“WE ARE COMMITTED TO PROVIDING COMPREHENSIVE HEALTHCARE SERVICES, WHETHER PEOPLE ARE IN CITIES OR IN RURAL AREAS, AND TO PROVIDING THE LATEST TECHNOLOGY AND TREATMENTS AND TECHNICAL AND MEDICAL SPECIALISTS IN ALL OUR FACILITIES.”
His Highness Sheikh Khalifa bin Zayed Al Nahyan
President of the United Arab Emirates
Supreme Commander of the UAE Armed Forces
“ATTRACTING THE WORLD’S BEST HEALTHCARE INSTITUTIONS TO THE EMIRATE OF ABU DHABI IS A VITAL PART OF THE GOVERNMENT’S HEALTH POLICY. IT ENSURES THE VERY BEST GLOBAL HEALTHCARE MANAGEMENT EXPERTISE IS AVAILABLE WITHOUT THE NEED TO TRAVEL.”
His Highness Sheikh Mohammed bin Zayed Al Nahyan

Crown Prince of Abu Dhabi
Deputy Supreme Commander of the UAE Armed Forces
Chairman of the Abu Dhabi Executive Council
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Terminology explained

Clinical Health System
A health system, also sometimes referred to as healthcare system or clinical healthcare system, is the organization of people, institutions, and resources to deliver healthcare services to meet the health needs of target populations.

CAP Accreditation
The College of American Pathologists’ Laboratory Accreditation Program is an internationally recognized program and the only one of its kind that uses teams of practicing laboratory professionals as inspectors. Designed to go well beyond regulatory compliance, the program helps laboratories achieve the highest standards of excellence to positively impact patient care.

Malaffi
Malaffi’ is SEHA’s paperless records project. Internationally, hospitals are rated on a scale of 0-7 according to their success in being ‘paperless and proud of it’. In the USA, acknowledged as having one of the most technologically advanced healthcare systems in the world, only 9.2% of hospitals score in the 6-7 range. But in only five years, SEHA has gone from paper dependent to almost completely paperless, scoring between 5.3 and 6.02 across all its hospitals – an astounding achievement that few healthcare systems anywhere can boast.

HIMSS
HIMSS (Healthcare Information and Management Systems Society) is a cause-based not-for-profit organization exclusively focused on providing global leadership for the optimal use of information technology and management systems for the betterment of healthcare.

ACGME-I
The Accreditation Council for Graduate Medical Education International (ACGME) is the body responsible for accrediting the majority of graduate medical training programs (e.g., internships, residencies, and fellowships) for physicians in the United States.

ACGME International (ACGME-I) structures specialist education for doctors in training (residents) after graduating from medical school. They are supervised by dedicated senior clinicians and regularly assessed on their medical knowledge, clinical skills, professionalism, interpersonal and communication skills. This ensures the aspiring specialist doctors are well-trained and equipped with the necessary skills and knowledge to provide excellent care to the highest international standards.
BY THE END OF 2012, THERE WAS AMPLE EVIDENCE THAT THE FUNDAMENTALS WERE SECURELY IN PLACE TO DELIVER THE DEMANDING STANDARDS OF HEALTHCARE EXCELLENCE THAT HAVE ALWAYS SHAPED SEHA’S EVOLUTION TO WORLD-CLASS STATUS. THE BENEFITS DERIVED FROM PERSISTENT DEDICATION TO THE BEST POSSIBLE QUALITY OF CARE AND ACHIEVING HIGH LEVELS OF PATIENT SATISFACTION WERE BECOMING INCREASINGLY EVIDENT, HIGHLIGHTED BY CONTINUED IMPROVEMENT IN ALL KEY METRICS.

IN THIS END-YEAR REVIEW, WE FOCUS ON THE THREE PRIMARY AREAS THAT DETERMINE SEHA’S SUCCESS: CLINICAL, FINANCIAL, AND OPERATIONAL.
AS SEHA STRIVES FOR CONTINUOUS IMPROVEMENT IN OUR QUEST TO ACHIEVE INTERNATIONAL STANDARDS OF EXCELLENCE, THE STRATEGY GUIDING OUR OPERATIONS IS CONSTANTLY EVOLVING TO BEST SATISFY THE NEEDS OF OUR PATIENTS. WE SET INCREASINGLY DEMANDING STANDARDS AND NEVER CEASE IN OUR EFFORTS TO DO BETTER – EVERY DAY, EVERY HOUR, AND WITH EVERY PATIENT ENCOUNTER.
In the past year, our evolution has taken the form of moving from the traditional structure of healthcare delivery to the ‘service lines’ model that is now the basis of operation for leading medical organizations around the world. The patient experience is that of coordinated care delivered at multiple sites, with the entire care team and staff operating from a common mission, vision, strategy, and clinical model.

The service line concept has been adopted globally as an optimization of resources – a volume-driven strategy that is widely acknowledged as the contemporary gold standard of best practice, giving patients the best possible quality of care while empowering each of our facilities with the freedom and flexibility to become centers of excellence in their own right.

In adopting the service lines approach, SEHA is organizing the delivery of its clinical services that focus on the diagnosis, treatment, and management of a specific disease state (or related clinical conditions) so that they are delivered in an integrated and coordinated manner for specific populations, and with services located across sites and specified geographies. The patient experience is that of coordinated care delivered at multiple sites, with the entire care team and staff operating from a common mission, vision, strategy, and clinical model. When the clinical service line strategy works well, patients experience a well-managed and seamless process regardless of site.

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The concept of aligning service lines with population management is underpinned by a complementary primary healthcare service. The objective is to enhance and improve SEHAs primary healthcare delivery by implementing a patient-centered system that is strongly integrated with the service line model.

This is in keeping with our principle of enabling hospitals to focus on their core business of tertiary care, with convenient and easily accessible clinics fully equipped to provide a comprehensive range of services that do not require hospital admission.

At every stage, a patient-centered approach is paramount. This is not only fundamental to the underlying rationale of the service line concept, it is firmly embedded in SEHAs operating philosophy. We constantly seek new ways of improving the healthcare environment for our patients – using new technology and every other resource at our disposal to make the process simpler, faster, and more effective.

From booking an appointment to keeping patients quickly informed of test results, our goal is smooth and seamless efficiency, working together towards a common goal – irrespective of the number and diversity of departments or individuals who may be involved in the care of a single patient.

As we get close to the desired level of sustainability, we recognize that we still have a long way to achieve our ultimate goals, but the dynamic nature of our strategic plan puts us on a clear path to attain our vision and mission.

Saif Bader Haji Al Qubaisi
Chairman
HE Saif Bader Haji Al Qubaisi
Chairman
Abu Dhabi Health Services Company

HE Abdullah Ali Al Ahbabi
Acting Undersecretary
Department of Finance

HE Zaid Al Siksek
Chief Executive Officer
Health Authority-Abu Dhabi
HE Mohamed Sultan Al Hameli
Executive Director
Department of Finance

HE Ali Eid Al Muheiri
Executive Director – Real Estate and Infrastructure
Mubadala
WHY SEHA EXISTS

SEHA WAS CREATED BY THE GOVERNMENT OF ABU DHABI TO OWN AND OPERATE THE PUBLIC HEALTHCARE SYSTEM OF THE EMIRATE, AND TO UPGRADE AND IMPROVE HEALTHCARE DELIVERY THROUGH THAT SYSTEM TO THE PUBLIC ON A LEVEL COMPARABLE TO THE BEST HEALTHCARE DELIVERY SYSTEMS IN THE WORLD. SEHA FOLLOWS ITS VALUES AS A SOCIALLY RESPONSIBLE, RELIABLE, QUALITY-ORIENTED, AND INNOVATIVE ORGANIZATION.

VISION
To provide our customers and communities with world-class healthcare.

MISSION
To continuously improve customer care to recognized international standards.

VALUES
- SEHA is a patient-centered organization
  Quality outcomes, compassionate care, culturally sensitive, respectful, reliable, accessible, affordable.
- SEHA is an ethical organization
  Accountable, equitable, efficient, responsible, transparent.
- SEHA is an innovative organization
  Research and education, partnerships and alliances, collaborative teamwork, empowered and satisfied staff.
SEHA’s operational model has two primary components: Home Office and Business Entities (BEs). The Home Office aligns the strategic plans and objectives of the BEs with those of the company as a whole.
ACHIEVING OUR MISSION AND VISION TO DELIVER AN INTEGRATED SYSTEM OF HEALTHCARE HAS ALWAYS BEEN AN UNVARYING SEHA PRIORITY AND 2012 WAS NO EXCEPTION. WHEN I LOOK BACK ON THE YEAR, I SEE GREAT PROGRESS IN MANY AREAS AND THE DEVELOPMENT OF UNSTOPPABLE MOMENTUM IN THE PURSUIT OF OUR GOALS.

CHIEF EXECUTIVE OFFICER’S REPORT

A PERIOD OF GREAT ADVANCES IN MANY AREAS

Accomplishments such as JCI accreditations, ISO 9001, ACGME-I, and CAP accreditations provide validation that we are standardizing our care delivery.
The effectiveness of our system.

...for the development, efficiency, and medical records for the welfare in the direction of using electronic are helping us move with firm steps care delivery. Initiatives such as Malaffi validation that we are standardizing our and CAP accreditations provide...accomplishments such as JCI accreditations, ISO 9001, ACGME-I, and CAP accreditations provide validation that we are standardizing our care delivery. Initiatives such as Malaffi are helping us move with firm steps in the direction of using electronic medical records for the welfare of our patients and simultaneously for the development, efficiency, and effectiveness of our system.

The ACGME-I accreditation is in alignment with sustaining and improving our educational capabilities, and thereby the capabilities of our clinicians and future healthcare services in the emirate. Many quality initiatives such as Patient Safety Net were implemented and we are now making a difference by improving the quality of care.

With the formation of new Business Entities and the upcoming challenges of opening and commissioning new hospitals, the operations division has been reconstituted as two new divisions. One is headed by Clyde Eder, whose new title is Group Chief Operations Officer, Acute Care Hospitals. The second division is headed by Dr K Barbara Carbone, whose new position is Group Chief Operations Officer, Clinical Health System Services (CHSS). This new division includes operational responsibility for several non-hospital Business Entities (AHS, Laboratory, Rehabilitation, Behavioral Health, Dialysis, and Radiology Group Practice), as well as continuing responsibility for Clinical Service Lines, Physician Pay-for-Performance system (PPfP), and other physician professional services oversight.

SEHA Corporate Office has been reaccredited for ISO 9001:2008 certification by BSI, an internationally well-recognized ISO Standards certification body. I thank all teams and leaders whose support and effort led to this much-appreciated result.

In the first half of 2012, SEHA signed an agreement with the Accreditation Council for Graduate Medical Education International (ACGME-I). By year-end, all SEHA teaching facilities had achieved ACGME-I Institutional Accreditation, making the UAE the second country in the world outside the USA to achieve this distinction. The six facilities receiving accreditation are: SKMC, Mafraq, Corniche, Tawam, Al Ain, and AHS.

This world-class accreditation has two complementary phases: the first phase is institutional; the second is for the foundational and advanced specialty aspects of residency programs. We now proceed to the second phase and seek accreditation for 17 training programs in eight specialties.

We have also entered a new phase of SEHA’s Patient Safety Plan, implementing an advanced medication process improvement initiative called Positive Patient ID (PPID), which uses barcode technology to scan a patient’s wristband and medication when prescribing drugs. The software checks the patient and medication information against what is entered in the patient’s Malaffi record and warns if there are inconsistencies.

The process is now operational in all nursing units at Madinat Zayed Hospital, and in pilot mode at Corniche, Tawam, and Al Ain hospitals.

In addition to providing a safer medication process, implementation of PPID has elevated these four SEHA hospitals to HIMSS (Healthcare Information and Management Systems Society) Analytics Level 6 Certification. This is an eight-step process and is the authoritative source on Electronic Medical Record (EMR) adoption trends. The EMR adoption model scores hospitals on their progress in completing the eight stages to creating a paperless patient record environment.

Such achievements in 2012 are indicative of the rapid progress being made by SEHA in our pursuit of healthcare excellence. We look forward to reporting on many more advances during 2013.

Carl V Stanifer
Chief Executive Officer
EXECUTIVE MANAGEMENT

Carl Stanifer
Chief Executive Officer

Dr Ali Al Obaidli
Chief Clinical Officer

Allen Harris
Chief Finance Officer

Dr Karen Barbara Carbone
Group Chief Operating Officer
Clinical HealthSystem Services
SEHA NETWORK MAP – WHERE WE ARE

**Abu Dhabi Island**

1. **Sheikh Khalifa Medical City**
   SKMC's staff numbers more than 4,183. It has total capacity of roughly 764 beds.

2. **Corniche Hospital**
   Corniche is the UAE’s leading referral hospital for obstetric and neo-natal care. It has a professional staff of about 1,200.

3. **Ambulatory Healthcare Services**
   AHS operates 62 ambulatory and primary healthcare clinics. The four AHS subsidiaries are Ambulatory Care Centers (ACCs), Disease Prevention & Screening Centers (DPSCs), School Health Services (SHS) and Mobile Clinic Solutions (MCS).

4. **Abu Dhabi Blood Bank**
   Abu Dhabi Blood Bank is the major donor center and blood bank in Abu Dhabi. It is part of the Transfusion Medicine Services Division of the Department of Laboratory Medicine at Sheikh Khalifa Medical City (SKMC).

**Middle Region**

5. **Mafraq Hospital**
   Mafraq Hospital has a bed capacity for roughly 451 beds and a professional staff of almost 2,000.

6. **Mafraq Dialysis Center**
   Mafraq Dialysis Center is a state-of-the-art dialysis clinic situated in Mafraq.

7. **Al Rahba Hospital**
   Al Rahba is a 114-bed hospital with a professional staff of about 845.

**Eastern Region**

8. **Al Ain Hospital**
   Al Ain hospital is a 412-bed hospital. It has a professional staff of 2,000.

9. **Tawam Hospital**
   Tawam Hospital has 461 beds and a professional staff that numbers over 3,400.

10. **Al Wagan Hospital**
    Al Wagan Hospital is a primary care and critical access hospital with two wards, ambulatory treatment clinics, general dentistry facilities, and a critical access emergency department.
Al Gharbia Region

11 Al Sila Hospital
Sila Hospital is a 36-bed facility with a total staff of 16 doctors, 40 nurses, 17 allied health, and 15 administrative personnel.

12 Dalma Hospital
Dalma Hospital provides emergency services as well as specialized medical care in the fields of Internal Medicine, Pediatrics, Obstetrics and Gynecology, General Surgery, and Dialysis.

