

MINISTRY OF PRESIDENTIAL AFFAIRS
H.H. THE PRESIDENT INITIATIVES
SHEIKH KHALIFA MEDICAL CITY | AJMAN



وزارة شؤون الرئاسة
مبادرات صاحب السمو رئيس الدولة
مدينة خليفة الطبية | عجمان

Annual Report
**Sheikh
Khalifa
Medical
City Ajman
20
17**



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01

Our Message

Initiatives of His Highness Sheikh Khalifa bin Zayed Al Nahyan President of the UAE

Our main goal is to build our country and citizens. Man is the real resource. The United Arab Emirates, through its federation, provided a live and honorable example of a country which derived from its past a path to the present.

What we achieved so far is a coronation of strenuous and great efforts to attain a comprehensive developments strategy.

H.H. Sheikh Khalifa bin Zayed Al Nahyan President of the UAE, (may God save and bless him) gave the highest priority to building the Person, and confirmed the continuity of this approach as a continuous target by stating that “the focus of our attention shall always remain the Emirati Person as the ultimate objective and goal of the development, in the present and the future.

The person is the real wealth of this country, before the oil and after, hence the interest of the citizen shall remain the goal we are working to achieve day and night “. In line with that, came H.H.’s initiatives to achieve the aspirations of his nation, which - in the healthcare arena- included the establishment of world-class hospitals at the highest level of efficiency, and sophistication.

Inspired by the objectives specified in H.H. the President of the UAE, Initiatives, came the Cabinet Decree in 2016 for SKMCA to become under the supervision of “The Medical Office” in the Ministry of Presidential Affairs, which aims to create a system that guarantees access to integrated healthcare services to Nationals and residence in various parts of the country, and to transfer knowledge from international companies to the UAE nationals through the implementation of an effective system for the employment and development of nationals.

In executing its mission, His Highness’ President’s Initiatives has opted to partner with Global Health Partner (GHP) who assumed full responsibility of the hospital operation in December 2016, with a key mission of providing the highest standard of health care to Ajman community and the people of Emirates.



His Highness Sheikh Mohammed Bin Zayed Al Nahyan

**Crown Prince of Abu Dhabi & Deputy Supreme
Commander of the UAE Armed Forces**

Achieving the maximum level of social progress will remain a major goal for creating a comprehensive system for developing the society. Our reliance on knowledge and science is our path for achieving comprehensive development.

Our beloved country attained great achievements which were highly admired and appreciated by the whole world.



His Highness Sheikh Mansour Bin Zayed Al Nahyan

**Deputy Prime Minister and Minister
of Presidential Affairs**

Our vision of the future is obvious towards all those related to our country and citizens. The Initiatives of His Highness the UAE president do not have any timelines or boundaries as they fulfill the interests of the citizens and meet their needs. The directives of His Highness “May God protect him” the aim for utilizing all possibilities and efforts to enhance their livelihood, security, stability and dignity





Message from the CEO

Dear friends,

The Ministry of Presidential Affairs (MOPA), through The Medical Office (TMO), under the initiatives of H.H. the President of the United Arab Emirates, appointed GHP Specialty Care (GHP) to operate and manage the hospitals of the Sheikh Khalifa Medical City Ajman (SKMCA) in response to the need to improve the quality of medical services in the Emirates. GHP, a leading private specialist healthcare provider in Sweden, is proud to be a part of H.H.'s initiative and vision to support the enhancement of healthcare outcomes for the citizens of Ajman and the Emirates.

Guided by the needs of our patients and their families, SKMCA aims to deliver the very best health care in a safe, compassionate environment, to enhance that care through innovative research and education, and to improve the health and well-being of the diverse communities we serve.

Lifestyle change

It is a well-established fact that the burden of disease is rapidly shifting from acquired and communicable diseases to diseases that are effects of poor lifestyle choices and aging. The overriding principle for all care delivered at SKMCA is lifestyle change, in direct patient

encounters, in outreach activities in society, and in a broader sense when informing patients and their families. In every moment of care at SKMCA, the Executive Team support education, information and empowerment of patients to improve their own health.

Value and Outcome

Our objective as the operator, is to provide superior medical outcomes that matter to patients in a cost-effective manner. The guiding principle for the leadership of SKMCA is therefore to create value for our patients, society and MOPA by carefully measuring and continuously improving the outcomes. The Swedish Executive team at SKMCA has vast experience in improving medical outcomes and the delivery of excellent care. SKMCA has initiated the formation of four Centres of Excellence - Feto-Maternal Medicine, Orthopaedics & Spine, Gastroenterology, and Diabetes - guided by the overriding strategy of Lifestyle Changes and Patient Empowerment. By organising care at the level of the medical condition, patients in need of healthcare will receive treatment from medical experts and their multi-professional team members.

The majority of patients received at SKMCA present themselves via the Emergency Department, making this a high priority for SKMCA. Although the majority of patients are triaged as less acute cases, the number of multi-trauma and complicated trauma is substantial and require extensive resources 24/7 at the hospital, involving many specialties. During the coming year, SKMCA aims to acquire full trauma level II status, according to the American College of Surgeons definition. This way, SKMCA can fully serve the catchment population with outstanding trauma care.

Patients

The most important aspect of all healthcare is ensuring patient safety and no harm comes to patients. Training and awareness among staff has been initiated and will continue to be a high priority at SKMCA. During the first year of operations, SKMCA Executive team has stressed the importance of patient safety at every level of decision and when training the staff. In order to create continuous improvement and sustainable high quality of care, education, training and research are imperative. These are the foundations to ensure scientific progress, but also to motivate staff to achieve personal development ultimately benefitting the patients.

Swedish Leadership

At SKMCA we believe every patient should have access to the best healthcare. Currently, over 60 Swedish Physicians and Nurses, together with many other proficient clinical staff are working tirelessly for the good of the Ajman population, its patients, and all who look to it for medical leadership. You will find that our staff take the time to listen and thoroughly understand your health issues and concerns. And we will tirelessly look for answers until we find them. We are committed to providing the best care for every patient, every day, to become *Patient's First Choice*.

Our people define our excellence, in many ways our people contribute each day to improving the health of our community and beyond. I am

honoured to be part of this organisation where each day our outstanding staff deliver the highest quality, highest value care to you, our patients. At SKMCA, patients always come first. We aim to become better tomorrow than we were yesterday, that is what is motivating and driving me every day.

Finally, I would like to take this opportunity to thank MOPA, TMO and our local community, our Emirati friends, whom have shown us compassion, charity, trust and friendship.

My team and I are looking forward to realising the high established ambitions to continue developing high quality and easily accessible care, for the benefit of the population of Ajman and the Emirates.

Truly yours,
Erik Wassberg
CEO, MD, PhD, MBA



02

Our Journey

Our Journey

Improving healthcare standards in the Emirate of Ajman. Aiming to become our Patients' First Choice.

The year 2017 was a tremendous year for Sheikh Khalifa Medical City in Ajman. Groundwork for projects both in the virtual and physical worlds began, with the sole endeavour to bring improved standards of care to the Emirate. Many are currently underway including our construction objectives, however, during the past year many milestones were achieved.



With the core focus being one of integration between the various hospital departments and centres, merging all into one complete Medical City, the key idea emphasised at all levels and departments is that we are ONE organization, with established ground rules and principles, working towards a shared objective.

Our goal is to be the preferred healthcare provider in the Northern Emirates, continually aiming to offer optimum and world-class patient care, and being the Patient's First Choice.

Continued integration using a collaborative leadership style based on Swedish principles of transparency, engagement and communication, will stand us in good stead going forward into 2018. Every individual's win is viewed as a win for the team and one to be celebrated.

However, the primary beneficiary and winner will ultimately be the patient as we can ensure consistent, quality healthcare, with the inherent competency of our staff remaining intact as we grow in the coming years.



Looking forward to a healthful future

The focus going forward is going to be on the continued delivery of world-class service with optimum patient satisfaction. System processes will be refined and the key goal is simplification and digitalisation. This will undoubtedly move us forward in our quest to provide a seamless, integrated healthcare service for all our patients.





03

Medical City Facilities

Sheikh Khalifa Medical City Ajman

Integrated healthcare with a promising track record of excellence.

As a key healthcare provider of the Emirate of Ajman, the Sheikh Khalifa Medical City Ajman (SKMCA) is H.H. The President Initiative under the Ministry of Presidential Affairs. SKMCA is a medical facility comprising of 220+ beds. Delivering world class standards of healthcare to all patients that come through its doors, the year of 2017 was a memorable one, with major milestones being accomplished.



One of these included achieving a considerable amount of patient visits with numbers approaching 220,000 - an impressive figure almost equalling the number of half the population of Ajman - making SKMCA a fundamental cornerstone of the community providing a vital service in both routine and emergency medical care.

