance against the goals, standards and competencies in an employee's performance plan and assigns a summary rating of record.

The appeal process: If the staff disagrees with his/her performance appraisal, the staff has the option of indicating that in writing and requests an appeal to discuss the appraisal with a human resource officer, who then investigates the reason and reconciles the two parties.

It has to be kept in mind -however- that electronic signature is always required to indicate that employees' appraisals have been discussed with them by their supervisor and this doesn't necessarily indicate approval of respective appraisal. Employee has to indicate any disagreement in the "notes" field but always has to sign his/her appraisal in order for HR to follow up any appeals or disagreements.

Certified Professional in Healthcare Quality (CPHQ)

We would like to congratulate the following 3 employees who've recently received CPHQ certification: Ms. Rihaf Yazbek (CPHQ 2011)

- Ms. Shatha Abi Ghanem (CPHQ 2011)
- Ms. Laval Mohtar(CPHQ 2011) CPHQ is a universal source of certification that is considered to be the highest and most specific

Several interesting findings were found which are highlighted in page two of this newsletter. In case you need any details or specific

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Employees?

A random stratified sample of 191 employees

was selected in a way that represents actual

characteristics (mainly job families & years of

service) of AUBMC employee population.

Interviews were conducted by AUB MPH

graduate students where 20 engagement

items were rated on a 5 points Likert scale.

Employee Engagement is defined as

"involvement with, commitment to, and

satisfaction with work". It is different from

Employee Satisfaction in being a "one step

and dedication to deliver better outcomes.

further" in predicting employees' commitment

Engaged employees are likely to be satisfied

in their jobs; the opposite -however- may not

always hold true: Satisfied employees are not

Engagement level at AUBMC proved to be

benchmarks. Overall Engagement Index was

67% -compared to 60% and 62% in US and

comparable with most international

necessarily engaged.

Canada respectively.

information. don't hesitate to contact us

Cont'd on page 2



Service Awards Ceremony 2011

AUBMC celebrated the 2011 Service Awards Ceremony -organized by Human Resources-Medical Center at Issam Fares Hall on September 6, 2011.

This year witnessed many enhancements that added to the celebratory nature of the event. After the national anthem and alma mater, speakers (Mrs. Roudaina Haddad, Dr. Adnan Tahir, Dr. Mohammad Sayegh, Mr. Abdallah Faour, and VP Jim Radulski) highlighted the importance of AUBMC.

Pins and flowers were distributed to awardees. The ceremony was concluded with cutting a huge cake followed by an exceptional buffet 184 employees celebrated this event . Out of them 62, 60, 41 & 21 employees completed their 10, 15, 20 & 25 years of service respectively.

Performance appraisal scores summary of 1787 Non-Academic AUBMC employees for this year:

Overall average of all employees: 3.73 Standard Deviation: 0.47 Median: 3.8 Range: 1.3 – 5.0 Distribution of scores:

| PA Rating | # of Employees | % |
|-----------|----------------|-----|
| 1-1.5 | 1 | 0% |
| 1.5-2 | 1 | 0% |
| 2-2.5 | 2 | 0% |
| 2.5-3 | 83 | 5% |
| 3-3.5 | 376 | 21% |
| 3.5-4 | 771 | 43% |
| 4-4.5 | 442 | 25% |
| 4.5-5 | 111 | 6% |

2. Monitor an document performance



recognition of professionals in healthcare quality. Most hospitals have incorporated the CPHQ as a pre-requisite requirement for the appointment of quality management staff. How to get certified?

Step-1: Prepare for the exam by enrolling in a recognized course and by reading the pertinent literature. The CPHQ review course is organized by the Quality, Accreditation and Risk Management Program in coordination with the Continuing Medical Education Office at AUB.

Step-2: Get involved in practical quality management projects

Step-3: Schedule an exam date for CPHQ. The exam questions are based on recall, application and, analysis. The exam is conducted on line at the Clinical and Professional Development Center (CPDC) at the American University of Beirut Medical Center - Hariri School of Nursing. You can apply on line by accessing the HQCB website: http://www.cphq.org

Step-4: Read the CPHQ Candidate Handbook which contains all of the information needed to apply and schedule for the CPHQ examination.

