SEHA 2013 ANNUAL REPORT

DELIVERING THE RIGHT CARE FOR THE RIGHT PATIENT
“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 General 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
EMIRI DECREE NO 10 OF 2007 THAT FORMED ABU DHABI HEALTH SERVICES COMPANY PJSC (SEHA) REQUIRES THAT WE REPORT ANNUALLY TO THE EXECUTIVE COUNCIL ON OUR BUSINESS ACTIVITIES AND SUBMIT AUDITED FINANCIAL RECORDS.

IN COMPLYING WITH THIS IMPORTANT REQUIREMENT, WE BELIEVE WE ALSO HAVE AN OPPORTUNITY TO INFORM AND COMMUNICATE IN PLAIN LANGUAGE HOW THE BUSINESS OF HEALTHCARE WORKS. WE TRUST THAT THIS REPORT WILL HELP YOU UNDERSTAND THE KEY INDICATORS THAT POINT TO A HEALTHY BUSINESS, ALONG WITH THE QUALITY MARKERS THAT SIGNPOST CONTINUING IMPROVEMENT IN QUALITY OUTCOMES FOR OUR PATIENTS.

WE ALSO WISH TO REPORT ON OUR ACCOMPLISHMENTS: THE ACTIVITIES AND SUCCESSES WE HAVE ENJOYED IN THE PAST YEAR, THE CHALLENGES WE SEE IN THE NEAR TERM, AND THE VISION WE HAVE FOR THE FUTURE.

ALL FEEDBACK WE RECEIVE IS IMPORTANT TO US. COMMENTS FROM PATIENTS AND STAKEHOLDERS, POSITIVE OR NEGATIVE, HELP US IMPROVE IN OUR MISSION OF PROVIDING SUPERIOR HEALTHCARE. IF YOU HAVE QUESTIONS, SUGGESTIONS, COMMENTS, OR CRITICISMS YOU WANT TO BE SURE WE HEAR, WE HAVE SET UP A SPECIAL CONFIDENTIAL LINK. CONTACT US AT FEEDBACK@SEHA.AE
AS A MAJOR PROVIDER OF HEALTHCARE SERVICES IN ABU DHABI, SEHA IS ALSO AT THE FOREFRONT OF HEALTHCARE STRATEGY FORMULATION FOR THE EMIRATE. IN KEEPING WITH THIS RESPONSIBILITY, SEHA’S OWN STRATEGIC APPROACH IS ALIGNED TO ABU DHABI’S HEALTHCARE NEEDS AND THE COMPANY’S EVOLVING CAPABILITIES.

AS SEHA ADVANCES TO ITS GOAL OF WORLD-CLASS HEALTHCARE EXCELLENCE, STRATEGIC OBJECTIVES ARE REGULARLY REVIEWED AND REVISED TO KEEP PACE WITH THE CHANGING ENVIRONMENT – INTERNALLY AND EXTERNALLY. AT THE SAME TIME, NEW AND EVER-HIGHER BENCHMARKS AFFECT THE STANDARDS OF PERFORMANCE ACHIEVEMENT EXPECTED FROM ALL EMPLOYEES ACROSS EVERY FACET OF SEHA’S OPERATIONS, WHETHER FRONT-LINE PATIENT CARE OR BACK-OFFICE ADMINISTRATION.
As SEHA moves from third-party management of our hospitals to delivering an integrated model of clinical services, tailored specifically to the population base, we are all acutely conscious of the need to align our roles and operational priorities, guided by our slogan “One Team, One Voice, One Future”.

Chairman’s Statement

Striving for the Best Possible Patient Outcomes

In leveraging SEHA’s comprehensive network of hospitals and clinics, our strategy is to provide an integrated health system for the community, in accordance with the highest international standards and in line with Abu Dhabi Vision 2030. This requires planning and commitment from all the senior management of SEHA and its healthcare facilities.

This is a natural progression of our maturing organization and our commitment to providing the highest levels of quality of care and best possible outcomes for patients, while promoting the health of the people and residents of Abu Dhabi.

Our strategic outlook is unwavering in prioritizing the importance of a patient-centered approach at all SEHA facilities and improving customer service and productivity across all our operations. To this end, we constantly review all issues that affect caregivers’ performance and patient satisfaction. The service line approach that we are implementing as an integrated health services strategy focuses on population-based service delivery and needs by establishing centers of excellence within the SEHA HealthSystem.

At the same time, we are very conscious of the need to increase productivity within all our facilities so that we continue to make further progress towards our goal of financial self-sufficiency. Hence the migration of services and the integration of expertise in centers of excellence. Providing world-class healthcare has always been our watchword, and this is now more than ever the focus of all our caregivers within a phased implementation strategy.

Our new services map focused initially on the high-demand areas of pediatrics, orthopedics, obstetrics, gynecology and women’s health, heart and vascular, and neurosciences specialties. These service lines are being integrated to enhance expertise and provide for even better outcomes in the future, in line with international healthcare standards. We have since defined 17 service lines to be fully implemented by the end of 2016, ranging from primary care to specialist medical disciplines. This approach is now regarded as best practice by leading healthcare providers around the world, and marks a major shift from the hospital-focused methodology that previously applied, improving quality of care and patient satisfaction by using resources more efficiently and effectively.

Unquestionably, the service line rationale is now recognized internationally as the gold standard for optimal healthcare. And in keeping with SEHA’s long-standing commitment to world-class standards, we are not only wholeheartedly embracing the concept, we are striving to be a global leader in its application and in delivering outstanding results for our patients and indeed the entire population of Abu Dhabi.

As a result, healthcare is thriving in Abu Dhabi. In a relatively short period, SEHA has been able – despite the rapidly changing healthcare environment – to implement changes and best practices that took much longer to achieve elsewhere.

On the clinical front, congratulations are due to SKMC for conducting the UAE’s first kidney transplant from a deceased donor. This was possible because of official clarification of the legal definition of medical death, which SEHA welcomes as a landmark ruling that gives greater hope for patients who need transplants.
OUR STRATEGIC OUTLOOK IS UNWAVERING IN PRIORITIZING THE IMPORTANCE OF A PATIENT-CENTERED APPROACH AT ALL SEHA FACILITIES AND IMPROVING CUSTOMER SERVICE AND PRODUCTIVITY ACROSS ALL OUR OPERATIONS.”

SKMC now expects to perform its first liver transplantation and is working to develop capacity for other organ transplants. Such advances in conducting complex medical procedures typify SEHA’s commitment to providing patients and the communities of Abu Dhabi with the very best in healthcare.

Our fundamental reason for existence as a healthcare organization is to give our patients the best possible outcomes that our resources and expertise can achieve. The service line methodology, strategic planning, and organizational refinement that I mentioned earlier are all vital contributory factors to achieving that goal.

Saif Bader Haji Al Qubaisi
Chairman
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 an ethical organization
Accountable, equitable, efficient, responsible, transparent.

SEHA is a patient-centered organization
Quality outcomes, comprehensive care, compassionate, culturally sensitive, respectful, reliable, accessible, affordable.

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.
The past year has been a period of improved actionable intelligence, particularly in the second half. To augment business and process change, we have leveraged technology to enhance our ability to more accurately measure key performance indicators. Two key areas where this is particularly visible and cogent are patient experience and waiting time.

Chief Executive Officer’s Report

Performance Measurement Shows High Patient Satisfaction

Through the use of hand-held devices, our patient experience program captures real-time patient feedback to identify service improvements and increase customer satisfaction. No fewer than 300 devices have been deployed, and are used daily to measure the patients’ assessment of overall experience, length of registration process, service delivery by ancillary services, and the patient’s desire to revisit and recommend SEHA. The most recent results from 56,000 surveys show overall patient satisfaction of 95.2%.

Waiting times are a key measure for us as a healthcare organization. The need to address medical issues promptly, coupled with a high demand for our services from our patients, means we must be vigilant in complying with our internal targets for waiting times. While the data shows a 10-point improvement in the number of patients seen within 45 minutes at our outpatient facilities, I believe we can, and must, do better.

Where we have done very well is in the Sheikh Khalifa Excellence Awards, where Corporate Office, Al Ain Hospital, Tawam Hospital, and AHS were all winners in the Gold category. SKMC, Al Mafraq Hospital, SEHA Dialysis Services, Gharbia Hospitals, and Corniche Hospital received Silver awards, while Al Rahba Hospital was a winner in the Quality Appreciation category.

Our own SEHA Circle of Excellence Awards ceremony took place in October, and a full list of winners is published elsewhere in this report. We look forward to the continued engagement and dedication of SEHA leaders; our success and reputation rest upon them.

I also congratulate the winners of our 2013 Transformational Events competition – Tawam and Al Ain (two awards each), Al Rahba, and SKMC. A total of 18 submissions were assessed by eight panelists from the UAE and abroad.

Our Excellence team led the initiative to identify SEHA’s best 100 employees. Each was requested to submit a document describing work experience, qualifications, achievements, responsibilities, performance management, and initiatives, and 12 category winners were chosen. Submissions were evaluated by externally certified assessors. Again, it is my pleasure to congratulate each and every one of the 100 employees and the category winners.

Moving towards patient-centered care through clinical integration and service line implementation is the ultimate goal of healthcare providers across the SEHA HealthSystem, striving to standardize, improve, and excel in the care delivered to our patients.

Our progress towards clinical integration has advanced with the introduction of additional service lines, Neurosciences and Trauma and Emergency, and the previously established Service Line Councils continue to mature through focus on patient-centered care and related benefits.

SKMC is now developing as the Abu Dhabi Cardiac Surgery Center of Excellence, providing 24-hour treatment that offers the best chance of survival for heart attack patients. SKMC and Mafraq interventional cardiologists joined forces to begin the same program at Mafraq. Establishing the long-awaited SEHA Pharmacy & Therapeutic Committee has streamlined and standardized the process of formulary management across all BEs and created a pool of expert clinical pharmacists.

SEHA is a major provider of healthcare services in the Emirate of Abu Dhabi, and at the same time we are a Government organization expected to be at the forefront of the strategy for healthcare in the Emirate. Our role of strategically addressing healthcare requirements and issues in the Emirate is inevitable. We are expected to observe applicable governmental requirements and procedures, and support other Government-led initiatives.
MOVING TOWARDS PATIENT-CENTERED CARE THROUGH CLINICAL INTEGRATION AND SERVICE LINE IMPLEMENTATION IS THE ULTIMATE GOAL OF HEALTHCARE PROVIDERS ACROSS THE SEHA HEALTHSYSTEM, STRIVING TO STANDARDIZE, IMPROVE, AND EXCEL IN THE CARE DELIVERED TO OUR PATIENTS.”

We need to act responsibly, keeping in mind the requirements of our internal customers and external stakeholders.

Our commitment to the welfare of our patients and to the development of our healthcare system is unwavering. We will continue with our efforts to meet the expectations of our stakeholders and to be aligned with the health strategy of the Emirate of Abu Dhabi. I believe this can best be achieved by focusing our efforts on the quality of care and the efficiency of operations, and conclude by praising our dedicated employees and expressing my sincere appreciation for the work of every single individual on the SEHA team.

Carl V Stanifer
Chief Executive Officer
EXECUTIVE MANAGEMENT

Carl Stanifer
Group Chief Executive Officer

Dr Ali Al Obaidli
Group Chief Academic Affairs Officer

Allen Harris
Group Chief Finance Officer

Dr Karen Barbara Carbone
Group Chief Clinical Operations Officer
Mohamed Al Hameli  
Group Chief Support Services Officer

Clyde Eder  
Group Chief Operations Officer

Saif Al Hameli  
Group Chief Facilities and Construction Officer

Robert Pickton  
Group Chief Information Officer
ABU DHABI ISLAND

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

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.

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).

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

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

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

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

EASTERN REGION

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

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

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

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

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.

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

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

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.

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.

Liwa Hospital
Liwa Hospital provides emergency services as well as outpatient services in the fields of General Medicine, Pediatrics, and Mother and Child Health.
INTEGRATED HEALTHCARE DELIVERY

TWO COMPLEMENTARY PARTS FORM THE SEHA WHOLE


SEHA HOME OFFICE

- The Chairman’s Office
- Internal Audit
- The Office of the Managing Director, which includes Corporate Affairs and Legal
- Office of the CEO, which includes Corporate Marketing, Contracts Compliance, and Strategy and Performance Management
- Clinical Affairs and Clinical Quality
- Finance (including Mergers and Acquisitions and Revenue Cycle Management)
- Operations Management which, in addition to the Office of the Chief Operations Officer, consists of customer care, health/safety and environment, business development and planning, and disaster preparedness
- Facility Management and Maintenance
- Information and Technology
- Support Services, which includes human resources 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 clinics)
- 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
A TOTAL OF 15 SEHA RESIDENCY PROGRAMS ARE NOW ACCREDITED BY THE COUNCIL FOR GRADUATE MEDICAL EDUCATION INTERNATIONAL (ACGME), UNDERLINING SEHA’S COMMITMENT TO SUSTAINING AND IMPROVING EDUCATIONAL CAPABILITIES.

