

## **GABY D. DOUMIT M.D. M.Sc. FRCSC FRCSC FACS**

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Citizenship: Canada

Languages: English, French.

### **Academic Appointments**

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<b>CHU Sainte Justine</b>	Sept 2014 – Present
<b>Centre Hospitalier De L'Université De Montréal</b>	Jan 2016 - Present
<b>Assistant Professor</b>	
Division of Plastic Surgery	
University of Montreal	
Montreal, Qc, Canada	
<b>Cleveland Clinic</b>	
<b>Consultant Staff</b>	Sept 2014 - Present
<b>Section Head – Craniofacial and Pediatric Surgery</b>	July 2010 –Sept 2014
Institute of Dermatology and Plastic Surgery	
Cleveland, Ohio, USA	

### **Board Certification**

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<b>American Board of Plastic Surgery</b>	November 2011
Board Certified (Certificate No 7992)	
<b>Canadian Board of Plastic Surgery</b>	May 2009
Fellow of the Royal College of Surgeons of Canada (FRCSC)	
<b>American Board of General Surgery</b>	September 2007
Board Certified (Certificate No. 52566)	
<b>Canadian Board of General Surgery</b>	June 2007
Fellow of the Royal College of Surgeons of Canada (FRCSC)	

### **Education**

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<b>Craniofacial Surgery</b>	July 2009 – June 2010
Clinical Fellow, Harvard Medical School	
Assistant in Surgery (Full Staff Privilege), Massachusetts General Hospital	
Institution: Massachusetts General Hospital, Shriners Hospital for Children - Boston	
Program Director: Michael J. Yaremchuk, M.D. FACS	
Boston, Massachusetts, USA	

**Plastic Surgery** July 2007 – June 2009  
Chief Resident  
Temple University Medical School  
Institution: Temple University Hospital, Thomas Jefferson University Hospital, Fox Chase Cancer Center, Abington Memorial Hospital, St Christopher's Hospital for Children, Alfred Dupont Hospital for children.  
Program Directors: Chris Tzarnas M.D. FACS; Aron Wahrman M.D. FACS  
Philadelphia, Pennsylvania, USA

**General Surgery** July 2002 - June 2007  
Chief Resident: PGY-4 and PGY-5  
University of Ottawa – Medical School  
Institution: Ottawa Hospital, Children Hospital of Eastern Ontario  
Program Director: Robin Fairfull-Smith M.D. FRCSC  
Ottawa, Ontario, Canada

**Master of Epidemiology** September 2004 - January 2007  
Summa cum Laude  
University of Ottawa and University of Toronto  
Title: Opinion Leaders - Effectiveness, Identification, Stability, Specificity, and Mechanism of Action  
Primary supervisor: Jeremy Grimshaw MBChb, PhD, FRCGP  
Ottawa, Ontario, Canada  
Secondary supervisor: Andy Smith, M.D., M.Sc., FRCSC  
Toronto, Ontario, Canada

**Doctorate of Medicine** August 1998- May 2002  
Cum Laude  
Licentiate of Medical Council of Canada  
University of Ottawa – Medical School  
Ottawa, Ontario, Canada

**Bachelor of Science, Biochemistry** September 1995 - May 1998  
Summa cum Laude  
University of Ottawa  
Ottawa, Ontario, Canada

## **Medical Offices**

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**American Society of Maxillofacial Surgery**

Vice President Education	2016 - Present
Vice President of Socio Economic Issues	2015 - 2016
Director of Basic ASMS courses	2013 – Present
Education Committee	2013 – Present
Chair of the Constitution & Bylaws Committee	2014 - Present

Board of Directors – Parliamentarian	2013 – 2014
Nomination Committee	2013 – 2014
<b>AOCMF North America Craniomaxillofacial Education Council</b> Faculty	2013 - Present
<b>Journal of Craniofacial Surgery</b> Editorial Board	2015 - Present
<b>American Cleft Palate - Craniofacial Association</b> Education committee – Member	2011 – Present
<b><u>Professional Societies</u></b>	
<b>Member</b> , American Society of Plastic and Reconstructive Surgeons.	2007 – Present
<b>Member</b> , American Society of Maxillofacial Surgeons.	2008 - Present
<b>Member</b> , Ohio Valley Society for Plastic and Reconstructive Surgeons.	2012 - Present
<b>Member</b> , American Cleft Palate - Craniofacial Association.	2011 –Present
<b>Member</b> , Bureau for Children with Medical Handicaps	2010 – Present
<b><u>Course Chariman</u></b>	
<b>Basic Maxillofacial Principles and Techniques (ASMS)</b>	
University of Miami Miami, Florida	Jan 2017
NorthWestern University Chicago, Illinois	Aug 2016
University Of San Francisco San Francisco, California	Jan 2016
Universitatea de Medicina Si Farmacie Iasi, Romania	Sept 2015
University of Pennesylvania Philadelphia, PA	Aug 2015
University of Miami Miami, Fl	Jan 2015

Northwestern University  
Chicago, IL Aug 2014

New York University  
New York, NY May 2014

University California Los Angeles.  
Los Angeles, California. January 2014

### **Faculty Listing**

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**Faculty, Advanced Craniomaxillofacial Techniques for Facial Rejuvenation & Reconstruction** Apr 2017  
St Louis, Mo

**Faculty, 2<sup>nd</sup> Annual Selected Topics In Craniomaxillofacial Surgery An International Cranioplasty Symposium** Nov 2016  
Baltimore, MD

**Faculty, Annual meeting of the American Society of Plastic Surgery** Sept 2016  
Moderator – Facial Contouring  
Moderator – 3D Printing in Craniofacial Surgery  
Los Angeles, Ca

**Faculty, ASMS Pediatric Symposium** August 2016  
Computerized Cephalometrics in Complex Orthognathic Case  
Pittsburgh, PA

**Faculty, AO Operative Treatment Craniomaxillofacial Trauma** April 2016  
Seattle, Wa

**Faculty, Selected Topic in Craniomaxillofacial Surgery** September 2015  
Moderator, Pediatric Cranioplasty  
Harvard University, Boston, US

**Invited Faculty to operate at Universitatea de Medicina Si Farmacie** September 2015  
Iasi, Romania

**Faculty, Annual meeting of the American Society of Plastic Surgery** October 2014  
Moderator, Craniofacial Surgery - session II  
Chicago, IL

**Faculty, 57<sup>th</sup> Annual Meeting of the Ohio Valley Society of Plastic Surgeons** June 2014  
Panel Discussion on Cleft Care Partnerships in the Developing World