HRDMC Newsletter Issue 02 October 2011



Human Resources AMERICAN UNIVERSITY of BEIRUT MEDICAL CENTE: Department Medical Center Send us your Feedback http://staff.aub.edu.lb/~webhrdmc/contact.html hrdmc@aub.edu.lb / ha41@aub.edu.lb Phone: 009611350000 ext: 6110/1

HUMAN RESOURCES DEPARTMENT HAR NEVER AUXILIARIES AUXIL

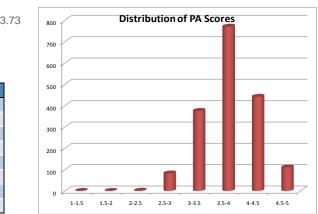
In this issue

- Service Awards Ceremony P.
- Performance Appraisal Results P.
- Employee Engagement Survey P.2
 - Resume Training Sessions P.2
- Department in Focus: Inhalation Therapy P.3
 - 2011-2012 Staff Development Plan P.4
 - Retiring Employees P.4
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 - CPHQ Certification P.4

AUBMC celebrated employees who completed 10, 15, 20 & 25 years of service.

dedication, loyalty and commitment to excellence that are well reflected throughout employee's long service at

Performance Appraisal Results







Resume (also known as curriculum vita or CV) is defined as "a written document that lists your work experience, skills, and educational background. It is used as a marketing tool for job seekers." These two points were highlighted and stressed on during all the training sessions that were given. The Resume Training was a handson training held every day for the past two months and each session included 12 employees. Due to the outcome of the sessions that were held, the next trainings are going to occur twice per day. New sessions will open in October and the employees who did not register for the previous trainings will be able to register this time. Moreover, email confirmations as well as reminders will be sent in order for the employees to make

sure that their registration has been accepted. In addition please remember this training is mandatory. Frequent follow-ups are going to be done by the appointed HR Staff in order to make sure all the AUBMC employees have filled in their resumes on time

Employee Engagement at AUBMC (cont'd)

The graph to the right summarizes overall response to the survey items

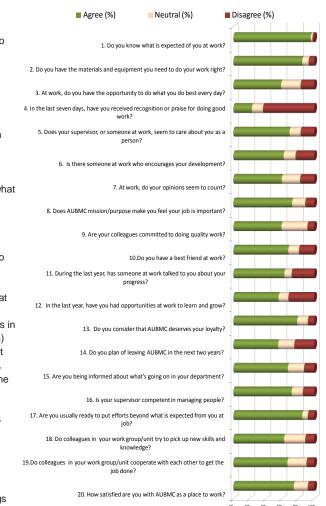
The following is worth noting:

- 63% indicated that they don't receive regular recognition or praise for good work
- 32% didn't indicate having opportunities to learn and grow
- 25% indicated that they plan to leave AUBMC within the next 2 years
- 85% showed willingness to put efforts beyond what is expected
- 32% were neutral to considering colleague's commitment to doing quality work
- 68% indicated having a best friend at work
- "Technical" Job Family was the least to agree to having supervisor care tailored as a person
- "Nursing" Job Family considerably had higher agreement with their progress being discussed at work
- "Technical" Job Family scored lower than others in many areas (particularly in receiving recognition)
- "Nursing" Job Family had the highest agreement score in having opportunities to learn and grow.
- Employees with 0-5 years of service indicated the highest willingness to leave AUBMC.
- · Employees with 5-10 years of service showed a lower engagement pattern than both employees with less and more years of service (a J shaped graph)

Recommendations:

While overall engagement level is good, some findings show some below average engagement scores among certain groups, mainly "Technical", and "skilled Labor/operational support", and also among employees with 5-10 Years of service.

