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AUBMC
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المركز الطبي في الجامعة الأميركية في بيروت

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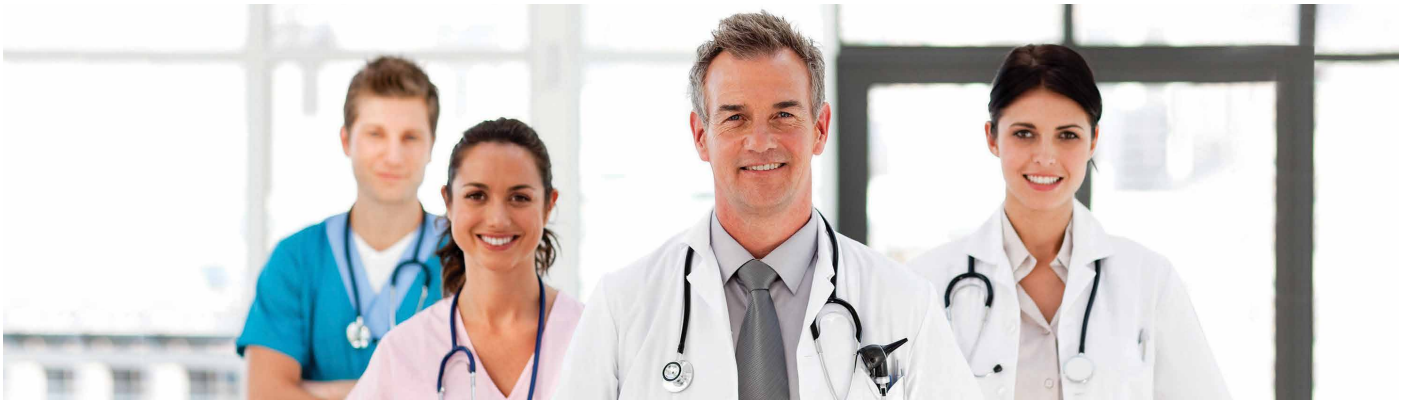
OFFICE OF THE CHIEF OF STAFF NEWSLETTER

A CLINICALLY SAFE ENVIRONMENT REQUIRES A SAFE CULTURE

The 1999 Institute of Medicine report "To Err Is Human" launched the modern patient safety movement that promotes a "just culture" rather than the traditional "blame culture", and it recognized that impaired behaviors can harm patients. Indeed, safety and quality of patient care depend on teamwork, effective communication, and a collaborative work environment. Conversely, intimidating and disruptive behaviors among hospital staff could foster medical errors and lead to patients' dissatisfaction and adverse outcomes.

In fact, 49% of healthcare professionals surveyed by the Institute for Safe Medication Practices on the impact of intimidation reported that past experience with intimidation had altered the way they handle order clarifications or questions about medication orders. Furthermore, 40% of respondents who had concerns about a medication order assumed that it was correct or asked another professional to talk to the prescriber, rather than interact with the intimidating prescriber. While 75% of respondents had asked colleagues to help them interpret an order or validate its safety to avoid interacting with an intimidating prescriber. Physicians' interpersonal behaviors were also strongly related to litigation risk (Hickson. G and Entman. S. 2008). Indeed, disruptive and unprofessional behaviors were found to increase malpractice risk by undermining teamwork and promoting patient dissatisfaction.

Ensuring a safe culture among hospital staff is, therefore, an essential element of an organization's culture of safety. A safe culture is characterized by full participation of all staff without fear of reprisal or marginalization. A safe culture depends to a great extent on the high level of respect between professional groups in which disruptive behaviors do not occur. Medical staff who lead by example are models and mentors in creating a safe culture and are the drivers of the safe culture at hospitals. Feedback on physician behavior through surveys could support the role of medical staff as models. A standardized process for an annual evaluation of medical staff behavior was, therefore, developed by the Office of the Chief of Staff and validated at AUBMC using a multisource feedback questionnaire-based assessment method in compliance with the Joint Commission International (JCI) standards and an AUBMC policy. Feedback on physician behavior is obtained from the Medical Center staff members working at multiple levels of the organizational chart.



