



## Everyone counts

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### FROM US

#### **Message from the Director General**

I am delighted to present you the 2011 Corporate Social Responsibility (CSR) Report of Dr. Soliman Fakeeh Hospital (DSFH). Since our first report in 2008, DSFH was recognized as a leader in healthcare CSR, This leadership has been acknowledged by The Saudi Arabian Responsible Competitiveness Index (SARCI) by distinguishing DSFH as a top sustainability player for three consecutive years.

We value our patients and we strive to ensure that they receive the best quality of care. Our efforts and commitments to our patients were exemplified by being awarded the Excellence in Patient Centered Care Award in the Arab Health & Innovation during the largest healthcare exhibition and conference in the Middle East held in Dubai in January 2011. During the same event, two departments; the Radiology and Diagnostic Imaging, and the Cardio-thoracic Surgery were honored to be selected as one of the best 3 nominees for their respective awards. Those awards coupled with our JCI and ACHSI accreditations confirm that the quality of service we provide is moving in the right direction.

We at DSFH believe in our employees and consider that retaining a professional workforce requires more than a continuous upgrade of salary scale. Maintaining a good, balanced, leisure-work relationship coupled with promoting a healthy life style are crucial for recruiting and retaining those talented staff. We are proud that some of the benefits we recently offered to our employee like the full life insurance plan, the two days weekend, the free vaccination and smoking cessation plans are unique in the private healthcare sector. In addition, based on the feedback received so far, we started to address

employees' concerns through better accommodation facilities, transportation services, compensation benefits, etc. Beginning 2012, we formulated two new committees; the Housing and transportation committee and the Cultural and Social Committee. The Cultural and Social Committee will be responsible for conducting and supervising social activities and includes representatives from different nationalities to ensure that cultural issues are well addressed. The Housing and Transportation Committee will be responsible for the continuous upgrading of the housing and transportation facilities aiming to improve staff satisfaction and moral.

We hope that those newly introduced committees will achieve their goals. Furthermore, our success in addressing many of our employees' concerns was reflected in the increase year on year trend in employee satisfaction.

We continuously invest in the community we live in through the activities of our Community teaching center and the charity office that provide financial and medical support to needy patient. Last year, we encouraged our employees and visitors to donate goods that are directed to underprivileged areas. Moreover, we conducted the first charity day and the amount raised was used towards the purchasing requirements for needy patients and their families. We intend to repeat this thoroughly enjoyable event at least annually.

We understand that education and awareness are vital for any CSR practice to succeed. Consequently, we published our first CSR digital magazine aiming to increase CSR awareness among the community. This quarterly magazine was distributed through a massive e-mail platform and was made available for download from our website. The magazine was also distributed in a digital media format during all our external community activities.

Our commitment to environmental health and safety was illustrated by being one of the first hospitals in the Kingdom of Saudi Arabia to get accredited for ISO 14001 and OHSAS 18001. However, we think that the outcome of our GO-Green campaign did not yet meet our expectation and we are looking forward for better achievement years to come.

Since we developed our CSR strategy in 2009 we have been able to achieve most of our goals with the continuous support of all our stakeholders, and we are satisfied with our performance and progress. However, based on a comprehensive dialogue with our stakeholders, we started at the middle of 2011 to incorporate the CSR strategy within the hospital strategy in order to have a unified strategy with clear CSR objectives and goals. We believe by doing so we will eliminate the bias of having two strategies in our organization. Consequently, this report will be the last report based on our former CSR strategy.

I believe that the main challenge we face remains in building a culture of sustainability and transparency in the community we live in. We understand the multicultural nature of our community, as well its limitations. In order to address these issues, we have developed a CSR communication model which addresses the specific nuances of healthcare sector in KSA. Furthermore, we exemplify our future commitment to pursuing CSR awareness that promotes sustainable development by including it as a strategic goal in our newly developed hospital wide strategy.

As a leading healthcare provider, our patients will remain our first and main priority. We believe that by focusing on our patient needs and by listening to all other stakeholders, we will be able to achieve our CSR mission and maintain our leadership position

I would take this opportunity to thank all our valuable stakeholders and our CSR team for their efforts and contributions in making our sustainability journey successful.

