

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



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

# SHEIKH KHALIFA MEDICAL CITY AJMAN

## ANNUAL REPORT



# 2020



Accredited by Joint  
Commission International

Sheikh Khalifa Hospital - Women and Children  
Rashid Centre for Diabetes and Research



Operated by إدارة

**GHP Specialty Care**



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A close-up photograph of a hand gently holding a newborn baby's foot. The baby's foot is small and pink, with visible toes. The background is blurred, showing what appears to be a hospital or clinical setting with blue and white surfaces.

01

**A Year To Be Extra  
Proud Of**



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



*The UAE values its people as the real wealth of the nation and ensuring their health and well-being is critical. In line with that came the initiatives from His Highness Sheikh Khalifa Bin Zayed Al Nahyan, President of the UAE, to achieve the aspirations of his nation, which in healthcare included the establishment of world-class hospitals.*



In accordance with the Cabinet Decree of 2016, Sheikh Khalifa Medical City Ajman (SKMCA) was brought under the supervision of The Medical Office (TMO) at the Ministry of Presidential Affairs (MOPA). The aim was to create a system that guarantees access to integrated healthcare services through knowledge transfer to UAE nationals and residents in various parts of the country. In executing this mission, GHP Specialty Care was chosen to be the operator of SKMCA, with a key mission to provide the highest standard of care to the Ajman community, and the people of the northern Emirates. As of October 2020, the Medical Office was transferred to the care of Pure Health that subsequently reports into MOPA.

Reflecting on SKMCA today, a solid foundation was built as we made significant stride in both patient volume and quality of care. Important initiatives that tackle risks across the hospitals led us towards unprecedented level of patient safety enabling us to swiftly transformed the hospitals into a central COVID-19 care facility.

We have ambitious plans in 2021 to continue the development of excellent quality healthcare. Following a year that was heavily impacted by the pandemic, there will again be a strong focus on improved financial performance through volume and revenue growth, cost control and efficient clinical and administrative processes to ensure a sustainable SKMCA of the future.

# His Highness Sheikh Khalifa bin Zayed Al Nahyan

President of the UAE



# His Highness Sheikh Mohammed Bin Zayed Al Nahyan

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





# His Highness Sheikh Mansour Bin Zayed Al Nahyan

Deputy Prime Minister and Minister  
of Presidential Affairs







# A Message from the CEO



Little did we know that 2020 would be our most challenging, but also most rewarding year for all of us at SKMCA. The year showed us that even the most ambitious and best defined plans, at times, need to be adaptable to unforeseen challenging situations that occur. The COVID-19 global pandemic was such a situation, one that not only surprised us early in 2020, but also served to challenge us in ways we could not have anticipated. However, despite numerous challenges, 2020 was a year where we clearly demonstrated our tireless commitment to Ajman and our solid ability to serve its people.

With this in mind, I am proud to share our SKMCA 2020 annual book which presents some of our most astounding achievements of the year. Although, with so many amazing accomplishments to draw from, summarizing was not an easy task, however one central theme does come clearly to mind **“Loyalty”**.

**We have been loyal to our patients.** We had challenges in capacity and resources, but we stood ready to refurbish, rebuild, restructure, and constantly re-evaluate our service offering to help as many patients as possible. While necessity demanded that some patients were referred to other healthcare facilities, we did everything possible within our control to offer the best care possible. . Some of our staff had to broaden their competences extremely rapidly and many also had to work long hours. I am enormously proud of the culture we have at SKMCA to put our “patients first”.

**We have been loyal to the community.** I believe that SKMCA is not only Ajman’s flagship health care provider but also a crucial player in healthcare provision for the communities in the northern region.

SKMCA has always had a strong collaboration with key local and nationwide institutions and these bonds were further cemented during the year when we have diligently served the community together. We have shown that in times of uncertainty and worry, SKMCA is shouldering a key role in bringing the community together.

**We have been loyal to the health care development in the UAE.** Our responsibilities towards H.H. Presidential Initiatives in developing world-class health care guides us in everything we do and this ambition is no exception in a pandemic. We continued to review and benchmark our performance to international best performers. This is a natural part of our continuous development and we can proudly say that we operated a high-quality pandemic care, while continuing to deliver our normal scope of services confidently. In the past five years, we have together built one of the most robust patient safety systems in the Arab region, which is further detailed in this book, and this was and continue to be our backbone throughout the pandemic.

Most importantly **the loyalty of our staff.** To all my SKMCA colleagues, you have demonstrated true commitment which cannot be acknowledged enough. I want you all to be proud of our collective achievements and be aware that your efforts are not left unnoticed.

SKMCA is a strong and courageous team, and I am honored to lead this family as we continue to be loyal to our patients, to the community and to our mission to develop world-class health care.

**Erik Wassberg, MD, PhD, MBA Chief Executive Officer  
Sheikh Khalifa Medical City Ajman**

# A Message from GHP



The end of 2020 represents the closing of GHP's 12th year in Ajman. Over the decade of Swedish health care knowledge sharing, we can undoubtedly say that 2020 was a year to remember. I am extremely proud of the achievements at SKMCA with our management team behind the steering wheel. SKMCA is at the core of a complex web of stakeholders and I would like to elaborate on some of GHP's key contributions in this structure. Through our on-site management team, our 30 Centers of Excellence and wide international network of academia and innovators, the GHP organization holds some of the most advanced health care knowledge. Our commitment to Ajman involves transferring the finest of these knowledges for the short and long-term benefits of Ajman. We work to diligently transfer clinical, managerial and system levels knowledge adapted to cater for local needs. On a clinical level, knowledge is transferred through designing optimal clinical pathways and practices, educational materials and research, conducting education and training at all levels along with the support of visiting physician programs. The education, training and research function developed and implemented at SKMCA is comprehensive in an international setting and akin to a teaching hospital. In 2020, the modes of knowledge transfer had to be adapted quickly to new circumstances at hand and an online learning platform was introduced along with launching of virtual visiting physician programs. The agility and dedication by the team enabled a significant achievement in meeting majority of our annual education, training and research goals. In our visiting physician programs, we appointed the best Swedish

health care professionals who conduct patient visits, procedures, surgeries and follow-ups in a comprehensive process that includes tailor-made educational programs. For the past three years, more than 20 such programs have been successfully conducted and the excellent feedback from the patients and medical staff gives motivation to constantly develop the quality and scope of the programs.

Furthermore, regular conferences, seminars and symposiums are conducted with key speakers and lecturers from the Swedish medical community. Through implementation of digital programs, the participation in the programs has increased exponentially and we will continue to use this method to accelerate competence development in Ajman.

On managerial and system levels, knowledge is transferred through structure and work culture. Swedish leadership is demonstrated through trust and a no-blame culture. We have employed executives at SKMCA that have worked constructively to set structures, mentor and implement a culture devoted to patient safety and focused on outcomes. This report presents the steady development of the hard work.

On behalf of GHP, I am extremely proud of our joint developments in Ajman and I look forward to continue building on this foundation as we enter 2021 and beyond.

**Robert Ball, Chief Executive Officer - International  
GHP Specialty Care**



02

## **Vision, Mission and Business values**



# Vision, Mission and Business values

SKMCA is a MOPA hospital group operated by GHP Specialty Care (GHP).

GHP is a leading healthcare provider in Sweden and our international branch (GHP International) brings Swedish healthcare (standards) abroad. We are on a journey to provide a world-class healthcare to citizens and residents in Ajman and the other Northern Emirates, commensurate with the aspirations of the UAE government's development agenda.



## Vision

Our vision is to be the “patient’s first choice”.



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بإدارة  
**GHP Specialty Care**

## Mission



Our mission is to provide internationally outstanding healthcare, research and education to the Ajman population and across the Northern Emirates in a high-quality, reliable and safe environment.

## Business values



Our five core business values are:

### 1. Professionalism



We act responsibly and professionally in all interactions with our patients, among staff and towards our stakeholders.

### 2. Quality and patient safety



We care for details and ensure highest quality from start to finish. We follow international guidelines and best practice. We systematically learn from risks and incidents to create safer pathways with highest patient safety always assured.

### 3. Teamwork



We collaborate as one team across multidisciplinary settings, to deliver the best possible care experience for our patients. We cooperate internally and externally to deliver results that makes an impact.

### 4. Commitment



We provide efficient services in which society's resources are used as effectively as possible. We are committed to delivering best outcomes and strive to always exceed expectations.

### 5. Transparency



We operate in an open and collaborative environment centered around trust. We embrace a blame free culture based on strong medical integrity.

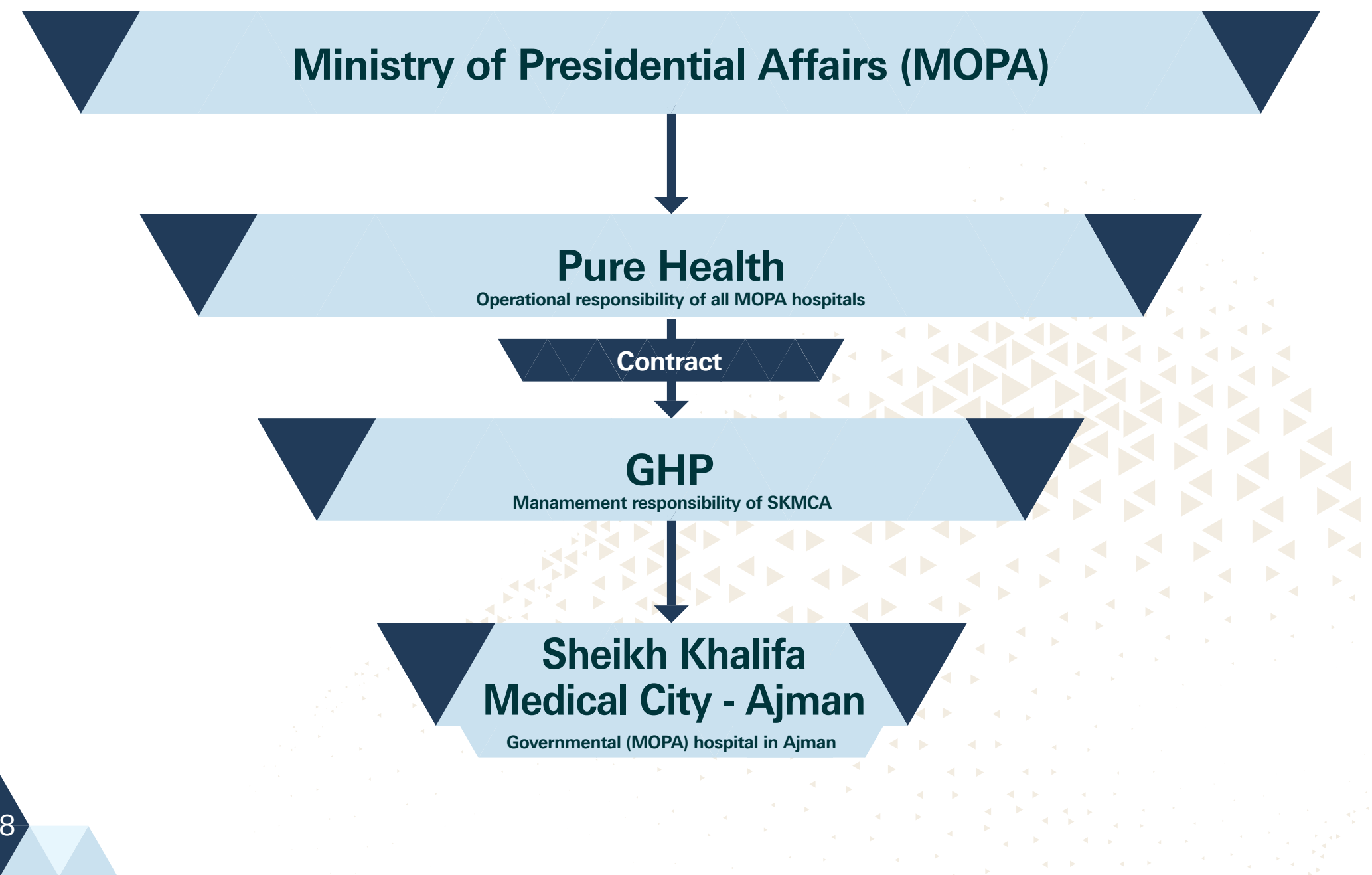


03

# **SKMCA organizational structure**



SKMCA is governed by MOPA through Pure Health and operated by the Swedish company, GHP Specialty Care.



SKMCA is the only governmental hospital in Ajman and has facilities in Ajman City and Masfoot. Ajman City is a metropolitan area with a growing number of high rises and rapidly expanding commercial and residential areas. Masfoot, on the other hand, is a rural area situated 130 km from Ajman City in the mountains close to Hatta and the Omani boarder and has expanding communities and a growing population. Ajman has approximately 540,000 inhabitants, whereof 9,000 live in the Masfoot-Muzeirah community and 6,000 in Al Manama.



# Organization Leadership Chart

**Dr Erik Wassberg**  
CHIEF EXECUTIVE OFFICER



SKMCA is operated by GHP Specialty Care through the Executive Leadership Team (ELT) and relevant committees.

