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المركز الطبي في الجامعة الأميركية في بيروت

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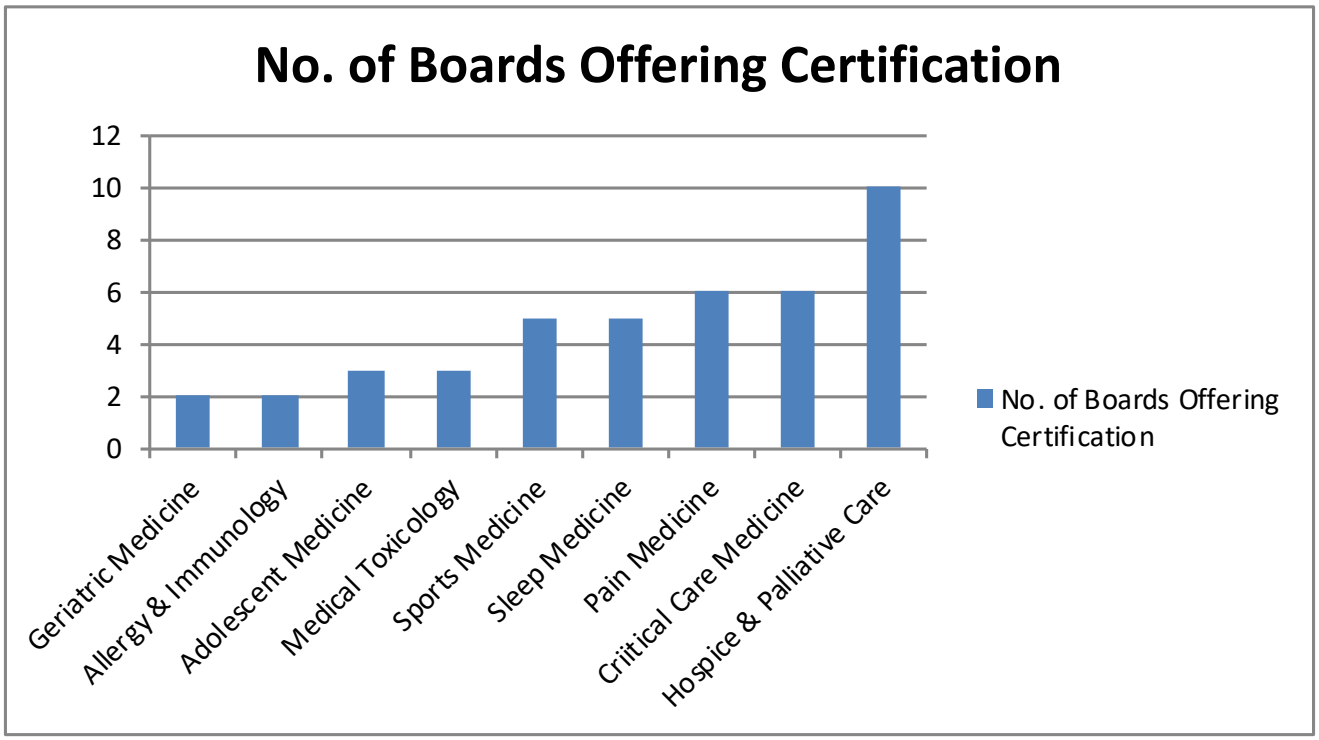
# OFFICE OF THE CHIEF OF STAFF NEWSLETTER

## Collaboration of Teams in Healthcare Organizations

One of the major challenges faced by medical staff leaders on a regular basis is addressing and resolving turf battles. Google defines "turf war" as "an acrimonious dispute between rival groups over territory or a particular sphere of influence". In recent years, turf battles among specialties emerged and became a prominent topic of discussion among healthcare professionals due to the technology boom and the recent innovations experienced in medicine. The overlap between specialties/sub-specialties has become more prominent with the use of these technologies and advances in these groups of physicians.

Conservatives, who originally had exclusive privileges to perform such procedures, fought against widening the scope of their privileges to other specialties while liberals welcomed these additions and advocated for a multidisciplinary group practice approach. In parallel, these developments across the sub-specialties warranted reviews by the specialty boards and resulted in the certification of specialties/sub-specialties by different boards as illustrated in the bar graph below.



To mitigate these turf battles and their negative ramifications, healthcare organizations developed strategic modalities to harmonize the work environment and ensure collaboration and collegial relationships. These include:

1. Establishing a core/non-core privileging system.
2. Creating centers of excellence where multiple specialties/sub-specialties enroll and integrate.
3. Changing perceptions about ownership of units/labs/facilities by a single department of specialty.
4. Developing guidelines for the introduction of a new technology or service where multiple stakeholders are engaged.
5. Eliminating strife among competing physicians through an environment of mutual education between the medical staff across sub-specialties and imparting on trainees this cooperative spirit between the specialties.

In summary, multidisciplinary collaborative practices between specialties/sub-specialties is mandatory in the face of the immense development in the field of medicine.

# Operational Efficiency

The Evidence-based Healthcare Management Unit (EHMU), established in 2010, is an innovative and interdisciplinary research and service unit aiming at strengthening evidence-based decision making in the healthcare sector in Lebanon and the region. The EHMU is, in part, dedicated to assisting the AUBMC management in improving operational efficiency.

Throughout the past eight years, the EHMU has led more than 25 quality improvement projects across departments at AUBMC (e.g. Department of Diagnostic Radiology, Emergency Department, Department of Clinical Nutrition, Outpatient Clinics, Neuroscience Outpatient Center, and Multiple Sclerosis Center) in an effort to reduce waiting time, optimize scheduling practices, and enhance patient experience. In its most recent collaboration with AUBMC, the EHMU joined the core planning team of the Halim and Aida Daniel Academic and Clinical Center (Daniel ACC) in order to redesign workflows in a way that eliminates waste, improves resource utilization, and ensures patient-centered care.