- SKMC is accredited for programs in internal medicine, family medicine, emergency medicine, pediatrics, and psychiatry.
- Mafraq is accredited for internal medicine and pediatrics.
- Tawam is accredited for internal medicine, emergency medicine, pediatrics, and a general surgery program integrated across all SEHA teaching hospitals.
- Al-Ain Hospital is accredited for psychiatry and obstetrics and gynecology.
- AHS is accredited for family medicine.
- Corniche Hospital is accredited for obstetrics and gynecology.

New programs, such as preventive medicine, anesthesia, and pathology are also being initiated, as well as advanced fellowships for local doctors graduating from general basic training programs who wish to acquire skills in advanced disciplines.

All SEHA teaching facilities have already achieved ACGME-I status: the institutional accreditation that is the first phase of the process. As a result, the UAE now ranks second only to Singapore in the scale of ACGME-I accreditation.

SEHA’s residency programs are now on a par with similar programs in the US, which means that SEHA will be able to graduate Emirati doctors in greater numbers, with a level of proficiency comparable to that of their peers in America.

SEHA constantly strives to improve its services to international standards and provide the highest level of healthcare, and the educational programs and associated academic structure will elevate Abu Dhabi and the UAE to the ranks of the world’s most academically advanced countries.

ACGME-I accreditation is a key element of SEHA’s commitment to sustaining and improving educational capabilities – and thereby the capabilities of our clinicians and the quality of future healthcare services in Abu Dhabi.
The current status with second phase accreditation is listed in the accompanying chart:

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Foundational Accreditation</th>
<th>Advanced Specialty Accreditation</th>
<th>Cycle Length</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sheikh Khalifa Medical City</strong></td>
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<tr>
<td>Internal Medicine</td>
<td>Initial Accreditation</td>
<td>Initial Accreditation</td>
<td>2 years</td>
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<tr>
<td>Pediatrics</td>
<td>Initial Accreditation</td>
<td>Initial Accreditation</td>
<td>2 years</td>
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<tr>
<td>Emergency Medicine</td>
<td>Initial Accreditation</td>
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<td>2 years</td>
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<tr>
<td>Psychiatry</td>
<td>Initial Accreditation</td>
<td>Initial Accreditation</td>
<td>2 years</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Initial Accreditation</td>
<td>Initial Accreditation</td>
<td>2 years</td>
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<tr>
<td><strong>Mafraq Hospital</strong></td>
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<tr>
<td>Internal Medicine</td>
<td>Initial Accreditation</td>
<td>Initial Accreditation</td>
<td>2 years</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Initial Accreditation</td>
<td>Initial Accreditation</td>
<td>2 years</td>
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<tr>
<td><strong>Corniche Hospital</strong></td>
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<tr>
<td>Obstetrics and Gynecology</td>
<td>Initial Accreditation</td>
<td>Initial Accreditation</td>
<td>2 years</td>
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<tr>
<td><strong>Al Ain Hospital</strong></td>
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<tr>
<td>Psychiatry</td>
<td>Initial Accreditation</td>
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<td>2 years</td>
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<tr>
<td>Obstetrics and Gynecology</td>
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<td><strong>Ambulatory Health Services</strong></td>
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<td>Family Medicine Program</td>
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<td><strong>Tawam Hospital</strong></td>
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<tr>
<td>Internal Medicine</td>
<td>Initial Accreditation</td>
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<td>2 years</td>
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<tr>
<td>Pediatrics</td>
<td>Initial Accreditation</td>
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<tr>
<td>Emergency Medicine</td>
<td>Initial Accreditation</td>
<td>Initial Accreditation</td>
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<tr>
<td>General Surgery</td>
<td>Initial Accreditation</td>
<td>Initial Accreditation</td>
<td>2 years</td>
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</table>
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.

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 operation, and how well the organization is advancing towards its goal of global-standard healthcare excellence.
# OPERATIONAL DASHBOARD

## 2013 Actual Year End Totals

<table>
<thead>
<tr>
<th></th>
<th>SKMC</th>
<th>Mafrad</th>
<th>Tawam</th>
<th>Al Ain</th>
<th>Corniche</th>
<th>Rahba</th>
<th>AGH</th>
<th>AHS</th>
<th>SDS</th>
<th>RCMS</th>
<th>PLMS</th>
<th>SEHA</th>
<th>Total</th>
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<tr>
<td><strong>Inpatient</strong></td>
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<tr>
<td>ADC (Occupied Beds)</td>
<td>472</td>
<td>301</td>
<td>311</td>
<td>294</td>
<td>161</td>
<td>108</td>
<td>94</td>
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<td>1,742</td>
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<td>Occupancy %</td>
<td>75.8%</td>
<td>81.3%</td>
<td>72.5%</td>
<td>79.6%</td>
<td>69.9%</td>
<td>80.2%</td>
<td>41.8%</td>
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<td>Inpatient Occupied Bed Days (A&amp;P)</td>
<td>172,233</td>
<td>109,806</td>
<td>113,651</td>
<td>107,411</td>
<td>56,009</td>
<td>39,430</td>
<td>34,386</td>
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<td>635,826</td>
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<td>Admissions</td>
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<td>18,914</td>
<td>20,360</td>
<td>21,839</td>
<td>16,123</td>
<td>8,038</td>
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<td>Discharges</td>
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<td>18,859</td>
<td>20,217</td>
<td>21,644</td>
<td>15,930</td>
<td>7,987</td>
<td>7,796</td>
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<td>109,468</td>
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<td>ALOS (occupied bed days per discharge)</td>
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<td>5.81</td>
<td>5.58</td>
<td>4.92</td>
<td>3.65</td>
<td>4.91</td>
<td>4.55</td>
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<td>IP Surgery cases as a % of discharge</td>
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<td>-</td>
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<td><strong>Other utilization indicators:</strong></td>
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<tr>
<td><strong>Births</strong></td>
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<td>2,643</td>
<td>3,847</td>
<td>2,913</td>
<td>8,800</td>
<td>1,824</td>
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<tr>
<td>Surgery Cases IP</td>
<td>4,741</td>
<td>6,919</td>
<td>5,107</td>
<td>6,436</td>
<td>4,048</td>
<td>1,444</td>
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<td>30,701</td>
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<td>Surgery Cases OP</td>
<td>1,781</td>
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<td>1,942</td>
<td>727</td>
<td>-</td>
<td>518</td>
<td>3,302</td>
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<td>11,654</td>
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<tr>
<td><strong>Total Surgery Cases</strong></td>
<td>6,522</td>
<td>10,303</td>
<td>7,049</td>
<td>7,163</td>
<td>4,048</td>
<td>1,982</td>
<td>5,308</td>
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<td>-</td>
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<td>42,355</td>
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<tr>
<td><strong>Staff FTEs</strong></td>
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<tr>
<td><strong>Total</strong></td>
<td>3,113</td>
<td>1,887</td>
<td>2,764</td>
<td>1,759</td>
<td>1,071</td>
<td>724</td>
<td>1,227</td>
<td>2,284</td>
<td>172</td>
<td>1,437</td>
<td>725</td>
<td>259</td>
<td>17,421</td>
</tr>
<tr>
<td>Doctors</td>
<td>573</td>
<td>379</td>
<td>540</td>
<td>330</td>
<td>128</td>
<td>117</td>
<td>237</td>
<td>519</td>
<td>0</td>
<td>0</td>
<td>42</td>
<td>-</td>
<td>2,865</td>
</tr>
<tr>
<td>Nurses</td>
<td>1,471</td>
<td>883</td>
<td>1,179</td>
<td>863</td>
<td>484</td>
<td>365</td>
<td>451</td>
<td>945</td>
<td>153</td>
<td>6</td>
<td>11</td>
<td>-</td>
<td>6,801</td>
</tr>
<tr>
<td>Paramedics</td>
<td>414</td>
<td>258</td>
<td>442</td>
<td>255</td>
<td>62</td>
<td>87</td>
<td>254</td>
<td>451</td>
<td>2</td>
<td>0</td>
<td>597</td>
<td>2</td>
<td>2,221</td>
</tr>
<tr>
<td>Administrative/Support</td>
<td>656</td>
<td>368</td>
<td>603</td>
<td>311</td>
<td>397</td>
<td>155</td>
<td>285</td>
<td>369</td>
<td>17</td>
<td>1,434</td>
<td>80</td>
<td>259</td>
<td>4,935</td>
</tr>
<tr>
<td><strong>Outpatient FTEs</strong></td>
<td></td>
<td></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><strong>Total</strong></td>
<td>2,884</td>
<td>1,857</td>
<td>2,665</td>
<td>1,687</td>
<td>1,022</td>
<td>681</td>
<td>1,173</td>
<td>2,315</td>
<td>171</td>
<td>1,450</td>
<td>752</td>
<td>252</td>
<td>16,609</td>
</tr>
<tr>
<td>Doctors</td>
<td>577</td>
<td>401</td>
<td>558</td>
<td>333</td>
<td>125</td>
<td>116</td>
<td>241</td>
<td>542</td>
<td>0</td>
<td>0</td>
<td>44</td>
<td>-</td>
<td>2,937</td>
</tr>
<tr>
<td>Nurses</td>
<td>1,322</td>
<td>852</td>
<td>1,135</td>
<td>822</td>
<td>470</td>
<td>334</td>
<td>431</td>
<td>963</td>
<td>153</td>
<td>3</td>
<td>11</td>
<td>-</td>
<td>6,496</td>
</tr>
<tr>
<td>Paramedics</td>
<td>381</td>
<td>255</td>
<td>406</td>
<td>228</td>
<td>57</td>
<td>84</td>
<td>239</td>
<td>431</td>
<td>3</td>
<td>0</td>
<td>626</td>
<td>2</td>
<td>2,710</td>
</tr>
<tr>
<td>Administrative/Support</td>
<td>604</td>
<td>349</td>
<td>566</td>
<td>304</td>
<td>370</td>
<td>147</td>
<td>262</td>
<td>379</td>
<td>15</td>
<td>1,447</td>
<td>71</td>
<td>252</td>
<td>4,766</td>
</tr>
<tr>
<td>Outpatients (excl DPSC)</td>
<td>489,991</td>
<td>354,674</td>
<td>651,127</td>
<td>507,509</td>
<td>123,788</td>
<td>160,146</td>
<td>364,129</td>
<td>1,666,187</td>
<td>106,941</td>
<td>-</td>
<td>-</td>
<td>4,424,490</td>
<td></td>
</tr>
<tr>
<td>Primary Healthcare Visits (incl Dental)</td>
<td>-</td>
<td>-</td>
<td>197,206</td>
<td>160,026</td>
<td>14,502</td>
<td>-</td>
<td>54,307</td>
<td>1,666,187</td>
<td>-</td>
<td>-</td>
<td>2,092,228</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Clinic Visits</td>
<td>320,760</td>
<td>243,856</td>
<td>346,444</td>
<td>243,797</td>
<td>86,738</td>
<td>76,164</td>
<td>201,989</td>
<td>-</td>
<td>106,941</td>
<td>-</td>
<td>-</td>
<td>1,626,689</td>
<td></td>
</tr>
<tr>
<td>Emergency Room Visits (incl urgent care)</td>
<td>168,231</td>
<td>110,818</td>
<td>107,477</td>
<td>103,686</td>
<td>22,546</td>
<td>83,982</td>
<td>107,833</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>705,573</td>
<td></td>
</tr>
</tbody>
</table>

## Inpatient Volumes

<table>
<thead>
<tr>
<th></th>
<th>2012 Actual</th>
<th>2013 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>109,972</td>
<td>109,848</td>
</tr>
<tr>
<td>Patient Days</td>
<td>628,731</td>
<td>635,826</td>
</tr>
<tr>
<td>ALOS (occupied bed days per discharge)</td>
<td>5.74</td>
<td>5.79</td>
</tr>
</tbody>
</table>

## Full-time Employees (FTEs)

<table>
<thead>
<tr>
<th></th>
<th>2012 Actual</th>
<th>2013 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>2,683</td>
<td>2,865</td>
</tr>
<tr>
<td>Nurses</td>
<td>6,656</td>
<td>6,801</td>
</tr>
<tr>
<td>Paramedics</td>
<td>2,938</td>
<td>2,821</td>
</tr>
<tr>
<td>Administration/Support</td>
<td>5,246</td>
<td>4,935</td>
</tr>
<tr>
<td><strong>Total Employed FTEs</strong></td>
<td>17,503</td>
<td>17,421</td>
</tr>
</tbody>
</table>

## Outpatient Volumes

<table>
<thead>
<tr>
<th></th>
<th>2012 Actual</th>
<th>2013 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER Visits</td>
<td>717,924</td>
<td>705,573</td>
</tr>
<tr>
<td>AHS/PHC (excl DPSC)</td>
<td>2,084,408</td>
<td>2,092,228</td>
</tr>
<tr>
<td>Hospital Clinic Visits</td>
<td>1,583,028</td>
<td>1,626,689</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,385,360</td>
<td>4,424,490</td>
</tr>
</tbody>
</table>

## Emiratization

<table>
<thead>
<tr>
<th></th>
<th>2012 Actual</th>
<th>2013 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>20.9%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Nurses</td>
<td>1.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Paramedics</td>
<td>9.2%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Administration/Support</td>
<td>44.5%</td>
<td>47.5%</td>
</tr>
<tr>
<td><strong>Total Employed FTEs</strong></td>
<td>18.6%</td>
<td>19.2%</td>
</tr>
</tbody>
</table>
SEHA CIRCLE OF EXCELLENCE LEADERSHIP AWARDS

RECOGNITION FOR OUTSTANDING INDIVIDUAL CONTRIBUTIONS TO SEHA’S ADVANCEMENT

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.