**Dr Boubou Hallberg**  
DEPUTY CHIEF EXECUTIVE OFFICER



**Hani Ayyad**  
CHIEF NURSING OFFICER



**Hani Helou**  
CHIEF FINANCIAL OFFICER  
*From October 2020*



**Magnus Ericsson**  
CHIEF OPERATING OFFICER



**Dr Fawzi Al-Ayoubi**  
CHIEF MEDICAL OFFICER



**Susanne Ljungqvist**  
CHIEF FINANCIAL OFFICER



**Dr Joacim Stalfors**  
CHIEF QUALITY OFFICER



**Dr Johan Snygg**  
CHIEF RISK OFFICER



**Elizabeth Driver**  
CHIEF HUMAN RESOURCES OFFICER



**Anna Simlund**  
STRATEGY DIRECTOR



**Aysha AlReyaysa**  
PUBLIC RELATION DIRECTOR



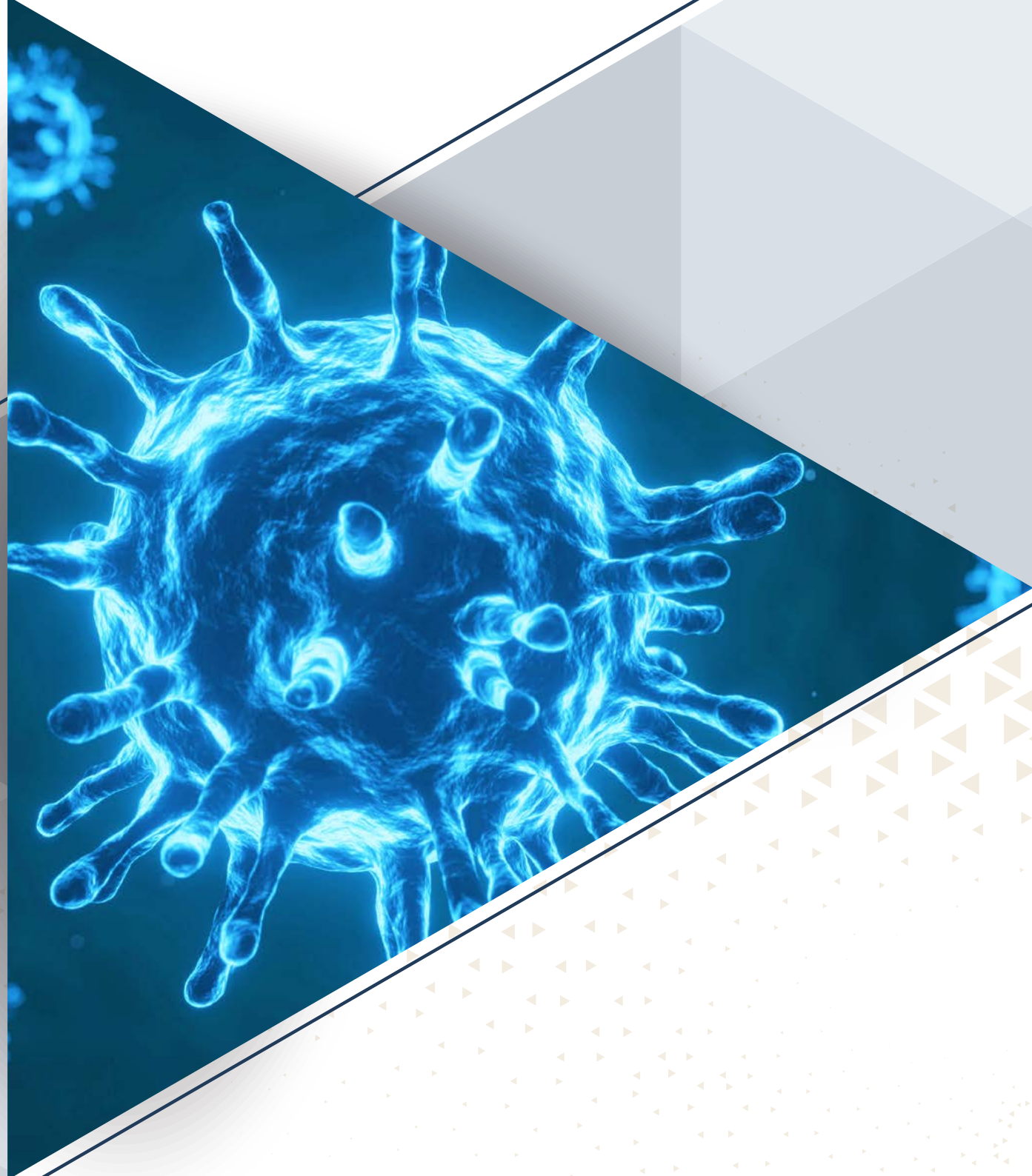
**Salem Alkaabi**  
ADMINISTRATIVE AFFAIRS MANAGER – MASFOOT



**Saleh AlJneibi**  
GOVERNMENT RELATION DIRECTOR







04

## **Telling Our COVID-19 Story**

# Bringing Structure to Chaos

BY Dr. Fawzi Al-Ayoubi,  
Chief Medical Officer

## SKMCA was appointed COVID-19 Centre of the Northern Emirates

The COVID-19 pandemic has imposed exceptional challenges for the entire society and for the healthcare system. Healthcare organizations have met the changed disease pattern by transforming care processes to meet the demands of patients infected by the SARS-CoV-2 virus, of which many are severely sick.

As the only governmental hospital in Ajman, SKMCA was assigned early as a pandemic hospital during the COVID-19 pandemic. In this role, the hospital has made a significant effort that could be carried out thanks to the complete refocusing of the entire hospital. Through a combination of measures, we managed to move from 11 hospital beds where we were able to care for infected patients in air suppression to 112 which is the current level, an increase of over 1000%. At the same time, we increased the number of intensive care units from 12 to 30, an increase of 150%. We managed to keep all these nursing places open and staffed during the pandemic by broadening the competence of our staff by training both nurses and doctors outside their actual specialist area. At the same time, we established a "staff-clinic" for the staff where we, among other things, conducted regular screening and training, which allowed us to maintain very low levels of COVID-19 disease among our staff, which we also managed to maintain throughout the pandemic.

We cared for our first COVID-19 patients in the second half of March and have to date taken more than 17,000 COVID-19 samples, diagnosed more than 1,700 COVID-19 positive patients and cared for more than 850 patients in the hospital, more than 150 of whom were so seriously ill that they required intensive care. Impressive figures even by international standards. During the pandemic, together with our government clients, the Ministry of Presidential Affairs (MOPA) we have built up a quality register that has been a very important instrument to guide us in the development of our care programs (Standard Operation Procedures, SOP's) that we have published as many as 15 updated versions. In addition, we have implemented immunoactive plasma treatment in collaboration with the national Centre in Abu Dhabi and participated in national research programs.

SKMCA's prominent efforts during the pandemic also received strong national recognition as SKMCA was honoured with a grand and appreciated ceremony. SKMCA was one of the selected hospitals in UAE that were involved in a flyover by the United Arab Emirates Air Force on June 23 as a thank you for our efforts during the pandemic.

Throughout the pandemic, we have benefited greatly from the different locations of our hospital buildings, which have made it possible to maintain priority COVID-19 free care for diabetics, dialysis patients, women's and obstetric care, pediatric care, trauma care and other high priority patient groups. During the pandemic, we have also introduced new forms of care through,

among other things, digital doctor visits, home care, drive-through and home delivery services of medicines. At the same time, all planned non-mandatory care needed to be postponed a little in the future. A pent-up care need that we effectively and methodically began to address during the summer via our step-by-step "Recovery Plan" after the first wave of COVID-19. Unfortunately, the UAE, like much of the world, has been experiencing a subsequent waves of the pandemic. A wave that we are more prepared than ever to tackle, although of course we all hope to take on our planned recovery towards our new normal as soon as possible

The high number of COVID-19 patients admitted to the hospital required an extensive transformation of SKMCA's conventional care. This transformation included a reorganization of the hospital structure and governance, education of management, training of staff, consultation of international and national guidelines, decision making in absence of robust science, procurement of testing and protective equipment and more. It also required an expansion of ICU beds with concomitant need of equipment and pharmaceuticals, referral of patients between MOPA hospitals as well as a reduction of ordinary activities/ procedures in all departments of the General Hospital while maintaining conventional care at WCH



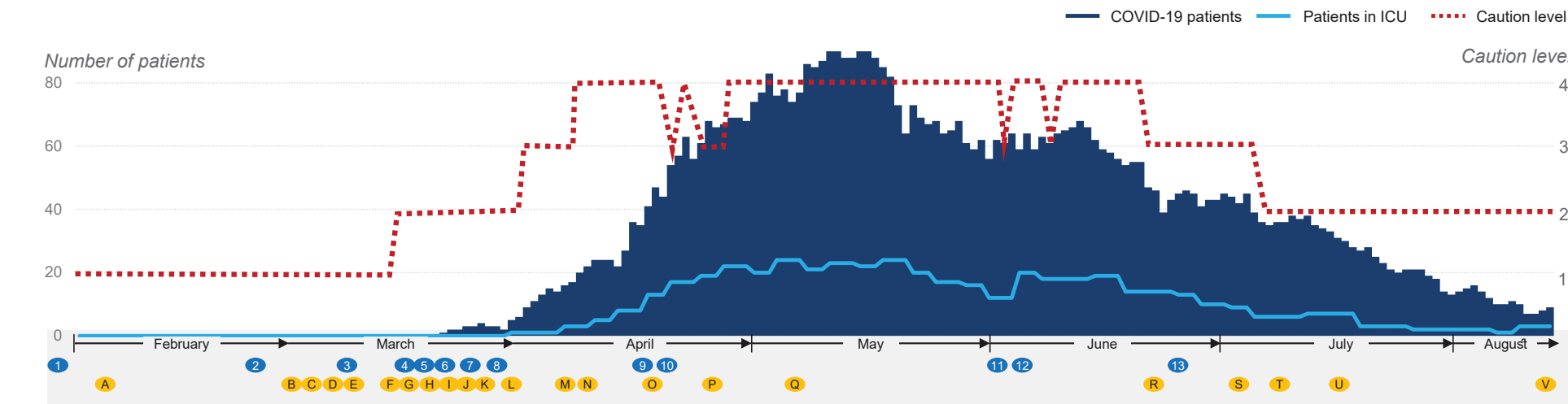
“ With this new disease the  
world learned together ”

Dr Fawzi Al-Ayoubi, CMO



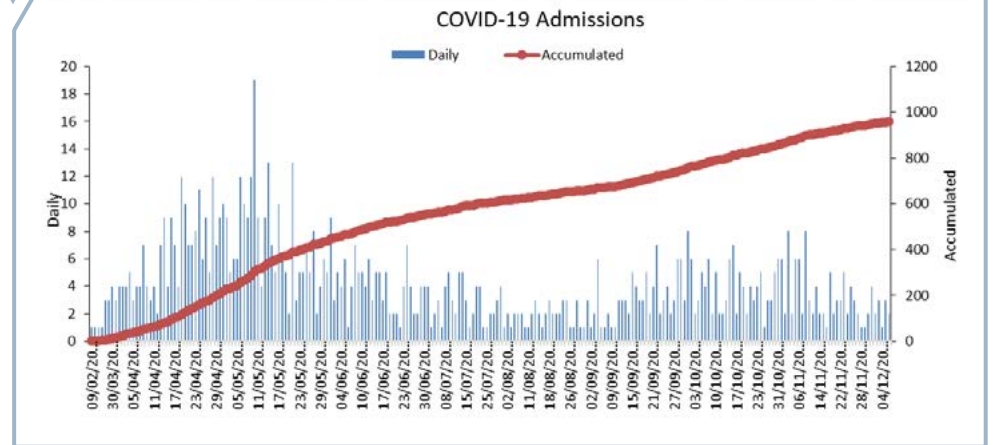
## SKMCA's COVID-19 response to the first wave

### Time-line of key events and actions and daily number of patients in the hospital and in the ICU



National events	1 29/1 First confirmed COVID-19 case in UAE	4 16/3 Prayers in Mosques stopped	7 23/3 Malls and markets closed	10 19/4 MOHAP guideline updated	12 2/6 Malls fully reopened
	2 24/2 First MOHAP guideline	5 17/3 MOHAP guideline updated	8 26/3 Curfew in all UAE	11 1/6 MOHAP guideline updated	13 25/6 Curfew lifted
	3 8/3 Schools closed	6 18/3 Students abroad ordered to return home	9 15/4 MOHAP guideline updated		
SKMCA events	A 2/2 SKMCA Taskforce group formed	F 15/3 Daily reporting to NCEMA initiated Cooperation between MOPA hospitals initiated	K 24/3 Female ward starts emptying for reconstruction Plan for cross-training of nurses and physicians Thermal scanners at gates and main entrance taskforce Group reorganized, new leadership - CRO	N 7/4 ICU and male ward evacuated of non-covid patients	S 1/7 OPD fully reopened + planned surgery allowed
	B 1/3 SKMCA Update on COVID-19	G 19/3 Education of physicians starts	L 28/3 Positive staff tracing starts	O 16/4 All admitted patients swabbed	T 9/7 Triage 45+ allowed Isolation ward closed Male ward for positives Female ward for negatives
	C 4/3 Nurse education starts	H 20/3 First admitted case First confirmed case in staff	M 5/4 First death in COVID-19. Visits to SKMCA stopped.	P 23/4 Female ward reopens Male ward starts emptying for reconstruction	U 14/7 Recruited Jordanian nurses (24) in place
	D 5/3 Isolation ward, 27 beds opens Nurse call system initiated Tent/porta cabin in place for exam and testing of suspected cases	I 21/3 95% of staff educated on COVID-19		Q 7/5 Positive staff tracing stopped	V 16/8 Nurse stationed at OPD entrance removed
	E 9/3 All leaves cancelled	J 22/3 Planned surgery stopped and restriction in OPD and RCDR visits		R 22/6 Male ward reopens	

- It was recognized that SKMCA would become the major COVID-19 centre in Northern Emirates while maintaining conventional care at SKWCH and RCDR.
- An isolation Ward with 27 beds in negative air pressure rooms was opened.
- Refurbishment of female and male wards was activated to increase available rooms with **negative air pressure from 11 beds to 112 beds.** The number of ICU beds increased from 12 beds to 28.
- COVID-19 training of nurses and of physicians.
- Procurement of medical equipment and PPE was high priority.