-
- 01 | Sheikh Khalifa Hospital Masfoot
 - 02 | Sheikh Khalifa Hospital - Women and Children
 - 03 | Sheikh Khalifa Hospital - General
 - 04 | Rashid Centre of Diabetes and Research

Comprehensive and complete medical care

Four separate, yet inter-collaborative, hospital facilities make up the SKMCA multi-disciplinary complex:

Sheikh Khalifa Hospital - General (SKH-G)
 Sheikh Khalifa Hospital - Women and Children (SKH-WC)
 Sheikh Khalifa Hospital Masfoot (SKH-M)
 Rashid Centre for Diabetes and Research (RCDR)

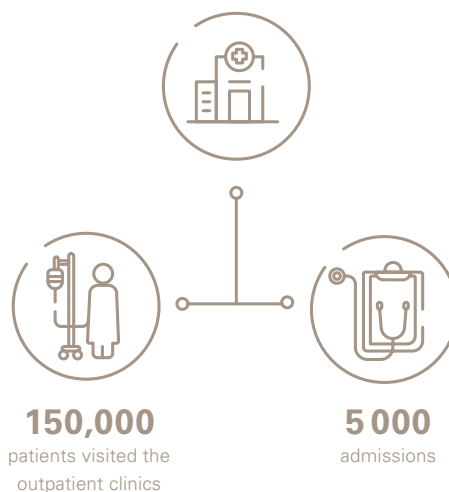
At present the hospital has in excess of 1000 trauma admissions/year with the numbers and severity expected to increase with the rapidly expanding population.

The Departments of Neurology, Infectious Diseases, and Gastroenterology were successfully launched, and the implementation of the Green Crescent as a daily patient safety tool - first trialled in the ICU and Male General Ward - sequentially implemented in all units within the hospital with great success.

01 | Sheikh Khalifa Hospital – General

A total of 150,000 patients visited the outpatient clinics - including the emergency department - with more than 5000 admissions, an increase from the previous year. Bed occupancy was exceedingly high in the latter part of the year with rates often reaching 100 % in both the Intensive Care Unit (ICU) and the Male General Ward. The Orthopaedic and General Surgery departments saw surges in activity, especially in the mini-invasive procedures and trauma care categories.

As Trauma remains a major concern for the Ajman population, Western-trained Trauma experts have been recruited to the General Hospital to establish modern state-of-the-art trauma care for the inhabitants of Ajman and surrounding areas.



02 | Sheikh Khalifa Hospital - Masfoot

Celebrating our first fully-operational year, with all outpatient clinics staffed and equipped, the year 2017 saw the number of patients steadily increase throughout the year with a remarkable spike during the autumn.

Reduced waiting times were the result of enhanced service delivery with ongoing planning ensuring additional facilities will open in 2018. Main clinical services offered are internal medicine, obstetrics & gynaecology, orthopaedic, paediatric, radiology, medical laboratory and physiotherapy.

03 | Rashid Centre of Diabetes and Research (RCDR)

An all-inclusive, multidisciplinary facility with its focal point being the complete management of diabetes and its related conditions, the RCDR saw **31,000** patient visits over the year.

A tertiary facility with international JCI-accreditation, the centre provides the gold standard of diabetes and obesity treatments under one roof.

Offering specialized diabetic treatment modalities, including insulin pump clinics, the facility includes a comprehensive lifestyle clinic with an educational kitchen, gymnasium, dental clinic, foot clinic, and eye clinic. Further augmenting the integrated concept, an on-site pharmacy, and fully-equipped laboratory enables more efficient patient care and seamless service delivery.

04 | Sheikh Khalifa Hospital - Women and Children

In 2017, along with the successful JCI re-accreditation of the Women and Children Hospital (SKH-WC), following the implementation of baby and mother friendly initiatives that follow best practice, the facility oversaw 1,600 successful deliveries. Over the year, the hospitals' Paediatric, Obstetrics and Gynaecological Outpatient departments received approximately 40,000 outpatient visits, with new services being implemented to improve the standard of antenatal care in the region.

SKH-WC follows the World Health Organisation (WHO) breastfeeding guidelines according to the Baby-Friendly Hospital Initiative which follows the best practice according to these standards. In the near future, the hospital is planning to gain accreditation of Mother-Friendly Hospital Initiative and have started the action plan to reach this goal.

Significant service improvements include both pharmacological and non-pharmacological forms of labour pain relief becoming available including: TENS, massage, and epidural analgesia.

Achievements include a reduced episiotomy rate with episiotomy frequency decreasing from **58 %** to **21%**, and the Caesarean Section rate decreasing from **33% to 25%**. The Centre of Excellence in Fetomaternal Medicine was launched in tandem with a Swedish mode of antenatal care.



This includes classes for lifestyle education as well as the Enty Al Hayah Clinic, whose main aim is to provide education of women about pregnancy and their babies, with close female relatives and fathers encouraged to be present at the deliveries of their children. Fathers are encouraged to give skin-to-skin contact if mom is unable to, and they are advised to be in the operating theatre during an elective Caesarean.

Before birth, women are encouraged to visit our clinic three times during their pregnancy for a one-to-one session with a midwife, plus they can attend weekly lectures for more preparation on labour and parenthood in general. Partnering with RCDR we are offering the Antenatal Diabetic Clinic to provide optimal care for our patients. Each patient who comes to see us, will then meet a team of experts at each visit providing comprehensive care.







04

Centres of Excellence

Centre of Excellence in Diabetes

Rashid Centre for Diabetes and Research (RCDR)

*Specialising in care for
better patient outcomes.*

*JCI-accredited, RCDR
aims to be a holistic
centre for the care
of diabetes and its
various complications.
A chronic disease,
diabetes is a leading
cause of cardiovascular
disease, blindness,
kidney failure and lower-
limb amputation, making
careful management
necessary.*

We pride ourselves as one of the leading organizations in the UAE to adhere to the International Diabetes Federation (IDF) World Diabetes Day's advocacy, "Act to change your life today, act to change the world tomorrow."

With this in mind, in 2017, 24/7 in-patient care was established capable of providing endocrine services while establishing a multi-disciplinary team focusing on foot care. Retinopathy is the leading cause of blindness and develops as a complication to diabetes. To facilitate further aid patient care, RCDR has expanded the established eye clinic and its range of services.

The major clinical service plan of RCDR focused on the operation of new departments, as well as the service development of existing ones. Consequently, new standardized Antenatal Diabetes treatment facilities were established in collaboration with SKH-WC, while simultaneously, new adult endocrinology services were initiated.

Development of the Lifestyle Clinic to cover medical as well as 'pre' and 'post' bariatric care commenced, and the Foot Clinic's multidisciplinary team was established as a subsidiary of the Network Foot Clinic for the Northern Emirates.

Going into 2018, our future plans are to provide better diabetic care for children with a dedicated Paediatric Diabetes Clinic with the addition of the establishment of a Cardio-Renal-Diabetes team will commence.

Taking a holistic approach

Provided through a multi-disciplinary team, the treatment of complications - diabetes foot, retinopathy, nephropathy, cardiovascular disease - can be managed.

Our onsite laboratory with a 40-minute turnaround time, and on-site pharmacy, helps to provide easy access facilities for patients with diabetes. Providing them with modern, compassionate diabetes and obesity care through high-quality research, professional education, and the fostering of community awareness.

What to expect

A standardized treatment plan is supplied comprising of various individual components for one year.

This is inclusive of regular monitoring and follow-ups. The patient gets to meet with a diabetologist, diabetes nurse educator, ophthalmologist, podiatrist, wound care specialist nurse, dentist, dietician and physiotherapist. This specialist team provides comprehensive, all-round care.

Diabetes Clinic Pathway

Referral	Clinics	Initial Assessment	Follow-Up	Follow-Up	Follow-Up	Annual Follow-Up	Discharge
Referral from other HCP or self referral	Diabetes	General Nurse	General Nurse	General Nurse	General Nurse	General Nurse	Discharge Criteria
		Diabetologist	Diabetologist	Diabetologist	Diabetologist	Diabetologist	
		Diabetes Specialist Nurse	Diabetes Specialist Nurse	Diabetes Specialist Nurse	Diabetes Specialist Nurse	Diabetes Specialist Nurse	
	Ophthalmologist	Ophthalmologist	Follow-up consultations are scheduled as per individual patient needs			Ophthalmologist	
	Foot Clinic	Podiatrist				Podiatrist	
		Dietician				Dietician	
	Life Style Clinic	Physiotherapy				Physiotherapy	
	Dental Clinic	Dentist				Dentist	



***Leading the way
in diabetes care***

Antenatal Diabetes services
established in collaboration
with SKH-WC

Lifestyle management pathway
and guidelines developed

Started 24/7 in-patient cover
and trained our in-patient team

Foot clinic multidisciplinary
team established

Endocrine services started

Expansion of the Eye Clinic
services and pathways



Centre of Excellence in Feto-Maternal Medicine

Working together to lower the risk of invasive procedures during the birthing process.

Every mother and child deserves the best and raising the standard of maternal care was a major goal for SKMCA. Overall, we wanted our mothers to feel more supported while receiving a higher level of standardised care. The clinic plays a vital role in the community providing support to mothers in the way of antenatal sessions as well as lactation clinics for advice on breastfeeding.

We have hired additional midwives to support our patients during the birthing process, and have trained our staff in communications, underscoring the importance of respect for the patient. Additional modalities are now provided in our labour wards including TENS machines, massage and pilates balls. These all help to facilitate labour and along with our one-to-one presence of staff help to bring down the risk of c-section.

On the clinical front, the introduction of the Robson classification - a WHO Global Standard - was one of the first clinical protocols to be introduced, and over the course of the year, we refined and further added to our policies.

At the beginning of the year, SKMCA had a c-section rate approaching 30% - near the median of the UAE where rates can approach 50%.

However, in light of the World Health Organisation's recommendation of 15%, the department decided to aim for a lower rate and for 2017 the level of 25% was successfully reached. This development is a necessity as a high c-section rate coupled with a fertility rate of 4%, means that complications can arise especially in pregnancies where there are adhesions between the placenta and abdomen.