The first Annual Evaluation of Medical Staff Behavior Survey was launched in September 2016 and the second survey in September 2017 using the 360 Blue Tool software. This software is designed to conduct 360 evaluations while protecting the anonymity of respondents and the confidentiality of results. The response rate to the 2017 cycle was 64.25% versus 61.33% in 2016. The individual evaluation reports were disseminated to faculty through automated individualized emails, and the results were shared with the respective clinical departmental chairpersons who provided feedback to faculty. The second version of the Annual Evaluation of Medical Staff Behavior Survey administered in 2017 included significant modifications based on the first survey results and faculty feedback.

We continue to work on improving the survey. Further modifications based on the 2017 survey results and feedback from physicians will be incorporated into the third version planned to be administered in September 2018. The aim of the survey is not to point the finger of blame on individual physicians for undesired behaviors. Instead, the purpose is to provide physicians with feedback that helps shape the desired behaviors. The survey will also help assess the presence of a safe culture at our Medical Center and guide the development of interventions that could ultimately enhance and promote the desired safe culture.

Dr. Ismail Khalil, Advisor to the Medical Center Director, CMO, and Chief of Staff
Dr. Hassan Chami, Director of the OPPE Program
Ms. Rouba Kabbani, Clinical Executive Assistant - Chief of Staff

AUBHEALTH CLINICAL OPERATIONAL READINESS

The success of the AUBHealth implementation relies on the engagement of the AUBMC staff and clinicians. Changes to our day-to-day operations will need to be implemented to ensure that the newly adopted Health Information System (HIS) EPIC delivers what we need in terms of improved performance and clinical outcomes.

Over the past year, our clinical operational readiness team of core owners, representing all departments, was heavily involved in the design and content-building phases of the installation process. As a result, several new workflows were adopted. Implementation risks that are area and process-specific were also identified. Core owners developed mitigation plans to address these risks. Key clinical challenges that were identified were those related to documentation, efficiency, productivity, and patient care. The testing phase is now in progress, and the training of users on how to use the new HIS will follow. End-users should be aware of how decisions, taken throughout the installation process, will impact their daily work after Go-Live on November 3, 2018.

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AUBHealth
Health Information System
AUBMC: Best Patient Experience

Currently, the focus is on communication for the purpose of familiarizing users with workflows and policies. Managing expectations is also key since optimizing this system to our needs will continue after the Go-Live. The more engaged everyone is, the smoother the implementation will be.

Dr. Mazen El Sayed, Deputy CMIO

NOISE REDUCTION IN THE OPERATING ROOM (OR)

"Unnecessary noise is the most cruel absence of care which can be inflicted either on sick or on well".
Florence Nightingale, 1859

The concept of noise reduction in the working place and especially in healthcare facilities has gained wide interest in view of the negative impact that environmental noise has on healthcare providers and on patients alike although to different degrees.

AUBMC has recently initiated several noise reduction measures with some success. These were adopted after a careful assessment of noise levels in some sections of the Medical Center.

A task force was created to look into the sources of noise, their impact on OR personnel and on patients, and to bring forward solutions.

After a slow start, the project of noise reduction was brought back to the limelight as a performance improvement initiative upon the recommendation of the Director of the OR Dr. Roland Kaddoum.

Why Noise Reduction in the OR?

1. Noise level in the OR can reach that of a busy highway.
2. It may reach the threshold of pain in the ear.
3. It may cause, if prolonged, irreversible hearing loss and tinnitus.
4. It has serious negative repercussions on the cardiovascular system with a rise in blood pressure, increased peripheral vascular resistance, and predisposes to cardiovascular disease.

5. It can seriously hamper cognitive behavior especially behavioral and functional memory, in addition to attention.
6. It interferes with verbal communication and as such is a leading cause of error and poor patient outcome.

Who Is Affected the Most by Noise in the OR?

