



## ***A Message from the Chairman, Department of Pathology & Laboratory Medicine***

Seeking accreditation by an international body is like a journey. To reach the intended destination successfully, the road map is to be outlined by three essential landmarks: good planning, communication and team effort. While these sound simple and logical, they demand determination and perseverance. In early 2000, the Department of Pathology and Laboratory Medicine decided to seek accreditation for its services by the College of American Pathologists (CAP), an international leading organization in accrediting clinical laboratories. The services of the Department have a good track record in the quality of its services but with taking the challenge of accreditation, it was critical to ensure compliance with more than 2000 standards. The early stages necessitated the laying of the detailed plan by the leadership (directors, administrators, and supervisors) and setting the target date. This was communicated to all employees within the Department to reinforce their notions on quality performance. Dedicated teams were formed to address the general standards that are common to all sections while others focused on specific standards within the section. The process uncovered hidden talents within the Department and it was indeed refreshing to witness the commitment of the employees. The issue became a personal pride to each one of them and encouraged them to meet day and night and conduct several mock inspections. Finally, the inspection date arrived on February 25, 2004 and the CAP survey team, consisting of ten members, conducted a thorough survey of the clinical laboratories following which the Department was awarded the first accreditation for any service within the University. Today, the faculty and staff of the Department are fully aware of the fact that the only greater challenge to an achievement is how to sustain the success. It is with the same spirit that governed the first initiative, the second round of inspection on March 23, 2006 culminated in renewal of accreditation. Moreover, an inspection training seminar was conducted on March 25, 2006 and now many members of AUBMC laboratory faculty and staff are qualified to conduct the highly reputed CAP inspections.



Therefore, the story of success in the Department may not be different from others but it reflects the will and desire of a group to take a challenge and achieve it. The Department looks forward to see others joining the effort to make AUBMC fully accredited in all its services.

*Ghazi Zaatari, M.D., Professor and Chairman*  
Department of Pathology & Laboratory Medicine  
American University of Beirut Medical Center

### ***Update on New AUBMC Policies & Procedures***

The following policies have been distributed to your AUBMC Policy and Procedure Manuals. Please make sure you read and sign the pertinent new policies. Soft copies of all policies and procedures are available on: <http://his.aub.edu.lb/accrm/policies/>

- ▶ End of Life Care—COP-MUL-014
- ▶ Care of Vulnerable Patients—COP-MUL-016
- ▶ Visiting Medical Observers —GLD-MST-001
- ▶ Patients' Rights and Responsibilities—PFR-MUL-002

#### **WINNERS OF THE 6th Accreditation & PI Staff Awareness Questionnaire**

**Yousef Bou Abdallah**, Operation Supervisor, Computing Networking Service  
**Mustafa Takkoush**, Medical Gases Technician, Plant Engineering  
**Diala Abou Daher**, Patient Relations Manager, Patient Relations Office  
**Hassan Younis**, Pharmacy Attendant, Pharmacy  
**Hayfa Hammoud, RN** 6 South, Nursing Services

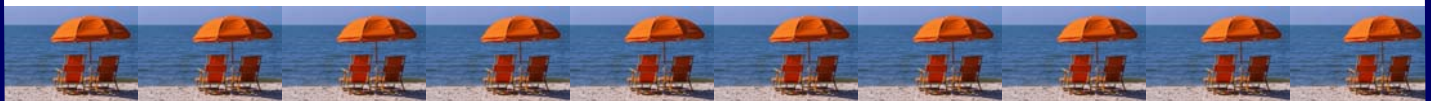
Names were drawn in the Diagnostic Radiology Department on July 12, 2006. Answers to the *6th Accreditation & PI Staff Awareness Questionnaire* are available in the Cafeteria or on the Accreditation & Risk Management Website <http://staff.aub.edu.lb/~webaccrm/>

# ***A Message From the Chief Of Staff and Accreditation Survey Coordinator***

As part of the continuous efforts for performance improvement and in preparing for accreditation, the following are important messages to be conveyed to all AUBMC medical, nursing, and other professionals:

1. The **Multidisciplinary Notes** form is introduced to serve as a means of written information exchange among various members of the healthcare team who are authorized to document their findings in the patient's medical record. Please enter your notes in a chronological manner and do not leave empty spaces or pages.
2. **Informed consent** should be obtained prior to any surgical procedure performed in the operating room, use of blood / blood products, use of conscious / moderate sedation, or any listed high-risk procedure. The Informed Consent form should be obtained by the physician who is performing the procedure or by one of his / her assistants.
3. **Proper documentation** guidelines include:
  - A. Start your documentation by recording the date and time of your note
  - B. Be concise and specific
  - C. State facts and findings and avoid subjective statements or personal opinion
  - D. Avoid using statements that would incriminate other healthcare professionals
  - E. End your documentation by recording your name, (or using your name stamp) and signature
  - F. Avoid using problem-prone abbreviations and symbols.

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



## ***2006 National Patient Safety Goal #9: Reduce the risk of patient harm resulting from falls***

Many hospitals routinely report inpatient falls. As a matter of fact, falls are the most frequently noted incidents. Quality assurance programs insist upon the importance of monitoring adverse events and often use fall rates as an indicator of nursing outcome.

***Requirement 9B: Implement a fall reduction program and evaluate the effectiveness of the program.***

In AUBMC, a fall prevention program is in place; this program includes:

- ▶ Fall assessment & management (Nursing Services Policy #327)
- ▶ Patient and family education
- ▶ Incident reporting
- ▶ Data analysis and benchmarking

patient fall rate ranged between 0.5 and 1.3 falls per 1,000 patient-days.

All AUBMC employees are encouraged to report patient falls by filling the *Incident Report form* that is available on the Accreditation and Risk Management website (<http://staff.aub.edu.lb/~webaccrm/index.html>) in soft copy.

***Accreditation Administrator & Risk Manager***

Wide variations in fall rates have been reported. Studies in acute-care hospitals show notable variations. Comparing fall rates among various institutions is helpful. The unit of measurement is the number of falls per 1,000 patient-days. 2–15% of inpatients experience at least one fall during their hospital stay. The fall rate of 2.2 falls per 1,000 patient-days is the most commonly used in acute care facilities in the USA for comparative purposes. Although falls are a traditional target of risk management, comparative data are too scant to set a benchmark. Some patient falls may not result in visible injuries, nevertheless they should be reported.

At AUBMC, a monthly statistical report is compiled by the Risk Management Office to analyze trends and find out possible measures to reduce patient falls. During the last year, the reported pa-