13 Ghiathy Hospital
Ghiathy Hospital is a 30-bed facility with a team of 22 doctors, two surgeons, 48 nurses, and 20 technicians and paramedics.

14 Marfa Hospital
Marfa Hospital is a 28-bed rural community secondary hospital with a professional staff of 20 physicians and surgeons, 49 nurses, and 26 technicians and paramedics.

15 Madinat Zayed Hospital
Madinat Zayed is a 155-bed secondary hospital. It is well-equipped and provides all basic and specialized medical services.

16 Liwa Hospital
Liwa Hospital provides emergency services as well as outpatient services in the fields of General Medicine, Pediatrics and Mother and Child Health.
Operating 12 hospitals, 62 ambulatory and primary healthcare centers, and two blood banks, with a combined total of more than 17,000 professional staff, SEHA’s operations expand across the entire Emirate of Abu Dhabi, from the Western Region to the Eastern Region through the Middle and Island Regions. As the largest healthcare network providing a continuum of care to Abu Dhabi’s residents and utilizing leading-edge medical technologies, SEHA’s facilities accommodate 100,000 inpatients annually and conduct 41,000 surgeries, as well as treating more than five million outpatients.
REVIEW OF THE YEAR

PATIENTS ARE THE NEVER-ENDING PRIORITY

Providing the best possible quality of care and achieving high levels of patient satisfaction have been non-negotiable prerequisites throughout SEHA’s existence, and there has been relentless focus on performance in this area: from the time patients enter our doors until they are satisfactorily treated and discharged.

Achieving such demanding goals was never going to be easy, but by the end of 2012 there was ample evidence that the fundamentals were securely in place.

The results deriving from such dedication to achieving long-term goals were becoming increasingly apparent, highlighted by continued improvement in clinical metrics and patient and consultant satisfaction levels reaching new heights.

Outstanding clinical performance was matched by the consistently upward trend in financial results, taking SEHA closer to the goal of economic self-sufficiency. But, as always, there is no room for complacency, and SEHA keeps setting ever-higher targets to sustain its momentum on the historic journey to global healthcare excellence.
SEHA is restructuring its clinical services delivery model to an integrated population-based service line approach that addresses the needs of a patient throughout the continuum of care – whether inpatient or outpatient.

The basic principle is clinical effectiveness: ensuring that the right care is delivered to the right patient in a timely manner by qualified and experienced clinicians in accordance with best practice pathways.

In SEHA’s new clinical healthsystem services division, clinical effectiveness is fundamental to improved patient care in terms of quality of care, access and appropriateness, and the secondary goal of cost-effective delivery.
Evidence-based care

Active involvement of patients in their care (and patient families)

Strategies for success

Fostering clinical innovation

Safe introduction of new procedures and therapies

External review of quality improvement activities

Measurement of clinical care processes

Clinician empowerment

Streamlining clinical processes

Evidence-based care

Safe introduction of new procedures and therapies

External review of quality improvement activities

Measurement of clinical care processes

Clinician empowerment

Streamlining clinical processes

Evidence-based care

Strategies for success

Fostering clinical innovation

Active involvement of patients in their care (and patient families)
RATIONALIZATION OF HEALTHCARE SERVICES DELIVERY THROUGH POPULATION MANAGEMENT AND SERVICE LINES IS THE CORE FUNCTION OF CLINICAL EFFECTIVENESS. TO ELABORATE, A SERVICE LINE (SL) IS DEFINED AS A MULTIDISCIPLINARY APPROACH TO A PATIENT POPULATION THROUGHOUT THE CONTINUUM OF CARE (IP AND OP). COMPONENTS INCLUDE:

Basic/standard services at all IP/OP locations (e.g., laboratory facilities)
Centralized/Center of Excellence due to rarity of disease process or complexity of service required, with a single facility providing multidisciplinary care (e.g., pediatric cardiac surgery)
Regional services on a geographic basis dependent on quality, cost, and access (e.g., coronary stenting)

RATIONALIZATION OF HEALTHCARE IS BELIEVED TO ACHIEVE:

**ENHANCED QUALITY OF CARE**
- Reduced medical errors through volume-based competency
- Better care coordination between inpatient and outpatient services
- Enhanced use of information technology (decision support and disease management)

**IMPROVED PATIENT SATISFACTION**
- Common and shared patient experience targets and best practices
- Streamlined workflows reduce waiting times and improve the overall patient experience

**BETTER ACCOUNTABILITY**
- Focus on system/patient-centric approach establishes greater collective ownership in the overall SEHA system vision and mandate
- Greater economies of scale
- Implementation of shared services/resources such as purchasing, warehousing, payroll, accounts payable, training, recruitment, etc, eliminates redundancy and reduces costs

**STRONGER OPERATIONAL EFFICIENCIES**
- “Pooling” of resources in areas where shortages and disparities exist (nursing, subspecialties, paramedical, etc)
- Standardization and shared best practice processes around operational workflows
- Normalization of cost of providing care by rationalizing services to areas of greater volume, productivity, and delivery effectiveness

**Terminology explained**

**Service Lines (SL)**
'Service line' describes a set of operationally and financially grouped services.
For example, laboratory, operating room, radiology – even cardiac surgery – are services. When these are combined with a catheterization laboratory, and integrated for management and clinical purposes around cardiac and peripheral revascularization, ‘cardiovascular service line’ may be their appropriate operational or financial management designation.

Even radiology by itself could be considered a service line, although procedures such as a CT scan or an MRI scan are generally considered distinct services within the radiology service line.
The 'service line' term is therefore used as a descriptor of single services grouped together to provide more seamless functioning within a higher-order organizational unit.

**IP and OP**
Inpatient and outpatient. (Hospital patients who remain overnight and those who are fit to visit for treatment and then return home).

**Center of Excellence**
A Center of Excellence is an advanced healthcare provider recognized as the most expert and cost-efficient in producing the best patient outcomes.
THROUGH THE DEVELOPMENT OF CLINICAL HEALTHSYSTEM BUSINESS ENTITIES, CLINICAL SERVICE LINES, CLINICAL SUPPORT SERVICES INTEGRATION COUNCILS, AND THE ENHANCEMENT OF PHYSICIAN PROFESSIONAL SERVICE (QUALITY AND PERFORMANCE), THE CLINICAL HEALTHSYSTEM SERVICES DIVISION WILL ACHIEVE DEFINED STRATEGIC GOALS AND OUTCOMES:

- **QUALITY AND PATIENT SAFETY**: Driving Quality/Clinical Performance Improvement across the System
- **FINANCIAL PERFORMANCE**: Accountable to review and recommend areas of improvement in the financial performance of the Service
- **GROWTH**: Recommend service development areas, create a business plan, recommend marketing strategies, and participate in capital allocation process
- **OPERATIONAL/SERVICE EXCELLENCE**: Evaluate, design, and improve the operational performance of care rendered
- **PEOPLE**: Active involvement in recruitment and retention of clinical and operational staff
- **RESEARCH AND EDUCATION**: Ensure education for healthcare professionals and foster research
SEHA'S FINANCIAL PERFORMANCE IN 2012 MAINTAINED ITS WELL-ESTABLISHED UPWARD TREND, SUBSTANTIALLY EXCEEDING TARGETS ACROSS MANY KEY INDICATORS.

NET PATIENT REVENUE, THE CRUCIAL DETERMINANT, INCREASED BY 18.4% AFTER PROVISION FOR DOUBTFUL ACCOUNTS. THE GROWTH IN COLLECTED REVENUE WAS EVEN MORE IMPRESSIVE, INCREASING BY 34.4% AND INDICATIVE OF THE GROWING PATIENT VOLUMES, REDUCED CLAIMS DENIALS, AND MORE EFFICIENT COLLECTION.

THIS IS EVIDENT IN THE SHARP RISE IN AVERAGE REVENUE PER PATIENT, UP BY 35.3% FOR INPATIENTS AND 37.3% FOR OUTPATIENTS, OUTSTRIPPING THE RESPECTIVE GROWTH OF 1.9% AND 4.2% IN INPATIENT ADMISSIONS AND OUTPATIENT VISITS.
Admissions increased by 1.9% and outpatient visits increased by 4.2%.

Collected revenue increased by 34.4%.

Along with the favorable growth in admissions and visits, inpatient revenue per admission increased by 36.3%.

Outpatient revenue per visit increased by 37.3%.
FINANCIAL CONTINUED

A SIMILAR TREND CONTINUES IN APD (ADJUSTED PATIENT DAY) REVENUE – UP 28.5% (AFTER PROVISION FOR DOUBTFUL ACCOUNTS) AND SLIGHTLY AHEAD OF BUDGET BY 0.6%. HOWEVER, OPERATING COST PER APD INCREASED BY 21.5% AND WAS 5.8% UNFAVORABLE TO BUDGET, DUE TO HIGHER SALARIES, SUPPLY COSTS, AND WAGES AND BENEFITS.

SEHA is committed to an ongoing policy of aggressive management of financial performance to achieve effectiveness and efficiency. Billing and reimbursement capabilities are constantly reviewed and improved to maximize revenues, including execution of SEHA’s future billing system roadmap and seeking additional contractual relationships with health insurers to give customers more choice.

During 2012, the Finance Division was instrumental in concluding a management services agreement (MSA) with Dell to manage SEHA’s Central Business Office and all related Revenue Cycle Management (RCM) services.

Setup and migration of the RCM compliance program has since been completed and a separate BE/budget will be effective from January, 2013.

Further operational enhancements included going live with Cerner Electronic eligibility and benefits management modules at all SEHA facilities. Initial assessment/design work for the SEHA Automated Budgeting Solution (Oracle/Hyperion) was completed at pilot locations and initial key user training at all SEHA BEs began in Q3.

The revised SEHA Oracle Chart of Accounts now matches service line and productivity reporting, and the new Cerner patient accounting system is scheduled to go live at SEHA facilities, having completed a pilot project at Mafraq.

Heads of agreement have been signed with HA-AD, Daman, and the Department of Finance as an agreed framework for achieving sustainable healthcare reimbursement mechanisms.

Although 2012 yielded many positive results, financial challenges continue in terms of productivity, outcomes management, and customer service delivery. In keeping with SEHA’s long-term strategy, successfully meeting those challenges is a constant priority.
DURING 2012, THE FINANCE DIVISION WAS INSTRUMENTAL IN CONCLUDING A MANAGEMENT SERVICES AGREEMENT (MSA) WITH DELL TO MANAGE SEHA’S CENTRAL BUSINESS OFFICE AND ALL RELATED REVENUE CYCLE MANAGEMENT (RCM) SERVICES.
AS SEHA EVOLVES FROM BEING A HOLDING COMPANY RESPONSIBLE FOR A SERIES OF STANDALONE HEALTHCARE FACILITIES, ITS OPERATIONAL STRUCTURE IS BEING FINETUNED TO CREATE A MODEL OF SERVICE DELIVERY THAT IS AT THE LEADING EDGE OF INTERNATIONAL BEST PRACTICE.

THE MOST SIGNIFICANT DEVELOPMENT IN THIS AREA DURING 2012 WAS THE RESTRUCTURING OF CLINICAL SERVICES TO AN INTEGRATED POPULATION-BASED APPROACH WHICH ADDRESSES PATIENT NEEDS THROUGHOUT THE CONTINUUM OF CARE.

SEVEN SERVICE LINES HAVE BEEN IDENTIFIED AND FOUR CLINICAL SHARED SERVICE COUNCILS WILL ADMINISTER THE NEW RATIONALE. FOLLOWING DETAILED VOLUME ANALYSIS, SERVICES ARE BEING ESTABLISHED ON A STANDARD, REGIONAL, AND CENTRALIZED BASIS. CENTRALIZATION OF SPECIALIST SERVICES WILL PROVE MORE COST-EFFECTIVE WHILE GIVING PATIENTS A SUPERIOR STANDARD OF CARE.
Service lines identified for SEHA’s healthcare system are:

<table>
<thead>
<tr>
<th>Service Lines</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care and Medicine</strong></td>
<td>Internal Medicine, Family Medicine and other Medical Specialties not included in other service lines.</td>
</tr>
<tr>
<td><strong>Heart and Vascular</strong></td>
<td>Cardiology, Cardiac, and Vascular Surgery</td>
</tr>
<tr>
<td><strong>Neuroscience</strong></td>
<td>Neurology, Neurosurgery</td>
</tr>
<tr>
<td><strong>Digestive Diseases</strong></td>
<td>Gastroenterology, General Surgery, Bariatric Surgery</td>
</tr>
<tr>
<td><strong>Endocrinology and Metabolic Diseases</strong></td>
<td>Endocrine Surgery and Endocrinology</td>
</tr>
<tr>
<td><strong>Oncology and Hematology</strong></td>
<td>Medical and Surgical Oncology, Radiation Oncology, Hematology</td>
</tr>
<tr>
<td><strong>Ob/Gyn and Women’s Health</strong></td>
<td>Obstetrics and Gynecology, Breast Care</td>
</tr>
<tr>
<td><strong>Pediatrics</strong></td>
<td>Neonatology and Pediatrics</td>
</tr>
<tr>
<td><strong>Head and Neck</strong></td>
<td>Otolaryngology, Oral Maxillofacial Surgery, Dental</td>
</tr>
<tr>
<td><strong>Eye</strong></td>
<td>Ophthalmology</td>
</tr>
<tr>
<td><strong>Orthopedics and Rheumatology</strong></td>
<td>Orthopedics and Rheumatology Medicine</td>
</tr>
<tr>
<td><strong>Urology and Kidney Disease</strong></td>
<td>Nephrology Medicine, Urology Surgery, Kidney Transplant</td>
</tr>
<tr>
<td><strong>Dermatology and Plastic Surgery</strong></td>
<td>Dermatology, Plastic Surgery including Burns</td>
</tr>
</tbody>
</table>

**Endocrinology and Metabolic Diseases**
Endocrine diseases are any diseases caused by the abnormal function of endocrine glands, including the pituitary, thyroid, and adrenal glands. Metabolic diseases, such as diabetes, arise when some organs do not function normally.

**Eye**
Ophthalmology is the branch of medicine that deals with the anatomy, physiology, and diseases of the eye. An ophthalmologist is a specialist in medical and surgical eye problems.

**Orthopedics and Rheumatology**
Orthopedics is concerned with conditions involving the musculoskeletal system such as injuries, degenerative diseases, and congenital disorders. Rheumatology is a sub-specialty devoted to diagnosis and treatment of rheumatic diseases.

**Urology and Kidney Disease**
Nephrology is the study of normal kidney function, problems, and treatment. Urology focuses on the surgical and medical diseases of the male and female urinary tract system and the male reproductive organs.