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.

Al Rahba and Al Ain were prominent winners in the 2013 awards. The full list of winners is:

<table>
<thead>
<tr>
<th>Award Title</th>
<th>Winners</th>
<th>Position</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Entity of the Year Award</td>
<td>SKMC</td>
<td>–</td>
<td>Sheikh Khalifa Medical City</td>
</tr>
<tr>
<td>Executive Leadership Award</td>
<td>Jim Purcell</td>
<td>Chief Executive Officer</td>
<td>Al Ain Hospital</td>
</tr>
<tr>
<td>Medical and Quality Management Leadership Award</td>
<td>Dr Mohamed Yaman</td>
<td>Chief Medical Officer</td>
<td>Mafraq Hospital</td>
</tr>
<tr>
<td>Nursing and Clinical Administration Leadership Award</td>
<td>Taif Al Sarraj</td>
<td>Chief Clinical Officer</td>
<td>Tawam Hospital</td>
</tr>
<tr>
<td>Support Services Leadership Award</td>
<td>Aisha Al Shamsi</td>
<td>Human Resources Director</td>
<td>Al Ain Hospital</td>
</tr>
<tr>
<td>Operational Leadership Award</td>
<td>Louise Bain</td>
<td>Chief Operating Officer</td>
<td>Ambulatory Healthcare Services</td>
</tr>
<tr>
<td>Financial Leadership Award</td>
<td>Ahmed M Al Mazrouei</td>
<td>Chief Financial Officer</td>
<td>Al Rahba Hospital</td>
</tr>
<tr>
<td>Technology Leadership Award</td>
<td>Thuraya Al Blooshi</td>
<td>Information Technology Director</td>
<td>Al Rahba Hospital</td>
</tr>
<tr>
<td>Facilities Leadership Award</td>
<td>Salem Al Kaabi</td>
<td>Facilities Director</td>
<td>Al Ain Hospital</td>
</tr>
<tr>
<td>Rising Star Award</td>
<td>Shaikha Maayouf Al Ameri</td>
<td>Deputy Chief Medical Officer</td>
<td>Tawam Hospital</td>
</tr>
</tbody>
</table>

24 / SEHA Annual Report 2013
THE GOVERNMENT OF ABU DHABI HAS ADOPTED THE BALANCED SCORE-CARD STRATEGIC PLANNING MODEL TO IMPLEMENT AND MONITOR THE PROGRESS OF ITS STRATEGY, AND THIS WAS CASCADED TO SEHA. TO ENHANCE THE STRATEGIC ALIGNMENT WITH THE EXECUTIVE COUNCIL AND OTHER GOVERNMENT BODIES, SEHA HAS USED THE BALANCED SCORE-CARD SYSTEM SINCE 2010, FOLLOWING A WELL-DEFINED SET OF STRATEGIC PERSPECTIVES AND PRIORITY AREAS.

In 2013, SEHA further refined its strategic planning to match the company’s evolution and development towards its long-established goal of world-class healthcare excellence. Metrics now focus intensely on achieving continuously higher standards and are concentrated on four primary areas. In priority order, they are:

QUALITY
ACCESS
COST
PEOPLE
THE NEW STRATEGIC APPROACH FORMS THE FRAMEWORK FOR THIS 2013 ANNUAL REVIEW, WITH EACH SEHA BUSINESS ENTITY AND CORPORATE DIVISION DETAILING ITS PERFORMANCE AGAINST THE PREDETERMINED OBJECTIVES.

Overall, the new system reflects a change of emphasis at SEHA, in keeping with the organization’s continuing progress towards its ultimate goals, always setting new and more demanding standards as previous targets are achieved.

MANAGERS ARE THUS ACCOUNTABLE FOR:

- Knowing the patient and what is needed for optimal patient care
- Participating in overall budget development
- Driving teams’ performance
- Aligning business plan, budget, and strategy
FROM GROUND-BREAKING SURGICAL PROCEDURES TO EVER-HIGHER LEVELS OF PATIENT SATISFACTION, SEHA PASSED SEVERAL MORE MILESTONES ON ITS JOURNEY TO GLOBAL HEALTHCARE EXCELLENCE. THEY ARE FULLY DETAILED IN THIS YEAR-END REVIEW, WHICH BEGINS WITH BRIEF SUMMARIES OF ACHIEVEMENTS IN THE THREE PRIMARY AREAS THAT DETERMINE SEHA’S ONGOING SUCCESS: CLINICAL, OPERATIONAL, AND FINANCIAL.
CLINICAL INTEGRATION PROGRESSED IN SUPPORTING SEHA BES AS THEY STROVE TO ACHIEVE EXCELLENCE IN HEALTHCARE. THE FOCUS HAS BEEN ON ADDRESSING THE FOUR PILLARS OF WORLD-CLASS HEALTHCARE: QUALITY, ACCESS, COST, AND PEOPLE. ADDITIONAL SERVICE LINES HAVE BEEN INTRODUCED: NEUROSCIENCES, TRAUMA AND EMERGENCY MEDICINE, BEHAVIORAL HEALTH, PHYSICAL MEDICINE AND REHABILITATION, AS WELL AS EXTENDED SUPPORT TO PRIMARY CARE AND MEDICINE SERVICE LINES.

The previously established Service Line Councils – Heart and Vascular, Pediatrics and Neonatology, Urology and Kidney Diseases, Ob/Gyn and Women’s Health, and Orthopedic and Rheumatology – continued to mature through 2013 and focus on areas of opportunity as their strategic roadmap became clearer. All the councils are focused on patient-centered care and related benefits, as illustrated in the accompanying diagram.
Service lines identified for SEHA’s healthcare system are:

<table>
<thead>
<tr>
<th>Service Line/COE</th>
<th>Endocrinology and Metabolic Diseases</th>
<th>Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care and Medicine</td>
<td>Endocrine Surgery and Endocrinology</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Internal Medicine, Family Medicine, and other medical specialties not included in other SLs</td>
<td>Medical and Surgical Oncology, Radiation Oncology, Hematology</td>
<td></td>
</tr>
<tr>
<td>Heart and Vascular</td>
<td></td>
<td>Respiratory</td>
</tr>
<tr>
<td>Cardiology, Cardiac and Vascular Surgery</td>
<td></td>
<td>Pulmonary Medicine, Thoracic Surgery, Critical Care Medicine</td>
</tr>
<tr>
<td>Neuroscience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology, Neurosurgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digestive Diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroenterology, General Surgery, Bariatric Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult and Pediatric Psychiatry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Endocrinology and Metabolic Diseases</th>
<th>Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Surgical Oncology, Radiation Oncology, Hematology</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Ob/Gyn and Women’s Health</td>
<td>Orthopedics and Rheumatology Medicine</td>
</tr>
<tr>
<td>Obstetrics and Gynecology, Breast Care</td>
<td></td>
</tr>
<tr>
<td>Orthopedics and Rheumatology Medicine</td>
<td></td>
</tr>
<tr>
<td>Nephrology Medicine, Urology Surgery, Kidney Transplant</td>
<td></td>
</tr>
<tr>
<td>Dermatology and Plastic Surgery</td>
<td></td>
</tr>
<tr>
<td>Otolaryngology, Oral Maxillofacial Surgery, Dental</td>
<td></td>
</tr>
<tr>
<td>Trauma and Emergency Medicine</td>
<td></td>
</tr>
<tr>
<td>Trauma Surgery, Emergency Medicine</td>
<td></td>
</tr>
</tbody>
</table>
All Service Line Councils are focused on patient-centered care, and have achieved some major successes in improving the healthcare delivered to their patients. The councils are also working continuously and collaboratively on minimizing variance of care across the system and enhancing standardization of population-specific healthcare, such as:

- Pediatric Council standardized the pediatric age policy across SEHA to 17 years.
- Neonatology Sub-committee defined the neonatal level of care (i, ii, iii, or iv) for each BE, based on American Academy of Pediatrics guidelines.
- Pediatric Council developed standardized clinical pathways for management of febrile neutropenia, health of newborn, and golden hour.
- Ob/Gyn Council standardized several clinical practice guidelines to include obstetric ultrasound, management of ectopic pregnancy, and induction of labor. The council also reached consensus on standardized CTG training for 2014, and organized and hosted SEHA’s first Abu Dhabi Ob/Gyn and midwifery congress.
- Urology and Kidney Disease Council has joined forces with AHA to initiate a chronic kidney disease screening program.
- Trauma and Emergency Medicine Council in collaboration with the HA-AD Strategic Trauma Initiative will be implementing a unified Abu Dhabi trauma registry in 2014.
- Primary Care Service Line adopted the model and principles of patient-centered medical home (PCMH) and hosted SEHA’s first PCMH conference in 2013. The new model is shown here as a visual representation of SEHA’s vision to create family-centered medical homes within Primary Care/AHS.

Neonatology
Neonatology is a subspecialty of pediatrics that consists of the medical care of newborn infants, especially the ill or premature newborn infant. It is a hospital-based specialty, and is usually practiced in neo-natal intensive care units (NICUs).

CTG
In medicine (obstetrics), cardiotocography (CTG) is a technical means of recording (-graphy) the fetal heartbeat (cardio-) and the uterine contractions (-toco-) during pregnancy, typically in the third trimester. The machine used to perform the monitoring is called a cardiotocograph, more commonly known as an electronic fetal monitor (EFM).

Patient-Centered Medical Home (PCMH)
A patient-centered medical home is a healthcare model that aims to provide structured, proactive, and coordinated care for patients rather than episodic treatments for illnesses.
Heart and Vascular Service Line successfully integrated cardiac surgery services from Mafraq Hospital to SKMC in an effort to improve quality by meeting volume-based competencies, and improved operational efficiencies. This has resulted in an increase in the cardiac surgery volume compared to pre-consolidation volumes at both sites. There has also been a significant improvement in the average length of stay, which has reduced from 19 to 14.9 days. A reduction in the mortality rate from 3.0% pre-consolidation to 1.9% post-consolidation has also been reported.

SKMC is now maturing to become the Abu Dhabi Cardiac Surgery Center of Excellence. The 24-hour provision of primary PCI (percutaneous coronary intervention) for heart attack patients offers the best chance of survival when compared to fibrinolytic treatment. The Heart and Vascular Service Line aims to have this treatment available for all patients. In Abu Dhabi City, 24-hour primary PCI service was only available at SKMC, but during 2013, SKMC and Mafraq interventional cardiologists joined forces to begin a 24-hour primary PCI program at Mafraq. This has meant that heart attack patients presenting at Mafraq ED at any time of the day can have access to this life-saving treatment.

Clinical integration has also supported the inception of the long-awaited SEHA Pharmacy & Therapeutic Committee, which has since streamlined and standardized the process of formulary management across all BEs, and has created a pool of expert clinical pharmacists to support this endeavor.

In just five months, the committee was able to evaluate 72 out of 89 requests to add new medications to the SEHA formulary; has developed an emergency stockpile list of essential medications for HA-AD; and is considering a list of 89 potential items for deletion from the formulary to enhance safe, cost-effective, and rational use of medications across the SEHA HealthCare System.

Percutaneous Coronary Intervention (PCI)

Percutaneous Coronary Intervention (PCI), commonly known as coronary angioplasty or simply angioplasty, is a non-surgical procedure used to treat the stenotic (narrowed) coronary arteries of the heart found in coronary heart disease.

Pharmacy and Therapeutics

Pharmacy and Therapeutics is a committee at a hospital or an insurance plan that meets to decide which drugs will appear on that entity’s drug formulary. The committee usually consists of both physicians and pharmacists.
SEHA’s Corporate divisions underpin performance across a wide range of activities, from business plan initiatives to financial controls and budgeting. These core management and support functions combine with clinical excellence to create unified efforts in pursuit of the goal of world-class healthcare.
FROM SOPHISTICATED INITIATIVES IN ADOPTING NEW INFORMATION TECHNOLOGY SYSTEMS TO THE DEVELOPMENT OF WORLD-CLASS HEALTHCARE FACILITIES AND SPECIALIST RESOURCES, EACH CORPORATE DIVISION CAN CLAIM A PROUD RECORD OF ACHIEVEMENT IN CREATING AN ENVIRONMENT THAT ENHANCES PATIENT SATISFACTION.