James Lehman, Richard Krischner, Gaby Doumit  
White Sulphur, WV

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| <b>Faculty, Basic Maxillofacial Principles and Techniques (ASMS)</b><br>Topic – Management of Panfacial Fractures.<br>CAD / CAM Technology in Orthognatic Surgery<br>New York, NY  | May 2014      |
| <b>Faculty, American Association of Plastic Surgeons 93<sup>rd</sup> Annual Meeting</b><br>Moderator, Head and Neck Scientific Session<br>Miami Beach, FL  | April 2014    |
| <b>Faculty, 2<sup>nd</sup> Annual Workshops in Global Health</b><br>Cleft Care in Developing Countries.<br>Cleveland Clinic, Cleveland, OH   | March, 2014   |
| <b>Faculty, Basic Maxillofacial Principles and Techniques (ASMS)</b><br>Topic – Management of Mandibular fracture<br>Los Angeles, Ca   | January 2014  |
| <b>Faculty, 27<sup>th</sup> Michigan Cleft Palate Association Conference</b><br>Panel Discussion of Cleft Palate Repair: David Fisher, MD, Gaby<br>Doumit, MD, Arun Gossain, MD Moderator Robert J. Mann, MD<br>East Lansing, Michigan | November 2013 |
| <b>Faculty, Basic Maxillofacial Principles and Techniques (ASMS)</b><br>Topic - Pediatric Craniofacial Surgery<br>Philadelphia, PA   | August 2013   |
| <b>OCEI Summer Internship Program</b><br>Face Transplant<br>Cleveland Clinic Foundation, Cleveland OH  | July 2013     |
| <b>Neurofibromatosis 2013</b><br>Neurofibromatosis – Plastic Surgeon’s Perspective<br>Cleveland Clinic Foundation, Cleveland OH  | May 2013      |
| <b>Wake up to Sleep Disorders</b><br>OSA with a Funny Face – This is serious Business!<br>Cleveland Clinic Foundation, Independence, OH  | April 2013    |
| <b>Faculty, 14<sup>th</sup> Annual Innovations in Aesthetic Surgery</b><br>Surgical Treatment of Exophtalmos<br>Miami, Florida   | March 2013    |

<b>Faculty, Basic Maxillofacial Principles and Techniques (ASMS)</b> Three dimensional medical modeling for orthognatic surgery Miami, Florida	January 2013
<b>Faculty, Translational Innovations in Plastic Surgery</b> Local Opinion Leaders: Effects on health care outcomes Local Opinion Leaders: Definition and roles in innovation uptakes Teton Village, Wyoming.	August 2012
<b>Faculty, Basic Maxillofacial Principles and Techniques (ASMS)</b> Pediatric Craniofacial Surgery Chicago, Illinois.	August 2012
<b>Faculty, 13<sup>th</sup> Annual Innovations in Aesthetic &amp; Reconstructive Surgery</b> Orbital Decompression for Thyroid Ophthalmopathy Ft Lauderdale, Florida	March 2012
<b>Faculty, 12<sup>th</sup> Annual Innovations in Aesthetic &amp; Reconstructive Surgery</b> Point – Counterpoint: Implants vs. Autogenous Facial Augmentation Gaby D. Doumit, MD vs. S. Anthony Wolfe, MD Ft Lauderdale, Florida	March 2011
<b>Faculty, Thyroid Expo 2011</b> Innovative Approach to the Treatment of Exophthalmos Cleveland, Ohio	January 2011
<b>Faculty, Innovations in Plastic and Reconstructive Surgery</b> Facial Implants or Genioplasty for Aesthetic Chin Correction Cleveland Clinic, Cleveland, OH	October 2011
<b>Leadership Development</b>	
<b>Leadership Forum: Promoting a Culture of Improvement</b> Cleveland Clinic Foundation	October 2013
<b>Leadership Forum: Promoting a Culture of Safety</b> Cleveland Clinic Foundation	May 2013

## **Research Grant**

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### **Cleveland Clinic Foundation – RPC Grant**

2014

Principal investigator: Gaby Doumit

Title: Transplant of decellularized zygoma with rhBMP and autogenous bone cells in rabbit.

Master Student: Susan Ora

Grant: 20 515\$

### **Cleveland Clinic Foundation – Product Development Fund**

2011

Principal Investigator: Gaby Doumit

Title: Apparatus and Method for Treating a Neuromuscular Defect

Grant: 29 545\$

### **Canadian Institutes of Health Research, ICEBeRG Team**

2005

Principal Investigator: Gaby Doumit

Title: Opinion Leaders.

Grant amount: 9 627

## **Journal Publications**

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Lee BS, Hwang LS, **Doumit GD**, Wooley J, Papay FA, Luciano MG, Recinos VM. Management options of non-syndromic sagittal craniosynostosis. *J Clin Neurosci*. 2017 May; 39:28-34. doi: 10.1016/j.jocn.2017.02.042

Bassiri Gharb B, Frautschi RS, Halasa BC, **Doumit GD**, Djohan RS, Bernard SL, Gastman BR, Siemionow MZ, Papay FA, Rampazzo A. Watershed Areas in Face Transplantation. *Plast Reconstr Surg*. 2017 Mar;139(3):711-72

Orra S, Tierney WS, Capone AC, Gharb BB, Papay FA, **Doumit G**. Relevant Surgical Anatomy of Pterygomaxillary Dysjunction in Le Fort III Osteotomy. *Plast Reconstr Surg*. 2017 Mar;139(3):701-709.

Berania I, Daniel SJ, **Doumit G**, Kafrouni R, Quintal MC. The Role of Conservative Management in Pneumosinus Dilatans Frontalis With Minimal Bony Deformity. *J Craniofac Surg*. 2016 Nov;27(8):e787-e790

Gharb BB, Rampazzo A, **Doumit G**, Bernard S, Siemionow M, Papay F, Djohan R. Skeletal Changes of an Osteomyocutaneous Facial Allograft Five Years Following Transplantation. *J Craniofac Surg*. 2016 Dec 21

Chieffe D, Naffaa L, **Doumit G**. Squamous Suture Synostosis: A Review With Emphasis on Cranial Morphology and Involvement of Other Cranial Sutures. *J Craniofac Surg*. 2017 Jan; 28(1):51-55.

Gastman B, Hashem AM, Djohan R, Bernard S, Hendrickson M, Schwarz G, Gharb BB, Rampazzo A, Fernandez A, Zins J, Hoffman GS, **Doumit G**, Siemionow M, Papay F. Malignant Pyoderma Associated with Granulomatosis with Polyangiitis (Wegener Granulomatosis) as a Unique Indication for Facial Vascularized Composite Allotransplantation: Part I. *Plast Reconstr Surg*. 2016 Jun;137(6):1007e-15e

Hashem AM, Hoffman GS, Gastman B, Bernard S, Djohan R, Hendrickson M, Schwarz G, **Doumit G**, Gharb BB, Rampazzo A, Zins JE, Siemionow M, Papay F. Establishing the feasibility of face transplantation in Granulomatosis with Polyangiitis (Wegener's). *Am J Transplant*. 2016 Feb 15.

Bassiri Gharb B, Tadisina KK, Rampazzo A, Hashem AM, Elbey H, Kwiecien GJ, **Doumit G**, Drake RL, Papay F. Microsurgical Anatomy of the Terminal Hypoglossal Nerve Relevant for Neurostimulation in Obstructive Sleep Apnea. *Neuromodulation*. 2015 Sep 16.

Yee ST, Fearon JA, Gosain AK, Timbang MR, Papay FA, **Doumit G**. Classification and Management of Metopic Craniosynostosis. *J Craniofac Surg*. 2015 Sep;26(6):1812-7.

Papay F, Taub PJ, **Doumit G**, Flores RL, Kuang AA, Mlynek K, Tadisina KK, Gharb BB. The American Society of Maxillofacial Surgery Preceptorship Program: A Product of the 2013 American Society of Maxillofacial Surgery Executive Board Strategy Session and Survey. *J Craniofac Surg*. 2015 Jun;26(4):1156-8.