## 2020 Figures

22,586 COVID-19-tests performed

2,081 patients diagnosed as COVID-19 positive and treated

1,022 COVID-19 patients admitted

181 COVID-19 ICU-patients treated

## SKMCA's Standard Healthcare Services

SKGH	SKHWC	RCDR	SKHM
<ul style="list-style-type: none"> <li>24/7 Emergency</li> <li>Cardiology</li> <li>Dermatology</li> <li>Gastroenterology</li> <li>General Surgery</li> <li>ICU/Anesthesia</li> <li>Internal Medicine</li> <li>Neurology</li> <li>Neurosurgery</li> <li>Orthopedics</li> <li>Ophthalmology</li> <li>Urology</li> <li>Vascular</li> <li>Dialysis</li> </ul>	<ul style="list-style-type: none"> <li>General and acute pediatric care</li> <li>Obstetrics</li> <li>Gynecology</li> <li>Feto-Maternal Medicine</li> <li>Neonatal ICU</li> </ul>	<ul style="list-style-type: none"> <li>Diabetes</li> <li>Nutrition</li> <li>Physiotherapy</li> <li>Obesity</li> <li>Podiatry</li> <li>Ophthalmology</li> <li>Dental</li> </ul>	<ul style="list-style-type: none"> <li>Gynecology</li> <li>Obstetrics</li> <li>Surgery</li> <li>Diabetes</li> <li>Internal Medicine</li> <li>Orthopedic</li> <li>Nutrition</li> <li>Pediatric</li> <li>Dialysis</li> <li>Physiotherapy</li> </ul>

## SKMCA's healthcare service from [early-April to late June]

SKGH	SKHWC	RCDR	SKHM
<ul style="list-style-type: none"> <li>COVID-19 care</li> <li>Dialysis</li> <li>24/7 Emergency trauma level 4</li> <li>ICU/Anesthesia</li> <li>life-critical services within Surgery, Internal Medicine, Orthopedics &amp; Infectious Disease</li> </ul>	<ul style="list-style-type: none"> <li>Critical care: <ul style="list-style-type: none"> <li>Pediatrics</li> <li>Obstetrics</li> <li>Gynecology</li> <li>Neonatal ICU</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Diabetes</li> <li>Critical podiatry and ophthalmology</li> </ul>	<ul style="list-style-type: none"> <li>Gynecology</li> <li>Obstetrics</li> <li>Surgery</li> <li>Diabetes</li> <li>Internal Medicine</li> <li>Orthopedic</li> <li>Nutrition</li> <li>Pediatrics</li> <li>Dialysis</li> <li>Physiotherapy</li> </ul>

## SURGERIES

Our ability to perform surgeries was particularly impacted during the year. We were on trajectory to increase the share of elective surgeries and so we had done leading up to the beginning of 2020, however the pandemic forced us to somewhat revise our ambitious plans.



## Keeping safety First through strong preparation

By Magnus Ericsson- Chief Operating Officer

### Facilities

During Q1 2020, it became clear to us at SKMCA that the world was heading into an unknown scenario – COVID-19 was spreading all over the globe, and it quickly became evident that the number of isolation rooms available in SKMCA would not suffice. In an effort to work with what we had, our Facility Team created a plan in which we would utilize the old ED as an isolation ward for the COVID-19 cases, and in order to create the safest environment possible for the staff working there, we initiated the project of fitting all the patient rooms with negative pressure.

It was a project with an extremely tight time plan, so from the first drawings being produced until the first patient had reached the ward, less than two weeks had passed. During that time, we had a tight collaboration between SKMCA, TMO and MOPA, and our then facility maintenance contractor, which in hindsight must be seen as one of the deciding factors of the success of the project.

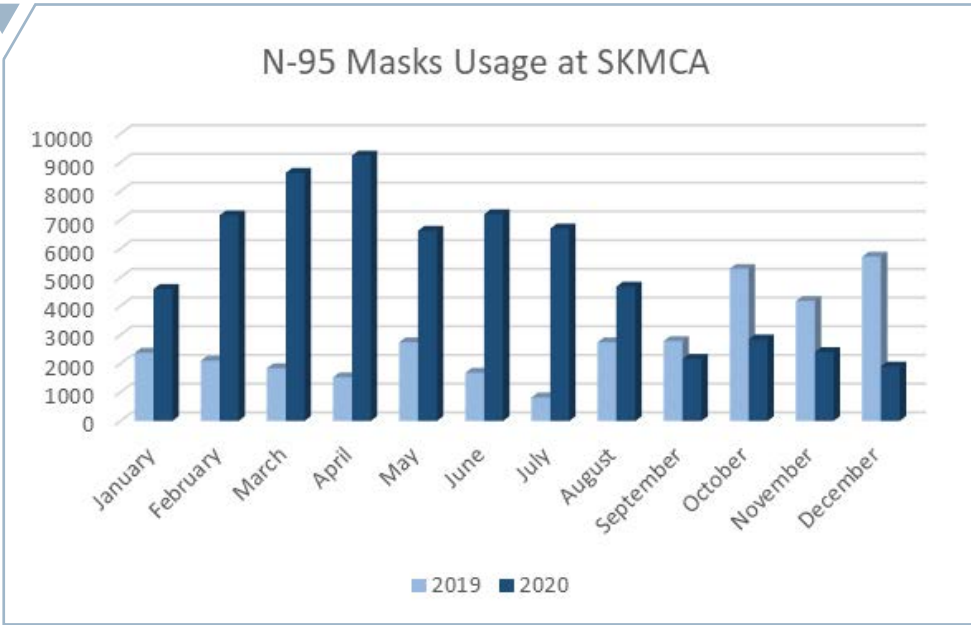
The following months, the Facility team transformed both the Female and Male Ward (now Medical and Surgical Ward), together with HDU and ICU to negative pressure wards. These steps were taken in order to optimize patient safety and allow our staff to feel as safe as they could be. All these, together with the PPE provided the single most important actions taken for safe management of the COVID-19 pandemic.





Personal protective equipment (PPE)

Appropriate protective wear is critical to prevent staff infection and very early on in the process, it was crucial to ensure supply chain functions flawlessly throughout the unprecedented event. The relentless effort of the Procurement & Supply Chain team in tracking down PPEs, together with constant communication with other MOPA Hospitals were a few of the key success factors in keeping a low staff infection rate. During this time, the consumption of N95 masks was increased significantly as presented below.



Supplies

In addition to PPEs, there was also a wide range of pharmacy items and consumables that increased in consumption overnight – without the flexibility and extreme efforts from the Procurement and Supply Chain team, we would not be in the position to cater for the number of patients we’ve been able to care for while keeping low staff infection rate, and the rate of discharged patients.

Resources

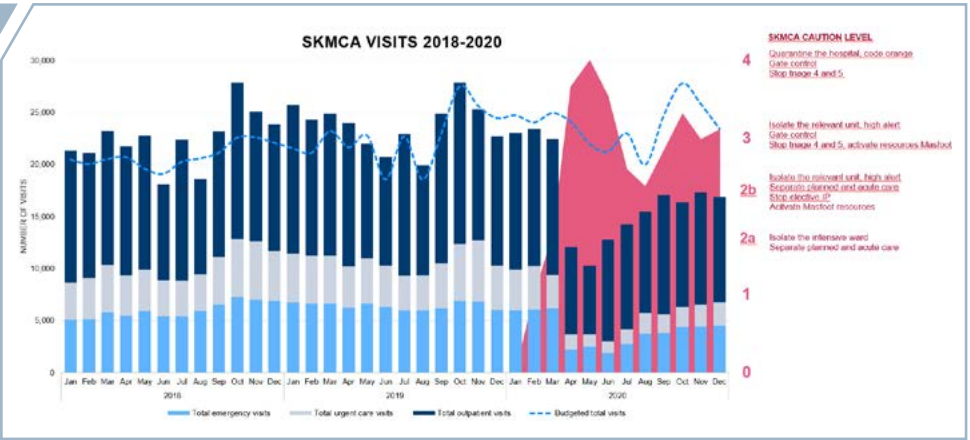
Not only have the Operations team worked hard and proven great results even during the difficult times that COVID-19 has proven to be, but has also been successful in not letting the effects of COVID-19 affect the services provided by the Operations team. Our General Affairs team – in charge of managing and following-up on all the outsourced contracts, kept a daily tracker on all the positive cases among the 500+ outsourced staff working in SKMCA. They also did regular rounds to all the staff accommodations in order to find gaps in the services provided by the companies to their staff. In addition, they successfully managed to juggle around the staff so that SKMCA at no time had to reduce its scope of service due to insufficient support services. It can also be mentioned that all the teams within operations also successfully managed to upkeep their own operations and areas of responsibility even though they were enrolled on the 50/50 schedule regarding working on-site or from home. One more aspect of resources to be taken into account is the actual medical equipment that was procured, installed and commissioned within the short time frame we then had at our hand. Without our team of Biomedical Engineers, it would it

would not be possible to maintain the quality of the healthcare we could provide at the time to our patients.

Systems

During the peak of the first wave of COVID-19, when the new Isolation Wards were commissioned, it was clear that we needed to provide the patients with access to the outside world and their family. Retrofitting WiFi points in a ward full of COVID-19 patients was a mammoth task, the IT team took the challenge in stride and delivered this to allow our patients proper treatment (enabling clinicians access to medical systems in the ward) and giving them access to wireless Internet for regular communication with their family and loved ones.

Drastic Times Call For Drastic Measures  
Patient Visits



On top of all the COVID-19 patients cared for, SKMCA managed to serve a substantial number of patients 2020 despite limitations in services we could offer. During majority of the year, the hospital was on high caution levels (crisis management matrix) that forced us to change our scope of service. The less critical patients in the emergency department (so called triage 4 and 5 patients) were heavily affected during the year and occasionally did not have capacity to serve these patients, therefore had to carefully refer them to other collaborating care facilities. Considering the limitations in service offering, we should be very proud of the considerable amount of patients we actually were able to serve. It would not have been possible without the fighting spirit and collaboration from all our employees. We were able to leverage the historical structure of the four facilities by separating RCDR and continued scope of service (leveraging digital services and pausing the lifestyle clinic, etc.), transferring long-stay patients to SKH-M, and continuing scope of service in SKH-WC under strict precautions. The pandemic resulted in decreased volumes, however these initiatives altogether soften the negative volume effects maintaining monthly patient visits above 10,000.

## The Moment It Became Real

by Hani Ayyad - Chief Nursing Officer

When we started hearing about a potential novel viral outbreak in Wuhan, China that may affect the rest of the world with some skepticism that it could forever change the world. We had no idea!

Nonetheless, we didn't sit back and wait for developments, rather started preparing ourselves for worst case scenario by preparing the facility and its staff for what could potentially come our way. Whilst this was an organization-wide effort, I would like to tell it from the nursing perspective.

Although we tested many patients who came back negative in the first few weeks of March 2020, it was not until later in the month, on a Friday evening, we received the call that we will be admitting our first positive case. It was very surreal to get that call as the reality has finally set in.

I was at the hospital with the nursing staff at the Isolation Ward coordinating the admission with officials and to support the team during those uncertain and difficult times. Although we spent time preparing for the time when we get our first patient, nothing psychologically could have prepared us for that moment with so much uncertainty and risk for our staff getting infected.

Fast forward few weeks, and we have come together and developed a decent workflow for these patients as the nursing staff became slightly more accustomed to dealing with these patients. None of that obviously reduced the fear or uncertainty but we managed to accept this as the new reality.