HRDMC will be working towards enhancing the culture



of recognition, improving supervisors' role in building engaged teamwork, and enhancing employees' realization and perception of learning and growth

This Issue's Q&A: Resignations

: In case of resignation, the employee or worker shall give ne university a written notice prior to the effective date of is/her resignation as follows:

- One month written notice if he/she has 3 or less years of continuous service
 2 months' written notice if he/she has more
- than 3 years but less than 6 years of continuous service
- 3 months' written notice if he/she has more than 6 years and less than 12 years of continuous service.
- 4 months' written notice if he/she has more than 12 years of continuous service

ployees or workers withdraw

This depends on the judgment of the department head, uman Resources, and the employee's record.

to be re-employed?

A: No person shall be considered for re-employment before at least 90 days after date of termination. However, if the person has resigne for any reason other than change of full-time/part-time status or employee has received his/her Indemnity, he/she shall not be eligible for re-employment before the lapse of a minimum of two years from the date of resignation

Announcement:

- Regarding Vacation days kindly note the following: All entitled 2010-2011 vacations should be taken before Dec 31 2011
- Any deferral of above vacation days for exceptional reasons should be approved by the supervisor, HR Manager and the Medical Center Director
- The above doesn't apply to summer days and holidays which can't be deferred.
- To view full memo kindly check: http://staff.aub.edu.lb/~webhrdmc/downloads/vacation-memo.pdf

Department in Focus: Inhalation Therapy

Working 24 hours a day, 7 days a week, Inhalation Therapists have a pivotal role at AUBMC.

The Inhalation Therapy Division has grown tremendously in terms of personnel, range and complexity of services, since its establishment in 1968. Currently the division consists of 18 respiratory therapists and 9 technicians who provide full range of respiratory care services 24-hours a day, 7-days a week. Dr. Mohamad Khatib, who assumes the directorship of the division, describes respiratory therapy as "a scientific and a clinical discipline". He stated that "the mission of the division of Inhalation Therapy at AUBMC is to continually strive to provide the state-of-the art and comprehensive respiratory care services for patients of all ages from newborns to geriatrics". Currently the staff in the Division of Inhalation Therapy operate the most modern and sophisticated mechanical ventilators. The division has grown to accommodate around 50 mechanical ventilators for invasive ventilatory support in adult, pediatric, and neonatal patients. as well as fifteen Bilevel Positive Airway Pressure Systems for non-invasive ventilatory support among other state of the art respiratory care equipments (e.g., high frequency oscillatory ventilators,

high frequency chest wall oscillation, blood gas machines, nitric oxide delivery and monitoring systems, metabolic monitor, pulse oximeters, end-tidal carbon dioxide monitors, etc). Services are provided all over the Medical Center particularly in the different critical care units where neonatal. pediatric, and adult patients with respiratory failure are managed using



state-of-the-art mechanical ventilation with the most advanced and novel modalities of ventilatory support

The clinical respiratory care services in the division of inhalation therapy include, but are not limited to, the following

| Respiratory Therapy Job Competency Profiles: | | | |
|--|--|--|--|
| Competency | Respiratory Therapist (Intern) | Respiratory Therapist | Senior Respiratory Therapist |
| Technical Expertise | Level 1 | Level 2 | Level 3 |
| Patient Assessment | Level 1 | Level 1 | Level 1 |
| Plan of Care | Level 1 | Level 1 | Level 2 |
| Health Education, Prevention & Promotion | Level 1 | Level 1 | Level 1 |
| Quality management | Level 1 | Level 1 | Level 2 |
| Applied Technology | Level 2 | Level 2 | Level 2 |
| Resource Management | Level 1 | Level 1 | Level 1 |
| Problem-solving | Level 1 | Level 2 | Level 3 |
| Information and Records Management | Level 2 | Level 3 | Level 4 |
| Teamwork | Level 1 | Level 1 | Level 2 |
| Developing others | Level 1 | Level 1 | Level 2 |
| Planning & Organizing | N/A | N/A | Level 1 |
| Human Resources Management | N/A | N/A | Level 1 |
| Client focus | Level 1 | Level 1 | Level 2 |
| Achievement Orientation | Level 2 | Level 2 | Level 2 |
| Initiative | Level 1 | Level 1 | Level 2 |
| Communication skills | Level 2 | Level 2 | Level 2 |
| Health and safety | Level 2 | Level 2 | Level 3 |
| Organizational awareness | Level 1 | Level 2 | Level 2 |
| Business Acumen | N/A | N/A | Level 1 |
| English Comprehension | Level 2 | Level 2 | Level 3 |
| Computer Skills | Level 2 | Level 2 | Level 3 |
| Education | Minimum Education: Bachelor's Degree in Respiratory Therapy or related field | Minimum Education: Bachelor's Degree in Respiratory Therapy or related field | Minimum Education: Bachel Degree in Respiratory Thera or related field Preferred Education: Maste Degree |
| Experience | Minimum Experience: No experience required | Minimum Experience: 3 years as Respiratory Therapist Intern or experience in critical care | Minimum Experience: 7-10 ye as Respiratory Therapist |

