

OFFICE OF THE CHIEF OF STAFF NEWSLETTER

AUBMC: THE PLACE TO BE

On July 1, 2009, the Faculty of Medicine (FM) and its Medical Center (AUBMC) embarked on a transformational journey towards re-joining the ranks of leading American academic medical centers. In hindsight, this transformational journey was made possible by three underpinning principles: vision, teamwork, and the creation of leaders.

In June 2010, a year after the new leadership took over; the Board of Trustees (BOT) unanimously approved our new vision, the "AUBMC 2020 Vision", in a historic vote. The Vision entailed becoming the leading academic medical center in Lebanon and the region by delivering excellence in patient-centered care, outstanding education, and innovative research.



Over the years, significant milestones towards the AUBMC 2020 Medical Complex have been achieved, namely the Wassef and Souad Sawwaf Building, the Medical Administration Building (MAB), the Diana Tamari Sabbagh Building (DTS), and the Halim and Aida Daniel Academic and Clinical Center (ACC), which is due to become functional this year.

Moving forward, we will soon be launching our New Medical Center Expansion (NMCE) Project. The new building will allow for the availability of an additional 150 beds (in 5 years), satisfy the need for OR/procedures, develop revenue generating uses, allow for Cancer and Pediatric Hospital development opportunities, and entail less disruption and cost for relocation and backfill renovations.

Significant achievements, however, do not come without challenges. Nonetheless, we view these challenges as opportunities and always look for ways to overcome them, improve, and reassess our situation especially with the implementation and "Go Live" of AUBHealth in November 2018.

However, the transformational journey will also include an additional focus in line with the HEALTH 2025 Vision. The focus was first mentioned as a presidential initiative in the inauguration speech of AUB's 16th President, Dr. Fadlo Khuri, on January 25, 2016; it aims to establish the first Health Sciences Campus in the Arab region. AUB will serve as a leading hub for clinical and population health education, research, and practice. To support and drive this vision, the Office of Strategic Health Initiatives was established. Within a short time frame, this office actively completed several major initiatives, such as hosting the first international forum on Rebuilding Health Post Conflict, signing a memorandum of understanding with the Municipal Council of Beirut to cooperate in the establishment of "Beirut: Healthy City 2022", and launching the interactive Health Initiatives Map. This Office has also established the Global Health Initiative (GHI), which serves as the foundation for the creation of the first stand-alone Global Health Institute.

Our health mission at AUB started 150 years ago, and the collective legacy of AUB's contribution to health has always revolved around social and human wellbeing. With this new vision on health succeeding a great seven years of achievements at the FM and Medical Center, it would seem befitting that I lead this effort and journey with President Khuri towards a new transformation on campus over the next decade. This will not only further the advancement of multidisciplinary delivery of care but will also impact population health locally, regionally, and globally.

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OPPE: IMPROVING THE QUALITY OF MEDICAL CARE

In 2013, the Office of the Chief of Staff launched the Ongoing Professional Practice Evaluation (OPPE) Program and appointed Dr. Hassan Chami as its Director. The ultimate aim of the Program is to improve individual physician practices in providing high-quality and safe patient care at AUBMC. By comparing results among colleagues, the Program intends to reduce the variation in processes and outcomes among physicians within the same specialty. It also aims to improve the results of entire specialties/departments by comparing their results with external benchmarks from other medical centers and published research.

The OPPE process entails identifying, collecting, reporting, and evaluating measures of physician performance on an ongoing basis. When the Program was first launched, the Division of Cardiology was the first division at AUBMC to identify specialty-specific physician performance metrics. Despite the limited available medical informatics at the Medical Center at that time, data on those metrics was collected from the Medical Center's information system, and the first physician performance reports for the members of the Division were generated.

Much of the reports' generation process was manual at the beginning, handled by Ms. Rania Haddad and Mrs. Diana El Banna from the Office of the Chief of Staff. With the help of Mrs. Carla Joun and Mrs. Samar Nassar from the Decision Support Unit and the IT Medical Center Processes and Systems (MCPS) Unit, much of the reports' generation process was automated, which helped deal with the large volume of reports that needed to be generated on an ongoing basis. By 2016, the Office of the Chief of Staff was able to generate custom reports for all 39 clinical divisions and departments at AUBMC, each with a distinct set of specialty-specific quality indicators, including 358 individual physician reports.