A key success factor was present and servant leadership approach where nursing leadership was present at most times including weekends to support the staff with any patient care

needs. I recall making sure that the staff had access to me at any given day including weekends and holidays. The same was done by many other nursing leaders to make sure that our staff felt supported throughout these difficult and challenging times. We stuck together through thick and thin and managed to get through the first wave, with only a few staff getting infected, with truly amazing team spirit and the feeling of being stronger and more capable of beating this virus.

Staff suffered physically and mentally from the toll of the disease; whether it was them getting infected, dealing with infected patients, being quarantined, not being able to see their families here or abroad, dealing with infected family members, family members dying abroad without being there with them, etc.

It was a real struggle for nurses to deal with the added emotional and psychological burden of the pandemic.

We tried our best to support our staff emotionally and psychologically by providing professional support for those staff in need, but we all know that the damage was too much to bear.

Our nursing staff bearing a fair share of the COVID-19 onslaught have proven to be very resilient and very proud. It was ironic that 2020 was declared internationally before the pandemic to be the Year of the Nurse, and it turned out to be so in every sense of the word.

With all the difficulties and challenges, and with a cruel twist of faith, the pandemic has reminded us of the reason why we became nurses and of the essence of nursing when it comes to being the primary patient advocates and to sacrifice whatever it takes to protect the health and lives of our patients. In essence we feel privileged and honored to have served in that role and to have been instrumental in saving many lives while sacrificing everything that is precious to us in the process.





## Community Comes Together

by Saleh AlJneibi – Government Relation Director

Full Coordination from Government Relations & Corporate Marketing Department with government and local agencies in the Emirate of Ajman during the COVID-19 pandemic. The Government Relations team played an important role in SKMCA's response to COVID-19 pandemic in 2020. Effective support, collaboration and communication channels were established with the National Emergency Crisis and Disasters Management Authority (NCEMA), Ministry of Presidential Affairs (MOPA) Hospitals COVID-19 Taskforce, Ministry of Health & Prevention (MOHAP), related health care sectors and governmental sectors in Ajman and nearby Emirates. As a result of this multi-level unique communication and sharing of information related to patient care and treatment plans, the needs of the patient was effectively and efficiently met.



## Coordinated efforts in the face of COVID-19

The collaboration and coordination between all players in the wide healthcare field was a key to effective and efficient handling of the challenges, given the scale of the this pandemic. At SKMCA in addition to coordinating data, equipment, beds (both critical and standard beds) were centralized. In addition, all relevant government agencies, from National Ambulance, to Ajman Police, Ajman Municipality and many others worked closely to coordinate their efforts in tackling COVID-19 in Ajman.

## Recognizing the unsung heroes in SKMCA

The UAE government, Leaders, MOPA and community were supportive of SKMCA efforts during 2020; the amount of positive, encouraging messages were needed to lift the spirit and morale of our clinical staff, allied health workers and admin team.

The heroic efforts of our healthcare workers during the COVID-19 crisis was, and still is a source of pride and inspiration for all of us. We thank them for their commitment and professionalism and urge them to continue working with the same spirit of dedication until we completely overcome these challenging times.

### H.H Ammar Al Nuaimi dedicates the 1st line of defense at SKMCA the logo of Al Murabaa Watchtower

302 doctors and nurses from Sheikh Khalifa Medical City in Ajman were presented with a memento of the iconic "Al Murabaa Watchtower ", which is given by His Highness Sheikh Ammar bin Humaid Al Nuaimi, Crown Prince of Ajman and Chairman of the Executive Council, in appreciation of their efforts in the health sector, which had a great impact in limiting the spread of COVID-19 and protecting society from the negative effects of it.

His Highness said in a written letter addressed to the First line of defense in Ajman: "My brothers and sisters, the first line of defense heroes, greetings to you. Thank you for everything you do for this nation, its citizens, residents and visitors. Thank you for having prioritised our health over yours. You are like Al Murabbaa Watchtower, which has been the first line of defense of Ajman for more than 80 years. History will immortalize you as a symbol of sacrifice."

## General Command of the UAE Armed Forces, The UAE Air Force's aerobatics display by Fursan Al Emarat Recognize our Heroes

The initiative came as a message of gratitude from His Highness Sheikh Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi and Deputy Supreme Commander of the UAE Armed Forces to the doctors, nurses, paramedics and administrative and technical staff, who worked round the clock to ensure public safety and health during the COVID-19 pandemic.

## Special thanks to the federal and government entities in Ajman

As the year 2020 wrapped up, SKMCA organized a thank you tour to 15 government entities in Ajman, thanking them for their full support and cooperation with Sheikh Khalifa Medical City - Ajman during the year of 2020



## We Are Forever Changed

by Dr. Erik Wassberg  
Chief Executive Officer

The pandemic has changed the way we work globally forever. The solid foundation built on the guidance of our business values has enabled us to respond at an early stage with calm and confidence, and continue to do so today. The way SKMCA was transformed rapidly into a central COVID-19 care facility while continuing many essential cares such as chronic diseases and maternal care was extraordinary. As CEO, I am extremely proud to lead such an amazing family.

We have learnt to switch between normal operations and pandemic response mode in a structured and controlled manner always maintaining patients and staff safety. This is something we will take with us to manage any future unexpected events. New opportunities are also created as we continue to develop efficiencies and strengthen quality in various areas such as telemedicine and digital education and training programs.

These were all fast-tracked in 2020 to ensure we continue to care for our patients and deliver a complete full suite of SKMCA annual professional education and training program.







05

**This is SKMCA**

# Our Facilities

SKMCA is one clinical service unit consisting of four sites, three core processes; emergent, inpatient and outpatient, and with a total 220+ bed capacity. At the end of 2020, 205 beds were staffed. SKMCA's clinical, administrative and operational services provide support to the medical city with a total of approximately 1,300 staff and 500 outsourced staff.

## Sheikh Khalifa Hospital – General (SKH-G)

- 24/7 emergency service
- Inpatient service
  - Staffed beds
- Outpatient service
- Operating theatres
  - Major
  - Minor
- VIP rooms, Royal suites



## Sheikh Khalifa Hospital – Women and Children (SKH-WC)

- 24/7 urgent care & delivery service
- Inpatient service
  - staffed beds
- Outpatient service
- Operating theatres
  - Major
  - Minor
- VIP rooms



## Sheikh Khalifa Hospital – Masfoot (SKH-M)

- 24/7 emergency & delivery service
- Inpatient service
  - Staffed beds, for long term care & acute care
- Outpatient service
- Operating theatres
  - Major
- VIP rooms



## Rashid Center for Diabetes and Research (RCDR)

- World-class diabetes care within a unique patient-centred care process





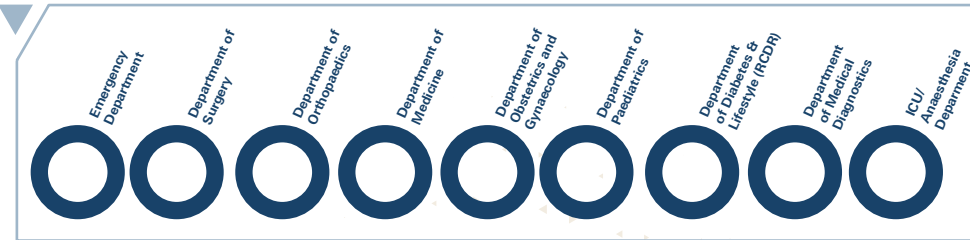
# Clinical Services

The sites altogether provide the following clinical services:

Dermatology, Diabetes, Endocrinology, Ear- Nose- & Throat Surgery (ENT), Gastroenterology, General Surgery, Infectious Disease, Intensive Care & Anaesthesia, Internal Medicine, Nephrology, Neurology, Neurosurgery, Nutrition, Obstetrics & Gynaecology, Ophthalmology, Orthopaedics, Physiotherapy, Psychiatry, Pulmonology, Radiology, Reconstructive Plastic Surgery, Urology and Vascular Surgery, Paediatrics, Paediatric Anaesthesiology, Paediatric Cardiology, Paediatric Endocrinology, Paediatric Gastroenterology, Paediatric Intensive Care, Paediatric Neurology, Paediatric Orthopaedics (through recurring Visiting Physician Program), Paediatric Surgery and Neonatology, Pharmacy and lab, Critical Care: Intensive Care Unit (ICU), High Dependency Unit (HDU), Paediatric Intensive Care Unit (PICU) and Neonatal Intensive Care Unit (NICU).

## Medical Departments

SKMCA is organized in nine medical departments responsible for all service within their specialized fields all over the hospital, i.e. on the Ajman site as well as the Masfoot site. This is not only an effective way to provide the highest clinical expertise when meeting patients regardless of where they choose to seek care within SKMCA, it is also a very powerful way to build and retain staff competency by rotating the staff within the project.



## Emergency Department

SKMCA aims to have the best ED in the UAE and intends to achieve this by the provision of safe, timely, patient-centred, culturally sensitive, compassionate, quality-assured and evidence-based emergency care in an environment of academic excellence. The patient volumes are likely to reach 80 000 ED visits in a year.

The department provides emergency care 24 hours a day, 7 days a week, staffed with licensed physicians and nursing personnel at all times. It provides an inter-hospital critical care transport service.

The department provides resuscitation, stabilization, evaluation, investigation, treatment and disposition of all undifferentiated patients. At SKH-M, all patients entering the ED will be attended, Emergency treatment and stabilization will always be provided, while complex cases might need to be transferred to larger hospitals having necessary resources for definitive treatment following initial resuscitation.

## Department of Surgery

The Department of Surgery at SKMCA provides surgical care to patients who present to our surgical outpatient with non-oncological surgical disease and patients who present to SKMCA emergency department.

The Department of Surgery includes 8 sections, where the biggest is the section of General Surgery & Trauma (GST) providing a core service in clinical mapping of all hospitals and it constitutes a backbone of the provision of care. The section of Paediatric Surgery, despite being internationally classified as secondary service, constitutes an essential role in SKMCA Centre of Excellence in Feto-Maternal and the trauma program. Neuro Surgery, Urology and Reconstructive Surgery, are further core services, and ENT, Ophthalmology and Vascular Surgery are essential services.

## Department of Orthopaedics

The Orthopaedic Department is responsible for the greatest number of advanced surgical procedures performed at SKMCA. As a consequence of the large number of emergency cases, many traumatic fractures are admitted and treated. Elective surgical cases include degenerative diseases such as spondylosis of the spine and the large joints such as knee and hip replacement, removal of implants after acute orthopaedic surgery, and to a lesser extent spinal intervention with facet joint and foramina injections.

In parallel to this, the department meets many outpatients, on the Ajman site as well as in Masfoot.

The Department main focus areas includes: Fractures and Trauma care, Degenerative joint diseases, Arthroscopy / Sports associated injuries and Spine; trauma, degenerative diseases.

The department provides emergency care with support to the ED. It includes fracture management 24/7, surgical and conservative, planned physiotherapy for all diagnoses, physiotherapy support for all inpatients of SKMCA and OPD cases in Ajman and Masfoot. It also treats osteoarthritis with focus on knee, hip and shoulder disease. Treatments include prosthesis surgery as well as other treatments such as arthrosis school, physiotherapy and patient education. Other services are arthroscopic procedures in knee and shoulder, both diagnostic and therapeutic, and spine injuries and diseases, for patients with complex back problems needing surgical or other interventions.



### Department of Medicine

The medicine department delivers high-quality care within several non-surgical areas with an overall high productivity. In the Department of Medicine, several non-surgical specialties are gathered in one organization. The major part of in-patients has internal medicine diagnoses (internal medicine, cardiology, gastroenterology and nephrology). In the out-patient clinic, dermatology handles a large number of patients. The units represented in the department are: Internal Medicine, Cardiology, Gastroenterology (CoE in Gastroenterology), Nephrology, Dermatology, Clinical Nutrition, Neurology, Psychiatry, and Infectious Diseases

### Department of Obstetrics and Gynaecology

Most of the Department of Obstetrics and Gynaecology's activities fall within the scope of the CoE in Feto-Maternal care, although some fall under the department's scope.

The department is managing the obstetric and gynaecological urgent care and provides gynaecology for the entire scope of non-pregnancy and post-menopausal disorders that arise in the population. The department performs investigations and both surgical as well as non-surgical treatment. Should conditions be found that cannot be treated, mainly malignancies, these will be referred to appropriate specialty hospitals.

The department provides care for All benign gynaecological conditions such as minor dysplasia, prolapse, salpingitis, endometriosis etc. Gynaecologic surgery, Diagnostics with sophisticated ultrasound service and Post-menopause issues such as pelvic floor conditions and more

### Department of Paediatrics

The SKMCA Paediatric Department receives and treats children of all ages with all kinds of health-related problems. The department consists of two units, paediatrics and neonatology, with the PICU and NICU as vital parts.

The Department of Paediatrics encompasses a wide variety of specialties. These include: General Paediatric, Paediatric Cardiology, Paediatric Gastroenterology, Paediatric Neurology, Neonatology, and Paediatric Surgery.

The department primarily manages paediatric medical cases independently, but frequently cooperates with the Surgical and Orthopaedic department in the management of children and neonates with injuries or in the need of surgical treatment. The department will see and treat all paediatric emergencies and highly specialized cases to the greatest possible extent. Sub-specialized cases will, on occasion, be sent to highly specialized centres within the UAE or abroad.