etc) ٠

Medical gases therapy (oxygen, nitric oxide, and heliox)

Invasive mechanical ventilation (Volume and pressure controlled ventilation, High Frequency Oscillatory Ventilation, Bilevel Ventilatory Support, Proportional Assist Ventilation, Airway Pressure Release Ventilation, Pressure support Ventilation,

Non-invasive ventilatory support (Bilevel Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure (CPAP) for adults and noninvasive intermittent mandatory ventilation (NIMV) for neonates and pediatrics)

- Airway management (endotrach-
- eal intubation
- Airway clearance therapy (High Frequency Chest Wall Oscillation (HFĊWO))
- Airway medication (bronchodilation and humidification therapies) • Transport of critically ill patients • Diagnostic Procedures (Sampling of
- arterial blood for arterial blood gases
- determination and for co-oximetry,
- determination of respiratory system
- mechanics during mechanical ventilation, indirect calorimetry, etc) Support during bedside procedures such as diagnostic and interventional
- bronchoscopies as well as transcutaneous dilatational
- tracheostomies
- · Management of chronic patients who are in need of home ventilatory support and/ or oxygen therapy

To keep improving its performance and achieving its goals, the division of Inhalation Therapy at AUBMC has adopted a set of values that is based on continuously improving quality, efficiency, timeliness, cost-



effectiveness, professional standards, patient education, and continuous self education. "We have had a very good past, we are enjoying our present, and we will always strive for a better and brighter future for continuously providing the best respiratory care services and practices for the patients at AUBMC, and for the people of Lebanon and the region," concluded Dr. Khatib

| | Section Supervisor |
|---|--|
| | Level 4 |
| | Level 1 |
| | Level 2 |
| | Level 2 |
| | Level 3 |
| | Level 3 |
| | Level 2 |
| | Level 3 |
| | Level 4 |
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| | Level 3 |
| | Level 3 |
| | Level 2 |
| | Level 1 |
| | Level 3 |
| | Level 3 |
| | Minimum Education: |
| s | Bachelor's Degree in |
| | Respiratory Therapy or related field |
| | Preferred Education: |
| | Master's Degree |
| s | Minimum Experience: 5 |
| | years of experience as a Senior Respiratory Therapist |
| | |

Portfolio for promotion

I. Competencies: (assess behavior using development assess

- Meet expectations
- 2. Job standards: (assess outcome) Exceeds standards for the last two - three vears
- 3. Goals (assess contribution) Evidence of contribution

4. Narrative recommendation to recommend final promotior

Steps in performing Development Assessments:

1. HR will receive an email from Head of Department concerning assessment of employee 2. A 360 assessment will be performed using BDI Focus

system by the employee, his/her current supervisor and his/her second level of supervision (other members are also welcome)

3. HR will receive a finalized assessment to be analyzed as per following criteria:

- a. The employee meets the DPL (desired performance level) as indicated in above
- b. If there are GAPS, how are they analyzed: i. HR will look at the GAPS and the
 - source they are originating from <u>ii.</u> Are these GAPS, key competencies that distinguish one level from the next
- iii. Are these GAPS essential competencies in performing the job <u>c</u>. HR will submit a finalized recommendation

concerning this assessment