With our episiotomy rate sitting at over 70%, we wanted to achieve the UAE's government recommendation to lower the rates to 0%, and a considerable effort was made in light of this. By December 2017, a respectable rate of 10-15% was achieved. Our new protocols state that all episiotomies must be documented and necessary clinical reasons cited.

Making our patients more comfortable

Introducing epidurals was a major milestone, and Dr. Tamas Zsidai and his team of anaesthesiologists were instrumental in this regard. Protocols were developed and revised by Dr. Matts Nyhlen and the epidural service is now available 24/7 from 1 January, 2018. A wonderful achievement.

New leading midwifery clinic

We want all our mothers to feel welcome and that our clinic is place where they can turn any time for support. In line with this vision, the Enty Al Hayah Clinic was established to provide education for women about pregnancy and their babies, with fathers encouraged to be present at the deliveries of their children. Women are encouraged to visit three times during their pregnancy for a one-to-one session with a midwife, plus they can attend weekly lectures for more preparation for labour and parenthood in general.

Partnering with RCDR, we are offering the Antenatal Diabetic Clinic to provide optimal care for our patients. Each patient who comes to see us, will then meet a team of experts at each visit providing comprehensive care.



Centre of Excellence in Orthopaedic and Spine



Providing the backbone of skeletal healthcare

Whether you injure your knee playing soccer or have chronic back pain, our Orthopaedic and Spine Centre of Excellence is able to cater to your needs. Focusing on osteo-care and neuromuscular health, this centre saw many changes during 2017 with a major focus on the sourcing and recruiting orthopaedic specialists. As a result we now offer a well-rounded, integrated service with Surgeons specialised in Orthopaedic Trauma, Knee and Hip Arthroplasties, Spinal Surgery and Sports Injuries. A major step forward is the centre's ability to offer minimally-invasive arthroplasties which allow patient to recover quickly, resuming their normal activities in record time.

Initially, two trauma specialist surgeons from Sweden were recruited to form the foundation of the department.

Throughout the year, visiting doctors with particular skillsets in relevant areas have been invited on rotations. Our Physiotherapy Department complementing our team of doctors and working to ensure the holistic care of patients for a speedy recovery.

Later on in the year, Sports Medicine and Arthroscopy specialist surgeons were hired to round out our team. Going forward, we will continue to curate an array of specialist skills in our physicians and surgeons.

Saving vital minutes and lives

Motor vehicle accidents can often result in traumatic injuries to the pelvis and skeleton which are often life-threatening due to the proximity of major blood vessels. In the past, patients with severe spinal and pelvic fractures would have been transferred to the nearest capable facility hours away. Losing crucial time and delaying necessary surgery.

Expert emergency care is vital to patient survival, and since our orthopaedic trauma and surgical team has swung into action, the Northern Emirates can now handle severe pelvic fractures with good outcomes. Placing the patient first, we aim to be the leaders in providing excellence in trauma care. Giving the local community peace of mind and vital support.



Centre of Excellence in **Gastroenterology**



Providing a higher level of care

During 2017, gradually increasing activity began taking place at the Centre of Excellence Gastroenterology.

No longer do our patients have to go elsewhere should they need an emergency endoscopy. Now, we have the facilities to help those with gastrointestinal bleeding and disorders. With the majority of cases in the out-patient clinic being GI-bleedings and functional GI-disorders, the necessary equipment was procured and in the fall we began performing endoscopies and colonoscopies at our endoscopy unit.

In addition to this, the Endoscopy Unit was re-built and a Paediatric Gastroenterologist joined the team at the SKH-WC with service beginning in 2018.

Providing better stroke care

Occasionally, when a patient suffers a stroke, they have difficulty chewing and swallowing. We are happy to announce that now we offer gastronomy/ PEG procedures together with the Surgical Department. This vital service helps patients get sustenance under difficult circumstances.

Less invasive options for gallstone surgery

Rather than undergo an operation involving a larger incision and longer healing times, now a more advanced endoscopic procedure, ERCP, can be performed for patients suffering from gallstones. This 'keyhole' surgery is more advanced, yet recovery is much quicker for the patient making it ideal. To date we have had three cases with three successful outcomes.

What our patients have to say...

A job well done

"Everybody is so friendly and helpful. The security officers, the nurses, the PRO on call, the doctors, everybody. The doctors and nurses kept on checking and reassuring that my wife was ok. We both felt very cared for. Thank you!"

- Hussein Mohammed

My first visit to RCDR changed my life

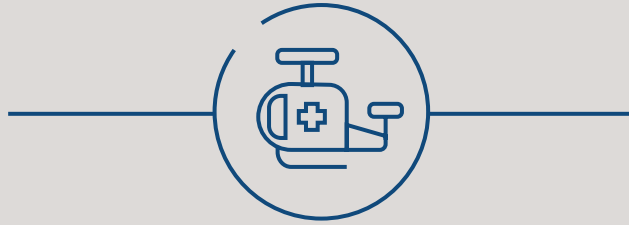
"Diagnosed with diabetes twelve years ago, I had my first visit to RCDR in 2014. It all started when I visited the Orthopaedic Centre with my daughter and we had a really great experience which well exceeded my expectations. I saw the signs for The Rashid Centre for Diabetes and Research and I instantly decided to visit it the next day.

And that's where my journey started!

Since then, my life has changed for the better. RCDR has taught me how to cope with the disease and how I can live a full and rich life.

I want to thank all the contributors to RCDR, all its employees, from the youngest worker, to the director of the centre, for the health care I have received, which is very comprehensive and sophisticated. I feel I am part of the RCDR family and I have encouraged my mother with diabetes to visit too. Everyone at RCDR has always walked the extra mile to develop my life to the best. I highly recommend anyone suffering from diabetes to visit this special centre of excellence and start their treatment as soon as possible." **- Essa**





05

**When care is critical,
you want the best**

Trauma Unit



Trauma patients don't have the luxury of choice, we understand that. That's why we aim to become the best.

In the UAE, trauma is a leading cause of deaths among children and young adults; road accidents being one of the greatest contributors. With this in mind, we are working towards becoming a Level II Trauma Centre, establishing SKH-G as the leading Trauma Centre for the Northern Emirates.

Confident about reaching this goal, Dr. Jody Miller was recruited as Head of Department of the Surgical Department in SKH-G starting in September 2017 to help establish a modern and effective trauma unit capable of dealing with severe cases while aligned to Swedish and international standards.

*"It's huge challenge,
but I am confident we
shall be successful."*

Dr. Jody Miller
Head of Department: Surgical and Trauma.

Dealing with moderate and severe trauma cases

After a concerted effort during the year, SKH-G can accept moderate and severe trauma cases and is currently the only hospital in Ajman capable of doing so.

The mission began with the establishment of a multidisciplinary team with representatives - from all involved departments - Surgery, Orthopaedics, Emergency, Anaesthesia, ICU, Laboratory, Radiology. Working together, a robust system was effectively built from the ground up. The result has been phenomenal, and we are happy with this achievement. However, more work will continue to be done.

Trauma patients invariably are not granted the luxury of choice when they are involved in an unfortunate accident or traumatic situation. It is up to SKH-G to have fully-functional Trauma Unit open 24/7, all year whose preparedness can grant them the best functional outcome possible.

BIO: Having already established a Level I Trauma Centre in Abu Dhabi, Dr. Miller was recruited to Ajman to set up a state-of-the-art Trauma and Surgical Service for the Northern Emirates at SKH-G. A subspecialist in Trauma and Acute Care Surgery, as well as Colorectal Surgery, he is the right person to lead the team to great success and our objectives.



As the previous chief of a significantly-sized Anaesthesia, Operation and Intensive Care Department, I have experienced the tremendous impact good communication and strong teamwork has on patient safety and its efficacy. My mission is to start building high performance teams through multi-professional training alongside our emphasis on the strong core foundation of individual competency, thus paving way for the true development of the Centres of Excellence within SKMCA.

Johan Snygg
Acting Chief Medical Officer



When care is critical, you want the best



01 | Expanding the Intensive Care Unit

The Intensive Care Unit (ICU) serves a vital function at any hospital and at SKMCA making room was imperative to offering improved service.

Population expansion demanded a brand-new ICU be commissioned and work began with construction of the unit concluding in the beginning of 2017. Undertaking construction at the best of times is no easy task, however, maintaining the care of critically-ill patients was crucial. After construction was completed. However, the move was successfully completed in conjunction with the Paediatric and Maternity ICU sub-units.

02 | Making room for better care

The new ICU has the capacity to care for 12 ICU patients in three different rooms. One room is a single bedded isolation room for contagious ICU patients inside the ward, a modality that didn't exist before.

The individual space surrounding each patient-bed has been extensively increased, which increases patient safety, as well as allows personnel to work more effectively. Delivery of state-of-the-art medical equipment including completely new modalities such as dialysis, ultrasound machines, ventilation equipment enabling the whole unit to run at full capacity from the beginning of 2018.

- 01 | Expanding the Intensive Care Unit
 - 02 | Making room for better care
 - 03 | Providing coverage, any time of day
 - 04 | Spacious Operating Theatres
-

03 | Providing coverage, any time of day

Personnel-wise, two new Intensive Care Specialists joined the ICU in August and September respectively. This has allowed for more extensive coverage of the ICU from October onwards, and currently there is always a specialist on call the majority of the time - a service not previously offered. Furthermore, another Intensive Care Specialist is joining from the beginning of 2018 and the service will then go to 24/7 coverage inside the ICU. ICU Nurses have also been recruited with the current number standing at forty-five.