Traditionally, SEHA business entities have operated as stand-alone units with specific business plans and initiatives related to their campus of operations. The focus is now on aligning and sharing talents and services by geographic region to reduce variability of care and increase quality outcomes. Shared service initiatives are now centralizing support functions such as information technology, revenue cycle management, and human resources.
A wide-ranging variety of policies and initiatives underpin SEHA’s primary objectives of being an employer of choice and developing national leadership and Emiratization. The benefits are evident in 2013 performance and the significant rise in employee engagement reported by the periodic survey of staff satisfaction. Extensive training programs range from professional education to in-house courses at every level of skill.

The full spectrum of operational achievements in 2013 encompasses virtually every aspect of SEHA’s activities. At clinical health system level, completion of 2013-17 strategy KPIs for an integrated healthcare system marked a major milestone in the advance to world-class standards. Integration of cardiac surgery between Mafraq and SKMC was also completed, along with the launch of a departmental productivity dashboard for all BEs.

Dashboard enhancements also allow quarterly roll-up of KPI results and improved reporting for administrative and support services departments.

Documentation and validation of data for the quarterly JSR meetings focused on analysis of BE volumes, financial health, and unit cost trends, with facility-level cost centers added to the departmental productivity dashboard.

Information technology progress included the development of advanced supply chain planning and inventory, and going live with the care management program, providing tools to automate utilization management, discharge case management, denial avoidance and management, and document integrity and quality. HIMSS Analytics Level 6 was granted to three more facilities: Al Rahba, Al Ain, and Tawam.

Malaffi, the paperless records system, went live with Intelligent Medical Objects (IMO), which enables natural language search capabilities. More than 170,000 new clinical terms were added to the Malaffi nomenclature tables to facilitate searching and selection of appropriate diagnoses.

Malaffi Phase 3 went live at Al Gharbia Hospitals, Delma Hospital, and Al Sila Hospital – including MD order entry and documentation, RN documentation, pharmacy, lab, and medication administration. Two pilot sites – SKMC and Al Rahba – went live with PowerChart electrocardiogram which embeds ECG strips in the patient’s Malaffi record, making the information electronically accessible instead of the previous paper-only system.
Launch of the National Hospital Inpatient Quality Measure (NHIQM) enables data collection of the core measures as a by-product of the care delivery process, integrating with Malaffi and allowing users from various roles and venues to view NHIQM compliance.

The new Infection Control monitoring system – population-based work-lists providing risk stratification of all hospitalized patients based on historical and current data – is expected to reduce overall mortality rates due to sepsis/septic shock through early detection of sepsis from evidence-based criteria.

An intensive review of non-patient care departments assessed right-sizing and consolidation, with a view to identifying opportunities for BEs to achieve optimal resource levels.

Cross-facility collaboration is now consolidating similar work effort and creating synergy across clinical and non-clinical functions – for example, purchasing consolidation at SKMC to cover SKMC and Corniche, and Al Ain Radiology support for Tawam.

Collaborative efforts with Truven and medical operations are standardizing pharmacy productivity targets, and BEs are working together to align on a common imaging system (PACS).

Initiation of the Thiqa Access project will measure BE efforts to improve access for UAE nationals, backed by on-going reporting of patient access, waiting time, and patient satisfaction.

The emphasis on advanced professional training continued, with six new committees beginning work on the country addenda to ACGME-I standards: Internal Medicine, Pediatrics, Emergency Medicine, Psychiatry, Family Medicine, and Surgery. A Nursing Competency Task Force was established to standardize specialty-level competencies, and system-level nursing councils are in development for Emergency, Neonatal, and Perioperative specialties.

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**ACGME**
The Accreditation Council for Graduate Medical Education.

**NHIQM**
NHIQM Quality Measures is the primary tool used to monitor the status of patients with Quality Measure Dashboards initiated. The display is updated real-time and provides a clear visual of specific measures that have been completed, that are in process, or that have not yet been started.

**Truven**
Truven Health Analytics delivers unbiased information, analytic tools, benchmarks, and services to the healthcare industry, including hospitals, government agencies, employers, health plans, clinicians, and pharmaceutical and medical device companies.
SEHA’s financial performance in 2013 was comparable with the previous year’s results, with net patient revenue (after provision for doubtful accounts) down by only 0.1% on 2012.

Collected revenue also maintained the 2012 figure, which was 34.4% up from a year earlier. Further growth was inhibited by the Cerner Patient Accounting system conversion, poor Dell/RCMS performance, and untimely Government payment of ABM claims.

AVERAGE LENGTH OF STAY (ALOS)

5.79 days

Occupied bed days per discharge was 5.79.

ADMISSIONS

109,848

109,848
109,972
107,948
104,085
Outpatient visits increased by 0.9% in comparable periods.

Inpatient revenue per admission increased by 20.7%.

Occupancy was at 73.2% for the year.

SEHA continues to show a favorable growth trend per APD with 26.8% increase in net patient revenue.
Admission volumes were relatively flat, showing a slight decrease of 0.1%, although outpatient visits were marginally up 0.9% over the comparable periods. Despite the subdued growth in both admissions and visits, inpatient revenue per admission increased by 20.7 percent but outpatient revenue per visit declined by 2.0%.

Realignment of IP and OP revenue designation took place due to conversion of the Cerner Patient Accounting system. Having completed termination of the Dell management services agreement and transition of revenue cycle management to SEHA internal management and leadership, the function was re-launched as SEHA Patient Financial Services. Benefits now flowing from the new system include automated process and standardized codes for patient services. December cash billings/collections were the highest of any month during 2013 after initial conversion to new patient accounting system in February.

SEHA continues to show a favorable growth trend per APD (adjusted patient day) with a 26.8% increase in net patient revenue (after provision for doubtful accounts). Operating cost per APD increased by 33.6% compared to the previous year and was 1.8% ahead of budget, against a 5.8% budget shortfall in 2012.

Achieving effectiveness and efficiency through aggressive management of financial performance is a long-standing SEHA commitment, constantly seeking to maximize revenues by improving billing and reimbursement capabilities.

Discussion continued between SEHA, HA-AD, Daman, and DoF on the Heads of Agreement (HoA) framework that defines the roles of each stakeholder and is intended to eliminate the SEHA loss subsidy over time. A critical joint meeting with DoF addressed their specific concerns and questions, while discussions with HA-AD addressed formal acceptance and execution of the HoA framework, specifically linking elimination of the SEHA loss subsidy with establishment of adequate/market reimbursement levels.

Host-to-host payment processing has been launched at all BEs for the Abu Dhabi Commercial Bank and National Bank of Abu Dhabi processing plan developed and initiated for the Corporate Office.

DoF confirmed provisional approval of the 2014 budget and plans have been initiated for full SEHA compliance.
DoF confirmed provisional approval of the 2014 budget and plans have been initiated for full SEHA compliance.
In 2013, SEHA further refined its strategic planning to match the company’s evolution and development towards its long-established goal of world-class healthcare excellence. Metrics now focus intensely on achieving continuously higher standards and are concentrated on four primary areas. In priority order, they are:

**QUALITY**

The cornerstone of healthcare excellence
Top-quality healthcare has always been a non-negotiable SEHA principle – now more so than ever with the restructuring of strategic plans. Quality is the over-riding factor in the four areas that define the organization’s business rationale, ensuring that patients receive the best possible care while SEHA is responsible for their health and well-being.

**ACCESS**

Meeting the requirements for patient satisfaction
The quest for patient satisfaction is a ceaseless journey. SEHA constantly re-examines and evaluates its policies and processes in its pursuit of this goal, knowing that patient satisfaction is grounded in the quality of care, leading not only to contented patients and families, but to positive outcomes for staff, our community, and our organization as a whole.

**COST**

Disciplined financial management underpins success
Conservative and disciplined financial management is fundamental to SEHA’s approach to corporate sustainability. As the organization advances towards its long-term goal of financial self-sufficiency, reducing and eliminating dependency on Government funding, accurate budgeting, and tightly controlled costs remain an unwavering priority.

**PEOPLE**

The beating heart of SEHA’s existence
Employees are always the biggest asset of any business, and SEHA is no exception. Performance and attitude can make the difference between success or failure, so SEHA devotes extensive resources to recruiting and retaining top-quality personnel in every sphere of operations, with training and development a constant priority.

A total of nine strategic priorities are allocated in sub-sets to each of the four primary areas:

**Quality**
1. Meet and exceed quality outcomes/goals; integrate quality in all patient care/service processes
2. Develop and implement clinical service lines and clinical shared services
3. Promote research and education

**Access**
4. Develop infrastructure to support world-class healthcare
5. Improve patient access and satisfaction

**Cost**
6. Manage business performance to achieve efficiency and competitiveness
7. Develop and implement regional and centralized services

**People**
8. Establish SEHA among the UAE employers of choice
9. Develop national leadership and support Emiratization
• Collaborated with HA-AD on development of 10-12 clinical pathways for SEHA through Service Line Councils.
• Conducted an intensive review of non-patient care departments for right-sizing and consolidation.
• Cross-facility collaboration to consolidate similar work effort to obtain synergy across clinical and non-clinical functions.
• Programs participating in Foundational and Advanced ACGME Accreditation finalized.
• Thiqa Access project initiated to measure BE efforts to improve access for UAE nationals.
• PowerChart electrocardiogram goes live at two pilot sites (SKMC and Al Rahba), embedding ECG strips in the patient’s Malaffi record and making the information electronically accessible instead of the previous paper-only system.
• December cash billings/collections were the highest of any month during 2013 after initial conversion to new patient accounting system in February.
• Prepared consolidated BE admin optimization plan and implemented targets in performance management dashboard.
• Drove budget process to align spend with DoF target, identify overspend, and worked with BEs to reconcile capital and operational expenses.

2013 BUSINESS ENTITY HIGHLIGHTS

• SEHA HealthSystem received the 2013 Platinum Award from the European Society for Quality Research (in recognition of exceptional accomplishments in customer satisfaction and outstanding results in quality management).
• Mafraq Hospital awarded Institute of Customer Service (ICS) mark as an endorsement of strong customer service – the first hospital in the UAE to achieve this.
• Tawam Hospital performed its first MRI-guided breast biopsy and the UAE’s first transanal endoscopic microsurgery.
• Corniche Hospital accredited as an American Heart International Training Center and an International Provider for Basic Life Support and Advanced Cardiac Life Support.
• SKMC performed the first successful cadaveric kidney transplant in UAE.
• AHS signed agreements with Emirates Nuclear Energy Company, Department of Transport, Abu Dhabi Food Control Authority, Abu Dhabi Ship Building Company, and Al Ain Municipality to provide Occupational Health Services for their employees.
• Three BEs were gold level winners in the Sheikh Khalifa Excellence awards, and five more took silver.
SKMC SUCCESSFULLY CONDUCTED A KIDNEY TRANSPLANT FROM A DECEASED DONOR, THE FIRST PROCEDURE OF ITS KIND IN THE UAE. THIS IS A MILESTONE FOR TREATMENT OF PATIENTS WHO NEED TRANSPLANTS, AND REPRESENTS GREATER HOPE FOR THEIR RECOVERY.

Dr Ali Al Obaidli, who heads the National Organ Transplant Committee, commended the kind gesture of the Ministry of Health of the Kingdom of Saudi Arabia to grant permission for donation of the kidney to the patient. Transplants were legalized in 1993, but the law did not include a definition of medical death.

Authorities have recently clarified the definition of brain death – the condition which allows harvesting of organs for transplantation from deceased donors – thus paving the way for these operations to take place. SEHA takes great pride in being the organization to lead the implementation of this policy change.

The ground-breaking procedure brings new hope for UAE kidney patients. The first in the UAE to have a transplant from a deceased person is Latifa Saeed Ahmad Mohammad, a 23-year-old from Al Ain.

As Dr Ammar Abdul Baki, Consultant Physician for transplant and nephrology at SKMC noted: “Until Latifa, all the kidney transplantation procedures in UAE required living donors. Allowing for organ transplantations from deceased donors will increase the number of organs available.”

Latifa had been on dialysis since the age of seven. She said: “Before, every time I went to sleep, I never knew if I was going to wake up in the morning.” On April 24, 2013, she received the phone call that changed her life. A man from Saudi Arabia was declared brain-dead after being involved in a road accident. His grieving family donated his organs to help save other lives.

The medical team at SKMC told Latifa to immediately travel to Abu Dhabi and a successful operation was performed.

She has endured many medical problems associated with kidney failure, but the success of the operation means that her life will no longer be dictated by the dialysis machine.