Orra S, Tadisina KK, Gharb BB, Rampazzo A, **Doumit G**, Papay F. The danger of posterior plagiocephaly. *Eplasty*. 2015 May 12;15:ic26.

**Doumit G**, Gharb BB, Rampazzo A, McBride J, Papay F, Zins J, Yaremchuk M. Surgical anatomy relevant to the transpalpebral subperiosteal elevation of the midface. *Aesthet Surg J*. 2015 May;35(4):353-8.

**Doumit G**. A Systematic Review Comparing Furlow's Double Opposing Z-Plasty and Straight-line-Intravelar-Veloplasty Methods of Cleft Palate Repair -A Letter. *Plast Reconstr Surg*. 2015 Feb 16.

Capone A, Caouette-Laberge L, Lucas A, Papay F, **Doumit G**. Novel Techniques for the Surgical Management of Abdominopelvic Constriction Rings in Amniotic Band Syndrome. *Plast Reconstr Surg*. 2015 Feb; 135(2):563-8

Nasr E, Timbang MR, Naffaa L, **Doumit GD**. Epithelioid hemangioma treated with naproxen sodium. *J Craniofac Surg*. 2014 Nov; 25(6):2059-61



Timbang MR, Gharb BB, Rampazzo A, Papay F, Zins J, **Doumit G**. A Systematic Review Comparing Furlow's Double Opposing Z-Plasty and Straight-line-Intravelar-Veloplasty Methods of Cleft Palate Repair. *Plast Reconstr Surg*. 2014 Nov;134(5):1014-22.

**Doumit G**, Abouhassan W, Yaremchuk M. Aesthetic Refinements in the Treatment of Graves' Ophthalmopathy..*Plast Reconstr Surg*. 2014 Sept; 134(3):519-26

**Doumit G**, Gharb BB, Rampazzo A, Papay F, Siemionow MZ, Zins JE. Pediatric Vascularized Composite Allotransplantation. *Ann Plast Surg*. 2014 Oct;73(4):445-50

Tandon YK, Rubin M, Kahlifa M, **Doumit G**, Naffaa L. Bilateral squamosal suture synostosis: A rare form of isolated craniosynostosis in Crouzon syndrome. *World J Radiol*. 2014 Jul;6(7):507-10

Rasuli P, Doumit J, Boulos M, Rizk C, **Doumit G**. Factors influencing the yield of mesenteric angiography in lower gastrointestinal bleed. *World J Radiol*. 2014 May 28;6(5):218-22

Papay F, Bassiri B, Taub P, Gosain P, **Doumit D**. Priorities for the education of Member of the American Society of Maxillofacial Surgery. *Journal of Craniofacial Surgery. J Craniofac Surg*. 2014 May;25(3):753-7

**Doumit G**, Meisler E, Sidaoui J, Zins J, Papay F. The Expansile Properties of Kryptonite Relating to Cranioplasty. *Journal of Craniofacial Surgery. J Craniofac Surg*. 2014 May;25(3): 880-3.

Bahar Bassiri Gharb, Antonio Rampazzo, Joseph E. Kutz, Linda Bright, **Gaby Doumit**, Thomas B. Harter. Vascularization of the Facial Bones by Facial Artery: Implications for Full Face Allotransplantation. *Plast Reconstr Surg*. 2014 May;133(5):1153-65.

**Doumit G**, Junewicz A, Yaremchuk M. The Temporoparietal Adipo-Fascial Flap for the correction of Recurrent Idiopathic Enophtalmos. *Journal of Craniofacial Surgery*. 2014 Mar; 25 (2):676-8

**Doumit G**, Sidaoui J, Meisler E, Papay F. Squamosal Suture Craniosynostosis in Muenke Syndrome. *J Craniofac Surg*. 2014 Mar;25(2):429-31

**Doumit G**, Papay F, Moores N, Meisler E, Zins J. Opinion Leaders and Evidence Based Medicine in Craniofacial Surgery. *Journal of Craniofacial Surgery. J Craniofac Surg*. 2014 Jan;25(1):106-10

**Doumit G**, Papay F, Moores N, Zins J. Management of Sagittal Synostosis: A solution to Equipoise. *J Craniofac Surg*. 2014 Mar;25(2):676-8

Michael Zeidman, Paul Durand, Neilendu Kundu, **Gaby Doumit**. Fat Embolism after Liposuction in Klippel-Trenaunay Syndrome. *J Craniofac Surg* 2013 Jul, 24(4) 1319-1321

**Doumit G**, Abouhassan W, Piliang M, Uchin J, Papay F. Scalp metastasis from esophageal adenocarcinoma; comparative histopathology dictates surgical approach. *Annals of Plastic Surg*. 2013 Jul;71(1):60-2

**Doumit G**, Wright FC, Graham ID, Smith A, Grimshaw J. Opinion leaders and changes over time: a survey. *Implementation Science* 2011, 6:117.

**Doumit G**, Abouhassan W, Reimer MW, Barron P. Metastatic cancer of the pancreas from distant disease. *Am Surg*. 2011 Jun;77(6):793-5.

Yaremchuk M, **Doumit G**, Thomas MA; Alloplastic augmentation of the facial skeleton: An occasional adjunct or alternative to orthognathic surgery. *Plast Reconstr Surg*. 2011 May; 127(5): 2021-2030; 2011.

Flodgren G, Parmelli E, **Doumit G**, Gattellari M, O'Brien MA, Grimshaw J, Eccles MP. Local opinion leaders: effects on professional practice and health care outcomes. *Cochrane Database of Systematic Reviews*. 2011 Aug 10;(8):CD000125.

MSG Bell, **GD Doumit**, BR Buinewicz. Removal of Silicone Breast Implants and Review of Literature. *Canadian Journal of Plastic Surgery* 2009; 17(4): 48-49.

M Doumit, **G Doumit**, F Shamgi, S Gregoire, RE Seppala. Gastro-pulmonary fistula after gastric bypass surgery. *The Canadian Journal of Gastroenterology*. March 2009, Volume 23, Issue 3, page 215-216.

Reimer MW, Yelle JD, Reitsma B, **Doumit G**, Allen MA, Bell M. Management of open abdominal wounds with a dynamic fascial closure system. *Canadian Journal of Surgery*. Vol. 51, No. 3, June 2008.

**Doumit G**, Gattellari M, Grimshaw J, O'Brien MA. Local opinion leaders: effects on professional practice and health care outcomes. *Cochrane Database of Systematic Reviews* 2007, Issue 1.

Lorimer JW, **Doumit G**. Comorbidity is a major determinant of severity in acute diverticulitis. *The American Journal of Surgery*, 2007, Vol 193, Issue 6, Pages 681-685.

MSG Bell, **G Doumit**. Evacuation of hematomas using liposuction technology: Technique and literature review. *Canadian Journal of Plastic Surgery*. 2006, Volume 14(1):51-52.

A. Pressman, **G. Doumit**, O. Rosaeg, M. Bell. A double-blind randomized controlled trial showing the analgesic and anesthetic properties of lidocaine E to be equivalent to those of

ropivacaine and bupivacaine in carpal tunnel release surgery. Canadian Journal of Plastic Surgery. 2005; 13(4):173-176.

