



Our lives are dedicated to yours

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# OFFICE OF THE CHIEF OF STAFF NEWSLETTER

Dear colleagues,

"We Are Back" is the theme we have chosen for this issue of the Office of the Chief of Staff Newsletter. We are back to share with you the many milestones which have been achieved and review the challenges we have faced over the past year or so. Undoubtedly, we have successfully accomplished our clinical transformation to the best benchmarked and cost-effective patient care with the support of our leadership and the superb services of our medical staff.

Significant improvements have taken place in quality accreditation and risk management strategies by promoting a collegial culture and improving the communication channels between the Department of Quality, Accreditation, and Risk Management and all concerned stakeholders, including Active Medical Staff, Nursing Services, and the Graduate Medical Education Office. Additionally, the Office of the Medical Staff Affairs has been actively engaged in streamlining the credentialing and privileging processes and has, in courteous collaboration with various clinical departments, delineated the "Core and Non-Core Privileges" of each specialty to ensure that our medical staff practice is in accordance with JCI standards, including those related to patient care and safety.



Throughout the past months, many initiatives have been advanced and developed by several committees, task forces, and small groups whose terms of reference have led to the implementation of many programs, including antibiotics stewardship, clinical improvement, and cancer prevention programs among others.

To comply with our vision, mission, and core values, we have strived to upkeep with the latest developments in the healthcare industry and comply with the highest accreditation standards. New policies and procedures have been established while previously approved ones have been amended and/or revised. In addition, we have revamped our bylaws, rules, and regulations to match the changes which have evolved since they were last drafted.

All these landmarks are but a few of what has transpired from the great efforts of our medical staff and their steadfast commitment to the Medical Center. Despite our success, we should not rest on our "laurels", but we must remain focused on the future challenges that would promote our growth, reduce our conflicting influences, and improve our communication channels. Making the appropriate decisions now and in the future will maintain our role as leaders in the medical field.

**Dr. Abdul Ghani Kibbi**

Deputy Chief of Staff for Medical Staff Affairs

Professor and Chairman, Department of Dermatology

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## LAUNCHING OF THE ANTIMICROBIAL STEWARDSHIP PROGRAM

Antibiotic resistance is a significant problem that is progressively worsening at healthcare facilities around the world; it is a major issue confronting our patients and healthcare providers. As such, judicious antimicrobial management is necessary to preserve the antibiotics currently available. Stabilizing antibiotic resistance, however, requires a multipronged approach, including formulary restrictions, educational guidelines, review and feedback, and close surveillance of antibiotic utilization resistance patterns with interventions made on a daily basis to optimize antibiotic therapy.

The Lebanese Ministry of Public Health has been calling for the establishment of antimicrobial stewardship programs in all acute care hospitals with the goal of reducing inappropriate antibiotic utilization in inpatient and outpatient settings. It is part of AUBMC tradition and mission, as a leader in healthcare delivery in Lebanon and the Middle East, to be committed to the establishment of such a robust antimicrobial stewardship program and reduce unnecessary antibiotic use. Accordingly, a multidisciplinary Antimicrobial Stewardship Program (ASP) was launched at AUBMC on February 18, 2016, and is directed by Dr. Nesrine Rizk and co-directed by Dr. Souha Kanj Sharara.

The mission of the ASP is to ensure that every patient who is on antibiotics at AUBMC gets optimal therapy. The goal is for the ASP to be a useful service in optimizing antibiotic use at our medical center and to improve patient outcomes and safety, reduce adverse consequences of antibiotic use, stabilize antibiotic resistance, and decrease antibiotic costs. The ASP team will coordinate interventions to promote appropriate use of antibiotics at AUBMC, including the selection of the optimal antibiotic drug, dose, duration, and route. The ASP incorporates many components, including education, development of clinical guidelines, restriction of high-risk drugs, and tracking of outcomes. The core of the program is antibiotic review and feedback.