04 | Spacious Operating Theatres

During the same initial evaluation of the SKH-G, the need for four bigger Operating Theatres (OTs) was identified. During the refurbishment, the OTs remained partially open for logistical reasons. Renovation commenced on 2 May, 2017 and one OT was kept in reserve at the SKH-WC Hospital in case of many simultaneous OT cases during critical phases of the work. Close collaboration between the Anaesthesia and ICU Departments ensured patient safety, as well as efficient patient flow during the entire process. During September, the SKH-G operating theatres began operation with the completion of the Post Anaesthesia Care Unit (PACU) and Day Care Surgery Unit expected in the Spring of 2018.



what is trauma



The number one cause of death for children and young adults in the UAE.



The number two killer for all ages.



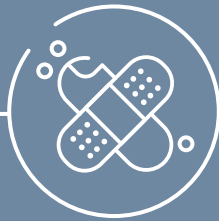
Mean age of Emirati population experiencing trauma - 22 years.



Mean age of Expatriate population experiencing trauma - 33 years.

Looking at the statistics, it is clear that a serious problem exists. Although the Emirati population makes up less than twenty percent of the total population, fifty percent of deaths are due to trauma, the majority being road traffic accidents.





06

Boosting Safety

Green Crescent

An innovative system of ensuring consistent awareness, the implementation of the Green Crescent Method in the first part of 2017 has vastly improved patient safety culture. First trialled in Sodra Alvsborgs Hospital in Sweden in 2011, since then it has gone to garner the European award for “Quality Innovation of the Year”.

Essentially a daily patient safety tool, it directly affects patient safety culture, the teamwork surrounding patient safety; evaluating the risk for patient harm after every shift in every department within in the hospital. Accurate knowledge transfer is essential during shift changes and the Green Crescent Method is a fundamental system to ensure patient safety remains a priority, every hour. Every day.

Stroke Care

Meeting international standards together with Skane University Hospital

Every month, many stroke patients are admitted to the hospital. Partnering with Skane Care/Skane University Hospital in Sweden, a thorough review of the current status of stroke care protocols identified crucial gaps that were in rapid need of revision in order to meet international guidelines for best practice.

Stroke care demands seamless, integrated, and holistic care from a multidisciplinary team comprised of various departments - in and outside the hospital - including: National Ambulance, Emergency, Medical Diagnostics, Internal Medicine, ICU, Neurosurgery, Vascular Surgery, Physiotherapy, Nutrition and Nursing. While fundamental groundwork has been achieved, the further development of this

program will continue into 2018 using a two-tiered approach. Firstly, a strong focus on the implementation of international protocols and policies will be used to advise and influence existing protocols, and secondly, a comprehensive review of equipment, staffing and education will be conducted to identify where necessary improvement are required.





07

**Seeing quality around
every corner**

Everyday a little better



Central to quality at SKMCA is the establishment of an honest and transparent culture. Several systems were under strenuous evaluation this past year resulting in modification. We implemented, carefully curated Key Performance Indicators (KPIs) to measure our performance and ultimately our success.

All staff deserve sincere recognition for their goal-oriented work, and the improvement from 55% at the beginning of this year proves we are heading in the right direction.

Alongside the 135 strong KPI-system, SKMCA has implemented an incident reporting system which includes the innovative Green Crescent patient safety tool. Over 2017, 130 new policies were developed and implemented. The purpose being that all these tools come together to drive the culture at SKMCA towards success and exceptional, world-class standards.

As a start both RCDR and SKH-WC are now both JCI-accredited and SKH-M and SKH-G are preparing for accreditation.

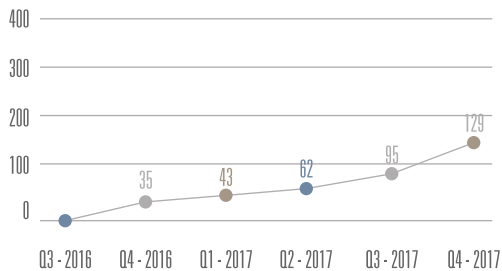
“My driving force is to create more order in a system, where the system ultimately supports people to do the right thing and follow best practice protocols, ensuring consistent and standardized patient care.”

- Joacim Stalfors Chief Quality Officer



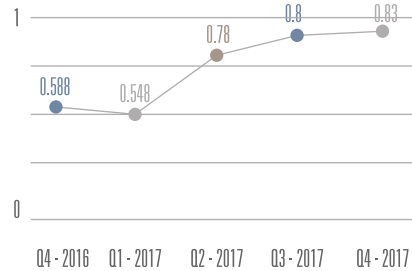
Accredited by Joint
Commission International

Number of Policies



Policies are tools for ensuring best clinical practice. Accordingly, all policies are renewed. A total of 130 policies have been developed in one year.

KPI Development



Performance is assessed through more than 135 Key Performance indicators. During the year the KPI result have increased by 25%

Empowering our staff, we adopted the **SEE IT - SAY IT - FIX IT** idea. Our most valuable asset, we endeavour to help them see that on a daily basis. We encourage all staff to get involved in discussions, and for voices to be heard.

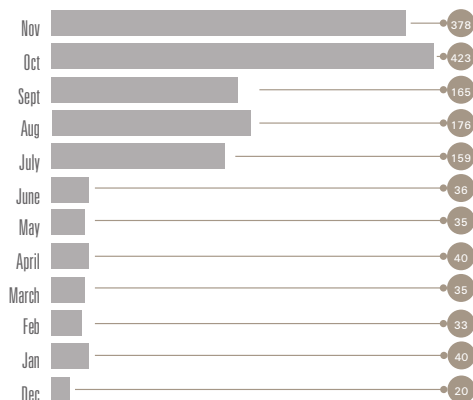
We want our staff to be solution-oriented. Finding solutions is a way of life at SKMCA, and with dedicated focus, improvement is inevitable.

Joachim Stalfors, Chief Quality Officer

Beginning his career as an ENT doctor in Sweden, after further studies he worked as an Associate Professor in Quality Management. Next, he moved to the position of Chief Quality Officer in Jönköping County with over 3000 employees under his leadership. Now, in the United Arab Emirates, he looks forward to bringing world class healthcare to Ajman.

Infection is everybody's business

SKMCA - Number of Reported Incidents



Back in December 2016, SKMCA partnered with Global Health Partner and added four infection control practitioners - Nurse Leonila Saan (SKH-M), Sijimol Skarian (RCDR), Tabrikah Mohammed (SKH-G) and Rabiaa Ahmed (SKH-WC). Later in 2017, the official formation of a central SKMCA Infection Control Committee came into being, and is headed by our Chief Quality Officer, Dr. Joacim Stalfors. Later, Dr. Ulrika Snygg, specialising in infectious diseases, and microbiologist, Dr. Fouzia Jabeen joined to fortify our PCI practices and patient care.

Historically a new concept for SKMCA, the idea of Infection Control was inherently a game-changer, and there were many questions surrounding its proposed implementation, and a great many questions regarding the benefits of the additional training.

Benefits include

Assess, prevent and control infections and communicable disease among hospital and healthcare workers.

Work to prevent and control healthcare-associated infection in our medical facilities by strong protocols to isolate the infection and limit its transmission.

Subsequently leading to decreased mortality, length of stay, and cost of care.

Establish science-based infection prevention practices and collaborate with healthcare team to ensure implementation.

Educate healthcare personnel and the wider public on infectious disease and how to limit its spread.

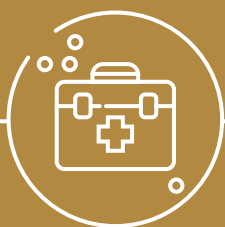
To be one of the safest patient hospitals in the UAE.

To achieve our objectives, a top-down approach has been used to educate 1000 SKMCA employees. Three to four training sessions are held per month with our Education, Research and Training Department (ETR).

Our nursing staff are now offered more intense sessions as they are the front-line of defence. However, all staff are included at every level and operation - from waste management, housekeeping, and porters to security and food handlers.







08

**Preparing
for the future**

Education, Training and Research (ETR)

01 | Excellence is achieved through knowledge

With the view to standardising health care we established a ETR department in 2017. We want to offer safe, patient-centred care and with this in mind our department has developed educational programmes for the professional development of our clinical and non-clinical staff.

02 | Basic Mandatory Training

All our staff undergo comprehensive Basic Mandatory Training inclusive of Fire & Safety, Emergency Codes, Infection Control and Risk Management. This is renewed on a yearly basis to enhance self and patient safety at SKMCA. Over 1000 staff members have accomplished their training to date.

03 | Life Support Training

Depending on their role in the hospital our staff are required to take the relevant advanced life support courses offered by the ETR department. These courses include:

- Basic Life Support (BLS)
- Advanced Cardiac Life Support (ACLS)
- Paediatric Advanced Life Support (PALS)
- Neonatal Resuscitation Program (NRP)
- Emergency Life Support in Obstetrics (ELSO)

The ETR department successfully established the BLS training site at SKMCA in collaboration with

Sheikh Khalifa General Hospital, Umm Al Quwain. The site is run by SKMCA instructors who are certified by the American Heart Association.

04 | Furthering our education with Advanced Educational Programs

We are proud of our Centres of Excellence and they are a focal point. With this in mind, the ETR department ensured that a major focus of the training was steered towards the development of the Centres of Excellence and main areas of specialty as well. Distinguished experts from the Swedish healthcare system were invited to share their knowledge in their specialities at SKMCA. The programs include Visiting Physician Programs, Advanced Educational Programs and Conferences/Symposiums.