### Department of Diabetes & Lifestyle (RCDR)

Although RCDR mostly functions under the developing CoE in Diabetes & Lifestyle, there are services provided by RDCR that fall outside the scope of the CoE. Services provided for SKMCA are primarily in the form of support for inpatients of other departments.

The Department offers comprehensive care in the following specialties: Adult & Paediatric Diabetes care, Adult & Paediatric Endocrinology, Adult Diabetes care, Adult Endocrinology care, Paediatric Diabetes care, Paediatric Endocrinology care, Obesity care, Osteoporosis care and Foot care

### Department of Medical Diagnostics

The department provide an advanced imaging services using cutting edge technology 24 hours, 7 days a week. The Medical Diagnostics department is equipped with state of the art machines like 128 slices and 64 dual source CT scan, ultrasound machines and 1 Tesla open MRI.

Scope of Service includes: CT, MRI, Ultrasound, Advanced radiological procedures, and Lab analysis for nearly all required diagnostics in SKMCA

The department in Masfoot provide services in acute and non-acute diagnostic and consultative services to referring physicians from all departments 24/7 in the hospital. Radiology provides services within X-ray, Ultrasound and CT.

The department is totally digitalized using Picture Archiving and Communication System (PACS), allowing all other departments in the hospital to have online access to images.

Tele-radiology will be used during on-call hours, relying on the on-duty radiology technologist to do the examination and the on-call radiologist in Ajman to view and perform the diagnostic interpretation. All emergency assessments done during on-call hours will be secondarily assessed the next day by a consultant radiologist. Tele-radiology will also be used in order to discuss special cases with specialized radiologists at SKMCA, Ajman site, or other MOPA facilities for second opinion.

### Department of Anaesthesia and Intensive Care

The department of anaesthesia and intensive care provides high-quality intensive care with state of art routines and equipment 24/7. It provides full perioperative service with high standard of anaesthesia, pain management and patient safety on all sites except from RCDR.

The department is responsible for and operates all adult critical care and paediatric intensive care. It is a mix of urgent and elective cases.

The department plays a central role in SKMCA's clinical service and has been at the core of the medical city's provision of pandemic care. The circa 180 COVID-19 intensive care patients were treated in the scope of the department.



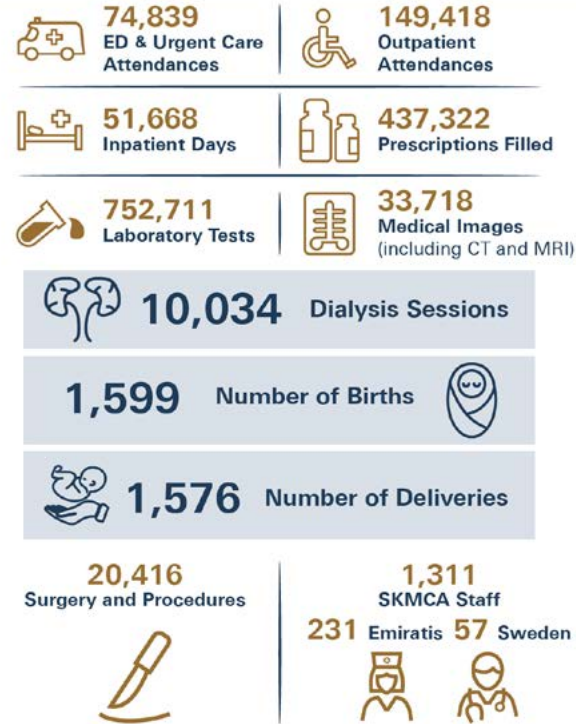
06

**2020 in Numbers**




## SKMCA 2020 Year Review

### Sheikh Khalifa Medical City Ajman 2020 Year in Review



#### Key Achievements in 2020

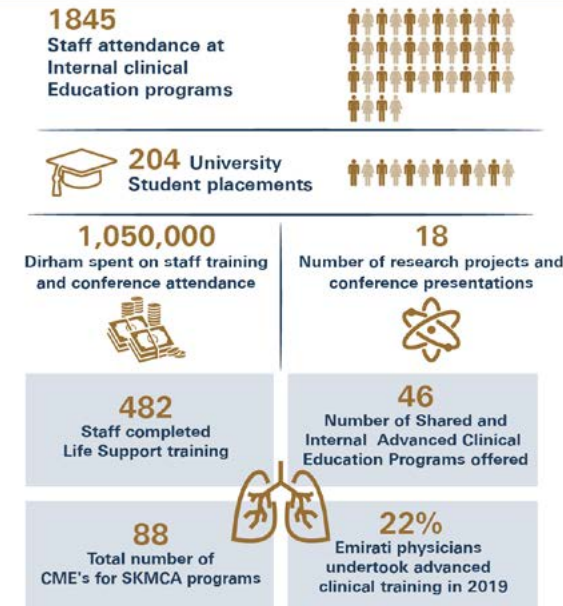
-  MOHAP Physician Award at Innovative for Health
- ISO 15189 Accreditation for Medical Laboratories
- Complete Consolidation of EMR across SKMCA
- Launching OPD Telemedicine & Home delivery service of medication
- LAIQ remained opened & outperform expectations throughout pandemic
- Launching Hotline such as breastfeeding consultation & staff support
- Enhanced internal communication in launching new intranet "WASAT"

**2.1%** Hospital re-admission rate 

Despite the COVID-19 pandemic and under Force Majeure, SKMCA managed to perform well on measured performance indicators and keep critical patient volumes, mostly due to continued operations in RCDR and SKH-WC. The scope of service was rapidly revised and SKMCA re-directed operations to focus on COVID-19 care whilst maintaining important services in carefully selected areas including Trauma Care, Maternity and Pediatrics, Dialysis and Diabetes. In addition, SKMCA took the opportunity to further develop these services by introducing new service models and ways of working including home care, home delivery and drive through services of medications, digital family visits to admitted patients and expansion of telemedicine encounters.

## Education, Training and Research 2020 in Review

### Education, Training and Research 2020 Year in Review



#### Major Activities



The pandemic made us look for alternatives to provide education rather than ceasing all together. SKMCA pioneered the move towards a completely digital platform for delivering education and training program for its employees. Education was largely continued in 2020, we halved the programs delivered compared to 2019 but at the same time the number of attendees were almost identical to the previous years. This speaks for the outreach, acceptance and adoption of this new platform by the delegates from SKMCA and around the region, as well as internationally.





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## **Centres of Excellence**

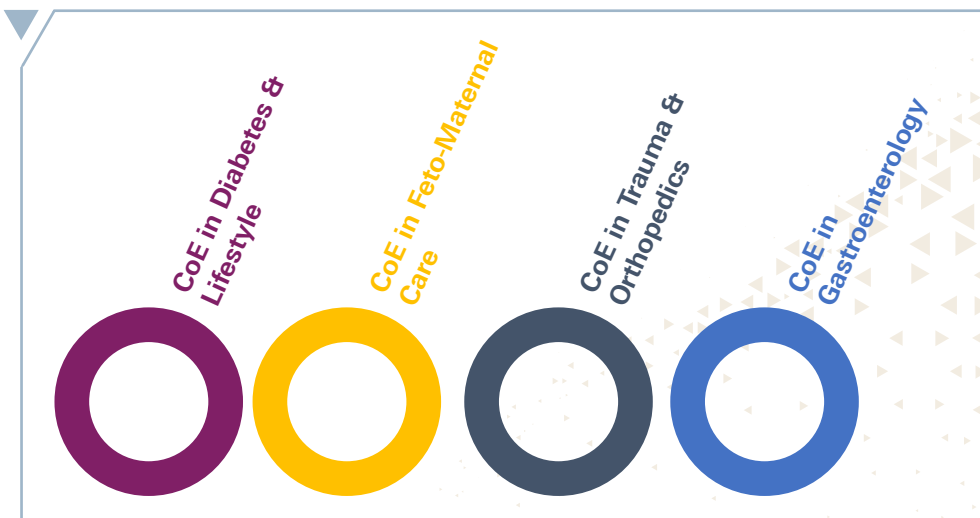
# Centres of Excellence

Since GHP's commissioning of SKMCA, discussions have been ongoing on establishment of Centres of Excellence (CoEs). The demands and needs of the population of the northern Emirates as well as GHP's track record of establishing and operating CoEs in the Nordics have served as foundation for the CoE agenda at SKMCA.

The framework is designed to differentiate each CoE as an important clinical asset that addresses key chronic and acute health conditions in Ajman and throughout the network in the northern Emirates. SKMCA aims to be an all-in-one clinic that fully utilizes in-house expertise and excellent logistics.

SKMCA aims to meet the standards to receive the designation for the CoEs in 2021.

The aim is to develop four CoEs:



## What is a CoE?

Each CoE focuses on defined patient groups with complex care needs by utilizing standardized patient pathways and an absolute commitment to quality and medical outcomes measurements.



## Criteria that make a centre a CoE:

Criteria	Requirements
System & Leadership	Leadership & governance (for example senior leadership conducts regular performance reviews)
	Strategy developed and implementation monitored
	Clinical leadership
	Manpower: experience, competency and qualifications
	Population (demand) management
	Productivity - meeting minimum volume for safe operations
Infrastructure	Health information system / clinical registry
	Facility design, incl. wayfinding
Clinical Services	Marketing strategy
	Established clinical pathways (minimum 5) to facilitate standardization of care
	CoE meets the minimum volume requirements as per the hospital's Clinical Plan
	A seamless patient referral process is in place
	CoE monitors its performance and achieves JAWDA quality metrics
	Continuity of services including follow up, referrals, etc.
Improved Outcomes	A comprehensive quality indicator system is in place
	Patient support - selected and reports patient related outcome measures (PROMS) - minimum 2
Research	Clinical quality & patient safety outcomes
	Maintenance of specific registries in line with guidance provided by TMO
	Research program
	Participation in institutional research ethics committee
Education	Publish research findings in international, peer reviewed journals
	Provide clinical staff training opportunities to maintain skills and competencies
Licensing & Accreditation	Community outreach - participate or initiate health promotion and health education programs
	Participation in national or international accreditation systems
	For example, Clinical Care Program Certification (CCPC) from Joint Commission International (JCI)

# Centre of Excellence in Diabetes & Lifestyle

## (Rashid Centre for Diabetes and Research, RCDR)

RCDR is a national tertiary outpatient reference CoE for diabetes and obesity treatment and research. This includes providing state of the art diabetes care to patient in need of specialist treatment, undertaking research in diabetes and society, providing professional education to health care providers; and actively contributing to public awareness activities in the UAE.

### Scope of service

The centre provides an all-inclusive patient-centered comprehensive care facility tailored to meet the needs of patients with diabetes and all its associated co-morbidities. The multidisciplinary professional team are also working together with other departments within SKMCA. The majority of the CoE's patients are adults with type 2 diabetes (88% of patient volume), type 1 diabetes (12 %) and gestational diabetes. More complicated cases, such as patients to be considered for bariatric surgery or those in need of insulin pump therapy as well as patients with insufficient treatment concerning blood glucose, blood lipids, and blood pressure are also patient categories seen at the centre. The majority of the patients are not referred out, due to lack of resources in primary care, but rather followed in the centre over time.

## COVID-19 effects and achievements

- ▲ Despite COVID-19 restrictions, RCDR reached another major milestone in the migration of Hospital Information System into the standard platform used across the rest of SKMCA. This has enabled the consolidation of all patients into one single platform enhancing efficiencies of patient care and experience across SKMCA facilities.
- ▲ Virtual Visiting Physician Programs

### Key achievements since start

- ▲ Cerner implementation
- ▲ The patient volumes at the centre have increased from 12,000 annual visits in 2012 to today be over 45,000, yet the clinical outcomes have improved significantly. For example, the number of patients reaching HBA1c target values, which is a key measure showing the level of glucose in the red blood cells, have increased from 31% to 54% during the same period. This outperforms international benchmarks.
- ▲ During 2020, several digital services were implemented at the centre, such as home care, remote monitoring and digital consultations.
- ▲ The JCI re-accreditation was completed in November 2019 and since 2017 RCDR has offered services to insured patients.
- ▲ Since 2019, the service has further expanded to provide a weekly service in Masfoot. The medical need and positive response to service provided has led to a rapid growth, 57%

over two years. Approximately 90% of the patients are self-referrals. The average number of new patients seen per month is 150-200, of which paediatrics represents approximately 5%.