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## ESTABLISHMENT OF THE CLINICAL PRACTICE IMPROVEMENT PROGRAM

The Clinical Practice Improvement Program (CPIP) aims at better outcomes and efficient utilization of resources for improving the standards, guidelines, protocols, processes, and procedures of patient care. It streamlines the clinical practice to ensure that healthcare providers/clinical departments conform to standards of care. Dr. Fadi Mirza has been appointed as the Director of the CPIP, which will join forces with the Department of Quality, Accreditation, and Risk Management and Nursing teams and will work closely with the recently approved Clinical Practice Improvement Program Committee, a standing committee of the Medical Board to achieve the goals listed above.

**The CPIP, which was established by the Office of the Chief of Staff to streamline the process of clinical practice improvement for the various clinical departments, will support the chairpersons of the clinical departments in their efforts that pertain to the following mandates:**

- Development of evidence-based performance measures for the purpose of monitoring departmental performance and generating reports of outcomes with benchmarking
- Establishment of clinical pathways and protocols applicable to the functions of the department/division or one of its specific services
- Development of clinical guidelines that pertain to the state of specific diseases



# CREDENTIALING AND PRIVILEGING NEWS

In line with our mission of continuously educating physicians and providing them with the latest advances on the process of credentialing and privileging of medical staff that allows them to compete with the best professionals in the field, below is a schematic representation of two clinical privileges requested often by medical staff:

## CONSCIOUS SEDATION

### Special Ties with Conscious Sedation as Core Privilege

- Anesthesiology
- Critical Care
- Emergency Medicine
- Neonatology
- Pediatric Critical Care

### Special Ties with Conscious Sedation as Non-Core Privilege

- Recredential every two years by:
- Online Conscious Sedation Course
  - Current Re-suscitative Training (ACLS or PALS)