MSG Bell, **G Doumit**. The suction-assisted curettage procedure. Canadian Journal of Plastic Surgery. 2005; 13(1):51-52.

## Abstracts

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Gharb BB, Doumit G, Rampazzo A, Papay F. Retrieval of a full facial allograft based on the maxillary artery: indications and technique. Plast Reconstr Surg. 2014 Oct;134 (4 Suppl 1): 10-1.

Asfaw, Sofya; **Doumit, Gaby**; Piliang, Melissa P; Ozturk, Can; Papay, Francis. Directional Tumescant Controlled Radiofrequency for Skeletal Neuromuscular Ablation. Plastic & Reconstructive Surgery: October 2013 – Volume 132 – Issue 4S-1-p142-143

**G Doumit**, J Lorimer. Diverticulitis: Do you know what causes it to be severe? Canadian Journal of Surgery. Vol 48, Suppl, August 2005.

Douen, A., Wang, E, Dong, L, **Doumit, G.**, Hakim, A., Hogan, M. Cortical spreading depression selectively down regulates glial glutamate transporter isoforms EAAT I and EAAT2 from rat cerebral cortex plasma membranes. Canadian Journal of Neurological Sciences. (1999) 26 (Suppl 1), S9.

Douen, A., Hogan, M, Wang, E, Dong, L., Hakim, A., **Doumit, G.** Cortical spreading depression induces a delayed and transient down regulation of excitatory amino acid transporter 2 (EAAT2) from rat cerebral cortex plasma membranes. Journal of Cerebral blood flow and Metabolism. 1999, Vol. 19 (Suppl 1), S706.

## Book Chapters

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### **Craniofacial Atlas. Submitted**

Chapter 7: Nasal Osteotomies

Doumit G.

### **Liposuction. Principles & Practice. 2016**

Chapter 34: Fat Embolism After Liposuction in Klippel-Trenaunay Syndrome.

Doumit G.

### **Plastic Surgery Review: A Study Guide for the In-Service and Written Board Examinations. 2015**

Chapter 34: Otoplasty.

Doumit G

**Handbook of Craniomaxillofacial Surgery – First Edition, 2014. World Scientific**

Chapter 4: Fixation of the Craniofacial Skeleton

Doumit G; Yaremchuk M.

**Schmidek and Sweet's Operative Neurosurgical Techniques, Indications, Methods, and Results. Sixth Edition. 2012. Elsevier.**

Chapter 139: Principles of Scalp Surgery and surgical management of major defects of scalp.

Gaby D Doumit, Alexandra Schmidek, Michael J Yaremchuk

**Presentations**

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**Dynamic Skeletal Changes of an Osteomyocutaneous Facial Allograft Five Years Following Transplantation** Jan 2015

Bahar Bassiri Gharb, **Gaby Doumit**, Antonio Rampazzo,; Francis Papay, Maria Siemionow, Risal Djohan  
Paradise Island, Bahamas

**Retrieval of a full facial allograft based on the maxillary artery indications and technique.** October 2014

Gharb BB, Doumit G, Rampazzo A, Papay F.  
American Society of Plastic Surgery, The meeting  
Chicago, IL

**Cadaveric study comparing the efficacy of the Sheen and the Fulcrum spreader graft techniques** June 2014

Ivo Gwanmesia, Rafael Couto, **Gaby Doumit**, Frank Papay  
Ohio Valley Society of Plastic Surgeons  
The Greenbrier, WV

**Surgical Anatomy of the Midface Lift** June 2014

**Gaby Doumit**, Bahar Bassiri, James Zins, Frank Papay  
Ohio Valley Society of Plastic Surgeons  
The Greenbrier, WV

**Retrieval of a full facial allograft based on the maxillary artery: Indications and technique** March 2014

Bahar Bassiri Gharb, **Gaby Doumit**, Antonio Rampazzo, Frank Papay  
American Society of Craniofacial Surgery Annual Meeting  
Indianapolis, In

**Cadaveric study comparing the efficacy of the Sheen and the Fulcrum spreader graft techniques** April 2014

Ivo Gwanmesia, Rafael Couto, **Gaby Doumit**, Frank Papay  
American Rhinoplasty Society Meeting.  
San Francisco, Ca

- Directional Tumescant Controlled Radiofrequency for skeletal Neuromuscular Ablation** Oct 2013  
 Sofya Asfaw, **Gaby Doumit**, Melissa Piliang, Can Ozturk, Francis Papay  
 Plastic Surgery The Meeting  
 San Diego, Ca
- Minor Cranial Suture Closure: A Morphologica Study** Oct 2013  
***(Best Presentation Award)***  
 Wayne Ledin, Francis Papay, **Gaby Doumit**  
 Plastic Surgery The Meeting  
 San Diego, Ca
- Aesthetic Refinements in the treatment of Graves Ophthalmopathy** Sept 2013  
**Doumit G**, Abouhassan W, Yaremchuk M  
 International Society of Craniofacial Surgery - 15th Biennial Congress  
 Jackson Hole, Wy
- Management of Sagittal Synostosis, Standard of Care?** Sept 2013  
**Doumit G**, Moores N, Papay F.  
 International Society of Craniofacial Surgery - 15th Biennial Congress  
 Jackson Hole, Wy
- Surgical Anatomy of Sphenomaxillary disjunction in the Lefort III Osteotomy** Sept 2013  
 Tierney W, Ora S, Papay F, **Doumit G**  
 International Society of Craniofacial Surgery - 15th Biennial Congress  
 Jackson Hole, Wy
- Minor Cranial Suture Closure: A Morphological Study** Sept 2013  
 Ledin W, Papay F, **Doumit G**  
 International Society of Craniofacial Surgery - 15th Biennial Congress  
 Jackson Hole, Wy
- Management of Sagittal Synostosis** May 2013  
**Doumit G**, Moores N, Papay F  
 12<sup>th</sup> International Congress on Cleft Lip/Palate and Craniofacial Anomalies  
 Orlando, FL
- Sagittal Synostosis, a Solution to Equipoise.** September 2012  
 Moores N, **Doumit G**, Papay F.  
 North Eastern Society of Plastic Surgery Annual Meeting. Boston MA.
- Aesthetic Refinements in the treatment of Graves Ophthalmopathy** May 2012  
 Ohio Valley and Robert H. Ivy societies meeting of Plastic Surgeons

Cleveland, OH

**Elongation of the oral fissure in microstomia: Modification to Converse's commissuroplasty** June 2011

Ohio Valley and Robert H. Ivy societies meeting of Plastic Surgeons  
White Sulphur Springs, WV

**Opinion Leaders - Identification, Stability, Specificity** June 2008

Knowledge Translation 2008: Forum for the future, Banff, Alberta

**Severe Diverticulitis: Do you know what causes it? (*Best Presentation Award*)** Sept 2005

Canadian Surgical Forum, Montreal, Quebec, Canada

**Solitary Metastases to the Pancreas**

International Hepato-Pancreato-Biliary Congress, Washington, DC. June 2004

Canadian Surgical Forum, Ottawa, Ontario, Canada Sept 2004

## **Posters**

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**Aging of the Craniofacial Skeleton** April 2015