The National Organ Transplant Committee is working on introducing donor cards that will indicate that bearers are willing to donate organs on their death.

SKMC also expects to perform its first liver transplantation and is working to develop capacity for other organ transplants.
FOUR-FOLD CELEBRATIONS AT AL RAHBA

Al Rahba Hospital successfully delivered the second set of quadruplets since the hospital’s establishment. Awad and her husband Abdulaziz became the parents of four girls: Fatima, Shamsa, Aisha, and Sheikha.

Abdulaziz said friends and families had recommended Al Rahba and that he and his wife were very glad to have followed their advice.

“Our experience exceeded our expectations,” he said. “The doctors’ and nurses’ response time was amazing and the hospital facilitated the paperwork at very short notice, which further eased the delivery process.”

Dr Nellie Shuri Boma, chief medical officer at Al Rahba, commented: “We are committed to providing our patients medical care in keeping with international standards. Putting patients first is what we do best.

“I am very proud of the staff at Al Rahba and we all wish the parents, the babies, and family a life of health, happiness, and prosperity.”

SEHA TAKES PLATINUM IN EUROPEAN QUALITY AWARDS

The European Society for Quality Research (ESQR) gave SEHA HealthSystem its 2013 Platinum Award in recognition of exceptional accomplishments in customer satisfaction and outstanding results in quality management.

The accolade comes two years after SEHA won the ESQR Gold Award for best practices in quality management.

Both awards attest to SEHA’s commitment to improve its quality management system by implementing the ESQR quality performance model, which provides guidelines to achieve excellence in nine performance principles to meet customer expectations. These include continuous improvement, leadership, human resources, training, process management, environment, data analysis, strategic planning, and quality control.

Implementation of the model allows SEHA to better research customer needs and increase effectiveness in the use of available resources to enhance customer satisfaction and loyalty, motivate and involve employees in the process of continual improvement, measure the capabilities of key activities and evaluate risks, and reduce costs while achieving predictability in excellence.

The 2013 Platinum Award was received in London by Dr Ali Abdul Karim Al-Obaidli, SEHA’s chief clinical officer, who commented: “SEHA’s success and the international recognition of its achievements is a testament to the influential position that the UAE is acquiring globally as a leader in many fields.

“This is a huge incentive for those at SEHA to continue their serious and diligent efforts to sustain the current levels of excellence.”
GOLD-LEVEL EXCELLENCE AWARDS ENDORSE HOSPITAL PROGRESS TOWARDS WORLD-CLASS HEALTHCARE

MAFRAQ HOSPITAL
- Won Sheikh Khalifa Excellence Award at gold level.
- Primary percutaneous coronary intervention (PCI) went live for cardiac emergencies and interventions.
- Awarded Institute of Customer Service (ICS) mark as an endorsement of strong customer service – the first hospital in the UAE to achieve this, and one of only two organizations in Abu Dhabi to be so accredited.

AL AIN HOSPITAL
- Won Sheikh Khalifa Excellence Award at gold level.
- Made use of the Bakri balloon procedure for the first time to manage a case of severe postpartum hemorrhage.
- Successfully managed a very complicated case of severe falciparum malaria with multi-organ failure of a 17-year-old UAE national who had visited an endemic malaria area.

AL GHARBIA HOSPITALS
- Very successful breast cancer awareness and screening program resulted in 28 mammograms done in Delma Hospital.
- MZH opened a new Adult Asthma Clinic as well as an epidural service in maternity, conducting the first case in October.
- Successfully completed all CT scanner projects, with a 64-slice CT scanner installed and operational in Madinat Zayed radiology department and 16-slice models at Marfa and Ghiathy.

Bakri balloon
The Bakri balloon is a silicone obstetrical balloon specifically designed to treat postpartum hemorrhage. The device is used to block the hemorrhage and limit blood loss.

Postpartum hemorrhage (PPH)
Hemorrhage after delivery, or postpartum hemorrhage, is the loss of blood following a delivery resulting in the patient going into shock because of blood plasma loss.
SHEIKH KHALIFA MEDICAL CITY
- Received ACGME-I accreditation of five programs: Internal Medicine, Pediatric, Emergency Medicine, Family Medicine, and Psychiatry Performance Management.
- Developed primary steps for NSQIP (pediatric national surgical quality improvement program) and plans to establish the hospital as the center for sports and upper extremity treatment in Abu Dhabi City.

TAWAM HOSPITAL
- Won Sheikh Khalifa Excellence Award at gold level.
- Pediatric Department began a new cardiac MRI program, serving children and adults with congenital and structural heart disease, the first of its kind in the UAE, and the second in the Gulf region.
- Performed the hospital’s first MRI-guided breast biopsy and the UAE’s first transanal endoscopic microsurgery.

CORNICHE HOSPITAL
- Accredited as an American Heart International Training Center and an International Provider for Basic Life Support and Advanced Cardiac Life Support.
- Introduced a new outpatient system, combining expert care in all areas of maternity and women’s health. The system aims to eliminate repetitive clinical visits and significantly reduce waiting time.

AHS
- Won Sheikh Khalifa Excellence Award at gold level.
AMBULATORY HEALTHCARE SERVICES

QUALITY

• Physicians provided Absher services (Dermatology, Dental Specialty, and Ob/Gyn) to remote clinics, visiting Sweihan, Al Hayer, Mezyad, and Al Quaa.
• Clinical measures developed to monitor and evaluate the processes and outcomes of healthcare delivery across AHS diabetes, hypertension, and women’s health management.
• Finalized the comprehensive preventive school health screening report for the academic year 2012-2013; screening covered around 26,000 students enrolled in grades 1, 5, and 9.
• Won Sheikh Khalifa Excellence Award at gold level.
• Patient Centered Medical Home (PCMH) dashboard launched. This is a dashboard reporting site with bar graphs, charts, and spreadsheet data. This information reports on chronic disease patients and performance of doctors and health centers in terms of the KPIs pertinent to these diseases.

ACCESS

• Completed Phase 1 of Al Faqaa clinic’s full renovation to enhance customer satisfaction and improve healthcare.
• Implementing Patient Centered Medical Home (PCMH) initiative at three pilot sites. PCMH is a healthcare setting that facilitates partnerships between individual patients and their personal physicians, and, when appropriate, the patient’s family.
• Ittihad Urgent Care center transitioned to an AHS Clinic.
• Launched the School Health Services website shs.ahs.ae for community information and promotion of AHS’s school health program.
• Completed full renovation of Ophthalmology section in Khalifa A clinic.
• Disease Prevention and Screening Center (DPSC) online services launched.
• Delivered lectures on health and nutrition for family foundation development schools in three sites, and lecture on puberty and personal hygiene for Ashbal Al Quds School.
• Mohamed Bin Zayed Health Center has increased its operating hours.

COST

• Coordinated comprehensive screening for 1,000 students in private schools in line with School Health Screening Program for Private Schools (Grades 1-5-9).
• Emirates Nuclear Energy Company, Department of Transport, Abu Dhabi Food Control Authority, Abu Dhabi Ship Building Company, and Al Ain Municipality signed agreements with Disease Prevention and Screening Center to provide Occupational Health Services for their employees.

PEOPLE

• At mid-year 2013, 59.6% of admin positions were held by Emiratis (a reduction on the previous level because 275 UAE national employees were transferred to RCMS). Emiratis accounted for 18.5% of the total workforce and 10.2% of health professionals.
• Launched “Kafu” (Arabic for “well done”) customer care development program, as a strategic initiative to standardize customer care by adopting best practice.
• Accreditation of AHS Family Medicine Residency Program for Abu Dhabi and Al Ain.
• Development of two clinical pathways (low back pain and chronic kidney disease).
• Development of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) management.
• Louise Bain (COO) won the Circle of Excellence Award for Operational Leadership.
• Received ACGME Accreditation for Family Medicine Residency Program.
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 300 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.
AL AIN HOSPITAL

QUALITY
- Emergency high-risk obstetric case of placenta accreta C/S managed safely by Anesthesia Department, including massive blood transfusions.
- Research study into spinal mobilization approved by the Ethics Committee of Al Ain Medical District Human Research in UAE University.
- Won Sheikh Khalifa Excellence Award at gold level.
- First phase of Radiology and ENT integration with Tawam completed, leading to a faster and more efficient reporting system for the patients as the work is shared between a bigger group of doctors.
- Combined Ob/Gyn and Radiology Regional Clinical Services to provide more efficient, higher-quality healthcare to the community of Al Ain and the entire Eastern Region.
- Conducted the first Al Ain and Tawam pharmacy and narcotics combined orientation program for UAE University medical students.
- Conducted the first teaching skills workshop for Family Medicine residents in Oud Al Touba.
- Made use of the Bakri balloon procedure for the first time to manage a case of severe postpartum hemorrhage at the hospital; Bakri balloon is an obstetrical balloon used to temporarily control and reduce postpartum hemorrhage.
- Successfully achieved ACGME-I foundational and advanced specialty program accreditation for the Obstetrics and Gynecology Residency Program.
- Three Clinical Imaging Institute abstracts accepted and posted at SEHA Research Conference.
- Introduction of multidisciplinary meetings across all SDS sites has seen the percentage of patients with an adequate dialysis prescription increase from 64% in January to over 90% at the end of October.
- Began use of high-frequency jet ventilators for vocal cord biopsies and laser surgery to improve ENT surgeon’s view and avoid complications of tracheal intubation.

ACCESS
- Launched “Tagyeer” recognition and reward system to appreciate good practices by staff.
- Suture-less vitrectomy under local anesthesia being performed on two to three cases per week (perhaps the only SEHA hospital providing the service at present).
- Para-thyroidecrtomy with local anesthesia provided during pregnancy.
- Operated on a day-old baby with duodenal atresia (a result of good teamwork between Neonatology and Pediatric Surgery).
- Home Care license granted by HA-AD for the Community Mental Health Service (CMHS).
- Implemented peribulbar eye blocks for vitrectomy and cataract surgeries for the first time, saving high-risk patients from general anesthesia.
- Conducted laparoscopic excision of remnant urachal duct.
- Reduced MRI waiting list to one week and CT waiting list to zero.
- Successfully managed a very complicated case of severe falciparum malaria with multi-organ failure of a 17-year-old UAE national who had visited an endemic malaria area.
- Launched endoscopic ultrasound and intervention, in cooperation with GI Department.
- Introduced fast-track service in Emergency Department from 10h00 to 18h00 daily.
- Interventional Radiology Clinic opening for an additional day to eliminate waiting list and to accommodate more patients.
- Social Service section worked with charity associations to provide financial assistance to patients with regards to treatment expenses, and managed to collect a total of roughly AED 990,000.
- A new service in Pediatric Rheumatology is improving patient satisfaction and is expected to create more revenue.
- Urogynecology clinic opened and its first transobturator vaginal tape (TOT) procedure performed for stress incontinence (involuntary urination), an evidence-based practice in urogynecology being performed worldwide.

PEOPLE
- Won Circle of Excellence Awards for CEO of the Year, Support Services Leader of the Year, and Engineering and Construction Leader of the Year.
- Residents passed the international CREOG exam (Council on Resident Education in Obstetrics and Gynecology).
- Completed four accredited sessions of Laser Safety workshop for dermatology and eye clinic with five CME accredited hours and training for four doctors and eight nurses.
6,200
Al Ain Hospital conducts close to 6,200 surgical procedures every year, ranging from orthopedic to gynecology.

95,000
The hospital’s Emergency Medicine and Trauma Center alone handles nearly 95,000 patients of all ages every year.

Circle of Excellence awards
CEO of the Year, Support Services Leader of the Year, and Engineering and Construction Leader of the Year.

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.

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 Center 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.
SEHA BUSINESS ENTITY ACCOMPLISHMENTS CONTINUED

AL RAHBA HOSPITAL

QUALITY
- Won Sheikh Khalifa Excellence Award appreciation certificate
- First hospital in the region to implement the Trauma Registry, sponsored and funded by HA-AD. This is a system for timely data collection, storage, and reporting of trauma patients from scene to hospital discharge.
- Successfully delivered the second set of quadruplets since the hospital’s establishment.

ACCESS
- ICU expanded to 18 beds and NICU to 33 beds.
- Redesigned ER patient flow process, which led to an improvement in ER waiting time.
- Emergency department began a live data stream on the hospital homepage, as well as app/mobile phone access, showing waiting times door-to-doctor, number of cases waiting to be seen, length of stay, number of cases seen per hour, number of cases left without being seen, and number of cases left against medical advice.

For the first time on record, Emergency Department patient wait times door-to-doctor reached 94% of standard in August and 95% in September.

Time to schedule an Outpatient Department appointment indicator (within two days) reached 95%, against 50% for the previous two quarters.

Conducted breast cancer awareness and screened 620 patients; the 217 mammograms carried out showed positive diagnosis for 76 women.

COST
- Completed a comprehensive review of coding personnel to evaluate skill sets and standardize training levels to improve coding accuracy and reduce future denials.