**Dermatology and Plastic Surgery**
Dermatology deals with the skin and its diseases, taking care of diseases and cosmetic problems of the skin, scalp, hair, and nails. Plastic surgery is concerned with the correction or restoration of physical form and function, such as the treatment of burns.
INITIALLY, CENTERS OF EXCELLENCE WILL BE DEVELOPED AT INDIVIDUAL SEHA HOSPITALS IN SELECTED DISCIPLINES: PEDIATRICS, ORTHOPEDICS, OB/GYN-WOMEN’S HEALTH, HEART & VASCULAR, AND NEUROSURGERY.

IN DOING SO, THE FORMER OPERATIONS DIVISION HAS BEEN RECONSTITUTED AS TWO ENTITIES: ACUTE CARE AND CLINICAL HEALTHSYSTEM SERVICES. THE BENEFITS WILL BECOME EVIDENT ACROSS MANY AREAS, FROM STRONGER OPERATIONAL EFFICIENCIES TO IMPROVED PATIENT SATISFACTION.

The same principles are common to all SEHA’s operational activities and were central to the work of all corporate divisions and departments during 2012.
FINANCE DIVISION CONTINUED TO REFINE ADMINISTRATIVE PROCEDURES AND PROCESSES, AN ESSENTIAL REQUIREMENT AS REVENUES MAINTAIN A CONSISTENT UPWARD TREND, REACHING RECORD LEVELS DURING THE YEAR. THE AGREEMENT WITH DELL TO MANAGE SEHA CENTRAL BUSINESS OFFICE AND ALL RELATED REVENUE CYCLE MANAGEMENT SERVICES IS A VITAL COMPONENT IN SUSTAINING THE PREMIUM LEVELS OF FINANCIAL ADMINISTRATION THAT UNDERPIN SEHA’S PROGRESS TOWARDS BEING FULLY SELF-FUNDING.

Increasing use of advanced technology is also driving success with projects such as Malaffi (paperless records), where SEHA has established a rapid rate of adoption that compares very favorably with the world’s best healthcare institutions.

Similarly, imaginative use of technology is central to advances in procurement and supply-chain management. On-line bidding by suppliers is now standard practice, resulting in improved vendor performance, quality, and consistent supply of medications.

People development is an unvarying priority, and completion of the Human Resources Transformational Project has created a harmonized structure of job grades and pay scales.

More than 2,000 administrative roles have been redefined, reducing the total to 400, and a revised HR Policy Manual now gives clear directions for decision-making, guiding employees on procedures and being supported by policy awareness sessions for each department.

SEHA’s massive program of infrastructure development is proceeding on schedule, with several new facilities completed during 2012.

Such initiatives are integral to SEHA’s ceaseless striving towards world-class healthcare, individually and collectively forming the building blocks that support its ongoing progress and achievements.
Every year, SEHA hospitals treat well over 110,000 inpatients and conduct about 40,000 surgical operations – representing a total of roughly 700,000 days of patient care.

Outpatient visits to hospitals now number more than 1.5 million a year, while the clinics and healthcare centers deal with about 2.7 million visits annually.

Since 2008, these figures have risen by as much as 50% in some cases, underlining the success that SEHA has achieved in bringing top-quality healthcare to the people of Abu Dhabi – whether they live in the capital or in the remotest of the emirate’s regions.

As the largest healthcare network providing a continuum of care to Abu Dhabi’s residents and utilizing leading-edge medical technologies, SEHA has to ensure that it delivers quality medical outcomes based on international benchmarks in a cost-effective and competitive manner, as its dependency on Government block funding reduces and financial sustainability is achieved.

In keeping with the Emirate of Abu Dhabi’s move to realize its potential as one of the top five governments in the world and becoming a world-class destination, the services offered by SEHA have to reach and maintain world-class standards.

Accordingly, SEHA’s strategy since inception has entailed developing strategic partnerships with renowned international healthcare institutions such as Johns Hopkins, Cleveland Clinic, and Fresenius Medical Care to promote the adoption of leading medical practices and evidence-based medicine, while effectively leveraging knowledge transfer and professional development of UAE nationals towards building a sustainable healthcare system.

To succeed in its desired outcomes, SEHA will focus on optimizing operational efficiencies, improving productivity, and effectively utilizing resources within state-of-the-art facilities that are the cornerstones of SEHA’s integrated healthcare network.

SEHA’s strategies will also involve further developing its residency programs to achieve international standards, and promoting research initiatives, in line with the Government’s strategic direction to develop a talented healthcare workforce.

SEHA will continue to develop and position regional centers of excellence in targeted medical areas such as oncology, cardiology, and neurology, with a target of establishing eight such centers by 2016.

One of the primary global challenges in the healthcare sector is the shortage of skilled and experienced practitioners, nurses, and paramedics. This poses a greater challenge for SEHA in terms of attracting and retaining qualified healthcare professionals and administrators, especially UAE nationals.

SEHA’s strategies focus on establishing an attractive workplace with competitive compensation benefits in line with regional and international market trends. To improve Emiratization targets, SEHA works closely with the education sector and key stakeholders in line with its Emiratization strategy as it embarks on pursuing excellence in healthcare delivery.
SEHA’s operational model has two primary components: Home Office and Business Entities (BEs). The Home Office aligns the strategic plans and objectives of the BEs with those of the company as a whole and comprises:

### INTEGRATED HEALTHCARE DELIVERY

#### SEHA Home Office
- The Chairman’s Office
- Internal Audit
- The Office of the Managing Director, which includes Corporate Affairs
- Office of the CEO, which includes: Corporate Marketing, Organizational Excellence, Legal, and Strategy and Performance Management
- Clinical Affairs and Clinical Quality
- Finance (including Revenue Cycle Management and Finance and Business Development)
- Acute Care Hospitals and Clinical Health System Services (CHSS)
- Facilities and Construction which consists of Facility Development and Maintenance, and Facility Planning and Construction
- Information and Technology
- Support Services (including Human Resources)

SEHA Home Office sets direction for our Business Entities and assists with the performance of each. Each SEHA hospital is now a separate BE responsible for its own key performance indicators and its own budget, monthly financial reporting, and clinical operations. SEHA Home Office leads the development of initiatives or projects that concern all BEs such as HR policies, IT/HIS infrastructure, clinical guidelines, legal matters, and group purchasing.

#### SEHA Business Entities
- Sheikh Khalifa Medical City (including associated clinics and Abu Dhabi Blood Bank)
- Corniche Hospital (and associated clinic)
- Mafraq Hospital (and associated clinics)
- Al Rahba Hospital
- Tawam Hospital (including Al Ain Regional Blood Bank, associated clinics, and Al Wagan Hospital)
- Al Ain Hospital (and associated clinics)
- Al Gharbia Hospitals (six hospitals and several clinics in the West)
- 62 ambulatory and primary healthcare centers
- SEHA Dialysis Services (SDS)

#### SEHA partners
SEHA partners are critical to our successful operation and have an instrumental role in knowledge transfer, education, and promoting healthcare. To achieve our goals with competitive advantage, SEHA partners with internationally recognized organizations that have extensive experience in healthcare delivery and research.

While SEHA owns and operates the Business Entities, we entrust their day-to-day management to our international partners through management services agreements. These partners include:
- Johns Hopkins Medicine International (Tawam, Al Rahba, and Corniche Hospitals)
- Cleveland Clinic Foundation (SKMC)
- Fresenius Medical Care (SEHA Dialysis Services)

The management services agreements specify the deliverables expected of each partner and help define partners’ relationships with SEHA. Our partners are not only involved in the successful operation of the Business Entities but provide knowledge transfer, education, clinical guidance, and the promotion of healthcare practice, including laying the groundwork for future medical research at SEHA facilities.
Since inception, SEHA has worked to an evolving series of strategic objectives that are fundamental to achieving the company’s long-term objective of establishing world-class standards of healthcare in every aspect of its operations.

**STRATEGIC PLANNING**

**CONTINUOUS REFINEMENT TO EVER-HIGHER STANDARDS**

These strategic initiatives and key priorities continue to be refined to achieve increasingly precise definition and alignment with evolving long-term goals. The 2012-16 Strategic Plan remains true to the basic principle of One Team, One Voice, One Future, but as primary objectives are fulfilled the metrics now focus intensely on achieving continuously higher standards. The total number of strategic initiatives has therefore been reduced from 50 to 34 and key performance indicators from 41 to 38, reflecting the sustained progress that has been made from the original baseline.

Operational objectives have been further revised to cover four strategic perspectives and eight priority areas. These were met as planned in 2012, with only a few exceptions due to minor changes in strategic direction. This report details the performance of all SEHA activities as measured against the defined goals.
Operational objectives have been further revised to cover four strategic perspectives and eight priority areas.

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>01/</strong> FINANCIAL</td>
<td><strong>02/</strong> CUSTOMERS AND COMMUNITY STAKEHOLDERS</td>
</tr>
<tr>
<td><strong>PRIORITY AREA 1:</strong> Manage financial performance to achieve efficiency and competitiveness</td>
<td><strong>PRIORITY AREA 2:</strong> Manage patients’ and stakeholders’ expectations effectively</td>
</tr>
<tr>
<td><strong>03/</strong> SERVICE, QUALITY, AND OPERATIONAL EFFICIENCY</td>
<td><strong>04/</strong> LEARNING, GROWTH, AND INFRASTRUCTURE</td>
</tr>
<tr>
<td><strong>PRIORITY AREA 3:</strong> Provide integrated high-quality and patient-centered services</td>
<td><strong>PRIORITY AREA 5:</strong> Establish SEHA among the UAE employers of choice</td>
</tr>
<tr>
<td><strong>PRIORITY AREA 4:</strong> Deliver superior operational execution</td>
<td><strong>PRIORITY AREA 6:</strong> Develop national leadership and support Emiratization</td>
</tr>
<tr>
<td></td>
<td><strong>PRIORITY AREA 7:</strong> Develop infrastructure to achieve world-class standards</td>
</tr>
<tr>
<td></td>
<td><strong>PRIORITY AREA 8:</strong> Promote research and education</td>
</tr>
</tbody>
</table>
SEHA accomplishments are diverse and far-reaching. They are fully detailed in this report, covering all aspects of our business including healthcare services delivery, financial results, clinical quality, operations, human resources, and information systems.
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Achievements/Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al Ain Hospital</td>
<td>Al Ain Hospital won Silver Award for Patient-Centered Approach of Community Mental Health Program, and Arab Health Awards for Clinical Imaging and Patient Safety.</td>
</tr>
<tr>
<td>Al Gharbia</td>
<td>Al Gharbia Hospitals installed New Equipment for Ophthalmology and Complete Video Laparoscopy System – A 64 CT-Scanner in Four 16-Slice CT Scanners.</td>
</tr>
<tr>
<td>Al Rahba Hospital</td>
<td>Al Rahba Hospital secured JCI accreditation for the third time, having been the first public hospital in the UAE to receive accreditation. AL Rahba’s 1.5T MRI scanner is the World’s only digital MRI system.</td>
</tr>
<tr>
<td>Ambulatory Healthcare Services</td>
<td>AHS network, covering 25 sites, became the first of its kind in the world to receive JCI accreditation. AHS won the Excellence in Electronic Health Category at the Arab Health Awards.</td>
</tr>
<tr>
<td>Corniche Hospital</td>
<td>Corniche Hospital became the first in the UAE to achieve HIMSS Level 6 designation from the Health Information and Management System Society, USA, and is among an elite group of about 350 hospitals worldwide to have this distinction.</td>
</tr>
<tr>
<td>Mafraq Hospital</td>
<td>99% of patients visiting Mafraq say they would use the hospital again and 100% would recommend Mafraq to others.</td>
</tr>
<tr>
<td>Mafraq Dialysis Center</td>
<td>SEHA Dialysis Services’ newly-built and state-of-the-art Dialysis Clinic at Mafraq is treating more than 196 patients.</td>
</tr>
<tr>
<td>Sheikh Khalifa Medical City</td>
<td>SKMC’s Pathology and Laboratory Medicine Institute became the first transfusion service and the second blood donor center in the UAE to be AABB (American Association of Blood Bank) accredited, and the first in the Emirate and the fourth in the UAE to achieve CAP (College of American Pathologists) accreditation. SKMC’s echo simulator is the first in the Middle East and one of only a few around the world.</td>
</tr>
<tr>
<td>Tawam Hospital</td>
<td>The perfect JCI accreditation score is 10 and Tawam Hospital scored 9.91288. Tawam’s laboratories received accreditation from the College of American Pathologists.</td>
</tr>
</tbody>
</table>
WHAT IS JOINT COMMISSION INTERNATIONAL (JCI) AND WHY IS ACCREDITATION SO IMPORTANT?

AS THE INTERNATIONAL DIVISION OF JOINT COMMISSION RESOURCES, JCI HAS BEEN WORKING SINCE 1994 WITH HEALTHCARE ORGANIZATIONS, MINISTRIES OF HEALTH, AND GLOBAL ORGANIZATIONS IN MORE THAN 80 COUNTRIES.

JCI is the Joint Commission International and JCIA is Joint Commission International (Accreditation). This independent and globally recognized third party provides external standards of excellence for hospital services, defined by an international board of directors. JCI’s ‘Gold Seal of Accreditation’ is a highly prized hallmark of quality.

Its focus is on improving the safety of patient care through the provision of accreditation and certification services, as well as through advisory and educational services aimed at helping organizations implement practical and sustainable solutions.

In September 2007, JCI received accreditation by the International Society for Quality in Health Care (ISQua). Accreditation by ISQua provides assurance that the standards, training, and processes used by JCI to survey the performance of healthcare organizations meet the highest international benchmarks for accreditation entities.

In the United States, JCI Accreditation is a requirement for participation in the US Government’s Medicare Program. Here in the UAE, JCI Accreditation is a goal set by Health Authority-Abu Dhabi (HA-AD) for all hospital providers in the emirate.

Terminology explained

**International Society for Quality in Health Care (ISQua)**
The International Society for Quality in Health Care (ISQua) is an umbrella body for organizations providing international healthcare accreditation. ISQua is a small non-profit limited company with members in more than 70 countries.

**ISQua**
ISQua works to provide services to guide health professionals, providers, researchers, agencies, policy makers, and consumers to achieve excellence in healthcare delivery to all people, and to continuously improve the quality and safety of care.
External benchmarking compares healthcare practices, including quality and safety, with those of acknowledged leaders in the industry.

BENCHMARKING WITH THE USA

SIGNPOSTS ON THE PATH TO EXCELLENCE

SEHA Business Entities specify the quality/patient safety core measures that are used to compare performance and improvements with international standards and best practices.