- ▲ An antenatal clinic and inpatient consultations are now fully operational and expanding with increasing patient volumes. Combined clinics are seeing an average of about 75-100 patient visits per month.
- ▲ In the ophthalmic clinic, laser treatments are in full service and eye injections were implemented in Q4 2019.
- ▲ In 2019, RCDR initiated an extended service within the lifestyle clinic for individuals with obesity and developed it into a bariatric clinic with the option for bariatric surgery when required.
- ▲ A paediatric endocrinology clinic started February 2019, providing services for children below the age of 15 in both diabetes and endocrinology.
- ▲ The foot clinic, which develops and supervises the diabetic foot care including treating diabetes foot ulcers in the northern Emirates, has strengthened its clinical capacity by recruiting a highly qualified endocrinologist with special expertise in diabetes foot care and a multidisciplinary team approach including also orthopaedic surgeon, vascular surgeon and podiatrist.
- ▲ To meet the increasing demand for insulin pump therapy for type 1 diabetes, an insulin pump clinic started in 2019.
- ▲ RCDR conducts research and gives presentations at conferences highlighting SKMCA and the CoE. The centre has three consultants and one nutritionist with PhD degrees. The consultants are research active and regularly speak or present

papers and posters at national and regional conferences like EDEC, AACE, Kuwait Paediatric Conference and our own RCDR conference. Two of the PhD degree holders were awarded research seed grants in 2019. The CoE has close collaboration with Sharjah Medical University and Gulf Medical University, with students attending RCDR weekly for training and education.

- ▲ RCDR is fostering community awareness about diabetes, prevention and lifestyle changes. On World Diabetes Day (November 14), open sessions were held in the community with glucose screening and advice. Elementary school students were entertained in our centre over 2 days and were given information and education about diabetes.



# Centre of Excellence in Feto-Maternal Care

Conceiving, carrying and delivering a new child is one of the most central things in a woman's and family's life. However, it can also be one of the riskiest things she will ever do. Providing excellent and up-to-date care to ensure a healthy mother and healthy child is the primary goal for our CoE in Feto-Maternal care. Through an all-encompassing maternal care, complicated pregnancies will be detected and transferred to separate multi professional teams within the CoE dealing with maternal and/or foetal complications, delivery, neonatal, paediatric and maternal care in a continuous process. The centre will have the resources to make advanced intrauterine diagnoses and treatments, care planning, place and timing of delivery, depending on the potential problem of mother or the un-born child at hand. For the new-born at SKMCA, adequate neonatal care is offered in collaboration with other centres. Life-style information forms an important part of the service.

The centre is staffed with obstetricians, midwives, delivery nurses, physiotherapists, neonatologists and NICU nurses. The service is reinforced by paediatric surgeons, paediatric anaesthesiologists and paediatric cardiologists for better possibilities to deliver and care for the extreme premature and/or sick babies.

## Scope of service

The complete care process from conception to 28 days after delivery is under the scope of the centre, in all relevant specialties,

as well as pre-conception treatment and counselling to ensure the goal of a healthy mother and healthy child.

## • Key achievements since start

- ▲ An antenatal care service has been established according to the Swedish model and it creates the foundation for the centre. Antenatal care is critical to enable full support of normal pregnancies and diagnose the abnormal ones to be able to manage them with the available expertise, such as preeclampsia, hyperemesis, growth restrictions, mal-placentations and multiple gestations. The number of enrolled booked patients have increased since 2018.
- ▲ Establishment of Enty al Hayat clinics with lifestyle classes have contributed to lifestyle and pregnancy information to several hundreds of pregnant women in various forms.
- ▲ A multi-professional clinic that focuses on diabetes during pregnancies have been established and surrounding hospitals have started to refer patients to the unit. The clinic includes a professional team care of our diabetic pregnant women. It addresses all the problems during pregnancy related to both type I and type II diabetes. It provides an OGTT (Oral Glucose Tolerance Test Screening program) and structured follow up on abnormal tests.
- ▲ Development of gynaecological surgery have contributed to an increased number of procedures overall within the gynaecological and fertility improving surgery. Laparoscopic surgery has been greatly expanded and is now by far the predominant approach to pelvic surgery. Procedures done

by laparoscopic approach are for example myomectomies, hysterectomies, ectopic and cornual pregnancies, ovarian cysts, endometriosis, and abdominal cerclage, previously almost exclusively managed by open surgery.

- ▲ The NICU has a high bed occupancy rate for its 17 beds as patients from surrounding hospitals are also referred to the unit.
- ▲ The Special Care Baby Unit (SCBU) opened with very good effect on the care of patients and relieving NICU from the intermediately sick children such as jaundiced neonates, neonatal growth problems etc.
- ▲ Some examples of clinical achievements in the labour room are:
  - ▲ Decreasing caesarean rate from 33 to 25%
  - ▲ Decreasing the rate of perineal cutting from 58 to 8% without increasing the rate of big tears
  - ▲ From 2018 to 2019 the rate of stillbirths reduced by 30%
  - ▲ "Pain-free" deliveries have been introduced including epidural anaesthesia availability 24/7
  - ▲ Supporting vaginal delivery after previous caesarean delivery
  - ▲ Fathers are invited to be present at normal deliveries and caesarean sections. This has been introduced with great success, supporting the whole family
  - ▲ Successfully delivering many high-risk patients safely e.g. quadruplets



# Centre of Excellence in Trauma & Orthopaedics

The CoE in Trauma & Orthopaedics will shoulder the responsibility to be at the forefront of development and innovation in the fields of Adult Trauma Care when it comes to conditions in need of surgical management independent of anatomical system. This will also impact both planned and trauma orthopaedic and spine treatment, acute care surgery very positively. Acute Care rehabilitation and elective OPD based rehabilitation will also be a part of the system. Another focus is the sharing of knowledge, arrangement of courses and training with other MOPA and referral hospitals.

SKMCA is a de facto trauma centre receiving patients with all types of trauma and ca 40% of that population has fractures, including complicated fractures. The trauma care within SKMCA is extensive with around 700 trauma alerts yearly (10% level 1, 52% level 2 and 38% level 3). These are included in our registry and thus admitted from the ED to the hospital (Injury cases dealt with at the ED and discharged home are excluded). 35% of the trauma patients are UAE nationals. High patient volumes create an opportunity to improve and maintain high quality. SKMCA aims to be an all-in-one clinic that fully utilizes in-house expertise and excellent logistics.

Department of Surgery has a leading role in SKMCA Trauma Centre and together with Department of Orthopaedics, Anaesthesia and ICU and ED make a comprehensive force in the development of the CoE. Department of Surgery is leading the trauma organization, operation and provision of the trauma care

in accordance to American College of Surgeons (ACS) Criteria and is committed to meet the criteria of a level II trauma centre. The department also leads the educational activity of the trauma centre including trauma team training, CME programs, trauma grand rounds and coordination and participation as faculty in ATLS and ATCN.

To achieve this, the CoE should offer complete professional healthcare teams. There is a need for a structured collaboration within the multi professional team around the patient, meaning a high degree of continuity for patients throughout the course of treatment.

## Scope of service

The centre is focused to save lives of the traumatized patient, to damage control emergencies, to treat critical conditions and to restore anatomy and function of organs and musculoskeletal injuries and disorders. The involved departments have clinics for follow up of the patients to insure best outcome of any disorders that have a correlation to lifestyle. The centre treats all kind of surgical emergencies related to trauma care (trauma levels 1, 2 and 3 as per set criteria) with state-of-the-art treatment and second opinion centre for fracture complications and reconstructive plastic surgery. The trauma-related emergency cases often consist of complicated high-energy fractures (long bones, pelvis, hand and spine), associated laceration injuries/wounds debridement (infections) and sports related injuries such as tendon repairs.

## Key achievements since start

- ▲ Multidisciplinary trauma alert 24/7
- ▲ Staffed with specially trauma trained physicians and nursing staff 24/7
- ▲ FAST available immediately and 24/7
- ▲ Multidisciplinary approach
- ▲ All physicians are ATLS certified
- ▲ Physicians trained in FAST (Focused Assessment with Sonography in Trauma)
- ▲ Handles 700 trauma alerts yearly
- ▲ Established a massive transfusion protocol
- ▲ Increased competency by recruiting more consultants and specialists
- ▲ Running monthly trauma drills
- ▲ SKMCA is a de facto trauma centre receiving patients with all types of trauma. Around 40% of the trauma population has fractures, including complicated fractures. High patient volumes create an opportunity to improve and maintain high quality. Sheikh Khalifa Hospital.





# Centre of Excellence in Gastroenterology

Gastroenterology was founded as a completely new service in 2017. Endoscopies are performed in a multi-purpose minor operating theatre with proper endoscopy room, dishwasher and cabinets as well as endoscopy towers, both for elective and emergency cases. Through common routines, follow-ups, procedures and guidelines, the multi-professional team consists of experts from several departments in SKMCA. The service also cooperates with other MoPA hospitals as well as non-MOPA hospitals in accordance with the overriding principle of lifestyle change.

Routine procedures include diagnostic and therapeutic gastroscopies and colonoscopies. Advanced procedures such as ERCPs and PEG (Percutaneous Endoscopic Gastrostomy) placement are now also performed. Besides standard treatments in gastroenterological disorders, Intra gastric balloon placement for weight loss to avoid, or before, bariatric surgery, besides standard treatments in GE disorders and biological are also performed. Gastroenterologists as well as paediatricians, bariatric surgeons, general surgeons, nutritionists, physiotherapists, specialized nurses and RCDR endocrinologists. The Department of Radiology supports the CoE through high quality and new CT and MRI imaging, where MRCP now is a common diagnostic adjunct.

## Scope of service

The scope of services of the future CoE in Gastroenterology is to provide a comprehensive range of services for paediatric, adolescent and adult patients. The CoE will strive to limit the impact of both acute and chronic gastrointestinal diseases on population morbidity and mortality. The centre comprises medical and surgical services and includes prevention, diagnosis and treatments of disorders from the gastrointestinal system.

## • Key achievements since start

- ▲ Gastroenterology was founded as a completely new service in 2017.
- ▲ At the end of 2019, the team consisted of a consultant in adult gastroenterology and a consultant in paediatric gastroenterology as well as an endoscopy nurse, an OPD nurse and a nutritionist. A second consultant adult gastroenterologist adding scientific expertise in gastroenterology has joined in 2020.
- ▲ Endoscopies are performed in a multi-purpose minor operating theatre with proper endoscopy room, dishwasher and cabinets as well as endoscopy towers, both for elective and emergency cases.
- ▲ Routine procedures include diagnostic and therapeutic gastroscopies and colonoscopies. Advanced procedures such as ERCPs and PEG (Percutaneous Endoscopic Gastrostomy) placement are now also performed. Besides standard

treatments in gastroenterological disorders, Intra gastric balloon placement for weight loss to avoid, or before, bariatric surgery, besides standard treatments in GE disorders and biological are also performed.

- ▲ An endoscopy nurse has been trained and together with OPD nurse and nutritionist, the team has been settled. The minor OT has been refurbished with proper endoscopy room, dishwasher and cabinets and new endoscopy towers for elective cases.







08

## Patient Safety Culture

# Patient Safety Culture

At SKMCA, great emphasis is placed on encouraging and permissive leadership contributing to an improved patient safety culture. In the last two years, SKMCA has participated in a patient safety culture survey. The survey is conducted by a third party and is based on an international method from the Agency for Healthcare Research and Quality. Approximately 60% of the staff participated in 2020 and the results exceed the average in the Arab region for 10 out of 12 parameters and for the majority of the parameters the hospitals exceed the Swedish average. The results show a robust patient safety system that also works during pandemic medical care.

The high result in the patient safety for SKMCA is extraordinary and is a product of all collective efforts from the governing body, the Swedish operator GHP and especially the co-workers. We should be proud to have achieved such high scores in two consecutive years, despite the extreme stress on the health care system globally and at SKMCA caused by the COVID-19 pandemic. The overall result of the patient safety culture assessment for 2020 demonstrates high levels of patient safety culture in SKMCA.

This is a result of a continuous patient safety work, e.g. through the implementation of Green Crescent which is a visual tool in which clinical staff after each shift ask 1) Have there been any injuries or risk of injury?, and 2) can we improve? Also contributing is the development of standardized clinical programs, which has been especially important in the response to the pandemic with a steep learning curve and frequent updates on best practice treatment.

## ► What is a patient safety culture?

The safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behaviors that determine the commitment to and style proficiency of an organization's health and safety management. Organizations with positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety and by confidence in the efficiency of preventive measures.