Sincerely,

Dr. Mazen Fakeeh

**Director General** 

M. Fakeeh



## FROM US

#### Letter from the CSR Team

**Dear Readers** 

On behalf of the CSR team, I am proud to present you our achievements in sustainability during 2011.

When we began our journey 5 years ago, we were only 3 passionate staff aiming to introduce the culture and concepts of CSR to our colleagues and stakeholders. Now, I see a CSR committee that includes 14 members; most of them are executives, chiefs of divisions, and international quality accreditation team leaders, I see a well implemented strategic plan with clear and SMART CSR objectives and goals, I see a CSR representative in each department, I see active and systematic engagement with our internal and external stakeholders and I see policies and forms that embodies CSR concepts... This is a great accomplishment.

We have faced many challenges during our journey. Lack of CSR awareness, explaining, sharing, convincing others; setting strategy, implementation and monitoring are some of the challenges we faced. But with the wisdom, vision, support and commitment of our leadership, the dedication of our employees and the beliefs of all our stakeholders we have been able to overcome those obstacles and reach our goals.

I am delighted of our achievements in Sustainability so far. Our efforts were recognized by being acknowledged three consecutive years by the Saudi Arabia General Investment Authority and by being the first hospital in the MENA region to publish a CSR report based on the GRI G3 guidelines in 2008, the first to publish an externally

assured CSR report in 2010 in the healthcare sector and the first to reach an externally assured CSR report at the GRI- A level in KSA in 2011.

I am taking this opportunity to acknowledge all the CSR team for their great efforts and exceptional works, our stakeholders for their trust, our employee for their dedications and most importantly our leader for his outstanding moral, logistic and financial support, exceptional commitment and faith showed during this journey. Without you we wouldn't be able to reach our targets......Thank you all.......

Sincerely,

Dr. Sherif Tehemar

CSR team leader 2008-2012

Sh. 7ehemar





## Assurance Statement

#### Introduction

Det Norske Veritas Business Assurance ('DNVBA') has been commissioned by the management of Dr. Soliman Fakeeh Hospital ('DSFH') to carry out an assurance engagement on the DSFH CSR Report 2011 ('the Report') as applied at Level A against the Global Reporting Initiative (GRI) 2006 Sustainability Reporting Guidelines Version 3.0.

DSFH is responsible for the collection, analysis, aggregation and presentation of information within the Report. Our responsibility in performing this work is to the management of Dr. Soliman Fakeeh Hospital only and in accordance with agreed terms of reference.

#### Scope of assurance

The scope of work agreed upon with Dr. Soliman Fakeeh Hospital includes the following:

- The DSFH CSR Report 2011 (the Reporting period is the whole of 2011, except for the financial data as explained below) covering core social/environmental/economic indicators for the Hospital and not including other business units.
- The verification was undertaken during March-April 2012 and covers the DSFH head office and hospital premises.

The assurance engagement has the following limitations:

- Financial data is reported on the basis of the audited financial statement 2011 and no additional verification is done for the same since DNVBA does not perform financial data verification as part of the CSR Report Verification.
- The financial data is limited to the fact that DSFH acquired the Closed Joint Stock Company status as of 25 December 2011 and DSFH is obliged by law to close its financial result as of 25 December 2011.

#### Verification Methodology

Our assurance engagement was planned and carried out in accordance with the DNV Protocol for Verification of Sustainability Reporting and the Report has been evaluated against the following criteria:

- Adherence to the principles of Materiality, Completeness, Neutrality, Reliability, Responsiveness and Stakeholder Inclusiveness, as set out in the DNV Protocol, and
- The GRI 2006 Sustainability Reporting Guidelines Version 3.0 and its Application Level A.

As part of the verification DNV has challenged the sustainability-related statements and claims made in the Report and assessed the robustness of the underlying data management system, information flow and controls. We have:

- Examined and reviewed documents, data and other information made available to DNV by DSFH;
- Visited the DSFH hospital site at Jeddah, Saudi Arabia;
- Conducted interviews with around 40 employees (including a cross section of data owners, decision-makers and employees from different medical divisions/disciplines and other functions) of DSFH;
- Performed sample-based checks and reviews of the processes for generating, gathering and managing the quantitative and qualitative data and mechanisms for implementing DSFH's own sustainability-related policies, as described in the Report, and for determining material issues to be included in the Report;
- Reviewed the process of acquiring information and economic-financial data from 2011 audited financial statement, notes and provisions thereof.