**Gaby D. Doumit**, Frank Papay, Susan Orra, Bahar Bassiri Gharb, Jim E. Zins,  
American Association of Plastic Surgeons 94<sup>th</sup> Annual Meeting  
Scottsdale, Arizona

**Surgical Anatomy of the Midface Lift** April 2014

**Gaby Doumit**, Frank Papay, Michael Yaremchuk James Zins,  
American Association of Plastic Surgeons 93rd Annual Meeting  
Miami Beach, FL

**Surgical Anatomy of the facial nerve and Inferior orbital nerve during** March 2014

**Gaby Doumit**, Frank Papay  
American Society of Craniofacial Surgery Annual Meeting  
Indianapolis, In

**Effect of surgical technique on maxillary growth in patients with unilateral cleft lip and palate: A systematic review** March 2014

Steven Rueda, Gaby Doumit  
American Society of Craniofacial Surgery Annual Meeting  
Indianapolis, In

**The Expansile Properties of Kryptonite Relating to Cranioplasty** May 2013

**Doumit G**, Meisler E, Papay F  
12<sup>th</sup> International Congress on Cleft Lip/Palate and Craniofacial Anomalies  
Orlando, FL

- Aesthetic Refinements in the treatment of Graves Ophthalmopathy** May 2013  
 Doumit G, Abouhassan W, Yaremchuk M  
 12<sup>th</sup> International Congress on Cleft Lip/Palate and Craniofacial Anomalies  
 Orlando, FL
- The Superficial Temporoparietal Adipo-Fascial Flap: A Novel approach for increasing Orbital Volume in Correcting Symptomatic Enophthalmos** May 2013  
 Abouhassan W, Doumit G, Yaremchuk M  
 12<sup>th</sup> International Congress on Cleft Lip/Palate and Craniofacial Anomalies  
 Orlando, FL
- The Expansile Properties of Kryptonite Relating to Cranioplasty** May 2012  
 Asfaw S, Meisler E, Doumit G  
 Ohio Valley and Robert H. Ivy societies meeting of Plastic Surgeons  
 Cleveland, OH
- Epithelioid hemangioma of the scrotum treated with naproxen** May 2012  
 Kundu N, Doumit G  
 Ohio Valley and Robert H. Ivy societies meeting of Plastic Surgeons  
 Cleveland, OH
- Gynecomastia: CCF modified reduced scar technique** May 2012  
 Ramirez JR, Estrada DE, Doumit G  
 Ohio Valley and Robert H. Ivy societies meeting of Plastic Surgeons  
 Cleveland, OH
- Sagittal Synostosis, a Solution to Equipoise** May 2012  
 Moores N, Doumit G, Papay F  
 Ohio Valley and Robert H. Ivy societies meeting of Plastic Surgeons  
 Cleveland, OH
- Osteomyelitis of the Orbit – Case Report** May 2012  
 Doumit G, Yaremchuk M  
 Ohio Valley and Robert H. Ivy societies meeting of Plastic Surgeons  
 Cleveland, OH
- Minor cranial suture closure: A morphological study** May 2012  
 Ledinh W, Papay F, Doumit G.  
 Ohio Valley and Robert H. Ivy societies meeting of Plastic Surgeons  
 Cleveland, OH
- CME Presentation**
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- Cleft and Craniofacial Surgery Update** Nov 2013  
 Grand Round, Cleveland Clinic, Institute of Pediatric

## **Medical License**

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### **Pennsylvania – MD 432 807**

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## **Faculty / Hospital Committee**

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<b>University Of Montreal</b>	2016 - Present
Journal Club Leader	
<b>Cleveland Clinic Electronic Marketing committee – Plastic Surgery</b>	2012 - Present
Social Media Subcommittee	
<b>Cleveland Clinic Face Transplant Team</b>	2011 – Present
<i>Face Transplant – September 2015</i>	
<b>Cleveland Clinic OPSA Workload Innovation Task Force</b>	2011 - Present
Physician workforce support group	
<b>Cleveland Clinic Institute Business Review Team member</b>	2011 - Present
Readmission Reduction Project	
<b>Cleveland Clinic Cleft lip, palate and Craniofacial clinic</b>	2010 - Present
Team Leader	
<b>Vascular Malformation Clinic</b>	2010 - Present
Co-Team Leader	
<b>Professional Association Interns and Residents of Ontario Representative</b>	2003 - 2006
Elected Representative by peers.	



## **Academic Scholarships and Awards**

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<b>Cranio Fellow, American Society of Maxillofacial Surgery</b> Chicago, IL	2014
<b>Research Award for Department of General Surgery Research Day</b> Opinion Leaders: Effectiveness, stability and specificity	2006
Severe Diverticulitis: Do you know what causes it?	2005
Solitary Metastases to the Pancreas	2004
<b>Best Poster Presentation Canadian Surgery Forum</b> Montreal, Canada. Severe Diverticulitis: Do you know what causes it?	2005
<b>Master of Epidemiology, Admission Scholarship</b>	2004
<b>Dr Roger &amp; Dr Anna Maria Brault Award</b> Excellent Academic Result & Community Contribution	2002
<b>Arthur Medical Center Fund Award</b> Excellent Academic Standing	2002
<b>Arthur Richard Award</b> Highest Standing in Medicine.	2001
<b>Dr Peter Ender Award</b> To Recognize a Well Rounded Individual of Good Character	2000
<b>Dewaan Foundation Award</b> Excellent Academic Standing, Involvement in University Life and Local Community	2000
<b>Summer Student Research Scholarship</b> University of Ottawa, Ottawa, ON	1996 & 1999
<b>Dean's Honours List</b> University of Ottawa, Ottawa, ON	1995 - 1998
<b>Admission Scholarship</b> University of Ottawa	1995 - 1998

## **Community Work**

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<b>Mission Sourire d'Afrique</b> Cleft lip and Palate mission – Yaounde, Cameroon	November 2012
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**Rotoplast International**

Cleft lip and Palate mission – Pereira, Colombia

June 2011

Cleft lip and Palate mission – Tacna, Peru

April 2010

**Athletic Involvement**

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**Shotokan Karate**

1996-2003

University of Ottawa Club

# CCPEM

## Livret de Sécurité pour les clients et leurs proche aidants

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## **INTRODUCTION**

À la CCPEM, la sécurité des clients fait l'objet d'une attention toute particulière parce qu'elle est au cœur de leur bien-être, tant en ce qui a trait aux soins de santé et aux services qu'ils reçoivent, que dans leur vie au quotidien.

Cette brochure, destinée aux clients, à leur répondant, aux membres de leur famille ou à leurs proches, a pour buts :

- d'indiquer nos priorités d'action en matière de sécurité ;
- de faire connaître les principales mesures prises en cette matière dans notre établissement ;
- de préciser le rôle du «proche aidant» dans le maintien et l'amélioration de la sécurité de nos clients.

La responsabilité d'assurer un milieu de vie tout à fait sécuritaire nous appartient en grande partie mais vous avez aussi un rôle important à y jouer et surtout, des plus significatifs pour nous et pour la personne qui vous est proche.

Nous comptons sur votre collaboration pour contribuer à ce que nos actions produisent les résultats escomptés et pour nous aider à identifier les améliorations possibles aux mesures de sécurité existantes.

Note : Le genre masculin utilisé dans ce document désigne aussi bien les femmes que les hommes.