PEOPLE
- Submitted two UAE nationals for observerships on Johns Hopkins International Team, with objectives to coordinate observerships during Q3 and Q4.
- Five new doctors confirmed start dates or joined, covering the most pressing departments of Ob/Gyn, ICU, and ED.
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.

700
The hospital has 114 beds in seven wards and a professional staff of more than 700.

13,000
On average, the hospital deals with 13,000 emergency and outpatient visits every month.

95%
Time to schedule an Outpatient Department appointment indicator (within two days) reached 95%, against 50% for the previous two quarters.

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.
QUALITY
• Winner of the International Board of Lactation Consultant (IBCLC) Award for the excellence demonstrated in staffing professionals certified by the IBCLC Lactation Examiners.
• Graduation ceremony held for second cohort of nurses for the neo-natal Intensive Care Certificate Program. The event honored the 11 neonatal nurses who completed the six-month certificate program.
• Launch of a new initiative by JHI to implement a quality improvement project focused on the reduction of surgical site infections in Cesarean section patients. This project has been expanded to include all SEHA facilities providing obstetric care.
• Won Sheikh Khalifa Excellence Award at silver level.
• Chosen facility for the pilot project of the Enaya program – an awareness initiative by HA-AD that targets pre-conception, pregnancy, after-delivery, and newborns.
• Launched “Neonet” – a group of senior neo-natal intensive care nurses aiming to standardize practices across all SEHA facilities.
•Corniche is now an American Heart International Training Center under the leadership of the Education Department, and has established itself as an International Provider for Basic Life Support and Advanced Cardiac Life Support after undergoing a rigorous period of AHA regional and international faculty assessments over the previous six months.

PEOPLE
• Held HMT leadership development event and two UAE national leadership development workshops.
• Two staff members were recognized in the Health Administration and Management and Allied Health categories of the Abu Dhabi Medical Distinction Awards.
• Dr Ned Lawson, Division Chief of Neonatology, Johns Hopkins School of Medicine, visited to provide multiple lectures to the NICU group and to the Neonatology Fellows.
• Hosted a visit by Dr Harold Fox, Chair of the Department of Gynecology and Obstetrics, Johns Hopkins School of Medicine.

ACCESS
• Introduced a new outpatient system, combining expert care in all areas of maternity and women’s health that aims to eliminate repetitive clinic visits and significantly reduce waiting time.
• Hosted eighth annual Neo-natal Intensive Care Unit (NICU) reunion, bringing together more than 100 former patients, along with their parents, siblings, and hospital staff. The event aimed to reconnect with the NICU graduates, as well as raise awareness about premature births in the UAE and the region.
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 fetal medicine, obstetric medicine, reproductive medicine, lactation consultation, VIP clinics, and parent education, the hospital can handle up to 235 inpatients and has facilities for 64 intensive care cases.

Corniche Hospital has a professional staff of about 1,000 who manage an average of 1,000 admissions every month.

It has a professional staff of about 1,000 who manage an average of 1,000 admissions every month, as well as roughly 2,000 emergency cases, 85 NICU admissions, and as many as 11,500 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.

Corniche Hospital handles more than 2,000 emergency cases each month.

Received Joint Commission International re-accreditation.
SEHA BUSINESS ENTITY ACCOMPLISHMENTS CONTINUED

AL GHARBIA HOSPITALS

QUALITY
• Participated in the fifth Marfa Water Festival with a free screening clinic, serving 772 clients over 10 days.
• Successfully implemented Malaffi in all Ghiathy’s departments.

ACCESS
• Launched pneumococcal and flu vaccination campaign for diabetic patients at Dhafra Family Medical Clinic.
• New body composition analyzer at all Gharbia hospital facilities.
• Won the excellence award for medical health leadership.
• 64-slice CT scanner installed in Madinat Zayed radiology department and 16-slice models at Marfa and Ghiathy.
• Absher doctors’ visits to Ghiathy, Dalma, and Al Sila Hospitals resulted in more than 200 patients seen (Cardiology, Cardiovascular Technologist, Ophthalmology, Orthopedics, and Dietetics).
• Colonoscopy screening program introduced in Madinat Zayed Hospital and Dhafra Family Medicine Center, which also started an osteoporosis screening program.
• All Gharbia hospitals, clinics, and family medicine center ambulances have been upgraded to Advanced Type III and passed the HA-AD renewal inspection audit.
• Very successful breast cancer awareness and screening program resulted in 28 mammograms done in Delma Hospital.
• MZH opened a new Adult Asthma Clinic as well as an epidural service in maternity.
• Sila Hospital introduced ENT services.
• Ghiathy Hospital performed its first laparoscopic surgery.

COST
• New accounting system went live in Madinat Zayed Hospital and Dhafra Family Medical Clinic.
• Established Denial Committee to review workflow.
• Adjusted the resubmission process to include a coding review.
• The Malaffi program was successfully implemented under the Cerner system in Al Marfa Hospital.

PEOPLE
• The second AGH Family Medicine Conference was attended by 220 participants from Al Gharbia Hospitals, Ruwais, and Abu Dhabi City (private and government hospitals).
• Customer satisfaction training sessions conducted at Madinat Zayed Hospital for more than 150 clinical employees.
Madinat Zayed Hospital’s average attendance is about 9,000 outpatients monthly.

About 90 surgical operations are carried out every month at Madinat Zayed Hospital.

**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.
Background Continued

Ghiathy Hospital

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 Sir 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.

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 Bay’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.
Ghiathy hospital manages about 47,500 patients annually.

On average, about 2,500 patients are treated each month at Al Sila Hospital.
SEHA BUSINESS ENTITY ACCOMPLISHMENTS CONTINUED

MAFRAQ HOSPITAL

QUALITY

- Pediatric telemedicine cart trialed in collaboration with National Medical Center (CNMC) in Washington DC as a possible means of improving quality of neurological care of some of our sickest hospitalized children.
- Pediatric Endocrinology obtained approval for introducing special glucometers for children with diabetes. The unit also established the use of capillary instead of venous procedure, which is easier to use and less invasive to small children.
- The Pediatrics Department established successful trial of virtual telemedicine consultation and echocardiogram with Children’s National Medical Center in Washington and diagnosed baby with a complex congenital heart condition.
- Launch of multidisciplinary Breast Imaging Center of Excellence.
- Abu Dhabi Medical Distinction Awards were presented to Dr Eiman Al Zaabi, Consultant and Chair of Pathology and Laboratory (Clinical Imaging & Laboratory Distinction Award); and to Dr Taisser Atrak, Chair, Department of Pediatrics and Consultant and Chief Neonatology Division (Medical Volunteer Distinction Award).
- The Mafraq International Pediatric Neurology conference was held and co-organized by Mafraq Hospital with 30 faculty attending, the majority from the USA.
- Awarded the Institute of Customer Service (ICS) mark to show that strong customer service is in place – the first SEHA hospital to start a recycling program. Paper, wood, cardboard, plastic waste, cans, metallic waste, and used cooking oil will be separated and recycled, with expected savings of AED 400,000 over the balance of 2013, not to mention the benefit to the carbon footprint for Abu Dhabi.
- Won Sheikh Khalifa Excellence Award at gold level.
- Pressure ulcer prevalence reduced by 10% over 16 months by creating awareness regarding the issue with nurses, and heightening accountability and responsibility towards best practice and evidence-based patient care.
- The number of pending referrals (first appointment) in December for Thiqa was 319 compared to 983 in October, and average number of days from referral to actual appointment reduced from 21 in October to 12 in December.
- The waiting time in pharmacy has been maintained at 10 minutes and there has been great improvement in patient satisfaction with the pharmacy, up from 37% in September to 83.8% in December.

ACCESS

- Adopted and implemented Al Rahba’s Emergency Department Live Data Stream dashboard to improve patient flow.
- Patients needing a rheumatology appointment are now seen within 48 hours and the team is also successfully covering Al Rahba twice a week.
- Changes in OPD flow mean that 72% of Thiqa patients were being seen in under 60 minutes of the last week of November, and patient satisfaction for this patient group has increased to 98.9%.
- Submitted the most abstracts to SEHA Research Conference compared to any other BE.
- The number of pending referrals (first appointment) in December for Thiqa was 319 compared to 983 in October, and average number of days from referral to actual appointment reduced from 21 in October to 12 in December.
- The waiting time in pharmacy has been maintained at 10 minutes and there has been great improvement in patient satisfaction with the pharmacy, up from 37% in September to 83.8% in December.

PEOPLE

- Three-day training course delivered to UAE nationals working in secretarial positions.
- Pediatric Endocrinology has been chosen as a site for the regional metacentric study called “Easypod connect: a regional, multicenter, observational study to evaluate adherence and long-term outcomes of therapy in pediatric subjects using ‘Easypod’ electromechanical device for growth hormone treatment.”
- Received approval from HA-AD and Arab Board to proceed with establishing three training programs: Emergency Medicine, Nephrology Fellowship, and Cardiology Fellowship, which will offer training opportunities for Emiratis from September 2014.
- Won Circle of Excellence awards for Nursing and Clinical Administration Leadership, and Rising Star award (Sheikha Maayouf Al Ameri, deputy CMO).
- From the 2014 academic year, recruitment for internal medicine and pediatric residency expected to increase from 10 to 16 annually due to the ACGME-I accreditation. ER and Orthopedic residencies are under serious consideration to meet future needs in these specialties.
512,000
The hospital treats close to 512,000 patients each year.

8,500
Mafraq Hospital conducts about 8,500 operations each year.

Institute of Customer Service (ICS) award
Awarded the Institute of Customer Service (ICS) mark to show that strong customer service is in place.

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, neo-natal 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 as well as handling 40-50 childbirths.
QUALITY
• Expanded evening clinics to improve access: IM, Pediatric, Cardiology, Pediatric Cardiology, Orthopedic, and Ophthalmology.
• Managed to reduce waiting time to two to three weeks for most orthopedic consultants.
• Saw over 1,300 orthopedic patients in-clinic and achieved milestone of 1,500 pediatric cardiac surgeries since the beginning of the program in 2007.
• Significantly reduced the incidence of bloodstream infections for inpatients undergoing central line catheterization following a hospital-wide central line infection control program.
• Conducted first deep brain stimulation for dystonia.
• Held the first annual international conference for Advances in Medicine and Subspecialties (AIMS 2013).
• Hosted the American Board of Dermatology in-training exam.
• 100% pass rate of Arab Board Dermatology Part 2 Clinical Exam by Dermatology residents.
• Respiratory Blood Gas labs received full two-year accreditation from College of American Pathologists (CAP).
• Only clinical laboratory in the SEHA system that has introduced and fully validated the Inductively Coupled Plasma Mass Spectrometry (ICP-MS) for trace and heavy metal analysis.
• The first batch graduated from interprofessional wound care course, including two Emirati physicians.
• Fifth Abu Dhabi Wound Care Conference held and attended by 600 participants from all GCC countries.
• The Laboratory and Pathology Institute received the High-Sensitivity Flow Cytometric PNH Testing Certificate, which acknowledges an expert level of clinical aptitude in checking for the markers for paroxysmal nocturnal hemoglobinuria (PNH).
• Purchasing department awarded ISO certificate.
• Performed first successful cadaveric kidney transplant in UAE.
• Opened a Music Therapy Corner for long-term patients.
• Won Sheikh Khalifa Excellence Award at silver level and Business Entity of the Year Award at the SEHA Circle of Excellence awards.

ACCESS
• Carried out the first clinic of Cleveland Clinic Abu Dhabi (CCAD) Ophthalmology physician in SKMC, and continuing on-boarding three additional CCAD physicians in Pediatric Ophthalmology, Urology, and Neurosurgery.

COST
• Established internal committee to review all high-cost durable medical equipment items to ensure proper coding of diagnosis, charge code, and documentation of patient need from physician, including prior purchase order review. After three months of committee review, SKMC is 100% compliant with all orders.
• Successful implementation of host-to-host payroll payment; first SEHA entity to use this facility.
• Only SEHA BE to implement productivity dashboards with WRVUs in preparation for Pay for Performance.
• All cashiers and patient access representatives completed training for Patient Accounting.
• Successfully implemented online payment for domestic payment.
• Published all financials and performance reporting effectively and met all financial KPIs as part of JSR review for the first time.
• Developed work group to manage long-term care and Daman Basic patients more effectively.
• Identified gaps in documentation/coding and made improvements.
About 575 general surgical procedures are carried out each month at SKMC.

Kidney transplant is a UAE first

Performed first successful cadaveric kidney transplant in UAE.

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 3,820. It has total capacity of 711 licensed 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. 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, the Physical Medicine and Rehabilitation Institute, and the Behavioral Science Pavilion – situated in one complex at the heart of the capital city, as well as 14 outpatient specialty clinics and two urgent care centers that serve Abu Dhabi Island.