The EHMU team applies a multidisciplinary approach, relying heavily on evidence and applied research to reinforce its quality improvement recommendations and plans of action. To do so, the EHMU engages faculty members with academic expertise in business, organizational behavior, engineering management, nursing, healthcare management, medicine, etc. in order to assist managers at AUBMC in making more evidence-based and scientifically-driven day-to-day decisions. The EHMU's projects shed light on root causes behind certain operational inefficiencies and provide data-driven recommendations on how to improve them in an effort to contribute to the Medical Center's operational efficiency and organizational performance.

With more than 30 research collaborators, the EHMU has contributed to knowledge generation and translation by hosting PhD residents from Tilburg University, publishing cutting-edge research and teaching case studies driven from interactions with real life problems, and mentoring graduate theses for students. The EHMU also offers AUB students several opportunities for mentorship, internship, as well as PhD residencies on a competitive basis, in collaboration with international universities.

# Pain Division: The Lost Horizon

The Division of Pain Management in the Department of Anesthesiology offers a full spectrum of treatment options for preventing and treating both acute pain (pain experienced in the aftermath of surgery) and chronic pain (pain caused by a chronic condition that requires regular treatment).

## Acute Pain Treatment

There are enormous variations in the amount of pain a patient can experience after surgery. While some surgeries are relatively painless, in some cases, advanced techniques will be utilized.

For acute pain, a team of physicians and nurses offers the latest in patient-centered treatment including:
- IV-PCA (Intravenous Patient Controlled Analgesia)
- Epidural and continuous nerve blocks
- Ultrasound-guided blocks

## IV-PCA

- IV-PCA offers the ability to control the amount of pain medication by merely pushing a button whenever you experience pain.
- When the button is pushed, the computer decides the safe amount of a small dose of narcotic analgesic. Following the administration of a dose, you are "locked out" from getting any more medication for a particular period (i.e. 5-10 minutes).
- After that, you can get more medication simply by pushing the button if the computer decides that it is safe and the lockout period is complete.
- The computer and pump are connected to your intravenous catheter.

## Epidural Analgesia

- Highly effective and recommended for larger surgeries including orthopedics, lung, and abdominal surgery.
- Through a needle placed in your back temporarily, a catheter is placed so that medication can be continuously given.
- Although this involves a procedure before surgery, it often has better outcomes than IV-PCA alone.
- This, too, is connected to a computer and pump to allow for extra doses in a controlled, safe manner.

## Peripheral Regional Anesthesia

- Another method of pain relief is the administration of a nerve block and/or placement of a catheter near a nerve with continuous infusion of pain medicine.
- No matter what the chosen method of post-operative pain control is, the Pain Management Team will monitor you daily to ensure your surgical experience is as smooth and painless as possible.

# Chronic Pain Treatment

Chronic pain conditions are variable and often complex. For those who suffer from chronic pain, the Pain Clinic at AUBMC may be able to help.

The clinic is located on the 4th floor of the Surgery Private Clinics. Pain specialists at the clinic will provide a wide spectrum of services to relieve chronic, non-malignant, and cancer pain employing medication and interventional procedures.

Interventional procedures offered include:


- Transforaminal epidural steroid injections
- Facet and sacroiliac joint injections
- Peripheral nerve blocks
- Visceral and sympathetic ganglion injections
- Placement of intrathecal programmable pumps
- Placement of implantable spinal cord stimulators
- Neurolytic nerve blocks
- Radiofrequency procedures

# Infection Control and Prevention Program (ICPP)

The ICPP at AUBMC provides guidance, recommendations, and services to AUBMC's community. Its ultimate goal is to reduce the acquisition and transmission of infections and maintain the safest possible environment for patients, visitors, and employees. This is achieved by performing surveillance activities and analysis to identify risks of Hospital Acquired Infections (HAIs) or Multidrug Resistant Organisms (MDROs).

Globally, emerging infections and communicable diseases are adequately tracked in an effort to rapidly initiate preventive measures and avoid unnecessary exposures. All occupational exposures are identified and managed in collaboration with the University Health Services. Policies are adopted for the early detection of outbreaks to identify possible sources and halt the spread of pathogens.

The Infection Control (IC) Committee, which is a multidisciplinary committee of the Medical Board, oversees the functions of the program and is chaired by Dr. Souha Kanj. The program is adequately staffed and consists of one epidemiologist, one manager, and four well-trained IC professionals. The program successfully assumes various activities such as education, awareness, and training for all employees at the Medical Center. Innovative methods are used (simulations, one-on-one tutoring, and group educational sessions) to achieve an ultimate understanding of infection practices since IC is everyone's responsibility; online policies are available to all the staff and serve as a quick reference at all times.

Close collaboration is maintained with the Ministry of Public Health to detect and limit the spread of communicable diseases at the national level. In their latest AUBMC survey in 2017, the Joint Commission International Accreditation (JCIA) surveyors' concluding remarks commended the institution's leadership, administrative staff, clinical managers, and all staff categories for their competency in recognizing and acting upon all risks pertinent to IC activities in the Medical Center.

An aggressive hand hygiene campaign was conducted in 2018 in line with the International Hand Hygiene Day. The campaign's slogan was "It's in your hands - prevent sepsis in healthcare". Pins and posters were distributed in the Medical Center. Photos of the Medical Center leadership were displayed in all nursing units to encourage hand hygiene practices. 50 participants won prizes for participating in a quiz that tested their knowledge in various IC topics.

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