1. Anesthesiologists, according to most studies, are the most affected by chronic noise exposure in the OR.
2. Nursing staff are also affected although to a lesser degree.
3. Surgeons, depending on their specialties.

Sources of Noise in the OR

Over 60 sources have been identified. They fall under five categories: conversation, instrument handling, machinery, loud music preferred by some surgeons, and crowding.

Solutions

1. Raising cultural awareness of the negative impact of noise on all aspects of OR life especially on individuals working there.
2. Identifying all the sources of noise and trying to control them.

Major work has been in progress regarding the above.
Hence, and after the awareness campaign fulfills its purpose, the task force will draft a policy on noise reduction. Upon approval, the policy will be enforced and monitored.

This is a collective effort which will only succeed if all concerned parties are convinced of the seriousness of the matter and if everyone contributes each in her/his own capacity to its success.

Dr. George Zaytoun, Deputy Chief of Staff for Surgical and Procedural Affairs

HALIM AND AIDA DANIEL ACADEMIC AND CLINICAL CENTER (DANIEL ACC)

Daniel ACC marks the launch of the implementation stage of Vision 2020. The first of a series of new building facilities to come, the ACC is a 14 - level structure designed by NBBJ, a leading architecture firm based in New York. The ultimate goal for the new building is to integrate the new layout with cutting-edge service delivery that is centered on the patient. With a projected completion date of summer 2018, the 14 - story academic and clinical center will be the most modern medical building in Lebanon with services distributed across nine levels and a parking of five underground levels.

Notable goals for ACC:

- Consolidation of dispersed functions into integrated specialty services (ENT, pulmonary, ophthalmology, Oncology and Infusion Center, psychiatry, heart and vascular, and Kids Specialty Clinic).
- Creation of a one-stop shop patient experience as it pertains to clinical care provision and administrative support.
- Establishment of a same-day surgery suite with three operating rooms.
- Invention of a new modular clinic design that allows specialty services to share space and physicians and nurses to work together.
- Creation of a clinical simulation center that uses cutting-edge simulation technologies to address medical education curricula.

Extensive work took place for the past two years by the transition team to prepare for the activation of the building. This was done in close coordination with and the full engagement of the physicians, nurses, and support staff in addressing the changes associated with the move. Processes had to be re-engineered from the grounds up. The creation of a one-stop shop patient experience necessitated a synthesis between several functions and identification of new job descriptions. Governance was transformed from administrative reporting into team-based care. Additionally, in order to facilitate effective operational efficiency and better patient experience, 11 IT applications were developed in-house specifically for the purpose of supporting the new building and model of care before the implementation of AUBHealth.

Dr Dania Baba, Chief Planning and Transition Officer

THE NUTRITION SUPPORT TEAM (NST)

Championed by the Office of the Chief of Staff, the NST was instated at AUBMC in an effort to standardize the approach to parenteral nutrition in hospitalized patients. This team operates both in the adult population as NST and the pediatric/adolescent population as PANST. The NST/PANST is a consultative team providing specialized nutrition support care to patients identified at risk of malnutrition or in a malnourished state. The NST/PANST structure consists of a physician, a dietitian, a pharmacist, and a registered nurse. Each team has a director appointed by the Nutrition Committee. NST members adopt a multidisciplinary approach in fulfilling their responsibilities. They develop a nutrition care plan which addresses patient needs based upon the nutrition assessment, using the latest practice guidelines as a reference. The nutrition care plan includes nutrient requirements, intake targets, route of administration, and measurable short-term and long-term goals of care. The NST/PANST continues to follow these patients regularly reassessing the need to continue parenteral nutrition and monitoring possible side effects.

Ever since NST/PANST started being consulted regularly, patient care improved by virtue of the multidisciplinary approach and the constructive discussions that routinely take place with the primary care team. The aim is to widen the scope of nutrition support to encompass enteral nutrition indications and implementation, thus, completing the full aspect of care.

Dr Nadine Yazbeck, Chairperson of the Nutrition Committee