External benchmarking compares healthcare practices, including quality and safety, with those of acknowledged leaders in the industry. By going outside the organization, benchmarking enables measurement of performance against the standards and practices of industry leaders, and pinpoints successful improvements that were shown to be effective.

SEHA is increasingly using benchmark techniques to compare performance with the best in the business – and is totally transparent about the findings. In this way, we can corroborate our progress to world-class standards, or quickly find out if we are falling short and take rapid remedial measures.
A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidneys.

UTIs are the most common type of healthcare-associated infection reported to the National Healthcare Safety Network in the USA. Among UTIs acquired in hospital, about 75% are associated with a urinary catheter – a tube inserted into the bladder through the urethra to drain urine. Between 15 and 25% of hospitalized patients receive urinary catheters, and their prolonged use is the most important risk factor for developing a catheter-associated UTI (CAUTI). Catheters are therefore used only for appropriate indications and are removed as soon as they are no longer needed.

The Centers for Disease Control and Prevention (CDC), a United States federal agency under the Department of Health and Human Services, has developed guidelines for the prevention of catheter-associated UTIs and other types of healthcare-associated infections. Facilities use the guidelines to monitor the rate of CAUTI and assess the effectiveness of prevention efforts.

The CDC is the United States’ national public health institute and is a founding member of the International Association of National Public Health Institutes.

SEHA has adopted CDC procedures in dealing with CAUTI, in conjunction with the American College of Surgeons’ National Surgical Quality Improvement Program (ACS NSQIP). This internationally validated, risk-adjusted, outcomes-based program measures and improves the quality of surgical care in the private sector.

Using these tools, SEHA has achieved impressive results in maintaining a low CAUTI incidence. CAUTI rates are measured per 1,000 ‘Foley days.’ The drainage tube that is inserted into the urinary tract is commonly known as a Foley catheter – hence ‘Foley days’ for the number of days that a catheter is in place, multiplied by the number of patients using the device.

Between December, 2011 and September, 2012 the CAUTI incidence at SEHA’s Sheikh Khalifa Medical City was reduced from fifteen to zero per 1,000 Foley days, compared to a benchmark figure of five per thousand. This is attributable to setting up a CAUTI taskforce, dedicated training sessions for physicians and nurses, patient education, and awareness activities at the hospital.

The statistics are also indicative of SEHA’s general level of success in preventing hospital-acquired infections.
**Benchmark ICU CAUTI per 1,000 Foley days**

National Surgical quality Improvement Program (NSqIP) is a risk-adjusted, outcomes-based surgical quality improvement program.

Experience at SKMC utilizing ACS NSqIP to improve surgical quality:

- Identifying quality improvement projects
- Improving patient care and outcomes

Interventions:

- Creation of CAUTI taskforce
- Lectures to physicians and nurses
- Awareness day activity in the hospital
- Patient educational sheet
- Order in Malaffi for CAUTI Insertion

**Terminology explained**

**CAUTI**
Catheter-associated urinary-tract infection – an infection involving any part of the urinary system, arising from a urinary catheter, a tube inserted into the bladder through the urethra to drain urine.

**Foley day**
The drainage tube that is inserted into the urinary tract is commonly known as a Foley catheter – hence ‘Foley days’ for the number of days that a catheter is in place, multiplied by the number of patients using the device.

**International Association of National Public Health Institutes**
The International Association of National Public Health Institutes – IANPHI – is a global initiative that aims to develop stronger and more coordinated public health systems through the development and support of national public health institutes – or NPHIs. IANPHI is also a professional association for NPHI directors, providing a platform for advocacy and collective action in addressing public health challenges and opportunities.

**American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP)**
ACS NSQIP collects data that provides fair, in-depth and insightful analysis, helping surgeons and hospitals better understand their quality of care compared to similar hospitals with similar patients.
Key performance indicators (KPIs) help an organization define and measure progress towards its goals. Once an organization has analyzed its mission, identified all its stakeholders, and defined its goals, it needs a way to measure its success (or otherwise) in realizing these objectives.

**KEY INDICATORS**

**THE YARDSTICK FOR SUCCESS**

KPIs provide the necessary framework for these metrics – creating quantifiable steps that reflect the critical success factors. In SEHA's case, KPIs are used to measure progress in every critical aspect of operations and how well the organization is advancing towards its goal of global-standard healthcare excellence.

**Terminology explained**

**Key performance indicators (KPIs)**
Every business has key indicators of performance – a collection of figures and ratios that predict efficiency, performance, or problems. Healthcare has its own unique indicators, often expressed in technical terms that are peculiar to the business. Throughout this document, you will find explanations of some of these indicators – in plain language – showing how we measure our performance against established industry benchmarks of excellence and quality.
# Operational Dashboard

<table>
<thead>
<tr>
<th>2012 Actual Year End Totals</th>
<th>Mafraq</th>
<th>Al Ain</th>
<th>SKMC</th>
<th>Tawam</th>
<th>WMR</th>
<th>Al Rahba</th>
<th>Corniche</th>
<th>AHS</th>
<th>CORP</th>
<th>SDS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ADC (Occupied Beds)</td>
<td>265</td>
<td>289</td>
<td>480</td>
<td>332</td>
<td>88</td>
<td>104</td>
<td>159</td>
<td>1,717</td>
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<tr>
<td>Occupancy %</td>
<td>73.0%</td>
<td>78.0%</td>
<td>71.3%</td>
<td>72.1%</td>
<td>39.3%</td>
<td>77.3%</td>
<td>67.0%</td>
<td>69.7%</td>
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<tr>
<td>Inpatient Occupied Bed Days (A&amp;P)</td>
<td>97,065</td>
<td>105,935</td>
<td>175,647</td>
<td>121,636</td>
<td>32,190</td>
<td>38,184</td>
<td>58,074</td>
<td>628,731</td>
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<tr>
<td>Admissions</td>
<td>17,627</td>
<td>20,978</td>
<td>16,934</td>
<td>22,348</td>
<td>8,096</td>
<td>7,964</td>
<td>16,025</td>
<td>109,972</td>
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<tr>
<td>Discharges</td>
<td>17,535</td>
<td>20,895</td>
<td>17,037</td>
<td>22,262</td>
<td>8,057</td>
<td>7,923</td>
<td>15,921</td>
<td>109,630</td>
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<tr>
<td>ALOS (occupied bed days per discharge)</td>
<td>5.54</td>
<td>5.07</td>
<td>10.31</td>
<td>5.46</td>
<td>4.00</td>
<td>4.82</td>
<td>3.65</td>
<td>5.74</td>
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<tr>
<td>IP Surgery cases as a % of discharge</td>
<td>37.5%</td>
<td>31.1%</td>
<td>29.2%</td>
<td>24.8%</td>
<td>27.3%</td>
<td>18.3%</td>
<td>24.8%</td>
<td>28.4%</td>
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<td>Other utilization indicators:</td>
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<td></td>
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<tr>
<td>Births</td>
<td>2,598</td>
<td>2,705</td>
<td>4,112</td>
<td>904</td>
<td>1,926</td>
<td>8,485</td>
<td></td>
<td>20,730</td>
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<tr>
<td>Surgery Cases IP</td>
<td>6,571</td>
<td>6,500</td>
<td>4,978</td>
<td>5,519</td>
<td>2,199</td>
<td>1,452</td>
<td>3,956</td>
<td>31,175</td>
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<tr>
<td>Surgery Cases OP</td>
<td>3,146</td>
<td>439</td>
<td>1,808</td>
<td>2,303</td>
<td>2,642</td>
<td>461</td>
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<td>10,799</td>
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<tr>
<td>Surgery Cases Total</td>
<td>9,717</td>
<td>6,939</td>
<td>6,786</td>
<td>7,822</td>
<td>4,841</td>
<td>1,913</td>
<td>3,956</td>
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<td>Staff FTEs</td>
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<tr>
<td>Total</td>
<td>2,154</td>
<td>2,053</td>
<td>4,183</td>
<td>3,411</td>
<td>1,304</td>
<td>845</td>
<td>1,186</td>
<td>1,947</td>
<td>243</td>
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<td>Doctors</td>
<td>382</td>
<td>330</td>
<td>650</td>
<td>569</td>
<td>224</td>
<td>119</td>
<td>134</td>
<td>255</td>
<td>4,663</td>
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<tr>
<td>Nurses</td>
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<td>866</td>
<td>1,640</td>
<td>1,163</td>
<td>435</td>
<td>355</td>
<td>464</td>
<td>729</td>
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<td>305</td>
<td>755</td>
<td>618</td>
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<td>552</td>
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<td>1,061</td>
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<td>254</td>
<td>514</td>
<td>516</td>
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<td>Staff-Employee Count</td>
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<td>Total</td>
<td>2,158</td>
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<td>3,799</td>
<td>3,213</td>
<td>1,272</td>
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<td>Paramed</td>
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<td>Administrative</td>
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<td>473</td>
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<td>Outpatient Volumes</td>
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<tr>
<td>Total OP Visits, all</td>
<td>519,152</td>
<td>499,995</td>
<td>849,791</td>
<td>697,518</td>
<td>366,018</td>
<td>157,260</td>
<td>126,479</td>
<td>1,072,770</td>
<td>–</td>
<td>96,377</td>
<td>4,385,360</td>
</tr>
<tr>
<td>Services (excl DPSC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Healthcare Visits (incl Dental)</td>
<td>214,873</td>
<td>159,699</td>
<td>343,023</td>
<td>224,659</td>
<td>49,907</td>
<td>–</td>
<td>19,477</td>
<td>2,084,408</td>
<td></td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Hospital Clinic Visits</td>
<td>196,285</td>
<td>236,456</td>
<td>324,955</td>
<td>356,394</td>
<td>209,155</td>
<td>80,422</td>
<td>82,984</td>
<td>–</td>
<td>96,377</td>
<td>1,583,028</td>
<td></td>
</tr>
</tbody>
</table>

## Outpatient Volumes

<table>
<thead>
<tr>
<th>2011 Actual</th>
<th>2012 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER Visits</td>
<td>709,632</td>
</tr>
<tr>
<td>AHS/PHC (excl DPSC)</td>
<td>2,096,007</td>
</tr>
<tr>
<td>Hospital Clinic Visits</td>
<td>1,403,874</td>
</tr>
<tr>
<td>Total</td>
<td>4,209,513</td>
</tr>
</tbody>
</table>

## Emiratization

<table>
<thead>
<tr>
<th>2011 Actual</th>
<th>2012 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>19.9%</td>
</tr>
<tr>
<td>Nurses</td>
<td>1.4%</td>
</tr>
<tr>
<td>Paramedics</td>
<td>9.3%</td>
</tr>
<tr>
<td>Administration/Support</td>
<td>34.3%</td>
</tr>
<tr>
<td>Total Employed FTEs</td>
<td>16.2%</td>
</tr>
</tbody>
</table>
The SEHA Circle of Excellence Leadership Awards recognize leadership among our peers in the operational arena: those individuals who have embraced the SEHA mission, vision, and values to become one of the most notable healthcare organizations in the community of nations and a truly world-class healthcare organization.

SEHA CIRCLE OF EXCELLENCE LEADERSHIP AWARDS

RECOGNIZING OUTSTANDING CONTRIBUTIONS

Corniche Hospital dominated the 2012 Circle of Excellence awards, with representatives winning six of the 10 categories, including ‘Business Entity of the Year.’ Ambulatory Healthcare Services won two categories, with Mafraq Hospital and Tawam Hospital taking one each. The full list of winners is:

**SEHA Circle of Excellence Awards – 2012 Winners**

<table>
<thead>
<tr>
<th>Award</th>
<th>Name</th>
<th>Position</th>
<th>Business Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Services</td>
<td>Saeeda Al Romaiti</td>
<td>Director, Supply Chain</td>
<td>Corniche Hospital</td>
</tr>
<tr>
<td>Operational</td>
<td>Bassam Ahmed Sayad</td>
<td>Chief Operating Officer</td>
<td>Corniche Hospital</td>
</tr>
<tr>
<td>Facilities Management</td>
<td>Mohamed Hassan Al Zaabi</td>
<td>Chief Facilities and Maintenance Officer</td>
<td>Ambulatory Healthcare Services</td>
</tr>
<tr>
<td>Technology</td>
<td>Hanan Al Dhafri</td>
<td>Information Technology Director</td>
<td>Tawam Hospital</td>
</tr>
<tr>
<td>Nursing and Clinical Admin.</td>
<td>Lynda Mikaluska, RN</td>
<td>Chief Clinical Officer</td>
<td>Corniche Hospital</td>
</tr>
<tr>
<td>Medical and Quality</td>
<td>Dr. Omar Naseeb Al Jabri</td>
<td>Chief Medical Officer</td>
<td>Ambulatory Healthcare Services</td>
</tr>
<tr>
<td>Financial</td>
<td>Ken Perry</td>
<td>Chief Financial Officer</td>
<td>Corniche Hospital</td>
</tr>
<tr>
<td>Executive</td>
<td>Ron Lavater</td>
<td>Chief Executive Officer</td>
<td>Corniche Hospital</td>
</tr>
<tr>
<td>Rising Star</td>
<td>Abdulla Dhaheri</td>
<td>Director, Human Resources</td>
<td>Mafraq Hospital</td>
</tr>
<tr>
<td>Business Entity of the Year</td>
<td></td>
<td></td>
<td>Corniche Hospital</td>
</tr>
</tbody>
</table>

The nominating committee comprises the six SEHA corporate division chiefs plus the CEO and Chairman. The nominations are narrowed to two in each category and then the committee votes on the winner. The winners are announced at the awards celebration and recognized for their achievement with a certificate, trophy, and a cash award.
All SEHA business entities and corporate divisions have made significant progress across a wide spectrum of activities, not only in the primary area of high-quality clinical care but in every aspect of support operations.

PROGRESS REVIEW

ACROSS-THE-BOARD PERFORMANCE DISTINGUISHES THE YEAR

FULL TIME EMPLOYEES

17,503

SEHA employs around 17,503 full-time professional staff across the SEHA HealthSystem.

EMIRATIZATION

18.6%

UAE nationals comprise 18.6% of employees, predominantly in non-clinical positions.

NURSES

6,656

Over 6,650 nurses manage both inpatients and outpatients across the SEHA network.

PHYSICIANS

2,663

A total of 2,663 physicians are employed across 12 hospitals, 2 blood banks and 62 ambulatory care centers.
The SEHA Health System comprises a total of 12 hospitals and approximately 2,600 beds.

SEHA handles in excess of 109,900 patient admissions in total annually.

The company’s employees have taken care of approximately 4.38 million outpatients this year alone.