## ► Why do we need to measure patient safety culture?

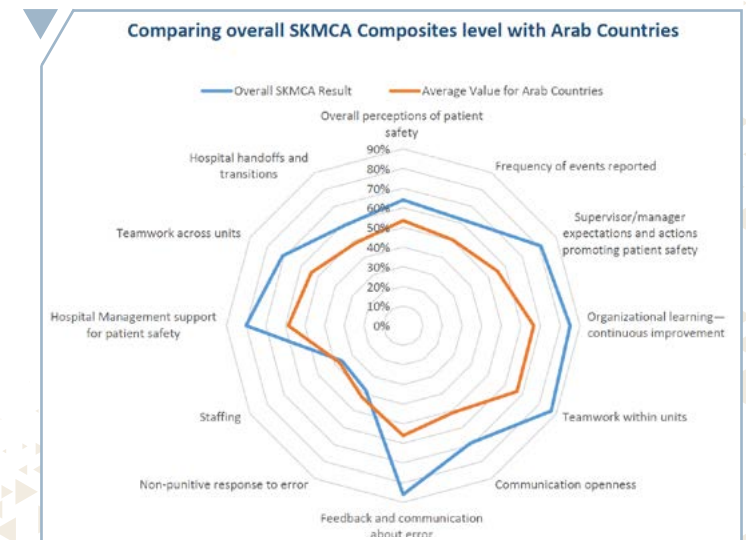
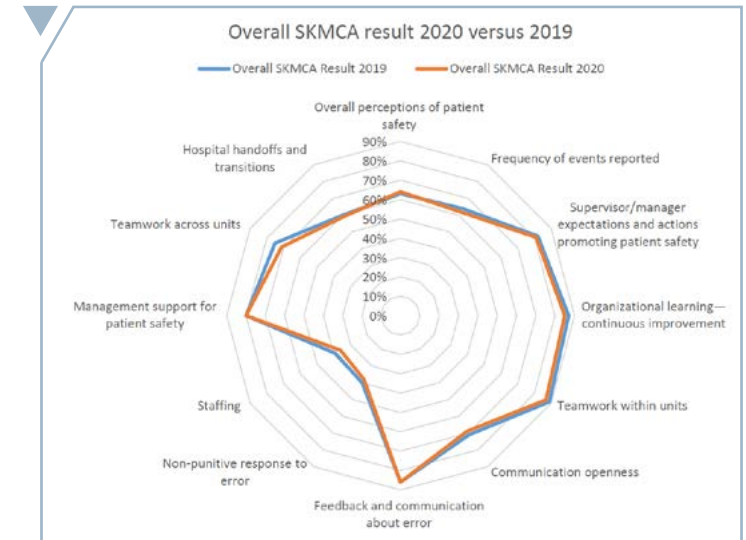
The purpose of measuring patient safety culture is to assess the current status of patient safety culture among SKMCA staff, which will be considered as a core element of the many efforts to improve patient safety to minimize the risks of avoidable injuries in the patient care.

## ► HOW is patient safety culture survey performed?

the patient safety culture at SKMCA, an online survey using a standardized tool from Agency for Healthcare Research and Quality is used (<https://www.ahrq.gov/>). The survey will highlight issues about patient safety in a specific location, units, departments, or among professions at SKMCA.

## ► WHO are included in the patient safety culture survey?

The survey was distributed to hospital staff including **physicians, nurses, allied health** (includes, Pharmacists, dietitians, radiographers, Medical laboratory technicians, technologists and phlebotomists, Anesthesia technicians and assistance, Podiatrists, physiotherapists, optometrists,) and **administration staff** (includes staff from Human resources, Finance, Quality Department, shared operational services, CEO administration services, and Education and Training).



Reference:  
Elmontsri, M., Almashrafi, A., Banarsee, R., & Majeed, A. (2017). Status of patient safety culture in Arab countries: a systematic review. *BMJ Open*, 7(2). doi: 10.1136/bmjopen-2016-013487  
Arab Countries included in the benchmark are, Egypt, Jordan, Lebanon, Saudi-Arabia, Oman, Palestine, Kuwait.



## The composites elements and definitions are:

### Overall perceptions of patient safety:

Procedures and systems are good at preventing errors and there is a lack of patient safety problems.

### Frequency of events reported:

Adverse events are reported through the Green crescent, Incident reporting, Sentinel events and clinical complaints.

### Supervisor/Manager expectations & actions promoting patient safety:

Supervisors/managers consider staff suggestions for improving patient safety, praise staff for following patient safety procedures, and do not ignore patient safety problems.

### Organizational learning—continuous improvement:

Mistakes have led to positive changes and changes are evaluated for effectiveness.

### Teamwork within units:

Staff support each other, treat each other with respect, and work together as a team.

### Communication openness:

Staff freely speak up if they see something that may negatively affect a patient and feel free to question those with more authority.

### Feedback & communication about error:

Staff are informed about errors that happen, are given feedback about changes implemented, and discuss ways to prevent errors.

### Non-punitive response to errors:

Staff feel that their mistakes and event reports are not held against them and that mistakes are not kept in their personnel file.

### Staffing:

There are enough staff to handle the workload and work hours are appropriate to provide the best care for patients.

### Management support for patient safety:

Hospital management provides a work climate that promotes patient safety and shows that patient safety is a top priority). Teamwork across hospital units: Hospital units cooperate and coordinate with one another to provide the best care for patients.

### Handoffs & transitions:

Important patient care information is transferred across hospital units and during shift changes.

## KPI development

The improvements in quality of care are further noticeable in SKMCA's fulfilment the hospital KPIs.



Since 2016, a set of KPIs (approximately 80) have been at the core of the management and operation of SKMCA. The KPIs and its targets are defined annually, however majority of the indicators have been recurring during the past five years. The KPIs at SKMCA have during the past five years ranged over nine domains:

### What is a KPI?

A Key Performance Indicator (KPI) is a measurable value that demonstrates how effectively an organization is achieving key clinical and business objectives. Organizations use KPIs at multiple levels to evaluate and improve their performance.

### Why do we measure KPIs?

1. Patient Safety
2. Timeliness and Access
3. Clinical Effectiveness
4. Operational performance
5. Utilization of resources: Finance
6. Utilization of resources: Supply Chain
7. Patient experience
8. Care environment
9. Human Resources

Every member working at SKMCA contributes to the hospital's performance on the KPIs and are proud of the KPI development. Between 2016 and 2020, the hospital has through collective efforts in all disciplines managed to increase KPI scoring from 50% to 94%.



## Examples of development & improvement in 2020

### Accreditations

During 2020, RCDR and SKH-WC was JCI re-accredited with excellent feedback from the JCI lead auditor.



### Medical laboratories in Sheikh Khalifa Medical City Ajman was awarded the international accreditation certificate "ISO 15189"

The laboratories at Sheikh Khalifa Medical City, in Ajman and Masfoot, have achieved the ISO15189 requirements for quality and competence for laboratories. The ISO 15189 is used by medical laboratories to develop the quality management systems and assessing the staff's competence. This accreditation is in

line with the strategic plan to upgrade the healthcare system in SKMCA to meet the requirement to international standards. The survey was the first global online survey, with auditing through videoconference, distance review of documents and filmed lab-processes.

"The project to achieve the ISO-accreditation started 2018. The use of standardized protocols and use quality management system will ensure consistent and high quality in all lab tests. The ISO-accreditation will oblige us to re-confirm our processes, and will maintain the high standard also in the future." says Joacim Stalfors, CQO at SKMCA.

The driving spirit for the accreditation has been Dr. Najat Mohammed Rashid, Director of Medical Laboratories at Sheikh Khalifa Medical City in Ajman, which has work unremittingly together with the staff in the laboratory. The accreditation would not have been possible without the commitment from all staff to quality improvement and education.

"I would like to thank all that have contributed in this achievement. Our score was higher than 98% compliance to the standards! All staff in the laboratory have worked hard as one team and everybody should be proud" says Dr Najat.

### Waiting times

Waiting times are at the core of the patient experience and shows our ability to be accessible to our patients. Due to challenges in terms of lack of systems, high rates of emergency visits and certain patient behavioural factors such as a low rate of scheduled appointments, the waiting times KPIs have been

a key focus for improvement. In 2020, we should all be proud of the achievements in terms of reducing waiting times and thus improving access to care despite COVID-19 affecting some areas.

### Quality Improvement Projects 2020

SKMCA's vision is to be the patient's first choice. That achievement can only be met by continues improvement of care, which is encouraged through the SEE IT-SAY IT and FIX IT policy. In the 4th edition of SKMCA's annual Quality Day, medical and administrative staff worked together to implement 11 development projects which contributed in improving the quality of health care in the Emirate of Ajman.

We congratulate Nurse Wafa Harbagi, pharmacist Israa Al-Habbal and nurse Betsy Thomas for winning the best improvement projects with the highest positive results in health care services at SKMCA by the SKMCA's Quality Department.

Please refer to a brief description of 12 quality improvement projects in the following page.

### 2020 Quality Improvement Projects

During 2020, 12 projects in various areas were conducted despite the COVID-19 pandemic.

### 1 - Patient Fall in Male Ward "Winning project"

Nurse Betsy Mary Thomas, Male ward

The improvement project of providing long oxygen tubing or portable oxygen cylinder whilst patient goes to the washroom led to elimination of fall incidents among COVID-19 patients.

### 2 - Tackle the impending SCBU admission due to hypoglycemia by promoting early breast feeding and skin to skin contact

Nurse Jisha George, Maternity Ward - SCBU

Using Quality improvement methodology, early feeding & obtaining a blood glucose measures in asymptomatic infants at 90 mts was implemented. This protocol to change measurement in a high risk infant led to decreased rate of transfer to SCBU for hypoglycemia.

### 3 - Electronic documentation system of Medication-related counselling for High Alert Medication "Winning project"

Pharmacist Israa Habbal, Pharmacy

Improvement in documentation process for Medication-related counselling of High Alert Medication through implementing a standard tool for electronic documentation led to improved patient safety, effective patient counselling and improved patient satisfaction by more than 30%.



**4 - Enhanced communication process to effectively manage patient wards**

Nurse Christal Jaba, Male ward

Improved process of Inter hospital Transfer communication, Team leader communication and Control board resulted in 74.3% increase in effectiveness in communication and efficient interdepartmental transfer of patients.

**5 - Peritoneal Dialysis**

Nurse Reena Sajan, Renal Unit - Internal Medicine

The introduction of Peritoneal dialysis has proven to offer the following benefits.

- Clinical: Peritoneal dialysis can be a strong foundation for transplant success,
- Economic: increase in demand and cost is less.
- Social: Has improved the patient’s life-style, satisfaction and the availability of flexible home treatment.

**6 - Quality Improvement Project on kangaroo mother care**

Nurse Safia Awadh – Maternity Ward - SCBU

A 3 days workshop for re-education, and reinforcement of Kangaroo mother care practice and detailed documentation about Kangaroo mother care helped reinforced the impact COVID-19 had on Kangaroo mother care is a Baby Friendly Hospital Initiative (BFHI).

**7 - Optimization of Main store Or-Quality**

Nurse Stephy Harshal Kunnel - OT and Postoperative Beds

To maximize the Peri-operative Supply by Optimizing use of OR Main Store & to Improve Staff Satisfaction in Operation Theater, A PDSA cycle was initiated. This led to an upswing in stock level, inventory accuracy & closed the gap of uncertainty in finding store items.

**8 - Pediatric Diabetes Clinic Quality Project “Winning project”**

Nurse Wafa Harbagi, Diabetes Education- Diabetes Clinic

Selected patients were educated and trained to download CGM data online at home then sharing it with RCDR. This led to significant reduction of HbA1c amongst these patients from 8.5% to 7.7% over the 3-month period. This also enabled reduction in RCDR footfall while providing care through teleconsultation and follow up.

**9 - Quality Improvement Project on ensuring direct skin to skin contact for all newborns delivering in SKHWC**

Nurse Dhanya Babu, Labor Room

Through additional education for new mothers and staffs on skin to skin contact with full term healthy baby immediately after delivery has proven to promote maintaining infant thermoregulation and blood sugar. It also helps regulate heart beat and breathing. It further enhanced the bonding between mother and baby.

**10 - Increasing the Compliance of Pain Reassessment documentation for OB-Gynae Cases**

Nurse Nourhan Mahmoud, Gynecology Unit- Urgent Care Department

The initiative to closely analyse, audit and monitor staff training and awareness on documentation of pain reassessment led to increased compliance of Pain Reassessment Document and Improved SBAR communication

**11 - Laboratory Quality Improvement Project; Reduce Laboratory Test Results with Unrealistic TAT**

Huda Alsaadi , Medical Laboratory

The implementation of the test quality improvement and monitoring initiative to achieve set targets led to below 50 incidents / month where test results with short TAT at SKH-G laboratory.





09

## Education, Training & Research



# Education, Training & Research

It goes without saying that 2020 proved to be a challenging environment for hospital operations worldwide. This was definitely the case at SKMCA, not only for clinicians concentrating their care on COVID-19 patients, but also having to think about alternative approaches to education, training and research. Clinicians were working overtime, social distancing for education events was mandated by the UAE Ministry of Health and Prevention and many staff were required to work from home or were in quarantine due to the pandemic.

## **SKMCA turns to a digital solution to support the care, treatment and diagnoses of clinically challenging patients**

For the last 4 years, GHP has brought visiting consultant physicians to SKMCA from GHP and affiliated Swedish health services eight times per year to help increase competency and capacity of the hospital medical staff around the clinical specialties of Feto-Maternal, Orthopedic/Spine, Diabetes/Endocrinology and Gastroenterology. Due to travel restrictions and social distancing measures brought on by the COVID-19 pandemic, GHP & SKMCA had to find alternatives to our usual practice of face-to-face support from the Swedish specialists. The Education, Training and Research Department at SKMCA developed the concept of a Virtual Visiting Physician Program. The approach consisted of SKMCA physicians connected in a real time secure network link to GHP consultant physicians in Sweden. SKMCA presented, consulted and

discussed some of the more challenging cases with their Swedish colleagues.