## LA SÉCURITÉ, UNE PRIORITÉ DANS LA CLINIQUE

### Nos orientations stratégiques

La meilleure volonté du monde, le personnel le plus qualifié et une vigilance de tous les instants ne nous mettent pas à l'abri de l'erreur humaine, d'événements indésirables, d'incidents ou d'accidents inhérents à la prestation de soins et de services ambulatoires.

Nous partageons cependant la conviction qu'il est possible de **réduire la fréquence et la gravité** de ces événements, d'en **atténuer les conséquences** et d'en **prévenir la récurrence**.

Pour ce faire, nous voulons instaurer à la CCPEM une véritable culture de la sécurité en :

- adoptant une pratique de gestion des risques
- implantant une communication efficace entre les prestataires de services, les clients et leur famille
- assurant la formation continue de notre personnel en cette matière.

### La gestion des risques

La gestion des risques constitue une composante essentielle d'une saine gestion d'un établissement de santé et un moyen d'améliorer la qualité des soins et des services.

On entend par gestion des risques, un processus qui vise la prévention des accidents et incidents et le contrôle de ces événements.

Ce processus se réalise en quatre étapes :

- l'identification des risques : pour **savoir**
- l'analyse des risques : pour **comprendre**
- le contrôle des risques : pour **agir**
- l'évaluation de la gestion des risques : pour **s'ajuster**.<sup>1</sup>

Les principales composantes de ce processus sont :

- la déclaration des événements ;
- la politique de tolérance zéro à l'égard des abus.

<sup>1</sup> Source : Manuel de gestion des risques du réseau de la santé et des services sociaux

### **La déclaration des événements**

Tout employé, tout professionnel qui exerce à la CCPEM, les résidents, et toute personne liée par contrat qui dispense des services aux clients a l'obligation de déclarer, sur un formulaire prévu à cet effet, tout **incident ou accident** qu'il a constaté et ce, dans les meilleurs délais. Cette déclaration est versée au dossier du client et acheminée à l'infirmière responsable et le directeur médical de la Clinique.

Les buts de cette déclaration sont :

- de connaître la nature des événements ;
- de connaître la nature des conséquences qui en ont découlé, ou qui aurait pu en découler ;
- d'essayer de les éliminer ;
- de mettre en place des mesures de prévention s'il est impossible de les éliminer.

### **La politique « Tolérance zéro » à l'égard des abus**

Le CCPEM s'engage à ce que chaque client soit traité et reçoive des services dans un environnement exempt de violence et d'abus.

Dans cet esprit, la direction de l'établissement veille à ce que toute situation laissant croire à un abus ou une négligence envers un client soit traitée en priorité, avec détermination et rigueur. Cette politique s'inscrit dans le respect des valeurs organisationnelles.

La notion de « tolérance zéro » signifie **qu'aucune** parole, aucune action violente ou abusive, ni aucune négligence n'est **tolérée**, et ce, peu importe le statut de la personne qui les commet.

Les membres du personnel sont tenus :

- d'entretenir des rapports cordiaux avec les clients ;
- de prendre les moyens pour prévenir et éviter tout comportement personnel en contravention avec la présente démarche ;
- de signaler toute forme d'abus ou de négligence à l'endroit des clients ;
- de signaler sans délai un abus, sous quelque forme que ce soit, dont ils sont témoins. Le non signalement peut entraîner des mesures disciplinaires à leur endroit.

### **La politique de communication relative aux événements indésirables**

Lorsque survient un événement ayant causé des conséquences sur l'état de santé ou le bien-être de votre proche, tel qu'une chute, une erreur de médicaments ou tout autre accident, l'infirmière responsable communiquera avec vous. Elle le fera dans les plus brefs délais selon la gravité de la situation. Elle vous informera des conséquences et des gestes posés suite à l'accident. Si une assistance médicale a été nécessaire, elle vous en donnera les détails. On parlera alors d'une déclaration de l'accident.

Lorsque l'accident est majeur, qu'il a nécessité soit une prescription, une intervention, une hospitalisation ou qu'il a mis en danger la vie ou l'intégrité physique du client, vous serez informés des mesures immédiates prises en réaction à l'accident et vous serez avisés :

- des conséquences futures pour le client ;
- des mesures prises pour contrer de telles conséquences ou pour prévenir la récurrence d'un tel accident ;
- du fait qu'il y aura une enquête sur les circonstances entourant l'accident.

On parlera alors d'une divulgaration de l'accident.

Il va sans dire que, dans ce cas, l'établissement offre un support psychologique au client ou à ses proches si nécessaire.

### **La formation continue de notre personnel**

Le personnel infirmier ainsi que les professionnels de la santé, médecins, ont reçu la formation reconnue et possèdent les qualifications qui leur permettent d'assurer pleinement leur rôle et leurs responsabilités professionnelles. Ils ont accès au perfectionnement proposé par leur ordre professionnel ou à celui offert par la CCPEM.

Tous nos autres intervenants sont également des personnes d'expérience auprès de qui nous assurons un suivi constant en vue de maintenir leur compétence et leur connaissance des normes de sécurité.



## **Votre responsabilité comme proche aidant**

Si vous êtes témoin d'un danger potentiel pour les clients et/ou pour les visiteurs, d'un abus, d'une négligence ou de tout autre élément qui peut mettre en péril la sécurité des clients, n'hésitez pas à le faire savoir sans délai à l'infirmière responsable au moment de l'événement, qui en informera le directeur médical.

# **LES PRINCIPALES MESURES DE SÉCURITÉ**

## **L'utilisation sécuritaire des médicaments**

### **Le suivi du dossier pharmacologique**

Lors de son arrivée, le personnel infirmier consigne par écrit la liste des médicaments prescrits à votre proche dans le but d'établir son profil pharmacologique. Une analyse des prescriptions sera effectuée par son médecin qui verra à y apporter s'il y a lieu, des changements ou des ajustements.

Lorsqu'un nouveau médicament est prescrit à votre proche et que celui-ci peut avoir des conséquences sur son état de vigilance ou de mobilité, le personnel infirmier doit vous en informer.

### **La surveillance des effets secondaires**

Certains médicaments, comme les narcotiques de forte concentration, peuvent nécessiter une surveillance spéciale de la part du personnel infirmier lors de leur administration. Dès qu'ils seront prescrits à votre proche, vous en serez informés et une politique et procédure de surveillance est aussi en place et suivie par le personnel infirmier.

## **Votre responsabilité comme proche aidant**

Votre rôle dans la mise à jour du dossier pharmacologique de votre proche est de nous signaler toute médication qu'il a en sa possession et qui ne figurerait pas à son

dossier, que ce soit des produits naturels, des tisanes, des laxatifs ou tout autre médicament vendu sans prescription.

Ces différentes substances peuvent avoir des effets secondaires et peuvent interagir avec d'autres médicaments. Leur usage pourrait induire en erreur le médecin s'il ne dispose pas de tous les éléments utiles pour apprécier la situation.

Si vous avez des inquiétudes ou des questions concernant la médication administrée à votre proche, nous vous invitons à communiquer avec le personnel infirmier responsable de votre proche, lequel sera en mesure de vous donner la bonne information ou de vous référer au médecin selon le cas.