#### Conclusions

In DNVBA's opinion, the DSFH CSR Report 2011 is an accurate and fair representation of DSFH's sustainability-related strategies, management systems and performance. In our opinion, DSFH has worked in a systematic manner to enhance its commitment to sustainable management of resources and has demonstrated commitment and transparency at all levels of the organization. DSFH has also demonstrated its commitment to continual improvement and aspiring towards external benchmarks. We expect the trend on the reporting principles to further continue and improve in its next reporting period for inclusion of more material issues, selected by taking a risk based approach to CSR. We have evaluated the Report's adherence to the following principles on a scale of 'Good', 'Acceptable' and 'Needs Improvement':

**Materiality: Acceptable.** DSFH has demonstrated internal processes that are effective in bringing out issues of significance, and these issues are adequately covered in the Report. The materiality assessment is conducted systematically through a SWOT analysis based on the four defined CSR Strategy Pillars which defines DSFH's responsibilities towards its patients.

**Completeness: Acceptable.** DSFH has demonstrated a systematic approach to selection of reporting boundary, reflecting the complete Hospital as an organization. DSFH recognizes the stakeholder expectations on the performance of other business units associated with the Hospital. Other business units under the management umbrella are described and there is clear evidence that reporting will include other business units in future.

**Neutrality: Good.** The Report is neutral in tone and provides a balanced account of the organization's performance, reflecting both positive and negative aspects. All indicators are reported in a factual and unbiased manner.

**Reliability:** Acceptable. Performance data has been presented for 2010 and 2011 and in some specific cases for earlier periods as well, in order to provide stakeholders with a most current view on DSFH's performance. Targets and the future commitment to reaching these are also described. DSFH has instituted a form of CSR data validation process and has committed to the need for a robust report/data compilation process and application of the internal medical data validation policy to enhance the reliability of data.

**Responsiveness:** Acceptable. At DSFH, an inherent quality management culture is visible, including the need to be responsive, in order to achieve continual improvement. A logical extension of this culture to its sustainability reporting system is recognized by the Hospital as being vital in ensuring transparency on responsiveness.

**Stakeholder Inclusiveness: Acceptable.** DSFH's engagement process effectively identifies the expectations of stakeholders. DSFH provides channels and tools for engagement with stakeholders. Engagement with the two key stakeholder groups (patients/customers and workers) are principally via periodic and regular stakeholder surveys that include CSR themes. Engagement with other stakeholder groups is via the Community Advisory Committee which permits DSFH to directly feed their views into the materiality assessment process. A specific forum is also represented for competitive concerns and issues.

Among the different levels defined by the GRI, both Dr. Soliman Fakeeh Hospital and DNV confirm that the GRI Application Level A has been met.

#### **Opportunities for Improvement**

The following is an excerpt from the observations and opportunities reported back to the management of DSFH. However, these do not affect our conclusions on the Report, and they are indeed generally consistent with the management objectives already in place.

- With regard to the need for continuous effort to set the right priorities, it could be clearer as to what formal technique would be employed for setting priorities (such as based on stakeholder inputs, organization's own risk prioritization, materiality and other relevant criterions including a need to be balanced
- Create a systematic and repeatable process to uncover 'risk' factors in terms of those preventing the organization from reaching its CSR objectives/goals.
- Explain the current arrangements for information flow between various hospital committees to provide confidence that the governance structure is integrated.
- Carry out a boundary exercise to decide which business units may be included in future reports. The exercise should consider aspects of control over the remaining units and the risks and opportunities that these may pose to the Hospital.

#### **DNVBA's Independence**

DNVBA was not involved in the preparation of any statements or data included in the Report except for this Assurance Statement. DNVBA did not provide any services to DSFH that could conflict with the independence of our work. DNVBA maintains complete impartiality toward stakeholders interviewed during the verification process. DNVBA expressly disclaims any liability or co-responsibility for any decision a person or entity would make based on this Assurance Statement.