Patients benefitted from the combined clinical expertise of SKMCA's consultant physicians along with some of Sweden's premier clinicians. The secured network allowed the clinicians to review x-rays, pathology results as well as conduct direct consultation with a number of patients.

This new approach to patient consultations allowed for the reviewing of previous surgery and doing pre-operative consultations for future visiting physician programs when travel is possible again.

The GHP expertise was crucial in providing the clinical knowledge transfer in sub specialties such as pediatric orthopedics, diabetic foot, diabetic retinopathy, gastroenterology and hepatic disease. The move to a Virtual Visiting Physician Program demonstrated innovation and ingenuity in the time of a pandemic that threatened to halt the usual exchange of knowledge from the Swedish physicians. We applaud the teamwork of SKMCA's Education, Training and Research department, the IT department, and the clinicians at SKMCA and GHP. This program has demonstrated great success through advancing patient care with the best clinical expertise that SKMCA and GHP in Sweden can provide.

"Once the pandemic really started to impact services locally in early 2020, hospitals and other education providers either cancelled or postponed clinical education programs. When the health industry around us saw COVID-19 as a problem, we at SKMCA saw it as a challenge to be solved."  
Adjunct Professor Gary Day, SKMCA's Quality Director

## **SKMCA moves to online clinical education**

Over the last several years, SKMCA successfully ran up to five regional conferences per year, as well as a huge number of physical clinical education sessions for physicians, nurses and allied health professionals. The pandemic made SKMCA consider alternatives to the usual face-to-face education models that we have used successfully in the past. We knew from the literature that providing professional development improves staff satisfaction and morale and that's important at a critical time like this. Our team's approach was to offer safe, quality, timely, easily accessible and contemporary clinical education that SKMCA could have some level over. SKMCA took the strategic decision to purchase an online platform to deliver both large education events and smaller education sessions. During 2020, SKMCA conducted four E-Symposiums accessing a range of excellent speakers from GHP as well as other affiliated Swedish clinicians and link them digitally to the clinical audience in the UAE. Education on the new digital platform can be accessed from

a desktop or mobile device. SKMCA has even recorded the presentations and provided links to staff that could not attend the live event.

The system has enabled SKMCA to access staff whether they are at work or home; link to other hospitals and staff in the UAE as well as the GHP hospital in Kuwait and connect participants from the UAE, Saudi Arabia, USA, Kuwait, Sweden and the UK. The evaluation of the system has shown the move to digital clinical education has been extremely effective, safe and inexpensive approach to educating large groups of clinicians. This new approach has been highly regarded by SKMCA clinical staff and external participants which offered them new ways of undertaking ongoing education. Engagement with the approach has been high, in fact we had more attendances at our E-Symposiums in 2020 than our conferences in 2019. SKMCA plans to continue and grow this approach during 2021.



10

**Into The  
Community**



# SKMCA Outreach Program Plays Vital Role in

In support of UAE government's fight against COVID-19, SKMCA has conducted several educational and healthcare awareness programs during 2020 benefiting both health professionals and the general public. The strategy combines technology utilization, safety precautions, and educational and awareness programs, in addition to share SKMCA ongoing surgical outcome achievements and be in support of SKMCA employees during the challenging time. The measures aim to support the UAE Government's policies and in alignment with the government directives in this regard.

Being a responsible health care provider in the Ajman community and UAE, SKMCA efforts aimed to instill confidence and awareness among the employees, customers and other businesses so that they are better prepared to ensure their own safety and support the fight against the global pandemic.

## COVID -19 Awareness

- Staff, patients & visitors were all kept informed & educated on COVID- 19 which includes: the information on COVID-19, how it can spread, symptoms, and safety measures. All information were shared around the premises and on digital screens.
- Policies in relation to hospitals visit restrictions, Emergency Department workflow and Telemedicine were all printed for Public awareness.
- At a later stage, condense information about COVID-19 was

prepared in a booklet both in English and Arabic and was distributed in entrances & waiting areas. Similar content was developed to a younger target audience, designed for children which was an Initiatives from Pediatrics Department.

- Mobile sanitizer Units were prepared & added in all main entrances in SKMCA for staff, patients, visitors to use

## Supporting SKMCA Staff

- Multiple electronic mailers were prepared covering normal topics connected to well-being was shared with all personal at SKMCA
- Creating SKMCA COVID-19 heroes badges, as an Initiative to appreciate staff for their hard work
- Recognized Nurses for being our first line of defense with special messaging gifts during Nurse Day.
- Promoting HR Mental Health Hotline initiative to all staff

At the community level, SKMCA has published more than 20 online COVID -19 awareness social media posts benefiting health professionals and general public. Topics included Infection Control and Prevention, correct usage of personal protective equipment, Nutritional tips, mental Health tips & advices. Open and effective communication is at the centre of SKMCA's efforts in creating awareness and preparedness against the COVID-19 threat. Staff and patients and their families are regularly instructed on the importance of sanitization, hand-washing techniques, social distancing and other precautionary measures.

# Combating COVID -19 in Ajman Community

## Celebrating Clinical Achievement

- Feb 2020: Press release: Sheikh Khalifa Medical City Ajman is proud of the achievements of the pediatric surgery department
- July 2020: Medical laboratories in Sheikh Khalifa Medical City Ajman get the international accreditation certificate "ISO 15189
- July 2020: Outsource PR: UAE hospital helps repatriate Indian construction worker paralyzed waist down
- Sep 2020: In celebration of World Heart Day, Sheikh Khalifa Medical City – Ajman present "Save a patient" initiative

## Community Engagement Programs

- Promoting Education ,Training and Research department E-symposiums
- Patient educational programs covering heart's health, healthy food, hand hygiene, water day, World Pressure injury day, World Pharmacists day, Infection and prevention week, breastfeeding week and other awareness topics in connection to international awareness days
- Blood donation campaigns targeting SKMCA staff and external partners both in Ajman and Masfoot



**Laiq**  **لائق**  
Medical Screening Center  
Sheikh Khalifa Medical City/Aiman  
مركز الفحص الطبي  
مدينة خليفة الطبية | أيمان

Medical Screening  
Center

**Laiq**

11

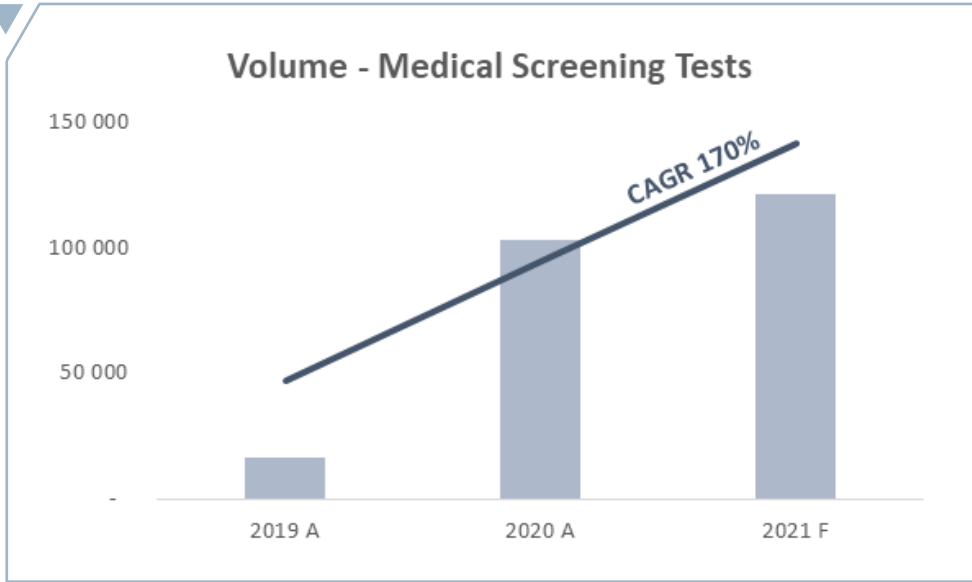
**LAIQ Medical  
Screening Centre**



Special Project LAIQ

LAIQ is a special project launched in April 2019 to perform medical screening services for the Ajman community. The project is a three-party collaboration, with SKMCA providing the clinical expertise in terms of manpower (physicians, nurses and medical technicians) as well as medical equipment and supplies. The two other parties provide the operational expertise and the technology platform to run the centre.

The centre, equipped with integrated medical equipment, a modern and efficiently designed service area and multi-track service level, quickly gained recognition among the northern Emirates population as a convenient ‘one stop shop’ for all their UAE residency and Emirates ID affairs. Volumes have grown from 12,000 applicants during 2019 to over 100,000 in 2020 and is projected to exceed 120,000 in 2021. Volumes were given a boost during the pandemic as LAIQ was the only centre open during a period and has then continued to grow despite the opening of several competing service providers.





12

## **Sheikh Khalifa Hospital – Masfoot**



### Backbone of Our COVID-19 Respond

Since opening its doors 24/7 in early 2019, Sheikh Khalifa Hospital Masfoot continues to play a crucial role in serving the local community with its state-of-the-art facility. In 2020, the hospital further played a critical part in SKMCA's response to the COVID-19 pandemic.

During the first wave when SKMCA had to implement contingency care, a rapid rollout of increased capacity to care for COVID-19 patients was needed in Ajman while maintaining safety of non-infected patients.

- Long stay patients were transferred from General Hospital to Masfoot to continue their recovery while enabling capacity in Sheikh Khalifa General Hospital - Ajman to be increased for COVID-19 care.
- The extra capacity meant that with minor refurbishment, ICU capacity was increased by 150% from 12 to 30 beds
- Sheikh Khalifa Hospital Masfoot continues to be maintained as COVID-19 free facility and continue to serve the local community.





13

**Into 2021 & Beyond**



### What we want to achieve

On the journey towards our vision to be “Patient’s first choice”, there are six Strategic Themes to guide us in 2021 and beyond. Each of the Strategic Themes are fundamental in our mission to deliver high quality care and in the Presidential Initiative assignment, to transfer knowledge and to establish long-term sustainable operations. To achieve this there will be a strong focus on improved financial performance through volume and revenue growth, cost control and efficient clinical and administrative processes.



### Patient Experience:

SKMCA should attract patients by providing high quality patient centered care with a high degree of professionalism and hospitality. This will in turn support patient satisfaction, the extent to which a patient is content with the healthcare provided including the auxiliary services.

### 2021 initiatives:

- Continue to develop the Patient & Family Centred care approach
- Improve Access to healthcare
- Enhance Marketing & Communication support

### Quality of Care:

Continuous improvement of the quality of care is at the core of SKMCA’s operations. Increased focus on the elective-acute care balance will be key as well as continued development and implementation of standardized clinical programs. To ensure the quality of care in an objective way accreditation will continue to be fundamental.

### 2021 initiatives:

- Focus on Elective Care development
- Implement Standardized Clinical Programs
- Ensure Accreditations & Quality Registry work including JCI

### Centres of Excellence (CoE):

SKMCA’s four Centres of Excellence are under development towards future accreditation in accordance with the Department of Health Abu Dhabi JAWDA definition. This is an integral part of the SKMCA strategy and reflects the GHP Specialty Care core value “Quality through specialization”. Through common patient pathways and transparent follow-up, our inter- and multi-professional teams shall provide evidence-based medicine with state-of-the-art treatments and prevention through lifestyle changes.

### 2021 initiatives:

- Define the Roadmap for each Centre of Excellence
- Secure Outcome driven care
- Work with Patient Involvement using PROM & PREM (Patient Reported Outcome/Experience Measures)

### Operational Excellence:

SKMCA is committed to operate and to utilize resources in an optimal way to improve operational as well as financial performance and productivity.

### 2021 initiatives:

- Improve inventory management process & governance for Medical Consumables
- Improve Reporting & Control capabilities & tools

### Knowledge Transfer:

Knowledge transfer from International companies and development of Emirati nationals are key elements in the Presidential Initiatives and core assignments given by MOPA to GHP in the operations of SKMCA. Excellent knowledge transfer and development of Emirati nationals are realized by a solid Swedish knowledge base that actively shares clinical, administrative and management capabilities from Sweden and GHP to all staff at SKMCA, and Emirati nationals in particular.

### 2021 initiatives:

- Consultant Driven care to secure quality of care and clinical competence development
- Leverage Swedish Universities & GHP collaborations to accelerate knowledge transfer
- Secure access to Research publications and encourage research initiatives

### Sustainability:

Operating SKMCA in a sustainable way is key to long term success. A central part of our quest for societal benefit is having a sustainable approach to everything we do. We will move towards being self-sustained with competence, as well as financially, while contributing to a more sustainable world.

### 2021 initiatives:

- Secure Human Capital sustainability - Staff health, professional development & Emiratization
- Strive for a Financial Sustainable SKMCA
- Contribute to UN Sustainable Development Goals





# SHEIKH KHALIFA MEDICAL CITY | AJMAN

**SHEIKH KHALIFA HOSPITAL - GENERAL**

**SHEIKH KHALIFA HOSPITAL - WOMEN AND CHILDREN**



Accredited by Joint  
Commission International

**RASHID CENTRE FOR DIABETES AND RESEARCH**



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**SHEIKH KHALIFA HOSPITAL - MASFOOT**

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