109,972 inpatient admissions account for nearly 628,700 patient days within SEHA facilities.
SEHA HOSPITALS / PROGRESS REVIEW CONTINUED

SHEIKH KHALIFA MEDICAL CITY

Achievements in 2012

- Participated in the launch of the new Tas’heel program to facilitate and improve Emirati patients’ experience in the Emergency Department.
- Six Emirati managers sent to leadership training at the Cleveland Clinic International Caregivers Summit.
- 154 qualified Tawteen candidates completed training and were recommended for hire.
- Of the 70 UAE nationals who joined as part of the Tawteen initiative in October 2011, a total of 50 candidates completed the training and are now eligible for permanent employment.
- Education Institute Accomplishments include 100% Arab Board passing rate in Family Medicine, Dermatology Step 2, and Pediatric residencies.
- Clinical teaching unit established for consistent resident teaching.
- The new Emergency Department opened and dealt with more than 103,000 visits.
- Collected 27,595 units in blood donations.
- Pathology and Laboratory Medicine Institute became the first transfusion service and the second blood donor center in the UAE to be AABB (American Association of Blood Bank) accredited, and the first in the Emirate and the fourth in the UAE to achieve CAP (College of American Pathologists) accreditation.
- First SEHA hospital to get institutional accreditation from the Accreditation Council for Graduate Medical Education International LLC (ACGME-1).
- First and only institution outside USA to get Chest Pain Accreditation Cycle 4 and the only hospital to offer PCI services to acute myocardial infarction.
- First accredited echocardiography lab outside Europe.
- First Echo Simulator model in the Middle East and one of the few around the world.

Background

Sheikh Khalifa Medical City (SKMC) is a flagship institution of the SEHA HealthSystem. It provides a comprehensive array of services through its sophisticated network of hospitals, primary healthcare centers, and specialist clinics. SKMC’s staff numbers more than 3,865. It has total capacity of 764 beds and offers a wide variety of medical and surgical treatments and diagnostic facilities.

A founding objective of SKMC was to provide an international standard and style of care so that people would no longer need to travel abroad for medical treatment. Today SKMC operates under the management of Cleveland Clinic, one of the most respected US hospital groups. The institution has three major facilities – Sheikh Khalifa Hospital, Abu Dhabi Rehabilitation Center, and the Behavioral Science Pavilion – situated in one complex at the heart of the capital city, as well as an impressive network covering Abu Dhabi Island and comprising 14 outpatient clinics, seven primary healthcare centers, and two dental clinics.

The SKMC team includes around 645 physicians (170 consultants), 657 paramedics, 1,454 nurses, and 1,109 administrative personnel. On average, 1,460 admissions are handled every month as well as 66,340 outpatient visits and roughly 14,560 emergency and urgent care visits. About 600 general surgical procedures are carried out each month, as well as some 2,000 scans and 3,300 dialysis treatments and peritoneal runs.
CT AND MRI SCANS
22,252
SKMC runs over 22,252 CT and MRI scans annually.

X-RAYS
88,901
Approximately 88,901 X-rays are taken annually at SKMC.

SURGICAL MASKS
762,950
SKMC staff utilize about 762,950 surgical masks every year.

LAB TESTS
2.04 m
About 2.04 million lab tests are conducted by SKMC staff each year.
Achievements in 2012

- Chief of Obstetric Medicine Dr Bashir Salih received the prestigious honorary fellowship by RCOG of UK in recognition of his contribution to science and practice of obstetrics and gynecology.
- Corniche nurses were recognized by the Emirates Nursing Association during the International Nurses Day event. Jane Abdulali was awarded the Star Coordinator award and Susan Thomas was recognized as Emirates Nursing Association’s Star Nurse for 2012.
- Achieved HIMSS Level 6 designation from the Health Information and Management System Society, USA. Corniche is now the first in the UAE and among an elite group of about 350 hospitals worldwide that qualify.
- Won ‘Best SEHA Hospital 2012’ at the SEHA Circle of Excellence Awards.
- Dr Aqeela Mustafa completed the ATSM in Fetal Medicine to become the first graduate in this discipline from Corniche Teaching Hospital.
- The ATSM graduation ceremony honored Dr Rasha Obaid Al Zaabi, who became the first UAE national obstetrician to graduate.
- A laboratory consolidation model, developed with SKMC, offers efficiency in staffing and productivity, collaboration on clinical oversight of services, and leads the way for a SEHA-wide initiative for a reference laboratory.
- HA-AD approved licensing for Assisted Reproductive Services (IVF).
- IT completed the integration of Astraia and Cerner, where images can now be stored and retrieved by any physician at any other BE to ensure continued patient care.
- Organized and hosted the Obstetric Medicine Conference, attended by more than 130 participants and accredited by HA-AD for level 1 CME.

Background

SEHA took over Corniche Hospital in 2008, installing a new management team. Since then, all operational systems have been updated or replaced. The transition, as with all organizational change, was not without its attendant challenges, but the end result has more than justified the process. Corniche is now a model of modern healthcare management, building on 25 years of proven excellence.

Located in downtown Abu Dhabi, Corniche is the UAE's leading referral hospital for obstetric and neo-natal care. With specialty clinics dealing with lactation, fetal medicine, obstetric medicine, and VIP patient education, the hospital can handle up to 256 patients at a time and has facilities for 50 intensive care cases.

Corniche is managed by Johns Hopkins Medicine International. It has a professional staff of about 1,250 who manage an average of 1,300 admissions every month, as well as roughly 2,000 emergency cases and as many as 10,500 outpatient visits. Six wards, six VIP rooms, and three royal suites are complemented by three surgical theaters, 14 delivery rooms, an urgent care department, and an outpatients unit.
**BIRTHS**
8,000  
Corniche Hospital handles about 8,000 births each year.

**OUTPATIENT VISITS**
120,000  
Corniche Hospital provides facilities for more than 120,000 outpatients annually.

**VACCINATIONS**
7,901  
Corniche Hospital administers 7,901 vaccinations every year.

**BIRTHS**
8,000  
Corniche Hospital handles about 8,000 births each year.
SEHA HOSPITALS / PROGRESS REVIEW CONTINUED

AL RAHBA HOSPITAL

Achievements in 2012

- JCI accreditation granted for third time, having been the first public hospital in the UAE to receive accreditation.
- Opening ‘Al Ri’aya’ fast-track emergency services provides high-quality healthcare more quickly for women and children who are Thiqa card holders.
- Workshops on ‘Trauma Registry’ and ‘Trauma Outcomes & Performance’ Improvement paved the way to develop a specialized Trauma Center.
- The new 1.5T MRI scanner is the world’s only digital MRI system.
- Collaboration between Mafraq and Al Rahba resulted in aligning hospital information management.
- Expanded ICU and NICU by adding 27 new beds.
- Opened new Rheumatology and Cardiology Clinics; re-opened Ophthalmology clinic.
- Patient Satisfaction Survey results: Inpatient department 90.2%, Outpatient 85.9%, Accident and Emergency 86.5%.
- Child injury prevention program began with the distribution of 500 child carseats to all newborns.
- Platinum Award for ‘Rapid Response Team in ER’ at the SEHA Transformational Event awards.
- Implementation of two new clinical pathways – Asthma and Pulmonary Tuberculosis – will improve patient care and outcome.
- One ED Consultant joined in October, bringing the total to 21 – twelve Tier 1 and nine Tier 2.
- Hosted third National Women’s conference for 800+ attendees, showcasing best practices in women’s health.
- Increased national workforce by 30 employees and provided training programs that contribute to increasing expertise and skills.
- Submitted 10 research abstracts that were all reviewed and accepted in USA.

Background

Al Rahba Hospital is located on the northeast side of Abu Dhabi city on the main Dubai highway. It is an advanced secondary care hospital offering medical and surgical services, and is committed to continued development and investment in building a center of excellence.

Because of Al Rahba’s location just off the busy commuter route between Dubai and Abu Dhabi, it is the primary emergency room for road traffic accidents. It is not unusual for the hospital to receive multiple trauma cases after a major accident, the greatest number at any one time being more than 200 who were treated over a three-hour period following a chain reaction pile-up in 2008.

The hospital was opened in 2003 and, since July 2008, has been managed by Johns Hopkins Medicine International, one of the world’s most respected healthcare institutions. As well as serving community needs through curative expertise, the hospital operates a growing number of preventative programs to reduce chronic diseases such as diabetes and hypertension.

Al Rahba’s facilities include accident and emergency services, obstetrics and gynecology, maternity, dialysis, and neonatal intensive care. The hospital has 114 beds in seven wards and a professional staff of more than 700. On average, it deals with 13,000 emergency and outpatient visits every month, 650 inpatient admissions, and 150 operations, mainly gynecology, orthopedics, and general surgery.
INPATIENTS
7,800
Al Rahba Hospital staff deal with approximately 7,800 inpatient admissions annually.

PROFESSIONAL STAFF
700
Al Rahba Hospital employs a professional staff of over 700 administrators, nurses, and doctors.
MAFRAQ HOSPITAL

Achievements in 2012
• By the end of 2012, 98% of 49 deliverable business goals had been met.
• 99% of patients visiting Mafraq would use hospital services again, 100% would recommend Mafraq to others, and patients’ assessment of overall services increased from 92 to 95%.
• The Patient Safety Network (PSN) was implemented to improve reporting of patient-related incidents, resulting in dramatically better data to guide intervention and improved care.
• Mafraq provides the most comprehensive and largest Burn Center in the UAE and continues to yield stellar results for seriously ill patients. Work is under way to become Abu Dhabi’s only Level One Trauma center.
• Patient satisfaction scores of around 90% are consistently the highest in the SEHA HealthSystem.
• Mafraq currently has 311 physicians and seeks to add 68 additional members to staff as one of its highest priorities.
• New consulting physicians from the West joined at an average rate of 1.5 consultants per week for Q4, 2012, including 19 physicians from Hungary, Australia, Sweden, Canada (2), UK (3), and USA (9).
• Work with SKMC joint executive group concluded the transfer of the first service line (open heart surgery) from Mafraq.
• Launch of Ana Rosa – the hospital’s new women’s health program – was attended by about 130 Emirati women.
• A topping-out ceremony at the site of the new Mafraq Hospital marked completion of structural concrete frameworks.

Background
Mafraq Hospital was established in 1983 and was at that time the largest tertiary referral treatment hospital in the UAE. Situated just south of Khalifa City, Mafraq is one of Abu Dhabi Emirate’s principal trauma centers and home to the UAE’s only burns unit. The hospital provides a wide range of surgical specializations, as well as critical care services. It also operates two primary healthcare clinics, Al Nadyha and Baniyas.

Surgical procedures include orthopedics, general surgery, the neurosciences, vascular, thoracic, pediatric, plastics, cardiovascular, and ENT/maxillofacial, as well as general medicine such as cardiology and gastroenterology, general obstetrics, and pediatric care. Critical care extends to cardiac and general intensive care, neonatal intensive care, and the specialist Burns Unit.

Mafraq has bed capacity for roughly 451 patients, cared for by a professional staff of almost 2,000.

The hospital treats close to 512,000 patients each year and conducts about 8,500 operations.
Mafraq Hospital staff utilize about 8,018 surgical masks in a year.

Approximately 712,647 hypodermic syringes are used every year at Mafraq Hospital.

Approximately 14,488 X-rays are taken annually at Mafraq Hospital.
TAWAM HOSPITAL

Achievements in 2012
• The perfect JCI accreditation score is 10 and Tawam scored 9.91288.
• Oncology installed the second linear accelerator.
• Laboratories accredited by College of American Pathologists.
• The passing rate for the Pediatric Arab Board Exam results was 90% – the highest in UAE. Of the matched residents, 87% are now UAE nationals.
• Tawam was recognized by HA-AD as the first hospital in UAE to implement screening for critical congenital heart disease. An award was given in a special ceremony in September.
• In the first international recognition of the UAE on the Pan-Arab Neurosurgical Society Executive Council, Dr Amr El Shawarby, president of the Emirates Neuroscience Society, was also elected president of the Pan-Arab Neurosurgical Society.
• Shortlisted for ‘Tomotherapy, the New Era of Imaging, Diagnostic & Treatment of Cancer’ at the 2012 Arab Health Awards.
• Oncology services received the Sheikh Hamdan Bin Rashid Al Maktoum Award for Medical Sciences.
• A patient was found to have a rare type of ectopic pregnancy with catastrophic potential complications. The multidisciplinary treatment plan was completed and the patient was discharged in excellent condition on the third post-operative day.
• Pediatric Residency Program residents’ scores on the American In-Training exam were even higher than their peers in the USA.
• Under the Knowledge Transfer Program, 25 healthcare professionals visited and conducted more than 5,000 teaching hours.
• Received ACGME-I accreditation as a teaching hospital.

Background
Tawam Hospital was built in 1979 as a 227-bed referral and acute care general hospital to serve the entire UAE. Since then, growth has been uninterrupted and the hospital now has 445 beds available for use. It has been managed since early 2006 by Johns Hopkins Medicine International and provides comprehensive tertiary care for patients in Abu Dhabi’s Eastern Region.

In addition to the main hospital close to Al Ain’s city center, Tawam manages four satellite facilities: Tawam Dental Center, Neima Primary Healthcare Clinic, Al Jahli Primary Healthcare Clinic, and Al Wagan Hospital, which is located 65 km south of Al Ain. Al Wagan Hospital is a primary care and critical access hospital with two five-bed wards, ambulatory treatment clinics, general dentistry facilities, and a critical access emergency department.

Tawam anchors advanced patient care, highly complex surgical and interventional cardiac procedures, and trauma-level emergency services. A professional staff of 3,273 includes more than 551 physicians, 1,146 nurses, and 579 paramedics, supported by about 997 administrative personnel.

They work in seven operating theaters, six general and one C-section suites, and 18 wards with additional ambulatory treatment clinics and an emergency department.

More than 15% of all staff are UAE nationals. As well as being a tertiary teaching hospital, Tawam has inpatient, VIP, and royal care facilities; a polyclinic housing specialty referral centers, medical library, and education and training resources; a radiotherapy building with a palliative care inpatient ward, new ambulatory chemotherapy and oncology clinics, and two linear accelerators; and a breast cancer center providing comprehensive breast cancer services including mobile imaging.

In total, Tawam Hospital conducts more than 8,000 surgical procedures every year, ranging from general surgical to highly specialized orthopedic, neurology, gynecology, trauma, and head and neck surgery. Births number close to 4,400 annually and more than 28,880 dialysis treatments are carried out.
Tawam Hospital staff utilize about 128,070 surgical masks every year.

Approximately 61,884 X-rays are taken annually at Tawam Hospital.

About 3.42 million lab tests are conducted by Tawam Hospital staff each year.