Det Norske Veritas Business Assurance

Dr. Vijay Rao Team Leader/Project Manager

Nandkumar Vadkepath Team Assessor

Jeddah, 19 April 2012

Santhosh Jayaram Reviewer

### **ABOUT US**

#### MISSION, VISION, VALUES

#### >> Mission

As a leading referral hospital, we are committed to the provision of preventive and therapeutic comprehensive health care in all medical and surgical specialties in a compassionate, sincere and professional manner in order to cater to our patients' needs and demands. We strive to achieve excellence in servicing our primary care patients, together with our secondary and tertiary referrals.

#### >> Vision

Achieve international standards, and provide quality service at a reasonable and affordable cost to our patients.

#### >> Values

- We value ethics and professional integrity
- The patient is our top priority
- We continuously look for improvement opportunities
- We understand the needs of our patients
- We believe that every member of our team is valuable

The following table depicts the importance we place on assessing our employees' knowledge of our mission and vision



#### ABOUT DR. SOLIMAN FAKEEH HOSPITAL

Founded and based in Jeddah, Saudi Arabia, in 1978 by Dr. Soliman Fakeeh, Dr. Soliman Fakeeh Hospital (DSFH) has been a true leader in the field, whose pioneering spirit and visionary resolve has - for over three decades - advanced by leaps the standards of healthcare delivery in the Kingdom of Saudi Arabia and in the region. The hospital is located in an urban neighborhood and there are no such areas that serve as a habitat for birds and plants in our immediate vicinity. Therefore, no habitats were protected or restored during the reporting period.

DSFH is the first private hospital in the Western Region of the Kingdom of Saudi Arabia to be accredited by the Joint Commission International (JCI) in 2006 and reaccredited in 2009, and the first hospital to be accredited by the Australian Council for Healthcare Standards International (ACHSI) in 2008. In 2011, DSFH was accredited for ISO 14001 and OHSAS 18001 and is considered to be one of few hospitals in the region to be accredited for the ISO and OHSAS. With a workforce of more than 3000 employee, DSFH is presently one of the most notable healthcare providers in the region and is visited by greater than 600,000 patients every year. DSFH provides comprehensive preventive and therapeutic healthcare services to both adults and children in KSA and Arab countries in general and the city of Jeddah in particular.

DSFH provides 13 Medical specialties including 47 sub specialties and 5 clinical services. \*The health care services include both inpatient and outpatient services in all medical and surgical specialties. The hospital has a robust review mechanism to ensure that all local regulations such as Ministry of Health(MOH), Saudi Food and Drugs Authority, Saudi Labor Law, Presidency of Meteorology and Environment (PME) and all other locally relevant regulations are fully complied with.

The hospital is 100% equity based and the following table provides key financial information taken from the financial statements of the hospital audited by Ernst and Young International. It is worth mentioning that since our last published report, no significant changes regarding the size, location and the ownership have occurred. Moreover, DSFH did not receive any financial support from the government during the reporting cycle . DSFH activities do not impact climate change in a significant manner and neither are there any financial risks and implications due to climate change. However we do realize our responsibility towards preservation of the ecosphere and take all possible actions to address key issues.

Direct economic value generated			
Particulars	Amount		
Revenues	611,522,204		
Other Income	16,202,016		
Economic value generated	627,724,220		

Economic value distributed			
Particulars	Amount		
Operating costs	265,161,400		
Employee wages and benefits	258,738,575		
Payments to providers of capital	698,790		
Payments to Government	5,206,782		
Community Investments	518,640*		
Economic value distributed	530,324,187		

Economic value retained	97,400,033

<sup>\*</sup> This represents only the amount paid to third parties for community investment not including the free medical treatments and other inhouse community initiatives. For details on those programs please refer to page 69