05 | Collaborations with Educational Institutes

SKMCA is keen to collaborate with recognized universities in the region believing that this will foster exchange of knowledge, expertise and resources essential for the development of healthcare professionals locally.

Our collaborative approach has been underscored by our partnerships with the University of Sharjah, Gulf Medical University and Ajman University. Developed with the understanding that the exchange of knowledge and expertise is a win for us and for the region as a whole, these will continue into 2018.



06 | **Dedicated Medical Student Training**

Commitment to the training and development of future professionals and leaders in healthcare is one of our top priorities. With an eye always to the future, we are committed to the betterment of our people. To achieve this, over the year, the department facilitated training of medical students through the different departments of SKMCA.

07 | **Strengthening intellectual output in Ajman**

Never content with the status quo, we constantly seek better ways of best practice. The ETR has a strong desire to strengthen and guide clinical research. Calls were made for research proposals and initial submissions were promising. In addition, under the umbrella of MOPA, it was an honour for SKMCA's ETR department to hold a workshop to explore possibilities for conducting medical research throughout all MOPA hospitals.

08 | **Developing Emirati talent**

The ETR department works closely to provide ongoing support to Emirati healthcare staff ensuring their educational needs are being met. The Emirati medical staff and physicians are provided with special support and consideration either through specific SKMCA training or external training programmes.

Preparing for the Future



Training Emirati Executive Talent with Sweden's Healthcare Experts.

A specialised training programme, the SKMCA Emirati Executive Management is a programme specifically designed to share Swedish leadership ideals within a healthcare setting.

Commencing in 2018 with the aim to develop the knowledge and skills necessary for the executive responsibilities of SKMCA in the future, participants will be prepared for managerial roles with the goal to provide exclusive insight into hospital management, and the distinctive challenges it brings with it.

Ambitious and of world-class standard, selected candidates will be matched with a Executive member as a tutor in their speciality, and training will comprise of a customised blend of international and local workshops, lectures, with students receiving personalised management training by the Stockholm School of Economics.



“The projected outcome will be that SKMCA will have a deep pool of talent and highly motivated local individuals equipped to truly take the helm of SKMCA and lead it successfully into the future.”

Massoud Biouki

Everyday heroes

Sourcing the best to provide optimum healthcare

01 | Integrating with integrity

Looking back over 2017, it has been a time of incredible highlights, and the HR team is proud of many achievements. The merging of four separate hospital entities into one Medical City meant the fundamental focal point of our efforts lay in blending the largely distinct service departments into one comprehensive yet fully-integrated service provider; one capable of providing a harmonious and coherent patient experience.

02 | Building consistency and inclusivity

Over 2017, the HR team collectively hired 400 new employees while 675 were transferred from MoHP.

All this happened while simultaneously moving into full operational mode. All new employees educational needs were assessed, while simultaneously, due to the large influx of staff, the HR team set our sights on the pivotal implementation of inclusivity; striving to ensure every single member of staff felt valued and an integral part of the SKMCA team.

In addition, the Swedish team has worked tirelessly on continuous knowledge transfer and the implementation of best practices. The cultural backgrounds of our hospital staff are as diverse as our range of medical services. A special focus on the sharing and exchange of local customs and traditions through events such as UAE Flag day, UAE National Day and Ramadan, ensured that the Swedish team could learn more about the cultural values of the United Arab Emirates, which enhanced integration and understanding among team members.

03 | Talent Acquisition

Aside from simply finding and bringing the best talent on board, SKMCA also faced the task of improving the percentage of Arabic-speaking nurses in 2017. This coupled with the fact that members of the recruiting team were also dedicated to the sourcing and on boarding of Swedish clinical staff, meant it was going to be a huge undertaking to manage not only each individual facility, but also to move forward with the awareness of a combined entity, competing not only with the other Ministry of Presidential Affairs (MOPA) Hospitals, but with all UAE facilities for existing talent.

Rather than the typical “fragmented” approach where we would occasionally compete with our own sister hospitals for the same talent, a novel approach was considered and then organized together with all MOPA Hospitals; driven by The Medical Office’s (TMO) leadership and support. Two international recruitment campaigns were coordinated with MoHP representatives administering the necessary recruitment exam on site, one in Jordan and one in the Philippines. SKMCA hosted representatives from all MOPA hospitals to review all the candidates and distributed them according to both the need and preference of each hospital. This was done without any conflicts or tension amongst each other; a clear demonstration of the partnerships forged during our time together in Jordan and the Philippines.

Not only were we able to find new talent, but as colleagues, the teams came together showing best how MOPA can work together.



Everyday heroes

Sourcing the best to provide optimum healthcare

04 | Emiratisation

One of the focal points of year, Emiratisation has been a great highlight and a proud moment for SKMCA. Assessing each member of staff and planning for their educational needs, whether in English or Customer Satisfaction, has been rewarding and successful.



"The main objective of the UAE is to build the country and the citizen, accordingly, the main objectives of the Emiratisation & Development department is to build UAE national employees who positively affect the country's building."

- His Highness Sheikh Mohammed bin Rashid Al Maktoum, Vice-President and Prime Minister of the UAE and Ruler of Dubai.

Nurses: Our Frontline of Care

**Intrinsic to all-round success,
our nursing staff are vital**

Nurses are the ears and eyes of any hospital. They spend the most time with patients and therefore are critical to patient safety and infection control. Over the year we aimed to improve the overall quality of nursing care, and the working environment for nurses while encouraging the adoption of Swedish healthcare principles and practice.

05 | Making great care standard

Providing our staff with ongoing support including a web-based learning platform shared with three other MOPA hospitals, we aimed to standardise the typical day to day nursing responsibilities such as giving injections.

Nurses are also critical to patient education and so we are training them to provide necessary counsel to patients; empowering patients to take control and learn about their illnesses.

06 | Building a family at SKMCA

On 11 May, 2017, Nurses Day was held to coincide with Florence Nightingales birthday on the 12 May. A family event filled with fun and plenty of food, entertainment and lectures, the main goal was to unite our nurses from the different centres, bringing them together to highlight our merger into one integrated medical city.

Lectures on conscious leadership, stress management and presentations on the home countries of our various staff members served to highlight the true multicultural environment that SKMCA is.

Competitions were held and each ward had the opportunity to showcase their ideas for cost-effective infection control. Despite strong competition, the winners were the SKH-G Male Ward who creatively demonstrated how to transfer 17 nursing goals into daily practice in an inexpensive way.

A great day, our nursing staff could meet those they are collaborating with and new relationships could be established. A first for many, with the day being a great success.



A nurses story

"After relocating from Sweden to the UAE and Ajman, it took a couple of weeks for the hospital to feel like home. Staff were very friendly and showed me a lot of respect as a person and a professional."

I am thankful to our Emirati colleagues who have opened their arms and made it a friendly healthcare environment to work in. We are guests here in the UAE and we work together in an environment of mutual respect.

The management of the hospital focuses on key areas such as patient safety. We have introduced the Green Crescent for Risk Management and I am really proud of my co-workers ambitions in this matter. In the coming months, my big challenge will be to optimise the work flow for patients, doctors' rounds and ensure everyone has the tools for safe patient care."

**- Carina Juhlin Lundgren, Unit Manager
Male Ward and Renal Unit**

BIO | Carina Juhlin Lundgren Unit Manager Male Ward and Renal Unit RN 1981, BScN with Specialization in Intensive Care Nursing. Educated in Hospital Administration and Continuous Improvement. Implemented tools for Lean Management as Head Nurse on Acute Medical Ward for the NU Hospital Group. Committed to Patient Safety and Empowerment of Health Professionals.





09

Work in Progress

Transforming SKMCA into a Medical City of the Future

The year 2017 saw one of the most challenging times in the history of SKMCA.



A critical era filled with major changes, we can confidently say that all plans are now well underway; our goal of becoming “Patients First Choice” is no longer just talk, but there is plenty of action to back it up.

Yet, we remain a work in progress, and while there is a long road ahead, and the realisation of our shared vision with Global Health Partner

01 | *Achieving standardised healthcare in the Northern Emirates*

02 | *Moving forward despite the ongoing construction*

and TMO will take dedication and consistence, we are glad that we have been able to launch and shall continue moving forward towards success and achievement.

Notable achievements in 2017

Opening of the Sheikh Khalifa Hospital in Masfoot. Having been idle for the last three years, this was a considerable achievement.

The SKH-WC received a full installation of LED-lighting. Power consumption is a major concern and through this we are able to divert and maximise our power usage for our other requirements. The overall feeling is brighter, and we are reaping the rewards of cost-efficiency while being environmentally-conscious.

Joint Commission International (JCI) Re-accreditation - our combined efforts helped us achieve this significant milestone.

All the outsourced contracts are now signed with SKMCA as counterpart (before they all belonged to MOHP).

Hospital kitchen and cafeteria in Masfoot Hospital are now open.

The cafeterias have enjoyed an upgrade and are serving an updated menu of tasty and healthy food.

Achieving standardised healthcare in the Northern Emirates

During the course of 2017, numerous meetings were held at The Medical Office in Abu Dhabi concerning the imminent future.

A joint desire from both the Ministry of Presidential Affairs (MOPA) and SKMCA wish our Medical City to be of the same standard as the other MOPA hospitals (SKGH in Umm Al Quwain and SKSH in Ras Al Khaimah). In order to reach this goal, new buildings and infrastructure were required.

