



## ***A Message from the Associate Dean for Clinical Affairs, Chief Medical Officer***

The last several years have seen dramatic changes in the climate and operating circumstances affecting AUBMC. Lebanon has seen the economic havoc fuelled by currency fluctuations of the 1980s, the escalating financial deficits of the 1990s, the rising costs of healthcare and the tightening of health care reimbursements by MOH and NSSF.



Despite this setting, impressive gains in overall public health status and life expectancy were achieved. Yet Lebanon still faces a number of significant health care challenges; over half of the population still lacks formal health insurance coverage and more than 60% of overall health spending comes from out-of-pocket private expenditures. Total health expenditure, as a percentage of GDP, is around 12.4 percent-higher than any other Arab country. Service delivery is largely curative oriented and dominated by an unregulated private sector which manages around 90 percent of all hospitals and 83 percent of all health centers.

Quality standards in health care are still quite modest (notwithstanding the establishment of a national accreditation program) given the absence of an overall approach toward continuous quality improvement in health care. Quality problems and lack of transparency are everywhere, affecting many patients. Between the health care we have and the care we could have lies not just a gap, but also a chasm.

In the strategic planning effort at AUBMC, seeking JCIA accreditation is an essential activity that would bridge these quality gaps. We have decided to move from the traditional organizational line into patient-centered services that provide better access, a kinder and gentler experience, more comprehensive care management, and the tools by which patients and their families can understand, participate in and evaluate the quality of the care provided.

Accreditation and Quality Management efforts are pivotal in improving patient care and permeating the culture of excellence throughout AUBMC.

Adnan Mroueh, M.D.  
Associate Dean for Clinical Affairs / CMO

## ***What do staff benefit from working in an accredited organization?***

*By: Hassan Alameh, MPH*

If you were to work as a crew member of a ship, would you choose to work on a famous, well equipped, secure, and comfortable ship? Or –instead- choose to work on a shaky, unsafe and unreliable boat run by an incompetent crew?



Organizations –like boats- differ in terms of quality, safety, comfort, and crew qualifications. Accreditation is a powerful tool for any organization aiming to meet the best available quality and safety standards.

As AUBMC is aiming towards getting JCIA accreditation, We as staff will be the first to enjoy seeing the positive impacts of accreditation on our work environment, qualifications, career paths and even our personal life.

The focus of our career at AUBMC is patient care. Accreditation ensures that patients will benefit from being the recipients of cutting edge care. This in itself is a major career success to all employees.

Accreditation will highlight the image of AUBMC as a leading organization in the region, and will strengthen the community confidence in its standard of care and competency of its staff.

We will enjoy working in a quality-centered environment, where safety of patients and employees is the primary concern. We will have more opportunity to empower our competencies, and to enrich our knowledge and education. Everyone will have the chance to upgrade his/her skills. Needless to say, such work environments are crucial in stimulating personal and career growth.

Working in an accredited hospital will be a major step in each employee's career path and development. It will be a professional asset that will contribute to future career advancements and/or recruitment. Accreditation has become a worldwide trend and nowadays, accredited hospitals attract the highest caliber professionals. Accreditation will also have a positive impact on the overall financial standpoint of AUBMC. It will increase its share in the confidence of the community and improve its competitiveness in the region. This will eventually reflect on all AUBMC community as we enjoy AUBMC's continuous success as a leader in healthcare in the region.

***Letters to the Editor*** E-mail: [accrisk@aub.edu.lb](mailto:accrisk@aub.edu.lb)

## Winners of the 4th Accreditation & PI Staff Awareness Questionnaire

Nariman Halabi, Fellow, Internal Medicine  
Celina Rizk, Clinic Receptionist, Private Clinics

Mahmoud Abdallah, Floor Clerk, Private Clinic, OBS

Romez Wezzeh, Radiographer, Diagnostic Radiology  
Zaher Hamzeh, Dispatcher, Plant Engineering

### Staff Awareness Questionnaire #4 Answers

- Smoking in The AUBMC:** Correct answer is “e”: All of the above
- The patient bill of rights and responsibilities** Correct answer is “e”: All of the above
- Informed consent:** Correct answer is “b”: It is sufficient to obtain one informed consent for all recurring procedures on the first occurrence
- Use of blood/blood products - (indicate the wrong statement):** Correct answer is “a”: Administration of blood/blood products does not require informed consent by the patient.
- Issuing medical reports** Correct answer is “e”: All of the above
- Joint Commission International Accreditation (JCIA):** Correct answer is “b”: JCI consultation survey (mock survey) is scheduled in October 2006.
- Reporting Adverse Drug Events (ADEs) - (indicate the wrong statement):** Correct answer is “d”: ADE reports are kept in the patient medical record.
- The AUBMC’s mission statement:** Correct answer is “a”: The mission statement of the AUBMC is displayed in many locations within the Medical Center.
- Patient identification, which of the following is NOT true:** Correct answer is “c”: The room number or bed number is a good patient identifier.
- Multi-disciplinary charting at AUBMC:** Correct answer is “d”: All the above.

### AUBMC Policy and Procedure Manuals

#### VOLUME II OF THE AUBMC POLICY AND PROCEDURE MANUALS ARE NOW BEING DISTRIBUTED

**Volume I will contain Patient-Centered Policies and Procedures**

**Volume II will contain Health Care Organization Management Policies and Procedures**

Please ensure that you are aware of the new policies that have been added. They are available in your department and online at <http://staff.aub.edu.lb/~webaccrm/index.html>.

### 2006 National Patient Safety Goal #3: Improve the Safety of Using Medications

The use of medications is one of the most frequent and recurring activities in any hospital setting. The AUBMC is considered a tertiary care facility treating patients with a high acuity level where medications are heavily used.

**The Joint Commission issued 3 requirements in order to comply with this Safety Goal:**

**Requirement 1: Standardize and limit the number of drug concentrations available in the organization.**

We, at the AUBMC, limit the number of drug concentrations and adopt standard concentrations especially for pediatric/neonatal patients. At the same time, we are working to introduce "smart" pumps equipped with special software to help in reducing errors in medication concentrations when administered through infusion solutions.

**Requirement 2: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.**

At the AUBMC, the Pharmacy Department has compiled a list of look-alike/sound-alike drugs used in the Medical Center. The list includes the generic and brand names of drugs, similarities, mean of differentiation, and action to be taken.

**Requirement 3: Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.**

The Joint Commission’s directives indicate that medications and solutions should be labeled even if there is only one medication being used. Labeling should occur when any medication or solution is transferred from the original packaging to another container.

Medication labels should include the drug name, strength, amount (if not apparent on the container), expiration date (when not used within 24 hours) and expiration time (when it occurs in less than 24 hours).

JCIA studies indicate that errors have resulted from medications and other solutions being removed from their original containers and placed into unlabeled containers. Medications or other solutions in unlabeled containers are unidentifiable.

Let us avoid situations that will increase the probability of medication errors.

**Accreditation Administrator & Risk Manager**