#### **AWARDS & RECOGNITIONS**

- In 2010, DSFH was the first and only hospital among the health sector in the Middle East to publish an externally assured Corporate Social Responsibility (CSR) Report abiding by the Global Reporting Index (GRI G3) Guidelines.
- 2. In recognition of its contribution to society and to responsible business in the Kingdom of Saudi Arabia, DSFH won the Third Prize from The Saudi Arabian Responsible Competitiveness Index (SARCI) for two consecutive years (2010, 2011).
- 3. In recognitions of our care and commitment to our patients, DSFH was awarded the prestigious Excellence in Patient Centred Care Award during the Annual Arab Health Conference and exhibition held in January 2011. The Arab Health is renowned as being the biggest medical gathering in the Middle East and in the Arab world. This award is presented to the hospital or institution that has developed the most effective patient centred care approach in the Middle East region.
- 4. DSFH was recognized as a pioneer in radiology, and surgery during the annual Arab Health Conference held in January 2011. The Radiology and Diagnostic Imaging Department, and the Cardio-thoracic Surgery department of DSFH were honoured to be selected as one of the best 3 nominees for the award of Excellence in Imaging and Diagnostics, Excellence in Surgery Service and Excellence in Laboratory respectively. This prestigious award is judged by international figures selected from some of the biggest healthcare institutions.
- 5. The Hematology laboratory department ranked the first Kingdom of Saudi Arabia wide and no 92 worldwide among 878 laboratories that participated in the EQAS Clinical Chemistry program in 2011. This program is a comprehensive external quality assessment program for up to 35 general chemistry analysts. Participants submit results every two weeks and receive regular reports with informative statistical analysis and valuable peer group comparisons.

DSFH SERVICE SNAPSHOT (2009-2011)			
Statistic description	2009	2010	2011
Average daily number of admissions	101	103	106
Average length of patient stay	3.97	3.96	3.83
Average daily outpatient visits	1,294	1,394	1,758
Average ER daily visits	173	200	218
Total number of surgeries (operations)	12,636	16,827	16,698
Total number of diagnostic images	100,803	111,536	117,791
Total number of laboratory investigations.	849,820	844,841	1,102,377

#### DSFH SERVICES AND BUSINESS UNITS

The hospital offers a wide array of services categorized into specialized units and centers, clinical, laboratory and pharmaceutical services. As part of continuous improvement and as respect to community needs, DFSH has introduced the following services and units since our last report in 2010: (for full list of medical and clinical services please refers to the table)

#### >> Endoscopy Unit

Contains two endoscopy theatres equipped with stateof-the-art machines for all types of gastro-intestinal endoscopies including upper, lower GIT, small intestines, biliary and pancreatic endoscopies. It is also equipped with capsule endoscopy and fibroscan modalities.

#### >> Smoking Cessation Clinic

In an effort to join the worldwide campaign for smoking cessation, DSFH has recently opened a specialized clinic that provides the necessary support to people wishing to quit smoking. This is a dedicated clinic which provides clients with access to medical practitioners who are well qualified and well skilled to assist with the initiation of the required lifestyle change and to provide the support, education and medication to continue with this commitment. This initiative was considered unique in the private healthcare sector.

#### >> Breast feeding Clinic

In recognition of the fact that breastfeeding is one of the most beneficial acts a mother can offer her newborn infant DSFH is committed to promoting breast feeding within the organization from the point of first visit to ante natal clinic to the time when infants are finally fully weaned. Our Breast feeding clinic staff have been trained as WHO/UNICEF Breast Feeding counsellors and it is the policy of DSFH that all patients visiting ante natal clinic for the first time are referred to the breast feeding clinic. Expectant mothers can be encouraged from the start to select exclusive beast feeding following delivery of their baby through the provision of information concerning the benefits of breastfeeding for both the mother and the baby.

#### >> Cosmetic Dermatology Center

The center performs surgical and non-surgical cosmetic procedures using state—of-the arts equipment.

#### **DSFH BUSINESS UNITS**

#### >> Dr. Soliman Fakeeh College of Nursing and Medical Sciences

The college of Nursing and Medical sciences was established in 2003 to provide nursing and allied health Baccalaureate programs to pre-empt global nursing shortages and in response to recruitment competition for nurses and allied healthcare workers. The curriculum incorporates research findings into education programs and uses assisted learning technologies in the class room. We have previously expanded the college to increase the number of students undergoing baccalaureate training and to incorporate male students into the programs. In order to contribute effectively in the Saudization of the allied healthcare workforce, we have also established allied healthcare Baccalaureate programs (radiography and laboratory). In 2011 we have signed a partnership agreement with the renowned ULSTER University in United Kingdom of Saudi Arabia through which our nursing students will have an accredited British-Saudi Baccalaureate degree. We shall work in partnership with ULSTER University to provide institutionally accredited high calibre education standards.