The SKMC team includes 672 physicians (160 consultants), 652 paramedics, 1,439 nurses, and 652 administrative personnel. On average, 1,384 admissions are handled every month as well as 56,414 outpatient visits and 14,516 emergency and urgent care visits. About 575 general surgical procedures are carried out each month, as well as some 11,947 scans.
QUALITY
- Pediatric department began new cardiac MRI program, serving children and adults with congenital and structural heart disease, the first of its kind in the UAE and the second in the Gulf region (after Saudi Arabia).
- Initiation of a speed dial number for pharmacy verification in the polyclinic resulted in a profound reduction in waiting time, especially during peak hours.
- Won the Abu Dhabi Medical Distinction Award in the Allied Health Category.
- In a “first procedure” achievement in Ophthalmology, Dr Shaukat Khan carried out an eyelid prolapse repair on a lion in the zoo.
- Dr Jack C. Borders conducted a sialendoscopy procedure for the first time in Tawam. Sialendoscopy is one of the recent innovations in ENT and head and neck surgery, where a minimally invasive procedure is used to allow optical exploration of the salivary ductal system and extraction of stones.
- Intra-operative monitoring of the vagus nerve during application of vagus nerve stimulator (VNS) was used to prevent seizures by sending regular, mild pulses of electrical energy to the brain, the first trial in the UAE.
- Won Sheikh Khalifa Excellence Award at gold level.
- Blood Donor Serology unit in the Regional Blood Bank successfully passed the CAP audit.
- Performed the hospital’s first MRI-guided breast biopsy.
- Clinical Imaging Department performed the first case of bilateral simultaneous carotid stenting on very sick patient.
- First TEM (transanal endoscopic microsurgery) in the UAE performed by Dr Haytham El Salhat and Dr Omar Beckdache. TEM is an alternative to more radical abdominal surgery, with benefits of less pain, faster recovery, and shorter hospital stays.

ACCESS
- Opened three weekly clinics in sub-specialized Surgical Oncology.
- Opened a weekly Premarital Screening clinic.
- The National Newborn Screening Program now includes 16 diseases.
- The volume of patients seen within 45 minutes at Polyclinic Services improved from 21% to 71%.
- Installed a Pediatric Cardiac MRI, a new support service for Pediatrics.
- Fully implemented the new modified nursing assessment, which resulted in a significant decrease in patient waiting time in the clinic. This assessment will now be replicated at all polyclinics.
- Neonatology introduced a new service: sub-ambient oxygen testing for fitness to fly.
- Pediatric Surgery Clinics increased from six sessions per week to nine per week, more than halving waiting lists.
- Cardiology department performed 95 echoes in December, reducing waiting time by 100%.

COST
- Regional Blood Bank arranged 21 blood campaigns and collected 666 units of blood; 451 units from the RBB center. Total blood units collected is 1,117.
- Specialists/consultants continue to rotate to Al Wagan to cut traveling time for patients and give them access to care in their area. A total of 426 patients were seen by various specialty clinics in Ob/Gyn, Ophthalmology, ENT, Diabetes, Dermatology, and Nephrology.
- A new state-of-the-art interactive voice response system will be the first interface for patients and visitors to the hospital. It integrates voice, text, and email communication in a multilingual platform and is intended to increase customer service levels by reducing wait times, and speeding up processing and scheduling of appointments, medical tests, and other hospital services.
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- Neonatology introduced a new service: sub-ambient oxygen testing for fitness to fly.
In total, Tawam Hospital conducts more than 8,000 surgical procedures every year. Births number close to 4,176 annually. The volume of patients seen within 45 minutes at Polyclinic Services improved from 21% to 71%.

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 461 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 90 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 3,200 includes more than 568 physicians, 1,072 nurses, and 569 paramedics, supported by about 991 administrative personnel. They work in ten operating theaters, nine general and one C-section suites, and 20 wards with additional ambulatory treatment clinics and an emergency department.

More than 23% 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 4,176 annually and more than 36,349 dialysis treatments are carried out.
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 Ghiaithy Hospitals in the Western Region.

ACCESS
• In partnership with Al Ain Hospital, developed an inpatient dialysis facility at Al Ain, which means that inpatients requiring dialysis no longer need to be transferred to Tawam for treatment.

COST
• Increased activity by 16% with an associated increase of costs of only 2%.
• Introduced a new approvals system for self-pay patients aimed at reducing the number of unfunded treatments, resulting in substantial savings.
• New overtime protocol reduced costs by 54% between September and October.
• A net reduction of 30% in the use of dialysis catheters from peak and a halving of the rate of catheter-related infection has projected significant full-year savings.

COST
• Standardized methicillin-resistant staphylococcus aureus (MRSA) screening is achieving significant annual savings (MRSA causes staph infections that become resistant to common antibiotics); as is standardized extended-spectrum beta lactamase (ESBL) screening.
• Successfully relocated automated serology testing, anatomic pathology lab, and microbiology lab from Mafraq to SKMC and Al Ain to Tawam.

UNITS DONATED

Source: Abu Dhabi Blood Bank, Health Statistics Analysis

BLOOD BANK DONORS

Source: Abu Dhabi Blood Bank, Health Statistics Analysis
A net reduction of 30% in the use of dialysis catheters from peak.

Increased activity by 16% with an associated increase of costs of only 2%.

New overtime protocol reduced costs by 54% between September and October.

Total number of blood donors screened: 46,145

Total number of units collected: 44,168
Percutaneous coronary intervention (PCI)

Percutaneous coronary intervention (PCI), commonly known as coronary angioplasty or simply angioplasty, is a non-surgical procedure used to treat the stenotic (narrowed) coronary arteries of the heart found in coronary heart disease.
University Health Network (UHN) is a medical center that comprises four hospitals: Toronto Western Hospital, Toronto General Hospital, Princess Margaret Cancer Centre, and Toronto Rehabilitation Institute. These are a network of teaching hospitals affiliated with the University of Toronto Faculty of Medicine.

70%
SKMC achieved an overall 2013 pass rate of 70% in the Arab Board Exams across all programs.

COST
- Physician Pay for Performance project live on Oracle for SEHA Corporate, CEOs, CMOs, HR directors, and BE management group, with PPFP reports available for chairs and chiefs at the BEs.
- Nursing mid-year vacancy analysis, by specialty services, to budgeted position vacancies completed for all BEs and consolidated for system-level.
- Productivity Dashboard review for Radiology completed.
- Prepared consolidated BE admin optimization plan and implemented targets in performance management dashboard.
- Mid-year budget reset exercise – analysis of BE volumes, financial health, and unit cost trends.
- Assessment and review of SKMC and Mafraq on their half-year financial and volume performance.
- Support to the Abu Dhabi Formula 1 Grand Prix involved a total of 409 cases observed, treated, or escalated.

PEOPLE
- Physician Pay for Performance project live in Oracle for SEHA Corporate, CEOs, CMOs, HR directors, and BE management group.
- Worked with BEs to align on a common Imaging System (PACS).
- Worked with Procurement & Contracts for collection and review of data and contracts pertaining to Philips PACS system.
- Worked with Finance in preparing in-depth analysis of 2013 mid-year budget reset for SKMC and Tawam to address concerns on their Chapter 2 coverage and the impact of the reset on their 2014 budget.
- Drove budget process to align spend with DoF target; identified overspend and worked with BEs to reconcile capital and operational expenses.
- Prepared consolidated BE admin optimization plan and implemented targets in performance management dashboard.
- Mid-year budget reset exercise – analysis of BE volumes, financial health, and unit cost trends.
- Assessment and review of SKMC and Mafraq on their half-year financial and volume performance.
- List for potential fellows sent to UK for approval and allocation of clinical slots for fellowships.
- Automation of scholarship process and documentation with IT in process.
- Letter of agreement signed with UHN.
- Seven out of eight Mafraq Pediatric residents passed their Arab Board Exam.
- SKMC achieved an overall 2013 pass rate of 70% in the Arab Board Exams across all programs.
- Registered all SKMC Residency Programs to participate in respective American Board/Academy In-Training Exam.
- Nursing Specialty Technical Competencies for annual appraisal completed.
- Established a new dental education task force to look into the feasibility of a dental residency program.
QUALITY

- Clinical Decision Alerts Team kicked off and eliminated more than 7,500 lesser severity drug-interaction alerts per day across the system.
- Programs participating in Foundational and Advanced ACGME Accreditation finalized:
  - Internal Medicine: SKMC, Mafraq, Tawam
  - Pediatrics: SKMC, Mafraq, Tawam
  - Emergency Medicine: SKMC, Tawam
  - Psychiatry: SKMC, Al Ain
  - Family Medicine: SKMC, AHS
  - Surgery: Tawam
- Six committees began work on the country addenda to ACGME-I standards: Internal Medicine, Pediatrics, Emergency Medicine, Psychiatry, Family Medicine, and Surgery.
- Nursing Competency Task Force established with standardization of specialty-level competencies.
- Clinical Quality and Patient Safety: ‘Safe and Effective Index’ finalized and sent to BEs for JSR KPI Report; SEHA Venous Thromboembolism Taskforce established.

COST

- Nurse staffing standards established for inpatient units to enable effective nurse-to-patient ratios.
QUALITY
• Advanced Supply Chain Planning and Inventory Optimization goes live at Mafraq and AHS.
• Tawam Bedside Medical Device Integration (BMDI) in the critical care units goes live.
• Care Management goes live, providing tools to automate utilization management, denial avoidance management, and document integrity/quality.
• HIMSS Analytics Level 6 granted to three additional facilities: Al Rahba, Al Ain, and Tawam.
• Malaffi went live with Intelligent Medical Objects (IMO), which enables natural language search capabilities; more than 170,000 new clinical terms were added to the Malaffi nomenclature tables to facilitate searching and selection of appropriate diagnoses.
• Payroll interface goes live to confirm overtime approvals are being done correctly in Kronos.
• Solution configured and deployed for narcotics buying and receiving between SEHA corporate office and Darweesh store.

‘Go live’ of National Hospital Inpatient Quality Measure (NHIQM) enables data collection of the core measures as a by-product of the care delivery process; it integrates with Malaffi and allows users from various roles and venues to view NHIQM compliance.
• Malaffi Phase 3 goes live at Gharbia, Delma, and Sila – including MD order entry and documentation, RN documentation, pharmacy, lab, and medication administration.
• PowerChart electrocardiogram goes live at two pilot sites (SKMC and Al Rahba), embedding ECG strips in the patient’s Malaffi record and making the information electronically accessible instead of the previous paper-only system.

ACCESS
• Launch of Anatomic Pathology (AP) image management provides an integrated image solution within the processes and workflow, and supports medical image acquisition, storage, and retrieval as well as image-enabled inquiries and patient reports.
• 724 Downtime Application Upgrade provides 24/7 historical access to all clinical data.
• Went live with Infection Control (population-based work-lists providing risk stratification of all hospitalized patients based on historical and current data). Sepsis monitoring is anticipated to reduce overall mortality rates due to sepsis/septic shock through early detection of sepsis using evidence-based criteria.
• Went live with PowerScribe centralization at Al Rahba and Mafraq, enabling the radiologist to report on any radiology exam regardless of the BE that performed the exam.
• Soft launch of SEHA iPhone app allows for approval of invoices, payments, leaves, and requisitions without having to log in to the ERP.

COST
• Cerner Patient Accounting in live production across SEHA from February 1 (completing an 18-month project).
• A concerted three-way effort between SITS, Cerner, and SPFS worked to submit a backlog of claims which had been stuck in the patient accounting system due to edit failures or technical denials.
• The insurance claim for December was the highest monthly amount of the year.

**BMDI**
Bedside Medical Device Integration (also known as biomedical device integration) is a process of electronic entry of medical practitioner instructions for the treatment of patients.

**Anatomic pathology**
Anatomic pathology is a medical specialty that is concerned with the diagnosis of disease based on the macroscopic, microscopic, biochemical, immunologic, and molecular examination of organs and tissues.

**HIMSS Analytics**
HIMSS Analytics supports improved decision making for healthcare organizations, healthcare IT companies, and consulting firms by delivering high-quality data and analytical expertise.
Employee Engagement Survey completed with average response rate of 76% (up 12% from last year).

SUPPORT SERVICES

ACCESS
- Updated Oracle software licenses and support agreement.
- Awarded tenders for new Al Mushrif clinic, Al Rahba Emergency Department expansion, data center network infrastructure, Citrix licenses upgrade, HP servers and storage hardware, Oracle Business Intelligence Foundation Suite licenses, and wireless network infrastructure at Al Ain and Tawam.