Tawam Hospital utilizes 537,227 hypodermic syringes every year.
AL AIN HOSPITAL AND FAMILY MEDICAL CENTERS (FMCS)

Achievements in 2012

- Won Silver Award for patient-centered approach of community mental health program.
- A new emergency clinic opened at the Medical Institute. Twice-daily ward rounds are conducted with a full team of GP, specialist, and consultants.
- The Child Health Institute established HDU in Pediatric ward with CPAP Services. Air and oxygen outlet is in place with trained staff.
- The Surgical Institute introduced ureteric re-implantation (ureteroneocystostomy), primarily used in adults for disease or trauma involving the lower third portion of the ureter that results in obstruction or fistula.
- Laparoscopic pyelolithotomy for staghorn stone introduced as a new and less invasive technique for the treatment of the upper ureteric and staghorn stone. Laparoscopic procedures have a high success rate, with 88-100% of patients being stone-free for up to a year after surgery.
- ENT surgeons undertook excision of a rare large neck tumor (Schwannoma).
- Successful anesthetic management of adrenal pheochromocytoma resection was carried out for the first time. This is a rare case worldwide and is reportable among anesthesiologists and anesthesia literature.
- 41 participants from Tawteen attended in-house training programs.
- Achieved ACGME-I Accreditation for the hospital and the Ob/Gyn Program.
- All Psychiatry residents passed the Arab Board Exam.
- Arab Health awards won for Clinical Imaging and Patient Safety; Pharmacy ranked first in the HAAD-JAWDA program.
- JCI accreditation achieved for the Angiography suite.
- Enhanced clinical services included central venous cannulation and prostate biopsies using ultrasound guidance, uterine artery ballooning during caesarean section, ankle auto-craft cartilage transplantation, and congenital glaucoma surgery.

Background

Al Ain Hospital and Family Medical Centers are committed to providing quality patient care with unrelenting attention to clinical excellence. Continuous improvement is fundamental to delivering the respect and compassion, teamwork, integrity, innovation, and accountability that form the core values of all the organization’s work.

The hospital is located in the heart of Al Ain, the third largest city in the UAE, with a population of about 550,000.

The main 412-bed hospital is a highly specialized acute care and emergency facility and is one of two major hospitals in the Al Ain region. The hospital is networked with three Family Medical Centers and provides a wide range of general and specialist clinical services. It is also the base for medical education, training, and research for two teaching hospitals from Europe and the UAE.

The main campus extends to roughly 220,000 m², with about 45,000 m² of built area accommodating 35 specialist medical and surgical departments. Professional staff number 318 doctors and 315 nurses who care for more than 19,000 inpatients every year.

Under the auspices of SEHA, Al Ain Hospital has been managed since 2007 by the Medical University of Vienna and VAMED, the leading European health specialists. The main hospital building comprises two polyclinics, psychiatric and isolation wards, a physiotherapy unit, and a behavioral science service – the only ward-based facility of its kind in the Eastern Region.

On average, Al Ain Hospital conducts close to 6,200 surgical procedures every year, ranging from orthopedic to gynecology. In conjunction with the Police Emergency Medical Services, the hospital’s Emergency Medicine and Trauma Centre alone handles nearly 95,000 patients of all ages every year, including major trauma cases – equating to about 260 emergency cases every day.

The Trauma Center contains 34 emergency treatment beds and provides 24-hour care to the critically ill and injured.

Al Ain Hospital is the only facility in the region with a dedicated Infectious Diseases unit, comprising a 12-bed ward. Patient rooms are equipped with negative pressure capability, which means that each room has its own air-conditioning supply to insulate against and prevent the spread of infection.
The hospital’s Emergency Medicine and Trauma Center alone handles nearly 95,000 patients of all ages every year.

Al Ain Hospital’s professional staff care for more than 19,000 inpatients every year.

Al Ain Hospital conducts close to 6,200 surgical procedures every year, ranging from orthopedic to gynecology.
AL GHARBIA HOSPITALS

Achievements in 2012

- A 12% budget increase enabled AGH to establish new services and improve staffing levels.
- A comprehensive diabetes clinic with all ancillary services opened at Madinat Zayed Hospital (MZH) and Al Dhafra Family Medicine Center (DFMC).
- New clinical services included home care in all cities of the Western Region.
- A comprehensive mother and child center opened at MZH (including totally renovated Ob/Gyn OPD, all-private obstetric ward, a dedicated C-section operating room, and VIP ward for females).
- HA-AD CME accredited educational activities continued at an accelerated rate, such as the third ER conference/workshop, the first medication management symposium, the first international nursing conference, and patient safety network training for key clinical staff.
- The ‘Absher’ doctors program was introduced to cover specialized medical needs in remote facilities, including cardiology, ophthalmology, dermatology, radiology, and dietician clinics on a rotational basis.
- DFMC obtained JCI accreditation – the second Al Gharbia facility to do so following MZH accreditation in September 2011.
- The advanced technology platform in MZH and most peripheral hospitals is nearing completion, including radiology, operation rooms, sterilization, delivery rooms, emergency room, and clinics.
- New equipment for ophthalmology and complete video laparoscopy system has been installed in MZH and Marfa hospital, a 64 CT-scanner in MZH, and 16-slice CT scanner in four other facilities.

Background

Al Gharbia Region comprises six hospitals and four primary healthcare centers serving the Gharbia Region and the remote western areas of Abu Dhabi. Two are as far away as 350 km from the UAE capital, and the closest are still 160 km distant from Abu Dhabi city.

Madinat Zayed Hospital

Located in Madinat Zayed, about 160 km from Abu Dhabi city, Madinat Zayed Hospital is the referral hospital in the region and the largest in Al Gharbia Region, providing medical services to its host town and surrounding catchment areas.

Originally built in 1982 as a 50-bed community hospital, it served the population of Madinat Zayed until 2000 when the ‘new’ hospital was inaugurated. It is now a 155-bed secondary hospital with some tertiary services such as neonatology, cardiology, maxillofacial surgery, gastroenterology, and nephrology and dialysis.

The hospital is currently undergoing major extension and expansion. A new Accident and Emergency Department, Obstetrics and Gynecology Ward, Royal and VIP Wards, Dialysis Unit, and Dental Center are planned to be operational next year. A new Endoscopy Unit is also planned.

Madinat Zayed Hospital has five general wards, two isolation wards, one labor ward, ICU with eight beds, a long-stay ward, four operating rooms, and a special-care baby unit.

Professional staff comprises 106 doctors, 17 specialist surgeons, and 212 nurses. Equipment includes high-resolution CT scan, fully automated blood chemistry analyzer, fiber-optic endoscopes, laparoscopes, stroboscopic unit for vocal cord study, audiology workstation, acoustic brain stem audiometry, and specialized instruments for microscopic as well as endoscopic ear surgeries. A mobile mammogram unit is already installed and will soon be operational.

The hospital provides round-the-clock accident, trauma, and emergency services as well as other routine services. Average daily attendance is about 300 outpatients and 40 inpatients. About 90 surgical operations are carried out every month, as well as handling 40 to 50 childbirths.
<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Gowns</td>
<td>14,070</td>
<td>Al Gharbia Hospital staff utilize about 14,070 surgical gowns every year.</td>
</tr>
<tr>
<td>Hypodermic Syringes</td>
<td>486,330</td>
<td>Al Gharbia Hospital utilizes 486,330 syringes every year.</td>
</tr>
<tr>
<td>Rolls of Bandage</td>
<td>41,266</td>
<td>Al Gharbia Hospital consumes over 41,266 rolls of bandage annually.</td>
</tr>
</tbody>
</table>
The 30-bed Ghiathy Hospital, located 250 km from Abu Dhabi, is the only secondary care facility in this remote area, providing medical services for the people of Ghiathy, Bida Mutawa, and Seer Bani Yas. Built in 1982, the hospital offers basic emergency services as well as specialized medical care in internal medicine, pediatrics, obstetrics and gynecology, general and orthopedic surgery, dermatology, ophthalmology, and dialysis. ENT service is planned imminently.

The hospital manages about 47,500 patients annually, cared for by a team of 22 doctors, two surgeons, 48 nurses, and 20 technicians and paramedics. About 570 operations are carried out every year.

Facilities include emergency services, endoscopy, ultrasonography, and physiotherapy as well as 11 specialist clinics.

The total staff number 16 doctors, 40 nurses, 17 allied health, and 15 administrative personnel.

On average, about 2,500 patients are treated each month at the main hospital and 11 specialist clinics. In 2011, 260 surgery cases were dealt with.

Marfa Hospital

Marfa Hospital is a 28-bed rural community secondary hospital located 160 km west of Abu Dhabi city. Built in 1999, it provides emergency services as well as specialized medical care in internal medicine, pediatrics, obstetrics and gynecology, general and orthopedic surgery, dialysis, mother and child healthcare, and ENT. Dermatology and ophthalmology services are planned next year.

Professional staff comprises 20 physicians and surgeons, 49 nurses, and 26 technicians and paramedics.

The Emergency Unit receives about 65 patients daily, while Ob/Gyn manages 10-15 deliveries monthly. Some 15-20 operations are conducted every month.

Al Sila Hospital

The 36-bed Al Sila Hospital is about 360 km west of Abu Dhabi city and 20 km from the border with Saudi Arabia, and serves as the main provider of medical care at the primary level for the community of Baya’a Al Sila and its immediate surroundings, comprising roughly 12,000 people.

Services include medical and general surgery, operating theater, dental care, outpatient department, maternal and child health, preventive medicine, school health, diagnostic and imaging services, and a 24-hour emergency department and pharmacy.

The total staff number 16 doctors, 40 nurses, 17 allied health, and 15 administrative personnel.

On average, about 2,500 patients are treated each month at the main hospital and 11 specialist clinics. In 2011, 260 surgery cases were dealt with.

Dalma Hospital

Dalma Island lies about 30 km offshore to the extreme west of the UAE, and is only 45 km² in area. Dalma Hospital is the island’s only healthcare facility, providing emergency, acute, and wellness services to the 10,000 residents.

Built in 1984, the hospital has 22 beds, allocated across the emergency room, male and female wards, isolation rooms, intensive care, nursery, operation and delivery rooms, and outpatient clinics.

Services include general medicine and surgery, nephrology, pediatric medicine, ob/gyn, maternal and child health, and radiology.

Professional staff comprises 11 doctors (including two surgeons), 27 nurses, and 16 paramedics and technicians. Together, they care for more than 1,000 patients in an average month, as well as roughly 1,400 outpatients.

For services not available at Dalma, such as orthopedic, ophthalmology, and ENT, a formal arrangement has been established with Madinat Zayed Hospital to provide coverage at Dalma on specific days. Cooperation with Madinat Zayed also extends to a continuing educational program for Dalma’s nursing staff.

Liwa Hospital

Liwa Hospital is located in Liwa City, 195 km from Abu Dhabi city, and was inaugurated in July 2004. The hospital provides emergency as well as outpatient services in general medicine, pediatrics, and mother and child healthcare.

Professional staff comprises six doctors, two dentists, 19 nurses, and 15 medical technicians who care for 30-35 patients daily.
SURGICAL MASKS

181,280

Al Gharbia Hospital staff utilize about 181,280 surgical masks in a year.

TONGUE DEPRESSORS

129,500

Al Gharbia Hospital consumes roughly 129,500 tongue depressors every year.
SEHA DIALYSIS SERVICES

Achievements in 2012

• Revenue is ahead of budget and costs under budget.
• Patient growth across all units averaged 1.7% per month or 20% annualized, consistent with the preceding 18 months and in line with projections.
• Patient satisfaction surveys show excellent results, with overall ratings of more than 96%.
• Peritoneal dialysis began at Tawam with the first patient successfully on treatment and a further five scheduled to join the program.
• On-line hemodiafiltration (the current gold standard for treatment) is being introduced at all units.
• ‘Fistula First’ is a new program to increase the use of arteriovenous fistulae in hemodialysis in up to 85% of patients.
• The newly-built and state-of-the-art dialysis clinic at Mafraq is now treating more than 100 patients, slightly ahead of expectations.

• A staff recognition program was implemented with an ‘employee of the month’ and monthly star awards for exceptional performance.
• A newly appointed education, training, and development manager has a remit for training nursing staff and patients.
• A training needs analysis was undertaken for all nursing staff and an education program developed based on the findings.
• Developed and implemented a training course for patient access representatives.
• A program of research was established, resulting in the publication of four peer-reviewed abstracts in Q4.

Background

SEHA Dialysis Services (SDS) began operating in March 2011. It is a partnership between SEHA and Fresenius Medical Care, the world’s leading integrated provider of products and services for people with renal failure.

SDS provides chronic hemodialysis and peritoneal dialysis, functioning as a service line and operating nine Dialysis Units at Sheikh Khalifa Medical City in Abu Dhabi city, Mafraq Dialysis unit (Central Region), Tawam Hospital in Al Ain, Al Wagan Hospital (Eastern Region) and at Sila, Marfa, Dalma Island, Madinat Zayed, and Ghiathy Hospitals in the Western Region.
Each year over 14 million liters of filtered water are utilized for dialysis purposes.

SDS nursing staff provide over 700,000 hours of care to dialysis patients every year.
AMBULATORY HEALTHCARE SERVICES

Achievements in 2012

- AHS network, covering 25 sites, became the first of its kind in the world to receive JCI accreditation.
- Entered the private-school health screening market, adding another business segment and handling about 1,000 students in Grades 1, 5, and 9.
- Establishment of a centralized AHS laboratory unifies the quality of service and efficiency, while achieving cost saving and positioning AHS as a central referral for laboratory services within all SEHA BEs and the entire private sector.
- Expansion of dental services across the network included the recruitment of nine GPs, one consultant physician, and two dentists. Further recruitment in process covers 11 GP dentists, 23 dental assistants, three specialist dentists, and four consultant dentists.
- AHS acquired operational management of family medicine clinics in Abu Dhabi Island (formerly managed by SKMC) and in Middle Region (formerly managed by Al Mafraq Hospital).
- Renovations completed at Al Maqtaa Clinic, Mafraq Dental Center, Mezyed Healthcare Center, Baniyas Healthcare Center, Journ Yafour Healthcare Center, DPSC Abu Dhabi, DPSC Mussafah, DPSC Sweihan, DPSC Madinat Zayed, DPSC Ghiathy, and Zayed Higher Organization.
- Weqaya Screening for cardiovascular risk factors won Gold at the SEHA Circle of Excellence Awards.
- Won the Excellence in Electronic Health category at the Arab Health Awards.
- Vaccines were offered to 98% of students in government schools and 88% of students in private schools, a 10% increase from 2011.
- The Family Medicine Residency Program passed accreditation by ACGME.

