One Thousand and One Nights
New Stories of Courage and Passion From the Middle East

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One Thousand and One Nights is a collection of Middle Eastern folk tales compiled during the golden age of Islamic civilization. These tales have been of great interest for centuries and recount the tests and trials of their various protagonists. The art of storytelling employed in these tales is the use of an initial frame story of the ruler Shahryar and his wife Scheherazade and then companion stories within each other. Coincidentally, Scheherazade tells these stories for one thousand and one nights, which is almost the same time it took us from hiring of the chairman of the Pathology & Laboratory Medicine Institute in July 2012 as the first laboratory caregiver until opening of laboratory services at the Cleveland Clinic Abu Dhabi (CCAD) in March 2015. The introductory story of how Scheherazade ends up telling these tales only sets the stage for a more-detailed set of subsequent stories. This editorial is set to do just that.

The 6 papers in this special section are unprecedented in terms of how a tertiary/quaternary care hospital laboratory service was established in a greenfield setting, the challenges that were encountered, and the teamwork that made this effort a monumental success. The driving force for this effort was the grand vision for the CCAD “to be recognized as a preeminent medical center that strives to provide outstanding patient experiences, superior clinical outcomes, and improved quality of life for the people it serves in the context of fiscal and social responsibility.” This vision allowed us to hire caregivers from across the globe and build commitment rather than enforce compliance from them. Our team members were courageous to leave behind a world of comfort and certainty and passionately commit themselves toward building Cleveland Clinic’s legacy of quality health care in a remote part of the world where it was needed.

The narrative of successful establishment of CCAD was made possible by the visionary leaders of the United Arab Emirates (UAE) and Cleveland Clinic. The UAE government is committed to addressing the unmet needs of its population through the building of world-class health care facilities. In the Emirate of Abu Dhabi, CCAD is designated as a chest pain center, stroke center, and transplant center and continues to make a significant difference in lives of the people it serves by providing much needed care with superior outcomes. Just in the setting of transplant, our caregivers have already successfully performed kidney, lung, liver, and heart transplants in the short time of 3 years since the hospital opened. Not too long ago, patients from the UAE had to travel to Western countries for those procedures and other treatments. This has also positively affected UAE government expenditures on sending its citizens abroad for medical care, which was almost a quarter of the total national health care expenditure in 2010.

Although laboratory services account for a small percentage of health care expenditures, they are central to the delivery of health care in any setting. The scope of hospital laboratory services is broad because they serve all specialties and subspecialties within a hospital, and its scale is large because those services are used by more patients than any other service. In the setting of phlebotomy, transfusion medicine, and point-of-care testing (POCT), laboratorians are also out of the laboratory and in patient care areas across the hospital providing and/or ensuring quality care. A hospital laboratory is also intricately involved with support services, such as clinical engineering, information technology, and supply chain. In short, a laboratory is a network of systems and subsystems that need to align for optimal function. The articles in this special section highlight that fact and share the stories of our struggle to achieve that alignment. In part I of this special section, we share our stories of establishing the anatomic pathology and clinical pathology departments and services, as well as leveraging accreditation to foster quality from the outset. In part II, we highlight our experiences in setting up e-pathology, POCT, and transfusion medicine services.

We hope that this special section in the Archives will educate pathologists and laboratorians about how to plan and establish quality laboratory services in a hospital setting, in general, and some of the challenges that may be faced in our unique geographic and multicultural setting, in particular. Finally, we want to share our learning that projects of this magnitude cannot be planned to the nth degree, and often, one just has to get started. As Thoreau reminded us,
“We must walk consciously only part way toward our goal, and then leap in the dark to our success.”

We thank the Archives of Pathology & Medicine Editor-in-Chief Philip T. Cagle, MD, for the opportunity to publish this special section and the reviewers for their valuable guidance. We thank our colleagues at Sheikh Khalifa Medical City (Abu Dhabi, UAE), National Reference Laboratory (Abu Dhabi, UAE), and Cleveland Clinic (Cleveland, Ohio) for their support of our work. Special thanks to Katie Giesen, managing editor of the Archives of Pathology & Laboratory Medicine. Without her help, this special section would not have made it to these pages.

References

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