## INSERTION OF CENTRAL VENOUS CATHETER

New Physicians

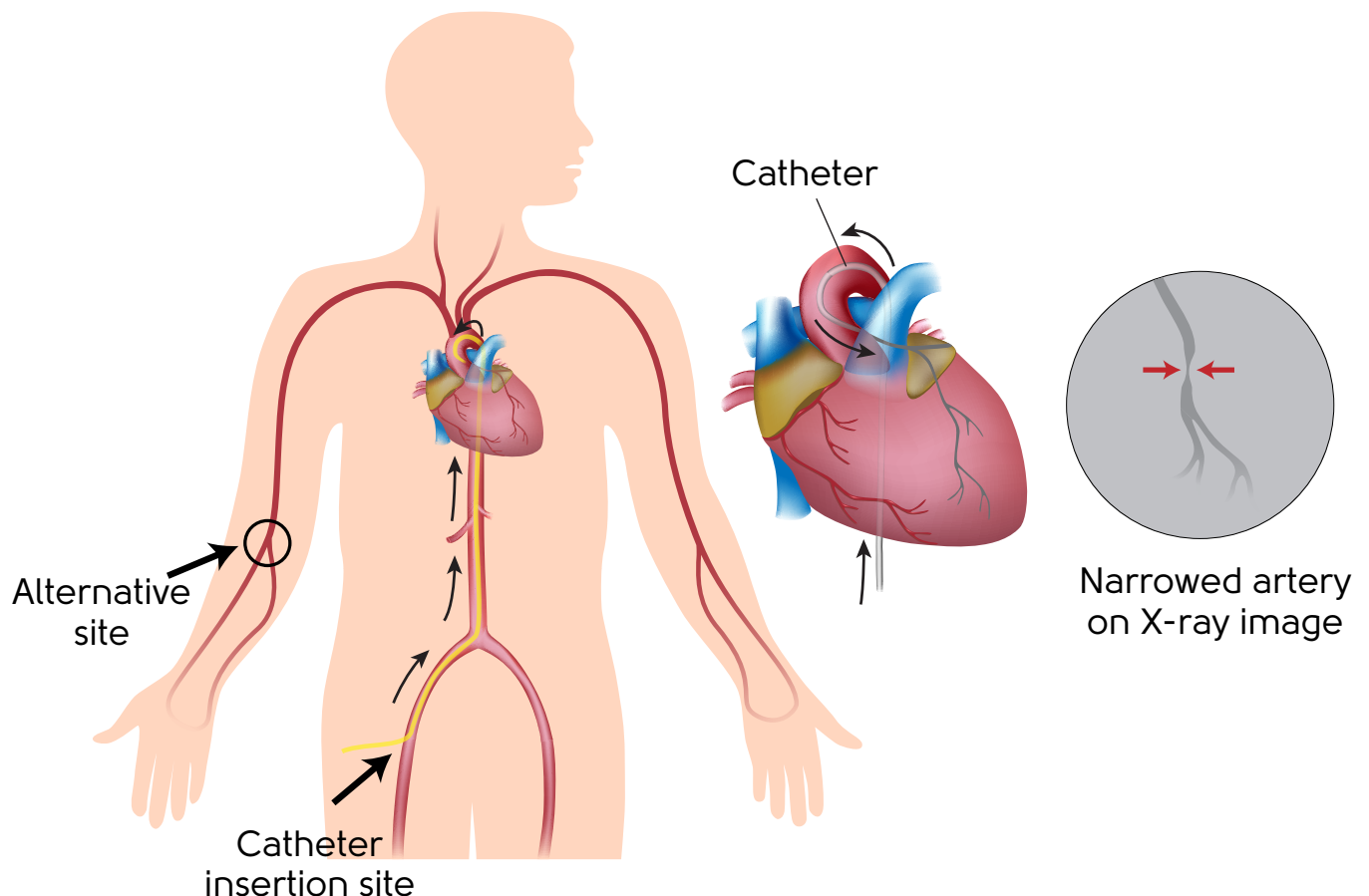


Completion of online course "Insertion of Central Venous Catheter"

Renewing Physicians



Completion of online course "Safe Practices for Central Venous Catheter Insertion: Refresher Course"



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# NOISE REDUCTION IN THE OPERATING ROOM

"Unnecessary noise is the cruelest absence of care which can be inflicted either on sick or on well."

*Florence Nightingale, 1859*

Noise levels in Operating Rooms (ORs) worldwide have exceeded those of a busy highway. They have reached levels considered to be hazardous to the health of both OR personnel and patients alike. They affect occupational health, cognition, communication, and performance to varying degrees.

Conscious of the adverse effects of noise and in an effort to minimize its impact on the overall OR environment, the Chief of Staff at AUBMC appointed a taskforce, chaired by Dr. George Zaytoun, to assess the situation, evaluate the magnitude of the problem, identify the different sources of noise, and recommend possible solutions.

**The report was submitted recently and has included several corrective measures some of which have been listed below.**

- Raise cultural awareness of the negative impact of noise on all aspects of OR life, especially individuals.
- Apply structural changes in some OR premises where noise is known to originate.
- Limit unnecessary traffic in OR.
- Empower OR nurse directors and managers to enforce the Policy on Noise Reduction.
- Introduce the principle of accountability and process monitoring necessary for implementation.

This is a long and tedious process which should ultimately secure the health and wellbeing of patients undergoing surgery and OR personnel alike. The cooperation of all concerned will be crucial to arrive at an acceptable noise reduction status.

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# ANNUAL EVALUATION OF MEDICAL STAFF BEHAVIOR

Medical Staff members are role models and mentors who participate in creating a safe environment away from any fear of reprisal or marginalization at our Medical Center. The safe culture at AUBMC promotes, and to a great extent, a high sense of respect among professional groups while minimizing possible incidences of disruptive behaviors.

Medical Staff behaviors are to be evaluated annually using a multi-source feedback questionnaire-based assessment method. The purpose of the questionnaire is to actively seek the feedback of stakeholders who work at the lower, same, or higher levels in the organizational chart to assess the presence of a safe culture at the Medical Center and develop quality improvement processes to improve it.

The survey has been piloted within three departments during December 2015 using Lime Survey, and the Office of the Chief of Staff is currently working with the Office of Institutional Research and Assessment (OIRA) on developing a system involving different stakeholders in the evaluation process using the Blue software. This system guarantees anonymity of results even to the survey administrators. The system shall be tested within the Department of Obstetrics and Gynecology, and based on the feedback received within a week's time, it will be adopted by all other departments at the Medical Center.

**OFFICE OF THE CHIEF OF STAFF**

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