Background

The concept of ambulatory healthcare services is to provide a wide range of treatment and facilities for patients who are not admitted overnight to a hospital. These services are generally available at outpatient clinics, urgent care centers, emergency rooms, ambulatory or same-day surgery centers, diagnostic and imaging centers, primary care centers, community health centers, occupational health centers, mental health clinics, and group practices.

Advances in science and technology mean that the healthcare needs of most of the population can be managed at outpatient level. And with its extensive network of healthcare facilities, SEHA HealthSystem’s Ambulatory Healthcare Services (AHS) enables hospitals to focus on their core expertise of tertiary care management.

AHS operates more than 24 ambulatory and primary healthcare clinics, seeking to bridge the comprehensive healthcare facilities provided by Government hospitals and the personalized care and attention given by the private sector. The four AHS subsidiaries are Ambulatory Care Centers (ACCs), Disease Prevention & Screening Centers (DPSCs), School Health Services (SHS) and Mobile Clinic Solutions (MCS).

School Health Services encompass 298 school clinics, higher education and university clinics, and a private schools’ vaccination program.

Healthcare prevention and education is also delivered in the outpatient environment through the widespread AHS facilities available throughout Abu Dhabi’s Middle and Eastern Medical Regions.

The Middle Region handles an average of 33,770 patient visits per month, with a professional staff of 116 physicians and 236 nurses and paramedics. Eastern Region averages 44,888 visits and has 117 physicians and almost 296 nurses/paramedics.

With 40 physicians and 160 nurses/paramedics, Disease Prevention and Screening deals with an average of 78,184 monthly visits.

About 80% of all AHS patient visits are primary care consultations with the balance being specialty consultations. Diabetes and cardiovascular disease comprise most of chronic disease cases managed in the clinic network.
About 1,613,456 lab tests are conducted by Ambulatory Healthcare Services staff each year.

Disease Prevention and Screening Centers manage over 1,017,521 visa screening tests in a year.

Ambulatory Healthcare Services utilizes 1,388,963 hypodermic syringes every year.

Ambulatory Healthcare Services staff utilize about 150,000 surgical masks annually.
ABU DHABI BLOOD BANK

Achievements in 2012

- Collected 26,819 total units of blood in 2012 (25,614 units of whole blood and 1,205 units apheresis platelets).
- The number of national donors totaled 5,077 – nationals now represent roughly 19% of all donors and comprise the largest number of donors amongst the many different nationalities that give blood each year.
- Total individual donors amounted to 26,819.

Background

Abu Dhabi Blood Bank (ADBB), the major donor center and blood bank in Abu Dhabi, is part of the Transfusion Medicine Services Division of the Department of Laboratory Medicine at Sheikh Khalifa Medical City (SKMC).

It caters to the needs of public and private hospitals across Abu Dhabi and also supports other emirates. The unit’s mobile service reaches out to the community by visiting business premises, universities, and public venues to promote the donation of blood.

On average, ADBB collects more than 25,000 units of blood every year and more than 1,000 units of apheresis platelets. UAE nationals represent about 20% of donors, many of whom have been giving blood regularly for the past 20 years.

ADBB organizes an average of seven blood donation drives weekly with different organizations.

Blood transfusion is almost always essential in heart surgery and organ transplants; the treatment of leukemia, cancer, and other diseases such as sickle cell anemia and thalassemia; and in the care of accident and burn victims.
The number of national donors totalled 5,077.

Collected 26,819 total units of blood in 2012.
Finance Division

- Executed final approved MSA Agreement with Dell for management of SEHA Central Business Office and all related SEHA Revenue Cycle Management Services.
- Completed initial set-up and migration phases of the Dell MSA Agreement and RCMS assumption of operational control of all SEHA RCM functions, activities, and personnel.
- Defined SEHA 2013 planning process/calendar (planning and budgeting) and provided all planning materials and instructions.
- Went live on Cerner electronic eligibility and benefits management modules at all SEHA facilities.
- Completed initial assessment/design work for the SEHA Automated Budgeting Solution (Oracle/Hyperion) for pilot locations, obtained Hyperion Workgroup and BE Power Users sign-off on the System Design Document, and began key user training at all BEs.
- Revised SEHA Oracle Chart of Accounts (COA) in line with service lines and productivity reporting.
- Completed 2013 budget for initial submission to DoF, HAAD, and GSEC.
- Revenue cycle management setup and migration completed; separate BE/budget effective January, 2013.
- 2013 budget cycle completed.
- Host to host payment processing initiated.

Clinical Affairs and HealthSystem Service

- Reporting incidents through the Patient Safety Network (PSN) became mandatory from January 1, 2012.
- Initiatives to reduce mortality include:
  - IHI Mortality Tool: implemented across all BEs to assist in measuring and analyzing mortality rate and to identify opportunities for improvement.
  - Early Warning Systems (EWS): Taskforce set up. System triggers clinician response and/or rapid response teams (RRTs) to respond before patients experience an adverse or catastrophic event.
  - Morbidity and Mortality Framework Proposal: M&M Taskforce set up and proposal developed to standardize methodology and implement peer reviews across SEHA BEs.
- First phase of the Comprehensive Unit-based Safety Program (CUSP) and Reducing Central Line Bloodstream Infections (CLABSI) initiated for all ICUs.
- Funds secured and plans developed to automate Clinical Quality indicators using Cerner, PSN, etc.
- George Washington University programs for SEHA graduating residents were created.
- SEHA is restructuring its clinical services delivery model to an integrated population-based service line approach which addresses the needs of a patient throughout the continuum of care.
- Established seven Service Lines and five Clinical Shared Service Councils.
- Service mapping with volume analysis completed to establish standard, regional, and centralized services: Pediatrics, Orthopedics, Ob Gyn/Women’s Health, Heart & Vascular, Neurosurgery.
- Service integration opportunities identified: Pediatrics, Heart & Vascular, Orthopedics, Neurosurgery, Laboratory, and Radiology.
- Laboratory Business Entity being established.
- Established Nursing Competency Task Force and developed standardized core nursing competencies with specialty competencies currently in development.
- From Q1, 2013 SEHA will have the assistance of two world leaders to help SEHA define its proposition: Richard Granger (ex-Director General of NHS) and Prof S. Yunkap Kwankam (ex-Manager of eHealth from WHO).
**Supply Chain Department**

- Implementation of Pharma KPIs now included in new contracts to raise supplier awareness of minimum acceptable standards.
- Oracle i-Supplier implemented at SEHA Corporate and Business Entities, enabling more effective communication between suppliers and BEs.
- Online bidding system for pharmaceuticals tenders provides a detailed technical assessment tool to evaluate bids and integrate physicians’ and procurement expertise with that of end-users.
- Online bidding has improved vendor performance, quality, and consistent supply of medications.
- Pharmaceutical tenders include the different UAE plans available to beneficiaries (Abu Dhabi basic plan, Thiqa, enhanced, advanced, etc).
- Improved vendors’ performance and quality and consistency of medication supplies.
- Continuous updates on HA-AD formulary drug list are reflected on centralized contracts so as to smooth the buying process at the hospitals and assure patient access to medications.
- Medications selection criteria based on legislation and Ministry of Health regulations standardized by SEHA procurement and pharmaceuticals professionals to meet World Health Organization and UK National Health Service specifications.
- Suppliers’ handbook distributed to assist them with procurement process, responsibilities, and standard source selection methods.
- Unified RFP templates have been established for all BEs general services: security, catering, transportation, and cleaning.
- Introduction and implementation of Supply Chain Operations KPIs for SEHA BEs enable more accurate performance and efficiency.

**Human Resources**

- After two years’ continuous work, completed and implemented the Human Resources Transformational Project which aimed to recreate and restructure HR policies and practices.
- As a result, more than 2,000 administrative roles have been reduced to 400; target positions have been identified for Emiratization; each job is graded in a consistent manner and has one grade; and four pay scales have been defined – corporate, admin, clinical, and physicians.
- Emiratization exceeded the overall target of 19%.
- Revision of the HR Policy Manual provides clear directions for decision-making, and guides employees on procedures, supported by policy awareness sessions for each department.
- Employee engagement surveys are being conducted annually for five years, to understand the critical factors and help improve ‘Employer of Choice’ policies and programs.
- Completed all KPIs required by Executive Council for 2012.
- 541 Intelaqa group employees confirmed on permanent position, representing 86% of initial 2011 start number.
- Four students graduated from the Master’s degree program at SEHA Group 1 and two more HR professionals passed the Chartered Institute for Personnel Development program, bringing the total to 25.
- A memorandum has been signed with Fatima College and Abu Dhabi Tawteen Council for sponsoring 133 students in clinical fields.
- The new Muhakat program focuses on promoting healthcare careers to students at high schools and first-year colleges and universities. Students spend a day shadowing doctors, nurses, and allied healthcare employees. So far, 97 students have been taken through this program.
Information Technology

• Malaffi project went live with single-page document scanning during registration at AHS clinics.

• Succeeded in centralizing Corniche Hospital despite original limitations in telecoms services. Corniche now joins other SEHA BEs in having a centralized wide area network.

• Cerner Patient Accounting is now live at Mafraq Hospital, and integration testing is under way across the entire SEHA organization. This project is also scheduled to go live enterprise-wide during Q1, 2013. IT end-user training for patient access and business office staff is taking place.

• The project will deliver fully integrated and automated revenue cycle management (RCM) solution, enabling streamlined and standardized work flows with the RCMS business office at Mafraq.

• The AXA and SAICO patient accounting and e-claims projects are now live in Cerner systems as the newest insurers partnered with SEHA. This will contribute to generating additional revenue streams.

• Critical Care Application with Bedside Medical Device Integration (BMDI) now live at all facilities except AGH.

• Anesthesia Application with BMDIs – all facilities except AGH.

• Positive Patient ID (PPID)/Closed Loop Meds Administration – Corniche (pilot mode), Madinat Zayed (all nursing units), Tawam (pilot mode), Al Ain (pilot mode).

• Established agreement with HA-AD to incorporate HA-AD website data collection requirements into Malaffi clinicians’ workflow.

• eHealth is the delivery of services to the patient over internet technologies: work in progress to document the return on investment and benefits to SEHA for various eHealth initiatives.

Acute Care Services

• Developed a costing function/business unit within Corporate Operations; analyzed five specialty services areas defined by HA-AD for four major hospitals.

• Implemented new departmental structure in SEHA financial system software (Oracle).

• Received approval to begin the Executive Dashboard program. Launched a pilot project to automate departmental productivity reports.

• Planning phase of automated patient transfer request completed.

• Exceeded the 1,000 targeted trainees for the Basic Disaster course, with more than 3,500 enrolments achieved.

• Almost all quarterly targets for 2012 preparedness index were met through a structured field audit and drills assessment.

• Mobilized 12 specialties across the Western, Eastern, and Middle Regions under the Absher Doctors initiative. The physicians treated 2,387 patients in their communities who would otherwise have had to travel to receive care.

• The enterprise-wide patient survey collected more than 30,870 responses and provides management with robust reporting and a ‘pulse’ on customer experience.

• The Mas’ool Town Halls continue to receive participation from the community. Meetings sponsored by Al Ain, Tawam, Al Rahba, AHS, held at SKMC, Corniche, Mafraq, Gharbia Hospitals: Sila, Mirfa, Madinat Zayed, Ghiathy & Dalma received more than 2,740 participants.

• The Absher Call Center received more than 5,861 calls including requests, complaints, inquiries, and suggestions.

• Customer Care Committee charter prepared and approved.

• Da’waay initiative successfully implemented during Ramadan in all BEs. Total number of patients benefiting was 2,044.

• Musharaka program received more than 3,340 suggestions, awarded 31 ideas with cash compensation, and implemented 16 of those ideas.

Terminology explained

ISO 9000
The International Organization of Standardization (ISO) is a worldwide organization that develops many different kinds of standards, giving suppliers credible and authoritative endorsement of their quality.

The ISO 9000 family of standards is related to quality management systems, and is designed to help organizations ensure that they meet the needs of customers and other stakeholders while satisfying statutory and regulatory requirements.

Third party certification bodies provide independent confirmation that organizations meet the requirements of ISO 9001. Over a million organizations worldwide are independently certified, making ISO 9001 one of the most widely used management tools.
Facilities & Construction

- Mafraq Hospital: concrete structure completed and topping out ceremony held.
- Al Ain Hospital: awaiting Executive Council approval for the main works package.
- New Sheikh Khalifa Medical City: tender document and prequalification of main works contractors completed.
- Al Sila & Ghiathy Hospital: main works contract awarded and construction under way.
- Mafraq Dialysis Center: completed and handed over to the operator.
- Tawam Dialysis Center: main works contract awarded and excavation works under way.
- SKMC Dialysis: tenders should be received by mid-January, 2013.
- Long Term Custodian Care Center for Zayed Higher Organization: completed and handed over to the operator.
- New England Center for Children: completed and being handed over to the operator.
- SKMC Emergency Department: Phase 1 completed and Phase 2 in hand-over process.
- Al Wagan Hospital: tender evaluation under way.
- New Rehabilitation Center: tender evaluation completed.
- SKMC Royal VIP: Phase 1 completed, Phases 2 and 3 due for hand-over by end-January, 2013.
- Disease Prevention Screening Center, Abu Dhabi: tender document completed and issued to bidders.
- Al Rahba Emergency Department: technical and financial evaluation completed.
- Sir Bani Yas Temporary Clinic: project approved by HA-AD and Executive Council.
- Ambulatory Clinics Phase I (nine clinics): construction nearly 85% completed; tender evaluation 90% completed for Phase 2 (four clinics)
- OR and Pediatric SKMC renovation: project completed and handed over.

Environment, Health, & Safety

- Established ESHMS Forum.
- Completed all KPIs required by executive council for 2012.
- Gap analysis conducted for BE compliance with EHSMS codes of practice.
- EHSMS passed the ISO 9000 Audit.
- Medical waste reduced in some BEs despite the increase in patient volume.
- Zero lost time injury at all SEHA facilities.
Continuous assessment of performance and measuring progress towards world-class excellence in every aspect of healthcare are fundamental to SEHA’s management, operational, and clinical philosophy.

PERFORMANCE MEASUREMENT

MEASURING PERFORMANCE TO ENSURE QUALITY OF DELIVERY

Since the company’s inception, every SEHA Business Entity has been subject to comprehensive measurement of a multiplicity of performance indicators – from financial efficiency to patient satisfaction. The results of these assessments have been published in the regular reports to the Executive Council.