On the data collection side, the below was noticed:

- 1** Most of the data of the AUBMC-wide indicators is directly extracted from the Medical Center's information system.
- 2** A meaningful evaluation of physicians in different subspecialties required collection of important specialty-specific metrics that depended on human review.
- 3** For some specialties, some data was integrated from pre-existing quality programs at the Medical Center, such as the Infection Control Program.
- 4** On a larger scale, most departments and associated units had to develop quality initiatives to collect and report specialty-specific physician performance metrics.
- 5** Much of this data was collected manually through chart review or event reporting; manual data entry was essential.



The OPPE process went through much refinement, and to date, continues to be work in progress with the leadership of Dr. Chami and the support of the Deputy Chief of Staff for Medical Staff Affairs, Dr. Abdul Ghani Kibbi. Since its launching and with the specialty-specific reports generated, the data was reviewed and corrected, and the indicators, benchmarks, and the data collection process were refined. Physician acceptance of the OPPE process was variable and gradual. The feedback received from physicians also helped refine the process.

An important issue that had to be addressed was the attribution of clinical care, which got more complex when multiple physicians contributed to the care of patients. This was especially relevant when the patients' medical problems appeared to be complex and associated with adverse outcomes and ICU care.

To overcome this hindrance, it was important to:

Identify the physician to whom patient care and outcome should be attributed.

Enhance the attribution of clinical outcomes.

Develop a policy that defines who is responsible for clinical care.

Implement several upgrades to the Medical Center information system with the help of IT MCPS.

Despite the multiple adjustments to the OPPE process, the physician performance quality metrics available continue to be crude as the current information system at the Medical Center does not allow adjustment for severity. This is important as trends and outliers in metrics are often due to difference in case severity and case mix. Thus, the interpretation and evaluation of those metrics often time require focused chart reviews to better investigate outliers and trends.

Going forward and learning from past experience, the new information system at AUBMC will help extract data without the need for human review and will provide more precise metrics. These will account for case mix and allow severity adjustment, which will eventually help obviate some of the focused reviews and the manual chart reviews.

WE DID IT AGAIN!

For the past three years, hundreds of people throughout AUBMC have been working diligently to create a new culture of patient safety and quality. A roadmap to guide the Medical Center's actions and decisions was designed. The work focused on multiple fronts: leadership, clinical care, research, education, and facility.

Our work was not aimed at getting through accreditation; we worked on continually raising our standards and improving our processes to deliver high-quality care. Each department and service has implemented measures to achieve standards that have higher emphasis on quality and safety. Our world-class physicians, nurses, and staff joined several committees and taskforces, and they measured our current performance, critiqued it, and came up with ways to improve it. We have clearly set our goals; we have also tracked our progress and benchmarked it against other US healthcare institutions.

This enabled us to manage by facts and data rather than by assumptions. Because of these processes, we have been able to attain a higher level of patient safety and quality care, and that is what it is all about: quality and safety management.

Our goal remains to provide quality, compassionate, and safe services to improve the health of the people whom we serve, and this accreditation recognizes and validates our efforts. The Joint Commission International (JCI) survey was completed on the 7th of April, and the final report was a recognition of all the hard work that led to such an impressive outcome. At the end of the survey, the surveyors congratulated the Medical Center's leadership for the outstanding results as their findings were limited to only 15 measures which were partially met, while no unmet measures out of all the 1300 elements measured were noted. In the exit conference, the surveyors' team leader announced that JCI is honored to be a partner with AUBMC as a leading healthcare institution.

The accomplishment is a great honor to AUBMC, and we are proud to be partners with JCI among other great healthcare institutions. We would also like to applaud the contributions of all the staff at the Medical Center since they were the first to embrace a culture of quality and safety that eventually led to the delivery of the highest quality of patient care.