01 | Build it and they will come

Adjacent to what is today the old Emergency Department in SKH-G, a two-storey building will be constructed. Set to contain a ground floor with a state-of-the-art Emergency Department and a Central Sterile Storage Department (CSSD), the first floor will house: six world class, spacious Operating Theatres (approximately 60 m2), an 8-bed Post-Anaesthesia Care Unit, a 10-bed Coronary Care Unit, a 10-bed Intensive Care Unit and a 4-bed Isolation Unit. Direct access between the Surgical Department and the CSSD will make for easy access, while a much-needed CT scanner

in the ED will take pride of place alongside a dedicated area for paediatric cases.

In summary, these facilities and tools will help SKMCA deliver the world-class standard of care that the people of Ajman and the Northern Emirates require.

02 | VIP and Single-Patient Rooms

At SKMCA we believe every patient should have access to the best healthcare. In addition to constructing the new building, all clinical areas in SKH-G will be renovated in order to live up to today's standard of a modern, safe hospital. Wards will be renovated and mostly converted into single-patient rooms with the VIP ward updated with two royal suites.

Achieving standardised healthcare in the Northern Emirates

02 | VIP and Single-Patient Rooms (continued)

A new central in-patient pharmacy is being planned, but the biggest changes are happening on the ground floor:

A new central Radiology Department will take the place of the old Surgical Department

The Dialysis Unit will be expanded

A Day Surgery Unit for minor surgeries is being planned

The Laboratory will exist in the place of the old Rehab Unit

A new wing attached to the Outpatient Department will host the new Rehab Unit

An entire new building will be added, containing an Emergency Department, CSSD, Operating Theatres, Intensive Care Unit and Coronary Care Unit, adjacent to what today is the Emergency Department under renovation.

In SKH-WC, we have the ambition that the wards will be renovated to have only single-patient rooms, and to redo the interior in the lobby, to better benefit from the light.

The goal is to also get some stores and shops, for visitors and/or patients. Regarding RCDR, the plans are underway right now, but the internal allocation of space will be repurposed in order to better cope with the increase in patient volumes we expect over the coming years.

In Masfoot, they already have plans in place both for the short term, where a third OT will be created, the CSSD updated, and provisions made for welcoming deliveries at SKH-M. The hospital in Masfoot is geographically isolated, and with this in mind, a new hospital building will be constructed in order to cope with these demands, so it can provide a full range of healthcare.

While all plans are currently in place, renovations and construction are still underway and these plans may be amended as needed. However, the goal is enhanced healthcare service delivery and we are based on what has been achieved so far in 2017, we are hopeful to have a better Medical City with superior capabilities in the near future. healthcare service delivery and we are based on what has been achieved so far in 2017, we are hopeful to have a better Medical City with superior capabilities in the near future.

Moving forward despite the ongoing construction



The General Hospital refurbishments began mid-summer in July, 2017. This timing presented us with a number of challenges, as running a busy hospital amidst construction is never ideal. However, daily morning meetings were held with all involved, and the new ICU was the first item on the list, followed by the Operating Theatres and Emergency Department (ED).

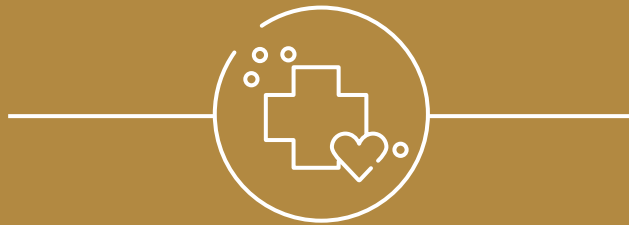
Moving the ICU was a tricky operation, but thanks to our dedicated nursing staff who went above and beyond during this time, we were able to successfully relocate our ICU - which frequently runs at maximum capacity. Our greatest challenge during this time was procuring the necessary equipment. We are starting to see rewards from our consistent efforts, and a significant amount of portable equipment has been acquired inclusive of new beds and monitors.

Currently, our ED is still under renovation, and we have relocated our current department to a new location. However, staff were overwhelmingly positive about this move as it was a better location.

All staff have done an amazing job and have pulled together in challenging and occasionally suboptimal conditions. Plenty of problem-solving has been necessary, and the use of many work hours have gone into the project to keep to the dedicated timelines.

While the refurbishment is still ongoing, our patient capacity is higher than ever in our history, and we are endeavouring to ensure every consideration of safety and quality is taken to keep the hospital running at its best under trying circumstances.





10

**Into the community
of Ajman**

Building public awareness of major healthcare issues

Promoting ourselves in the community was a strong focus during 2017. We wanted to make the community aware of our new status, of being one combined Medical City, but also to reach out and introduce ourselves. This took shape in the form of various outreach programmes targeting major healthcare issues that are significant to the region and the UAE.

- 01 | Nutrition as the cornerstone of health
 - 02 | Supporting sustainable breastfeeding
 - 03 | Raising awareness for Diabetes
 - 04 | Masfoot Outreach - Into the Community
-

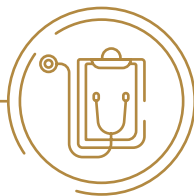
01 | Nutrition as the cornerstone of health

The rise of nutrition-related diseases such as obesity, diabetes, heart disease, kidney disease and cancer seen in many individuals within the community motivated the Nutrition Department to focus on clarifying the role 'balanced nutrition' has on health and wellness. Focusing on nutrition as a preventive factor - from malnutrition to chronic disease - the department sought to educate the community through international health events and local exhibitions. Leaflets were distributed with relevant nutritional information emphasizing the importance of a healthy lifestyle inclusive of exercise and a balanced food intake.

02 | Supporting sustainable breastfeeding

In the latter half of 2017, our team supported by Deputy Chief Nursing Officer, Andrea Gartner, and Prof. Goran Lingman, Dr. Hala and Dr. Khawla, participated in various events during National Breastfeeding Week in November and World Breastfeeding Week from the 1 - 7 August.

A special focus on sustainable breastfeeding promoted how health care, family and society can support breastfeeding mothers. Lactation consultants provided advice to the community, and a number of public events – including a creative exhibition - were held in the hospital to support this vibrant global movement to promote, protect and support breastfeeding.



03 | Raising awareness for Diabetes

A leading cause of cardiovascular disease, blindness, kidney failure and lower limb amputation, SKMCA's overarching goal was to increase the community's collective knowledge about non-communicable diseases such as diabetes and obesity and the effect these can have on their own health.

During 2017, our focus began with our own staff, where we ran four Diabetes Management sessions. These were tailored to management within a clinical setting, and we aimed to give all relevant staff standardized and up to date knowledge about best practices.

World Diabetes Day

To raise further awareness, on 14 November in conjunction with World Diabetes Day 2017, we offered free screenings for all staff and visitors throughout all our hospitals and centres. Over a week, 500 people were screened and given a quiz. Answers were then discussed and booklets containing vital information on diabetes were distributed.

Moving into the future, the Rashid Centre for Diabetes and Research will continue in our mission to empower and educate people, so that knowledge and understanding can help them make better choices in the UAE.

04 | Masfoot Outreach - Into the Community

Opening a new hospital in a rural area was also a superb opportunity to connect with the local residents through dedicated community outreach. This was a dual-purpose exercise as we could raise awareness for pertinent public health topics while interacting with the greater community, letting them know who we are and what we can do for them.

A visit to the women-only centre, Obaid Alholow Centre for Quran Memorisation, was a great success. Our nurses Amina Osman and Jessica Rappu spent a few hours with the women talking about the dangers of hidden sugar in our foods, as well educating about them on topics such as diabetes and heart disease. After the lecture, all women were offered a free screenings for their blood glucose and blood pressure. Great curiosity and interest was shown, and those few with abnormal results could be referred to the new hospital and followed up with at a later date.

In October, our next visit was to a boys primary school. The purpose was to teach them the importance of hand hygiene and why it's imperative to avoid the over-use of antibiotics. Approximately, thirty 7-year old students took part and there were many laughs when our nurses did the Handwashing Dance. Great fun was had by all!



World Diabetes Day

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11

Empowering healthcare through technology

When you visit us for an appointment or scan, you want to know that the doctor you're seeing has all the necessary information they need to do their job well. Now, if you see our doctors at our different centres, all that information will be stored on one system. Whether they need access to your x-rays, or previous appointments, all your medical appointments are stored securely and can be accessed by our staff at any hospital.





Digital solutions empowering better healthcare



Whichever SKMCA hospital our patients choose, their medical information is just a tap away.

When you visit us for an appointment or scan, you want to know that the doctor you're seeing has all the necessary information they need to do their job well.

- 01 | Central to accurate care is a central database
- 02 | Activating the future in Masfoot
- 03 | Efficient radiology made simple
- 04 | Aiming for Tele-Radiology

Now, if you see our doctors at our different centres, all that information will be stored on one system. Whether they need access to your x-rays, previous appointments, all your medical appointments are stored securely and can be accessed by our staff at any hospital.

Committed to being number one in the region, we are enthusiastic about using technological innovations to support patient care. In the technology-enabled healthcare environment, the major driver in the transformation of care delivery is information. Cutting-edge solutions and technological tools are enabling healthcare providers to e-organise workflow, deliver improved outcomes, leading to lower costs, and the empowerment of both patient and provider.