However, the measurement of Business Entities (BEs) where Management Service Agreements (MSAs) were in place primarily dealt with contractual obligations, which varied slightly from partner to partner, as did certain clinical benchmarks as the organization matured.

Assessment of SEHA managed entities has therefore been redefined on a common basis. Benchmarks are periodically revised and reset in the light of progress and the need to set ever-higher standards. The new measurements reflect this upward trend in the organization’s journey towards its longer-term goals.

In the context of the developing nature of the changes taking place within the entire SEHA HealthSystem and the redefining of the MSAs, a new benchmarking system has been introduced to harmonize reporting across the system to produce equitable like-for-like comparisons.

SEHA has MSAs in place with Johns Hopkins Medicine International at Al Rahba, Corniche, and Tawam Hospitals; with Cleveland Clinic at Sheikh Khalifa Medical City; and with Fresenius Medical Care for SEHA Dialysis Services. SEHA has assumed full management of Al Ain Hospital after expiry of the contract with VAMED and Medical University of Vienna, and has already been managing Mafraq Hospital for more than a year.

The new performance assessment now measures all facilities on a like-for-like basis, irrespective of whether MSAs are in place.
<table>
<thead>
<tr>
<th>SKMC</th>
<th>Corniche</th>
<th>Rahba</th>
<th>Dialysis</th>
<th>Tawam</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AHS</th>
<th>Mafraq</th>
<th>Al Ain</th>
<th>Gharbia</th>
</tr>
</thead>
</table>

SUMMARY OF PERFORMANCE SCORES FOR 2012 [PARTNER MANAGED BUSINESS ENTITIES]

SUMMARY OF PERFORMANCE SCORES FOR 2012 [SEHA MANAGED BUSINESS ENTITIES]

Finance | Operations | Business Plan | Clinical Affairs | Human Resources | Informations Tech Services | Facilities and Maintenance
Corporate social responsibility is often defined as the way a company manages its business and business processes to have an overall positive impact on society. Many companies work hard to increase their visibility in the public eye in terms of contributing to the public good. They organize their employees to serve environmental causes, position their products to have a positive impact on society, and make donations to good causes.

All of these efforts by responsible companies help raise awareness about social justice, our environment, and our responsibilities as citizens.

But few companies have social responsibility as the basis for their existence. For a healthcare company such as SEHA, social responsibility is a fundamental cornerstone and intrinsic to every aspect of its being.

Caring for the health of the public is a great responsibility, carried out daily by 17,000 SEHA employees. It is an onerous duty to be entrusted with someone’s welfare – even their life – when they are sick, injured, or seriously ill. SEHA employees individually take that responsibility to heart by virtue of their career choice.

And as a committed healthcare organization, SEHA runs multiple free clinics and screening programs that provide blood pressure tests, diabetes screening, and dietary counseling, among other services. More than 20,000 people have taken advantage of such free clinics. Our mobile breast cancer screening program alone saw more than 1,700 women, helping to identify problems while they are still small and readily treatable, saving many from the more serious consequences of breast cancer and its treatments.

SEHA has also hosted monthly patient information programs at many of its locations on subjects such as obesity, diabetes, the importance of vaccinations, premarital counseling, smoking cessation, mental health, dental care for children, dietetics and weight control, care for the aged, and other public service programs.

In addition to such educational programs, SEHA reaches out to the community to learn directly which issues are of most interest in terms of serving them better. In 2012, each SEHA location held twice-yearly community meetings under the banner of Mas’ool. More than 1,600 people attended, and voiced their suggestions and concerns to enhance SEHA’s services and programs.

Many of the suggestions have been implemented or are in process of implementation – such as increased access for families, better parking facilities, longer hours for family clinics, and special Ramadan hours.
In an effort to reach the public in an innovative way, SEHA has created a cartoon character known as Saeed. This smiling, engaging Emirati lives a healthy, active lifestyle and encourages his less than active and healthy friends to improve their lives with exercise, stopping smoking, proper diet, and other healthy choices. His little cousin, Salem, is very popular with small children and encourages proper dental care and oral hygiene as well as eating fruit and vegetables instead of fast foods, candy, and ice-cream. These positive images are making a difference in the penetration of healthy messages to the public, and over time will increase the health index of the population.

SEHA also takes its environmental responsibilities very seriously. All facilities recycle paper, plastic, and aluminum wherever possible. Medical waste is disposed of safely and in accordance with regulations of Health Authority-Abu Dhabi.

SEHA’s waste generation per patient day and per patient encounter continues to improve despite increases in patient volumes. SEHA is engaged in a number of high-profile construction projects for new hospitals and clinics. Each of these projects uses the latest high-technology construction materials which are recyclable; solar energy systems supplement the electricity and water heating requirements of the buildings; and condensation and waste water are purified for irrigation. In this context, the new Al Ain Hospital was recognized as the “Best Sustainable Hospital” design at the Hospital Build & Infrastructure Middle East exhibition in Dubai.

In an international context, SEHA participates in the United Nations’ ‘Sphere’ humanitarian project, undertaking an extensive training program to enable employees to register as volunteers in collaboration with the UAE International Foreign Aid Office. The aim of the project is to improve the quality of assistance provided to people affected by disasters. SEHA is also very active in SANID – the UAE’s emergency response volunteer program – contributing to multiple educational sessions on emergency and medical response. A SEHA employee was among 10 recognized across the country in the “best volunteer” category. Employees contribute to the wellbeing of other societies in poor countries through the ‘Soqyahum’ campaign which has raised AED 356,000 in donations. And the ‘Help Somalia’ campaign was supported by a SEHA consultant pediatrician in association with UAE Red Crescent.

Further global medical aid includes Renal Unit Afghanistan, which supports the Ministry of Foreign Affairs in training Afghan staff, and handing over the Oncology Center in Yemen to the Abu Dhabi Fund for Development.

SEHA facilities have also coordinated medical care for 29 Iraqi patients who were injured in an explosion.

SEHA also recognizes its obligations as an employer, operating an aggressive Emiratization program aimed at bringing more Emiratis into healthcare. In 2012 Emiratis comprised 18.6% of the workforce, up from 16.8% a year earlier.

SEHA values all employees, as demonstrated by investing more than AED 1.5 million in the SEHA Active Program and similar programs for staff members covering sport, community service, schoolchildren, and many more subjects. The ‘Active’ program is an acronym for Activities, Community, Team, Individual, Volunteer, and Enrolment. Since its inception in 2011, it now has more than 1,500 employees involved in community outreach and volunteer activities.

And, of course, there is the Abu Dhabi Blood Bank whose efforts save numerous lives every year. More than 300 blood drives were held that resulted in nearly 3,000 gallons of blood being donated.

SEHA proudly carries the mantle of corporate social responsibility, and will continue to do so as it engages more with the public and further involves its employees in the full spectrum of community healthcare delivery.

### MEDICAL WASTE DAILY AVERAGE SUMMARY FOR HOSPITALS [Kg]

<table>
<thead>
<tr>
<th>Daily Average</th>
<th>SKMC</th>
<th>Corniche Al Rahba</th>
<th>Tawam</th>
<th>AHS</th>
<th>Matfraq</th>
<th>Al Ain</th>
<th>GMR</th>
<th>Daily Total Average</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
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<td>394</td>
<td>1,960</td>
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<td>792</td>
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<td>2,281</td>
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<td>1,815</td>
<td>1,015</td>
<td>513</td>
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### MEDICAL WASTE PER PATIENT ENCOUNTER [Kg]

<table>
<thead>
<tr>
<th>Year</th>
<th>SKMC</th>
<th>Corniche Al Rahba</th>
<th>Tawam</th>
<th>AHS</th>
<th>Matfraq</th>
<th>Al Ain</th>
<th>GMR</th>
<th>Comments</th>
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<td></td>
<td></td>
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<td></td>
<td>1.66</td>
</tr>
<tr>
<td>2010</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>1.30</td>
</tr>
<tr>
<td>2011</td>
<td></td>
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As part of the initial establishment of Abu Dhabi Health Services Company PJSC (SEHA) in November 2007, a Corporate Governance framework was established to provide a structure for efficient and reliable corporate decision-making and the control, monitoring, and reporting of business processes in accordance with best practices (within SEHA’s current operating environment), applicable law, and SEHA’s constitutional documents (including the Emiri decree). The Corporate Governance framework was updated in January 2011 to reflect the development of the organization since its establishment.

**Corporate Governance**

**Integrity is our watchword**

**Independence from Government of Abu Dhabi**

Before its establishment, SEHA was part of the Government of Abu Dhabi through the ownership and operation by the Health Authority-Abu Dhabi (HA-AD) of public healthcare assets. However, pursuant to the Emiri decree, SEHA has been made independent of the Government, except in the latter’s capacity as shareholder. For example, the decree provides that SEHA is “an independent corporate body with full legal capacity to practice its activities and achieve its objectives and with financial and administrative independence in all its affairs.”

**Shareholder Governance**

By operation of the Emiri decree, the entire share capital of SEHA is owned and held by the Government as the sole legal and beneficial shareholder, acting in shareholder matters through the Executive Council. Under the Companies Act, certain matters are reserved to and voted on by shareholders of a public joint stock company at the annual general meeting. The Executive Council undertakes all functions and practices all competences of such general assembly through issuing Executive Council resolutions.

**Board of Directors and Committees**

SEHA has a board of directors consisting of government, business, and industry representatives who provide leadership and strategic direction with predominantly private-sector objectives. The Emiri decree gives the board wide powers to carry out the objectives of SEHA (subject to approval of Executive Council or, in certain cases, HA-AD).

The members of the Board are appointed by the Executive Council through issuance of resolutions. The current directors consist of senior management of HA-AD, other Government ministries and Government-owned entities, and a member of SEHA senior management who is also the Chairman of the Board.

The Board of Directors is responsible for the overall management of SEHA by leading and directing SEHA’s affairs and setting its strategic direction and objectives. The decree mandates the basic board structure and responsibilities. It provides that:

- SEHA shall be managed by a Board of Directors which shall consist of a Chairman and a number of members
- The Board is required to be appointed by a resolution of the Chairman of the Executive Council, which shall also establish the terms of Board membership and financial compensation for directors
To ensure transparency regarding independence and potential conflicts of interest in Board decision-making, each Board member is required to review and sign a Statement of Independence and Conflicts of Interest annually or when information contained in the form changes.

The Board of Directors has established certain committees which are responsible for reviewing, informing, and making recommendations to the Board with respect to the committee’s mandate. These committees are the Audit Committee, which is responsible for matters relating to finance and audit, and the Nomination and Remuneration Committee, which is responsible for matters relating to Board nominations and senior management and Board compensation. In addition, SEHA management has implemented Executive, Corporate Procurement, and Corporate Human Resources committees.

**Meetings and Voting**

The procedures of the Board are set out in the Emiri decree and SEHA’s articles of association, which stipulate that the Board must meet at least once every three months. Currently the Board meets quarterly and may (in accordance with the Companies Act) receive and approve resolutions in writing between meetings. Decisions of the Board at meetings must be by majority vote of those present. In the case of an equal number of votes representing each side, the deciding vote shall be made by the Chairman. A meeting of the Board will be valid only if a majority of directors are present. In accordance with the Companies Act, the term of Board membership is three years and a director may serve more than one consecutive term.

Other procedures of the Board of Directors, as prescribed by the Companies Act, are set out in the articles of association, including notifying the Board and abstaining from voting on any transaction or matter submitted to the Board for discussion and approval.

**Control of Business Entities**

SEHA is organized into a Corporate Office and separate operational Business Entities. Oversight, coordination, and control of the Business Entities are exercised through an appropriate level of organizational governance and operational policies (including delegation of authority limits), functional direct reporting and meetings, and on-going data and performance reviews (including quarterly key performance indicators assessment).
SEHA is leading or initiating several major construction projects that are being implemented in phases and will be completed over the next five to 10 years. This huge infrastructure effort will transform the SEHA HealthSystem, defining its role as the leading healthcare provider and influencing its standing and perception in the Emirate of Abu Dhabi, the UAE, and beyond.

FACILITIES & CONSTRUCTION

NEW PROJECTS ADVANCE TOWARDS COMPLETION
### The Current Status of the Various Projects Is:

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<th>Project Name</th>
<th>Status/Activities</th>
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| **Mafraq Hospital**                               | • Concrete structure completed and topping out ceremony held. Work involved laying about 250,000 cubic meters of concrete and 31,000 tons of reinforcement steel bars.  
• Mock-up building is completed after thorough review by all parties, including functional considerations, aesthetics, durability of materials, and workmanship.  
• Biomedical Equipment and Hospital Furniture package completed. Contractors underwent prequalification and tenders are being evaluated. |
| **Al Ain Hospital**                               | • Awaiting Executive Council approval for the main works package.                  |
| **Sheikh Khalifa Medical City**                   | • Tender document completed.  
• Prequalification of main works contractors completed.  
• Traffic impact study and circulation plan completed and approved. |
| **Al Sila & Ghiathy Hospital**                     | • Main works contract awarded.  
• Construction under way.                              |
| **Mafraq Dialysis Center**                        | • Completed and handed over to the operator.                                      |
| **Tawam Dialysis**                                | • Executive Council budget approval obtained.  
• Main works contract awarded.  
• Mobilization and excavation works under way.       |
| **SKMC Dialysis**                                 | • Tenders should be received by mid-January, 2013.                                |
| **New England Center for Children**                | • Completed and in process of handing over to the operator.                       |
| **SKMC Emergency Department**                     | • Phase 1 completed and Phase 2 in hand-over process.                             |
| **Al Wagan Hospital**                             | • Tender evaluation under way.                                                    |
| **New Rehabilitation Center**                     | • Tender evaluation completed.                                                    |
| **SKMC Royal VIP**                                | • Phase 1 completed. Phases 2 and 3 due for hand-over by end-January, 2013.       |
| **Disease Prevention Screening Center, Abu Dhabi**| • Tender document completed and issued to bidders.                                |
| **Al Rahba Emergency Department**                  | • Technical & financial evaluation report is completed.  
• Recommendation from the evaluation committee sent to SEHA procurement for approval. |
| **Sir Bani Yas Temporary Clinic**                  | • Final design completed.  
• Obtained project approval from HA-AD & Executive Council.  
• Project cost quotation received and awaiting SEHA management approval. |
| **Ambulatory Clinics Phase I (nine clinics)**      | • Construction nearly 85% completed.                                              |
| **Clinics Phase 2 (four clinics)**                 | • Final design completed.  
• Tender evaluation 90% completed.                     |
| **OR and Pediatric SKMC Renovation**               | • Project completed and handed over.                                              |
| **Long Term Custodian Care Center for Zayed Higher Organization** | • Completed and handed over to the operator.                                      |