## **La prévention des infections**

### **Un programme de prévention**

Ce programme applique les règles du « Guide de prévention des infections » de Santé Canada. En ce qui concerne l'hygiène des lieux, nos procédures respectent les exigences du Ministère de la santé et des services sociaux (MSSS) et les recommandations d'Agrément Canada.

Notre personnel bénéficie également de sessions de formation visant à les renseigner sur la façon d'éviter la propagation des infections nosocomiales.

Dans le cadre de ce programme, le personnel doit assurer l'application des protocoles établis en fonction du type d'infection en cause et en fonction de la condition de la personne cliente.

### **L'hygiène des mains**

Tout le monde sait combien le lavage des mains est important.

Il est prouvé, hors de tout doute, qu'une hygiène déficiente des mains des prestataires de soins est à l'origine de la prolifération des bactéries et des virus dans les établissements de santé.

C'est pourquoi des protocoles ont été élaborés afin de développer dans notre Clinique de saines habitudes d'hygiène tant au niveau des méthodes de travail qu'au niveau de la prévention.

Vous verrez d'ailleurs dans chaque salle de toilette, dans les postes de garde et autres, une affiche sur la technique à privilégier pour le lavage efficace des mains. Vous retrouverez également des distributeurs de produits de désinfection dans des endroits stratégiques. Leur utilisation ne dispense cependant pas d'un bon lavage des mains dès que possible ; l'eau et le savon demeurant toujours le premier choix.

Nous vous invitons à participer activement à ces mesures d'hygiène en vous lavant les mains à votre arrivée, à votre départ et si vous assistez votre proche parce que vous aussi, vous êtes exposés à devenir des porteurs potentiels de bactéries.

## **Les mesures pour la protection de l'intégrité physique**

### **La prévention des chutes**

Le personnel évalue le risque de chute de chaque client

peu de temps après son arrivée. De plus, dans le but de réduire les dangers de chute, l'équipe de soins identifie des solutions de rechange.

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Lorsqu'une chute survient, une analyse de la situation est réalisée afin de prévenir une récurrence. Le personnel de soins a le devoir de vous en aviser, même si la chute est mineure et qu'elle ait ou non des conséquences pour votre parent.

### **La sécurité des lieux et des équipements**

#### **Entretien préventif des équipements et nettoyage**

L'équipement et les appareils médicaux doivent être sécuritaires lors de leur utilisation afin de ne pas causer de blessures aux clients ou aux membres du personnel qui les utilisent. Ils doivent aussi être opérationnels au moment où les membres du personnel soignant en ont besoin afin de donner les soins requis par les clients.

Afin d'éviter la propagation de bactéries, ces équipements font aussi l'objet d'un entretien sanitaire effectué par les utilisateurs.

Pour s'assurer du rendement optimal de l'équipement, un programme d'entretien préventif est mis en œuvre. Les rapports d'entretien préventif sont acheminés au directeur médical.

Lorsqu'un équipement est défectueux, il est immédiatement retiré et acheminé au secteur de génie biomédical ou le fournisseur d'origine pour réparation et suivi

## **Le plan des mesures d'urgence**

La CCPEM dispose d'un plan des mesures d'urgence afin de faire face à d'éventuels sinistres qui demanderaient une évacuation de l'établissement, tel un incendie, une inondation, une fuite de gaz ou autre.

Le personnel reçoit à chaque année une formation à ce sujet et nous faisons des exercices régulièrement.

## ***Votre responsabilité comme proche aidant***

Votre collaboration au respect des règles de sécurité des lieux et votre vigilance sont souhaités en tout temps.

## **Les communications en soutien à la sécurité**

### **En cas d'allergies**

Le profil d'allergies alimentaires et médicamenteuses sera établi dès l'arrivée. Il est primordial de connaître tous les antécédents afin d'éliminer les risques potentiels pour la santé de votre proche et pour fournir l'éclairage utile à la prise de décisions pour le médecin et le pharmacien.

### **Confidentialité**

La confidentialité des données nominatives et cliniques est de prime importance pour le respect de nos clients. Ainsi donc, il est possible que l'accès aux locaux chirurgicaux soit restreint pour assurer la sécurité et la confidentialité de ceux-ci.

## ***Votre responsabilité comme proche aidant***

Il est important de respecter les mesures de précaution mises de l'avant pour votre parent. Vous comprendrez qu'il est aussi **très important** de demander l'avis du personnel de soin avant d'offrir un breuvage ou de la nourriture à un autre client.

## **CONCLUSION**

Votre sécurité, c'est notre sécurité !

Tous les intervenants de la CCPEM unissent leurs efforts pour faire de notre milieu de vie un des plus sécuritaire.

Nous souhaitons que l'information vous soit utile et qu'elle vous permette également de jouer un rôle actif dans le maintien et l'amélioration de la sécurité de nos clients.

N'hésitez pas à poser vos questions au personnel infirmier qui s'occupe de votre parent. Demandez à quel moment le personnel est davantage disponible pour répondre à vos questions et, adressez-vous à l'infirmière responsable et votre médecin. Ces personnes répondront à vos interrogations ou vous référeront, s'il y a lieu, au bon intervenant.

*Nous remercions le Centre hospitalier St-François Inc de son autorisation à s'inspirer de son guide « Votre sécurité, c'est notre sécurité ».*

CCPEM

Patient and Caregiver Safety Booklet

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## **INTRODUCTION**

CCPEM places particular importance on safety, as this is a core principle that safeguards the well-being of clients when they receive health care and services and in their everyday lives.

This brochure is for clients as well as their guardians, family members or loved ones. Its goal is to:

- Explain our action priorities in terms of safety
- Communicate the main safety measures implemented at our clinic
- Clarify the role of the "family caregiver" in maintaining and improving the safety of our clients

We are the ones mainly responsible for providing an environment that is completely safe; however, you also have an important role to play—a role that is significant for us and your loved one.

We are counting on your cooperation to make sure our actions lead to the best outcomes and to help us identify any possible improvements to existing safety measures.

## **SAFETY: A PRIORITY FOR THE CLINIC**

### **Our strategic orientations**

The best intentions in the world, qualified staff, and constant vigilance do not make us immune from human error, adverse events or incidents or accidents that can occur during the delivery of ambulatory care and services.

However, we believe that it is possible to **reduce the frequency and severity** of these events, to **mitigate the consequences** and to **prevent them from recurring**.

Our goal is therefore to implement a true culture of safety at CCPEM by:

- Adopting risk management practices
- Implementing effective communication between service providers, clients and their families
- Providing ongoing training to our staff

### **Risk management**

Risk management is an essential component in the sound management of a health care organization and a way to improve the quality of care and services.

Risk management is a process that aims to prevent accidents and incidents and control these events.

This process includes four steps:

- Identification: to **become aware** of the risk
- Analysis: to **understand** the risk
- Control: to **take action** to prevent the risk
- Assessment: to **adjust** processes to manage risk<sup>1</sup>

The main components of this process are:

- Event reporting
- Zero tolerance for abuse

<sup>1</sup> Source: “Manuel de gestion des risques du réseau de la santé et des services sociaux du Québec,” [Risk management manual of the Quebec health and social services network].

## **Event reporting**

All employees, all professionals practising at CCPEM, all residents, and all individuals bound by a contract to provide services to clients are obliged to report any **incident or accident** witnessed as soon as possible using a form provided for this purpose. This report is kept in the client's record and is forwarded to the head nurse and the medical director of the clinic.