Beginning in September 2016, and throughout 2017, the IT-backbone of SKMCA was put into place. To achieve this, a thorough situation analysis was conducted, and once the gaps and challenges were identified, a projected plan was executed in a well-controlled manner. To date, SKMCA is proud to announce this comprehensive plan has been achieved, through a comprehensive Communications Platform inclusive of Intranet through to a Disaster Recovery Site.

01 | Central to accurate care is a central database

'Single version medical records' is imperative to quality patient care and patient safety. Partnering with Cerner, our new Hospital Information System was implemented seamlessly and efficiently. All SKMCA hospitals are now equipped with an up-to-date system accessible from all points and centres in SKMCA - with the information available in real-time.

02 | Activating the future in Masfoot

Going live on 2 August, 2017 with full functionality was a memorable moment at Masfoot – the newest member of the family. The first patient was recorded electronically on this date, and from then on a database of medical records was activated. A showcase project from all three streams: Network, Systems, and Applications, its success is having a predominant and positive impact on the other facilities.

03 | Efficient radiology made simple

Collected and stored on one coherent and integrated system, all our patient's scans are now stored securely on one system. Allowing our doctors to share their expertise effortlessly and efficiently, without even moving from their office.

Centralisation of all radiology records enables quick cross-reporting. The Centralised Picture Archiving and Communication System (PACS) is a world class system promoting efficiency for both patient and doctor - a patient having an MRI done in Masfoot can have the results read by a radiologist sitting in Ajman; saving valuable time. Sincere thanks must go to the Radiology Team for their tremendous co-operation and contributions of detailed guidelines.

04 | Aiming for Tele-Radiology

Looking to the future, we aim to take our information technology to the next level. 'Tele-Radiology' is going to be one of our goals going forward. Empowering and engaging patients in the care delivery process will be a core theme for all forthcoming projects. Our roadmap is ready, and we are prepared to thrive.



"Technology should be simple and safe to use, not complicated. The measure of success or effectiveness of an organization is not the no of advanced technologies implemented, it is the extent to which you use the implemented functionalities effectively. Information technology is not a standalone or support function in healthcare anymore, it is a core function attributed towards patient safety and effective care delivery."
– Joseph George , IT Director - SKMCA





12

**Making
payments simple**

Helping our patients focus on getting well

Key to easing the difficult circumstances for families and our patients, SKMCA sought to simplify payment processes. Fast gaining momentum, we have successfully contracted with six insurance companies to date. Ensuring faster turnaround times on payments.

As of 2017 we can proudly offer direct, secure billing with the following organisations:

Daman
Thiqa
ADNIC
Mednet
Pentacare
Al khazna

Our non-contracted customers are able to pay cash and use Guarantee of Payments (GOPs) in case of emergencies. The insurance team regularly liaises with multiple departments such as IT, Quality and Financial reporting in order to ensure smooth communication, while offering ground support to physicians, nurses as well as Patient Affairs staff, who handle reception, registration and billing, as required.

01 | We like to get things right - providing 24/7 support for Masfoot

Imperative to us here at SKMCA is our dedication to precision and accuracy. New hospitals need much attention when implementing systems and getting them running efficiently.

-
- 01 | We like to get things right - providing 24/7 support for Masfoot
 - 02 | Manual Insurance Submissions
 - 03 | Launching ourselves into the future
-

Since Masfoot Hospital's launch in 2017, our team has been working closely with the reception staff to provide the necessary support. Whether they need to handle a query on co-payment or deductibles, our team has been instrumental in their consistent endeavours to support clinical staff and individual physicians.

Often what patient's don't see is the intricacies of coding, cost estimations and documentation. All these are intrinsic to the smooth running of each department and individual patient care. Without a doubt, our team has done their best under challenging circumstances, going above and beyond to provide support and information when required.

02 | Manual Insurance Submissions

Although without a robust IT infrastructure at present, the manual submission process to Daman and ADNOC has been phenomenal. Consistently following up with non-contracted payers for services provided at SKMCA, the team has been quite successful in reimbursing over target during the last four months. With an improved technical infrastructure at its disposal, the RCM team can replicate this success multi-fold.

03 | Launching ourselves into the future

The team aims to build on current solid achievements into 2018, with the vision to provide smooth, seamless revenue solutions for patients seeking care at SKMCA while exercising compassion and empathy as a public healthcare provider. Aligning our goals with MOPA and SKMCA's patient-centric vision of being the number one choice for patients, we intend to make 2018 our best yet.

The journey of our patients







C

Appendix

Appendix



Patient Characteristics

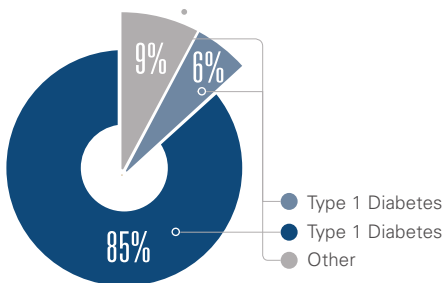
In 2017, 38840 visits were scheduled. This represents 13% increase compared to previous year. Patients are provided a multi-disciplinary care at the center which includes diabetologist, ophthalmologist, dentist, podiatrist, cardiologist, diabetes nurse educator and lifestyle assessment including physiotherapy. Patients are assigned a most responsible physician (MRP), who has the overall responsibility for the treatment of the patients registered at our clinic and manages their co morbidities in accordance with international guidelines.

The center receives primarily diabetes patients with referrals not only from the Northern Emirates but also from Dubai, Abu Dhabi and the GCC region.

Demographics and Distribution (Dr Ghassan)

Diabetes Type Distribution

Out of the total number of patients, 6% are diagnosed with type 1 diabetes while 85% are diagnosed with type 2 diabetes. The remaining 9% are diagnosed with secondary diabetes; pre diabetes and unconfirmed diabetes at the first visit.



| 1.a Diabetes Type Distribution

Gender Distribution of all Diabetic Patients

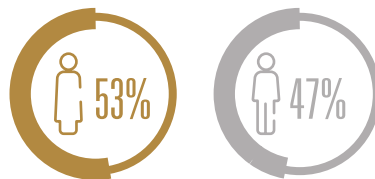
The distribution of gender among diabetic patients is 58% females and 42% males.



| 2.a Gender Distribution of all Diabetic Patients

Type 1 Diabetes Mellitus

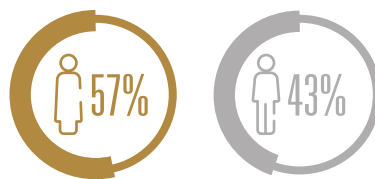
The distribution of gender among type 1 diabetes patients is 53% females and 47% males.



| 3.a Type 1 Diabetes Mellitus

Type 2 Diabetes Mellitus

In type 2 diabetes patients the gender distribution is 57% females and 43% males.



| 4.a Type 2 Diabetes Mellitus

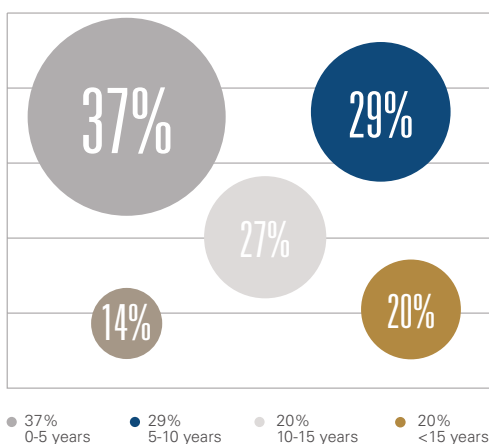
Diabetes Mellitus – Type Other



| 5.a Gender Distribution of all Diabetic Patients

Duration of Diabetes at Initial visit

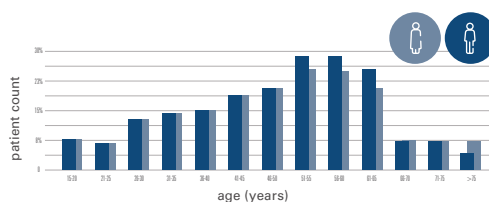
Among the total number of diabetic patients, 37% have diabetes less than five years, 29% have diabetes between five and ten years, 14% have diabetes between 10-15 years and the remaining 20% have diabetes for >15 years. According to these figures, over one third of patients at our clinic had their diabetes for less than five years and a significant number of patients, 20%, have long standing diabetes.



| 6.a Duration of Diabetes at Initial visit

Duration of Diabetes at Initial visit

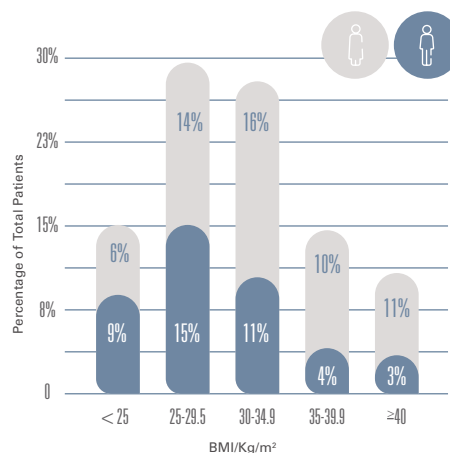
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Weight and BMI Factors (Dr Amena)

Body mass index

It is observed that patients visiting RCDR have an average body mass index (BMI) of (Mean \pm SD) 32.2 ± 8.2 Kg/m², female patients have slightly higher BMI compared to males (30.2 ± 7.4 vs 33.6 ± 8.4). Eighty five percent of our patients are either overweight (29%) or obese (56%) and the prevalence of obesity was observed to be higher in females (37%) compared to males (18%).



| 7.a BMI at Initial Visit

Appendix



Treatment Outcome (Dr Ghassan and Dr Yohannes)

Process Measures

All patients undergo standardized measurements at initial assessment and at regular follow-ups thereafter, to identify risk factors, diabetes complications and to determine the patient's individual treatment goals.