COST
- Hired Ernst & Young as a consultant to develop Finance and Accounting Manual.
- Signed an agreement with Ochre House Consultancy to hire and fill positions in medical areas such as anesthesia, ER, ophthalmology, pediatrics etc.
- Marketing allowance policy completed and approved to enable SEHA to be more competitive in physician recruitment.
- Review of Kronos implementation completed in conjunction with contractor and pending actions agreed.
- Tender awarded for Medical Necessity Content – Clinical Review Criteria.
- Tender awarded for internal audit co-sourcing services call-off agreement.
- Tender awarded for ITG outsourcing requirements.
- Employee Engagement Survey completed with average response rate of 76% (up 12% from last year).
- HR completed Muhakat Cycle 3 with 393 students participating.
- Signed contract with International Institute for Management Development in Switzerland to address the executive education needs of UAE national employees.
- Action plan completed for Employees Engagement Survey and communicated to all BEs.
- Recruitment undertaken on behalf of BEs in UK to hire Tier 1 consultants in Neonatology/Ob/Gyn/Family Medicine.
- Finalized housing proposal for physicians.
- Completed first stage of HR policies review.
- Of 32 GNIs retaking their HA-AD exam, 21 passed. 40 people, from across BEs and SEHA Corporate, have committed to undertaking the Certified Institute of Management Accounts exams.
- Two sessions of the IMD program for leadership training were held.
- CIPD program began with 20 staff from BEs and SEHA Corporate participating.
- A trip to Washington DC was undertaken to recruit fresh UAE graduates.

Kronos
Kronos is a workforce management software and services company.
Received DoF confirmation of SEHA tentatively approved 2014 budget and initiated plans for full SEHA compliance.

FINANCE

COST
- Defined SEHA 2014 planning process calendar (planning and budgeting) and provided all planning materials and instructions. Kick-off meetings with all SEHA BEs and Corporate Office divisions and departments.
- Completed termination of Dell MSA agreement and transition of revenue cycle management to SEHA internal management and leadership, relaunched as SEHA Patient Financial Services.
- Went live on new Cerner Patient Accounting system across all SEHA BEs.
- Reinitiated Heads of Agreement (HoA) framework discussions between SEHA, HA-AD, Daman, and DoF, defining the roles of each stakeholder.
- Implemented Oracle/Hyperion automated budgeting solution across all SEHA BEs for 2014 budget development and submission.
- Based on BoD approval, completed SEHA 2014 budget submission to DoF.
- Selected PwC to replace D&T as SEHA statutory auditors beginning with 2013 financial statements.
- Host-to-host payment processing rolled out to all SEHA BEs for ADCB and NBAD processing plan developed and initiated for the Corporate Office.
- “Go live” of Accounts Payable Approval Manager – host-to-host with ADCB for Al Gharbia Hospital Region.
- SEHA consolidated and side-by-side 2014 budget request submitted to DoF.
- Continued to pursue final execution of the Heads of Agreement (HoA) framework with all parties/stakeholders and held a critical joint meeting with DoF to address their specific concerns and questions.
- Received DoF confirmation of SEHA tentatively approved 2014 budget and initiated plans for full SEHA compliance.
- Discussions continued with HA-AD regarding formal acceptance and execution of HoA framework.
- December cash billings/collections were the highest of any month during 2013 after initial conversion to new patient accounting system in February.

D&T
Deloitte Touche Tohmatsu Limited
SUSTAINABILITY

SOCIAL RESPONSIBILITY IS AN INHERENT COMMITMENT FOR SEHA

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.

And as a committed healthcare organization, SEHA runs multiple free clinics and screening programs, reaches out to the community to learn directly which issues are of most interest in terms of serving them better, and takes its environmental responsibilities very seriously.

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 also recognizes its obligations as an employer, operating an aggressive Emiratization program aimed at bringing more Emiratis into healthcare.

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. Collectively, we now group these activities under the heading of “sustainability” and we produce a separate annual Sustainability Report detailing our performance in the social, economic, and environmental spheres.
OUR YEAR AT A GLANCE

SEHA WON THE EUROPEAN SOCIETY FOR QUALITY RESEARCH (ESQR) 2013 PLATINUM AWARD - EXCEPTIONAL ACCOMPLISHMENTS IN CUSTOMER SATISFACTION AND QUALITY MANAGEMENT

15 SEHA RESIDENCY PROGRAMS ACCREDITED BY THE COUNCIL FOR GRADUATE MEDICAL EDUCATION INTERNATIONAL

INDUCTION OF PERFORMANCE MANAGEMENT SYSTEM AND INDEX-BASED APPROACHES TO MEASURE, CALIBRATE, AND IMPROVE HEALTHCARE DELIVERY ACROSS SEHA

EMIRATIZATION ACHIEVED IN ADMINISTRATION 47%
Overall Emiratization achieved –19% and administration department – 47%.

NEW BUDGET SET FOR 2014
Received DoF confirmation of SEHA tentatively approved 2014 budget and initiated plans for full SEHA compliance.

INCREASE IN FEMALE MANAGEMENT 22%
22% increase of female staff in senior management.
Addressing What Matters
By establishing priority aspects, we are expanding our understanding of our stakeholders’ expectations, which is helping us focus our sustainability efforts on what really matters.

In 2013, SEHA performed an analysis to identify those business activities that are of greatest interest to our stakeholders and have significant economic, social, and environmental impact on our business. We refer to these activities as SEHA’s Material Issues.

We are confident that sound management of these issues will guarantee a successful and more sustainable business.

The initial process identified 36 relevant issues. Of these, 17 were considered to be the most material. Issues examined included those identified by our internal management or pinpointed by the Executive Council and other Government bodies.

We have also identified where potential impacts could occur within and outside our business, including our Home Office, business entities, customers (patients), suppliers, contractors, regulators, and the broader community and environment. The accompanying table gives an overview of our identified material issues and their boundaries.

<table>
<thead>
<tr>
<th>Our commitment</th>
<th>Material aspects</th>
<th>Material aspect boundaries</th>
</tr>
</thead>
</table>
| COMMITMENT TO HEALTHCARE QUALITY AND PATIENT SATISFACTION | • Care quality  
• Enhance access to healthcare  
• Infrastructure investment and development  
• Patient satisfaction  
• Enhance healthcare responsiveness  
• Research and education | Home Office, BEs, customers, and regulators. |
| COMMITMENT TO MANAGEMENT EXCELLENCE | • Procurement practices  
• Energy and emissions  
• Water consumption  
• Waste management  
• Economic performance | Home Office, BEs, suppliers, the broader community and the environment. |
| COMMITMENT TO OUR EMPLOYEES | • Recruitment and retention  
• Employee engagement  
• Diversity and equal opportunity  
• Training and education | Home Office, BEs, employees, regulators. |
These commitments are detailed in SEHA’s five-year strategic plan, which also identifies nine priority areas aligned to our sustainability approach.
Commitment to Healthcare Quality and Patient Satisfaction

SEHA is committed to providing the best possible quality of care from the time patients enter SEHA’s doors until they are discharged. To realize this commitment, SEHA works continuously on enhancing the quality of clinical care, improving patient satisfaction, and promoting research and education.

SEHA reviews and revises its healthcare quality benchmarks to challenge any impediments and collaboratively cultivate a fine blend of social and intellectual capital for meeting present and future medical challenges.

A patient-centered approach is paramount for SEHA. Therefore we are constantly seeking to make healthcare provision simpler, faster, and more effective. From booking appointments to quickly informing patients of test results, SEHA’s ultimate goal is to integrate quality and efficiency in all our service processes. In 2013, our overall patient satisfaction rate reached 88.5%, and we have maintained our overall patient satisfaction rate above 87% for the past three years.

Commitment to Management Excellence

SEHA strives for a coherent management system that maximizes our operational and financial efficiency and facilitates the achievement of our goals. SEHA’s approach to achieving management excellence is two-fold: continuously improve our operational efficiency and continue our progress towards financial efficiency.

We are proud to report that SEHA complies with all environmental legislation in Abu Dhabi and there have been no environmental compliance violations in our activities. However, as a major provider of healthcare in Abu Dhabi, we aim to set ambitious goals to reduce our carbon footprint, natural resource consumption, and waste generation across our value chain.

To do so, we have started tracking our Home Office environmental footprint in 2013, with the ultimate goal to expand tracking to all SEHA’s BEs by the end of 2014, enabling us to set realistic and achievable environmental targets for the future.
Commitment to our Employees

SEHA fosters a diverse, inclusive, and engaging work environment and invests heavily in training our employees to equip them to deliver the highest quality healthcare. We realize our commitment to our employees by attracting and retaining the best workforce, establishing a conducive and challenging work environment, and offering attractive and competitive benefits packages.

SEHA is committed to the increased participation of UAE nationals in the workforce to which the Abu Dhabi Economic Vision 2030 aspires. We work in partnership with Government and other stakeholders to amplify local employment opportunities and to cultivate Emirati skills and employability.

SEHA aims to increase the proportion of Emirati employees among our administrative staff to 50% by 2015. We have developed HR policies focused on Emirati recruitment as part of our efforts to achieve this target.

MEDICAL WASTE DAILY AVERAGE SUMMARY FOR HOSPITALS (KG)

<table>
<thead>
<tr>
<th>Daily Average</th>
<th>SKMC</th>
<th>Corniche</th>
<th>Al Rahba</th>
<th>Tawam</th>
<th>AHS</th>
<th>Mafraq</th>
<th>Al Ain</th>
<th>GMR</th>
<th>SDS</th>
<th>Daily Total Average</th>
<th>Comments</th>
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<td>1,120</td>
<td>394</td>
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<td>2,493</td>
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<td>965</td>
<td>409</td>
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<td>864</td>
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<td>1,875</td>
<td>371</td>
<td>N/A</td>
<td>9,907</td>
<td>Increase in patient volume/ decrease in waste per patient</td>
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<td>2011</td>
<td>2,324</td>
<td>815</td>
<td>868</td>
<td>2,366</td>
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<td>1,684</td>
<td>1,650</td>
<td>427</td>
<td>N/A</td>
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<td>2012</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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<td>2013</td>
<td>2,456</td>
<td>615</td>
<td>924</td>
<td>1,829</td>
<td>386</td>
<td>2,093</td>
<td>1,030</td>
<td>436</td>
<td>117</td>
<td>9,886</td>
<td>Increase in patient volume/ decrease in waste per patient</td>
</tr>
</tbody>
</table>

MEDICAL WASTE PER PATIENT ENCOUNTER (Kg)

<table>
<thead>
<tr>
<th>Year</th>
<th>SKMC</th>
<th>Corniche</th>
<th>Al Rahba</th>
<th>Tawam</th>
<th>AHS</th>
<th>Mafraq</th>
<th>Al Ain</th>
<th>GMR</th>
<th>SDS</th>
<th>Daily Total Average</th>
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<tbody>
<tr>
<td>2008</td>
<td>1.68</td>
<td>1.38</td>
<td>1.36</td>
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<tr>
<td>2009</td>
<td>1.68</td>
<td>1.38</td>
<td>1.36</td>
<td>1.36</td>
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<tr>
<td>2010</td>
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<td>1.36</td>
<td>1.36</td>
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</tbody>
</table>

(1) Includes data for AHS  (2) Includes data for AHS and SDS
CORPORATE GOVERNANCE

FULFILLING GOALS AND OBJECTIVES IN A WAY THAT ADDS LASTING VALUE

CORPORATE GOVERNANCE REFERS TO THE SET OF SYSTEMS, PRINCIPLES, AND PROCESSES BY WHICH A COMPANY IS MANAGED, SUCH AS OBSERVING INTEGRITY, FAIRNESS, AND ETHICS IN THE CONDUCT OF THE BUSINESS, MAINTAINING TRANSPARENCY IN ALL TRANSACTIONS, AND BEING ACCOUNTABLE AND RESPONSIBLE TO STAKEHOLDERS.

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 an Emiri decree, SEHA was created as a public joint stock company, separate in form from HA-AD and from the Government, except in the latter’s capacity as sole shareholder. This separation, however, does not imply total independence.

For example, while 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”, in reality SEHA’s higher management and main administrative decisions come from the Abu Dhabi Executive Council and SEHA’s budget continues to be funded by the Abu Dhabi Department of Finance.

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, which undertakes all functions, practices, and competences of a general assembly (as stipulated in the Companies Law), 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 the main objectives being the provision of world-class healthcare services, mainly to UAE nationals but also to residents, as well as self-sufficiency and subsequent financial independence. 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 comprise senior management of governmental authorities and corporations.
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 Articles of Association mandate the basic board structure and responsibilities. The Articles specify that:

- SEHA shall be managed by a Board of Directors which shall consist of a Chairman and a number of members; and
- 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 statement 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, responsible for matters relating to finance and audit, and the Nomination and Remuneration Committee, responsible for matters relating to Board nominations and senior management and Board compensation. SEHA management has also implemented three committees, namely the Executive, the Procurement Tender and Auction (PTA), and the 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. The Board meets quarterly and may (in accordance with the Companies Law) receive and approve resolutions in writing between meetings. Decisions of the Board at meetings must be by majority vote.

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.

Other procedures of the Board of Directors, as prescribed by the Companies Law, 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).