The goals of this report are to:

- Understand the nature of the events
- Understand the nature of the consequences that occurred or could have occurred
- Try to eliminate these consequences
- Implement prevention measures if it is not possible to completely eliminate these consequences

## **"Zero tolerance" policy regarding abuse**

CCPEM is committed to ensuring that each client receives treatment and services in an environment that is free of violence and abuse.

As a result, the clinic's administration ensures that any situation indicating abuse or negligence towards a client is made a priority and dealt with proactively and thoroughly. This policy is in keeping with our organizational values.

The concept of "zero tolerance" means that **no** abusive or violent words or acts or any type of negligence is **tolerated**, no matter what the status of the person who commits these acts.

Staff members are obliged to:

- Maintain cordial relations with clients.
- Take the necessary measures to prevent and avoid any personal behaviour that contravenes this policy.
- Report any type of abuse or negligence towards clients.
- Immediately report any case of abuse in any form whatsoever that they have witnessed. Failure to report cases of abuse may lead to disciplinary measures for these individuals.

### **Communication policy for adverse events**

If an event occurs that has consequences on the health or well-being of your loved one, such as a fall, medication error or any other incident or accident, the head nurse will contact you as soon as possible based on the severity of the situation. The head nurse will inform you of the consequences and of the actions taken following the accident. If medical assistance was necessary, the head nurse will give you the details of this assistance. This type of situation involves an accident report.

In the case of a major accident that required a prescription, a medical intervention or hospitalization or that put the life or physical safety of the client at risk, you will be informed of the immediate measures taken in response to the accident and you will be advised of:

- The future consequences for the client.
- The measures taken to mitigate the consequences or prevent the recurrence of this type of accident.
- The fact that there will be an investigation into the circumstances surrounding the accident.

This type of situation involves an accident disclosure.

It goes without saying that, in this case, the clinic will provide psychological support to the client or the client's loved ones if necessary.

### **Ongoing training for our staff**

Nursing staff as well as health care professionals and doctors have received recognized training and have the qualifications to fully carry out their duties and professional responsibilities. They have access to professional development through their professional order and from CCPEM.

All of our health professionals are experienced individuals, and we constantly evaluate them to ensure they maintain their skills and their knowledge of safety standards.

### ***Your responsibility as a family caregiver***

If you witness any potential risk for clients and/or visitors or any case of abuse, negligence or any other action or situation that could jeopardize client safety, do not hesitate to immediately report the event to the nurse in charge at the time the event took place. This nurse will inform the medical director.

## **MAIN SAFETY MEASURES**

### **Safe use of medication**

#### **Keeping medication records**

When a client arrives, a nurse makes a list of the person's prescribed medications to establish a medication profile. A doctor will analyze the client's prescriptions and make any necessary changes or adjustments.

If a new medication is prescribed to your loved one that may have an impact on his or her state of alertness or mobility, the nursing staff must inform you of this.

#### **Monitoring side effects**

The administration of some medications, such as high-concentration narcotics, may require special monitoring by the nursing staff. You will be informed when these medications are prescribed to your loved one, and a monitoring policy and procedure is also in place and followed by the nursing staff.

### ***Your responsibility as a family caregiver***

Your role is to help make sure your loved one's medication record is up to date by reporting any medication that he or she has and that is not listed in the client's record, such as natural products, herbal teas, laxatives or any other over-the-counter medications.

These substances may have side effects and can interact with other medications. The doctor may not be able to accurately assess a health situation without this useful information.

If you have concerns or questions about the medication administered to your loved one, we invite you to contact a nurse, who will give you the right information or refer you to the doctor if necessary.

## **Infection prevention**

### **A prevention program**

This program applies the rules of Health Canada's infection control guidelines. In terms of the sanitary conditions at our facility, our procedures meet the requirements of the Ministère de la Santé et des Services Sociaux (MSSS) and the recommendations of Accreditation Canada.

Our staff members are also trained on how to avoid the spread of infections.

As part of this program, staff members must apply the established protocols based on the type of infection in question and the client's condition.

### **Hand hygiene**

Everyone knows how important it is to wash your hands.

It has been shown beyond any doubt that improper hand hygiene on the part of health care providers can cause bacteria and viruses to spread in health care institutions.

This is why the Clinic developed protocols to foster good hygiene habits in terms of both work practices and prevention.

A poster showing the correct technique for effective hand washing can therefore be found in each bathroom, at each nursing station and in other locations. You will also find disinfectant gel dispensers at strategic locations. You should know that these products are not a replacement for proper hand washing; in fact, it is always best to wash your hands as soon as possible with soap and water.

We invite you to actively participate in these hygiene measures by washing your hands when you arrive, when you leave and whenever you assist your loved one, as you too could become a potential carrier of bacteria.

## **Measures to protect physical safety**

### **Fall prevention**

Staff members evaluate the risk of falling for all clients

soon after they arrive. The care team will also look for ways to reduce the risk of falling.

In the case of a fall, the situation is analyzed to prevent a recurrence. Our staff have a duty to advise you of this type of incident even if the fall is minor and there are no consequences for your relative.

## **Safety of the premises and equipment**

### **Preventive equipment maintenance and cleaning**

Medical devices and equipment must be safe so that they do not injure clients or the staff members who use them. These instruments must also be operational at the required time so that clients can get the care they need.

To avoid the spread of bacteria, these instruments are cleaned by everyone who uses them.

To ensure optimum equipment performance, a preventive maintenance program has been implemented. Preventive maintenance reports are sent to the medical director.

If a piece of equipment is defective, it is immediately removed from service and sent to the original supplier for repair and follow-up.

## **Emergency measures plan**

CCPEM has an emergency measures plan to respond to possible disasters that require the building to be evacuated, such as a fire, flood, gas leak or other type of event.

Each year, staff receive emergency training, and we conduct drills on a regular basis.

### ***Your responsibility as a family caregiver***

We ask you to respect the Clinic's safety rules and remain vigilant at all times.

## **Information required to ensure safety**

### **In the case of allergies**

A history of each client's food and medication allergies is taken upon arrival. It is essential that a full history be taken to eliminate any potential risks to the health of your loved one and to give the doctor and pharmacist information that will help them make decisions.

### **Confidentiality**

It is vitally important that we keep personal and clinical data confidential to respect our clients' privacy.

Because of the potential for a breach of client confidentiality, safety or security, access to the surgical area will most likely be restricted.

### ***Your responsibility as a family caregiver***

It is important to respect the precautionary measures implemented for your loved one. You must also understand that it is **very important** to ask a member of the health care team before offering any food or beverages to another client.



## **CONCLUSION**

Your safety is our safety!

Everyone at CCPEM works together to make our environment is safe as possible.

We hope that you find this information useful and that it allows you to play an active role in maintaining and improving client safety.

Don't hesitate to talk to the nurses taking care of your relative and ask them when they would be available to answer your questions. Also feel free to approach the head nurse or your doctor, who will answer your questions or refer you to the right staff member if need be.

*We would like to thank the Centre hospitalier St-François Inc. for its authorization to use its "Votre sécurité, c'est notre sécurité" guide as a basis for this brochure.*