The table below shows type of standard measurements taken prior to their attendance with their diabetologist.

Assessment Protocol	Percentage (%)
BP Taken	93
BMI Recorded	97
HbA1c	99
Lipid Panel (cholesterol, HDL, LDL, apoA1, apoB)	99
Vitamin D Test	99
ECG Taken	99
Waist Measurement	92
Retinal Photographs	86
Urine Albumin: Creatinine Index	93
Patients Asked About Smoking	99
Valid Peripheral Vascular Exam (Distal Pulses)	100
Valid Peripheral Neurological Exam	100
Patients with Positive Retinal Screen Seen by an Ophthalmologist	34

| 8.a Table shows Standard Measurement Tests (% Occurrence)

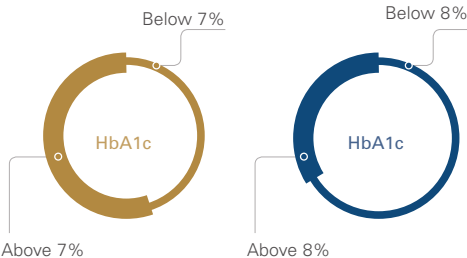
Diabetes Clinic

The treatment outcome in this report is not separated for type 1 and type 2 diabetes patients because of the low number of type 1 diabetes patients attended at our clinic. Type 1 diabetes patients make only 6% of our patients that are included in this report.

Type 1 diabetes patients will be presented separately in coming reports when we start seeing significant number of type 1 diabetes patients.

HbA1c

Glycated Hemoglobin is a form of hemoglobin that is measured primarily to identify the average plasma glucose concentration over a period of two - three months. High HbA1c indicates poor diabetes control and is associated with increased risk of long term diabetes complications like nephropathy, retinopathy, neuropathy and cardiovascular disease. We set individualized HbA1c targets and for the majority of our patients the target remains to be <7% (53mmol/mol) in accordance with the recommendation of the American Diabetes Association (ADA) and European Association for the Study of Diabetes (EASD). This year's treatment outcome shows that 48% of our patients have achieved the target of HbA1c <7% (53mmol/mol) and 70% have achieved HbA1c <8% (64mmol/mol). These figures indicate continuously improved outcome results over the past few years.



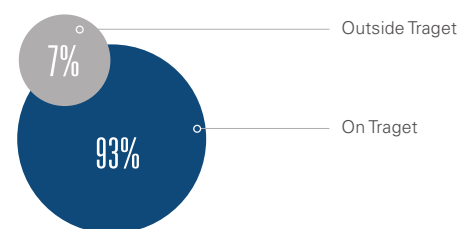
| 9.a-b HbA1c

Blood Pressure

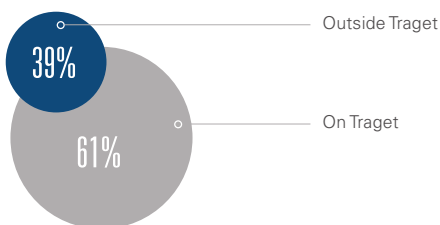
Hypertension is a common comorbidity of diabetes and a major risk factor for both cardiovascular disease and microvascular complication.

In type 2 diabetes patients hypertension is often present as part of the metabolic syndrome and insulin resistance and in the majority of type 1 diabetes patients its presence could primarily be associated with the onset of diabetic kidney disease. There is enough evidence showing that hypertension in diabetes patients will significantly increase the risk of macro and micro vascular complications.

According to ADA guidelines for 2017 most patients with diabetes and hypertension should be treated to BP goal <140/90. Lower goals such as 130/80 would be appropriate for those patients with an increased cardiovascular disease (CVD).



| 10.a BP Diastolic



| 10.b BP Systolic

Lipids

Type 2 diabetes patients have a highly increased prevalence. Type 2 diabetes patients have a highly increased prevalence of lipid abnormalities, which contribute to the increased risk of CVD. This group of patients has a lipoprotein pattern known as diabetes dyslipidemia or atherogenic dyslipidemia with low HDL, moderately elevated triglycerides and small dense LDL particles (cholesterol enriched remnant lipoprotein).

According to ADA recommendation, LDL remains to be the primary target with treatment of dyslipidemia with either moderately high or high intensity statin therapy for patients with DM based on age and CVD risk stratification.

Hypertriglyceridemia should also be addressed with lifestyle management and severe TG warrants pharmacologic treatment to reduce the risk of pancreatitis. Treating type 2 diabetes patients with lipid lowering drugs (statins) will unequivocally reduce the incidence of major CVD. The results for our patients are presented in Table X as a comparison with previous years targets.

Lipid Panel	Targets	Achieved Target in %
LDL	<2.6 mmol/L	51%
HDL for men	>1.0 mmol/L	62%
HDL for women	>1.3 mmol/L	43%
Triglycerides	<1.7 mmol/L	61%

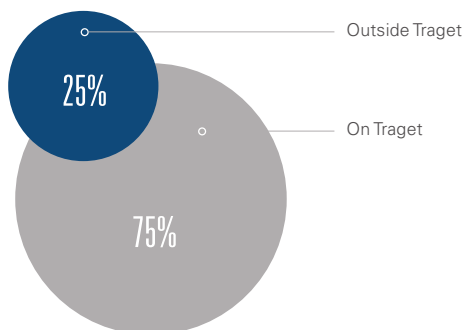
| 11.a Table shows Targets Achieved in Lipid Panel

Appendix

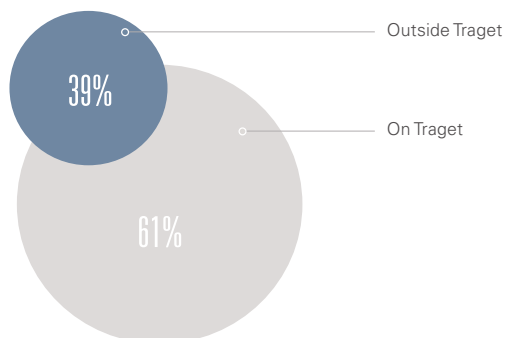


Lipids

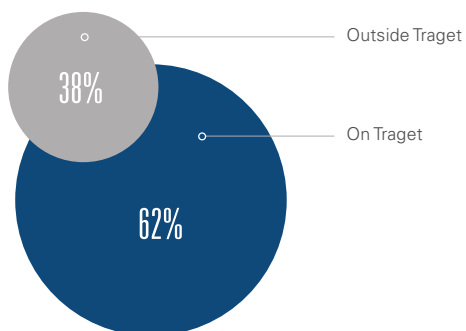
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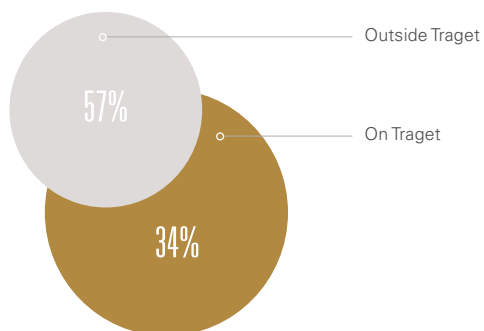
| 12.a LDL



| 12.c Triglycerides



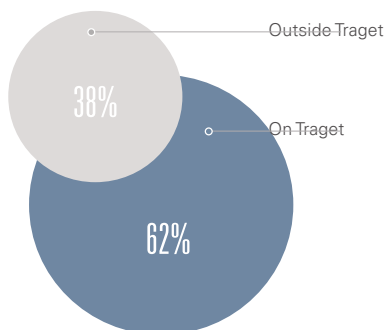
| 12.b HDL Male



| 12.d HDL Female

Lipids

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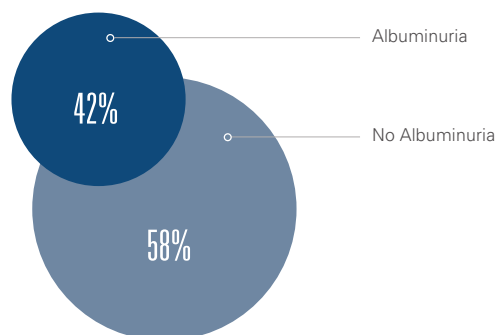


| 12.e Total Cholesterol

Albuminuria

The earliest manifestation of diabetic kidney disease could be the appearance of persistent amount of albumin, 30mg/day or 20ug/min, in the patient's urine. This is referred to as moderately increased albuminuria. With aggressive treatment of diabetes and blood pressure, this modestly elevated albuminuria could be reversed to normal. Without specific intervention moderately increased albuminuria might progress to severely increased albuminuria, also called overt diabetic kidney disease with urine albumin >300mg/day or 200ug/min. Albuminuria appears in type 1 patients first after several years, while in a higher proportion of type 2 patients it could be present already at or short after diagnosis. Albuminuria is also a marker for increased risk for CVD.

In our diabetes population, 42% of the patients are positive for albuminuria while 58% are negative at the end of the year. These results show improvement in levels of albuminuria, in line with the outcome from previous years.



| 13.a Albuminuria

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GHP Specialty Care