PHYSICIAN SATISFACTION SURVEY ABOUT CREDENTIALING AND PRIVILEGING

Objective:

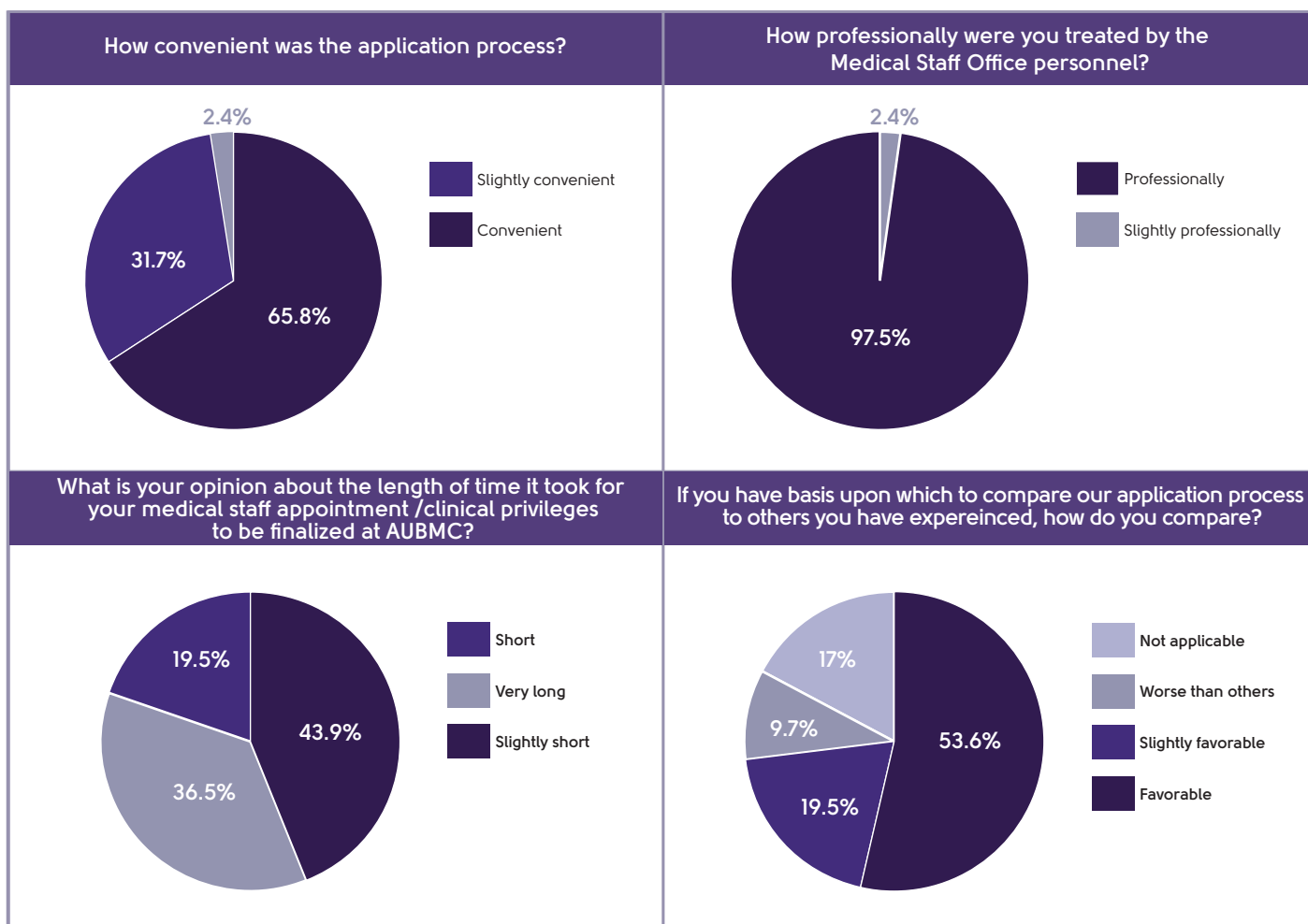
- To improve the Medical Staff Office services to the newly appointed Medical Staff
- To obtain their feedback on the process of vetting each application
- To inform them of the process and stages of credentialing and privileging

Sample:

All newly appointed Medical Staff (Active and Clinical Associates) between Oct. 2013 and Oct. 2015 were surveyed. The response rate was 51/ 78 (66%). There were several questions related to the process of initial appointment.

Results:

The overall response was favorable with applicants expressing a positive experience with the onboarding process. The following are some of the results of the survey.



Conclusion:

This survey indicates that Medical Staff are overall satisfied with the process for initial appointment at AUBMC and that the Medical Staff Office is providing a professional and timely service. The results also indicate that there is room for improvement with explaining this process to new recruits and shortening the time needed to vet initial appointments by facilitated collaboration between the departments that are involved in this process.

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