#### >> Olympia Fitness Center

Olympia Fitness Center was established as a public health initiative to provide the space and facilities for general public to engage in fitness activities. It offers state of the art facilities including a fully equipped gymnasium,

indoor swimming pools, a tennis/squash court, basketball and many other recreation and sports facilities. Olympia has around 1700 male and female members served by 75 employees. It focuses on wellness and promotion of healthy life style and diet.

#### >> Fakeeh Complementary Health Care (FCHC)

FCHC, a subsidiary of DSFH was established in 2006 to cater to the needs of the parent organization and the local market. It is headquartered in Jeddah with a branch in Riyadh. FCHC's objective is to provide the best available quality products of medical supplies, medical equipment, pharmaceuticals and cosmoceutical products as well as after sales services at a convenient and affordable price to the local market.

# >> Khadija Attar Center for Children with Special Needs and the Bright Talk Day Care

Named by the late wife of the founder "Mrs. Khadija Attar", this recently opened center caters for children with special needs from birth to the age of 12 years, providing medical services, special needs education, social activities, physiotherapy, speech therapy and behavioral therapy to children with conditions such as autism and Downs syndrome. While the Bright Talk Day care provides children with a stimulating environment and hands-on activities that allow them to develop their cognitive skills and individual talents.

#### CSR IN SAUDI ARABIA: A LOOK TO THE FUTURE

#### >> DSFH Impact on Sustainability

As a healthcare organization, we started our sustainable journey 33 years ago. Our mission, vision and values are built on a sustainable framework that focuses on our patients' need while taking into consideration the community in which we live and the sector we represent. We believed that healthcare is a sustainable social investment, the reason why we do not see CSR practice as an added cost. Moreover, Our CSR strategy demonstrates our commitment to patients, employees, environment and community by setting clear goals and objectives that respect the triple bottom lines (People, Planet and Profit).

We believed that our compliance with international quality standards has helped us in integrating CSR in our daily work. Built on the principle of customer focus, leadership and employee involvement, we consider that the quality management structure we adopted has provided us with a solid framework to easily introduce and communicate CSR with our stakeholders.

Since our last report, we have observed that CSR has started to gain popularity and more companies are beginning to discuss sustainable development and the benefits of adopting CSR principle. Despite the fact that many organizations still limit CSR to philanthropic activities only, we consider this movement a healthy sign; especially when taking into account the socio-religious multicultural context of the Kingdom of Saudi Arabia. The landscape is ready for strategic CSR with companies eager for consulting support to help them take the leap, a public sector ready to support the spread of CSR and plenty of other socially

responsible business opportunities. According to a report issued by Saudi Arabia General Investment Authority (SAGIA), Saudi Arabia ranked 16th (of 181 economies) in the World Bank's 2009 Ease of Doing Business index. It is 27th (of 134 economies) in the World Economic Forum's 2008-2009 Global Competitiveness Index, and it is the top foreign direct investment destination for the Arab world, per the United Nations Conference on Trade & Development (UNCTAD) World Investment Report.

The Director General of DSFH sits on numerous private and public health committees such as the Health Committee at the Jeddah Chamber of Commerce and its Communication sub-committee, which is composed of representatives from private hospitals and meets on a regular basis with the Ministry of Health (MOH) leadership. For the last 4 years, the DG also served as a member of the Mecca Region Development Council, which is the highest body responsible for healthcare programs and strategic planning for the Mecca Region. The Council is composed of representatives from all healthcare providers in the region, including private and public hospitals. He was recently elected as a member of the Board of Trustees of the Saudi Council for healthcare Specialities.

#### >> Sustainability Trends, Risks and Opportunities:

DSFH considers The Saudi Arabia Responsible Competitiveness Index an excellent governmental initiative to help businesses in the Kingdom of Saudi Arabia improve their own competitive performance, and support the Kingdom of Saudi Arabia's competitive performance and social and environmental development, through the way companies manage their environmental

and social footprints. DSFH has been a major participant in SARCI since it began 4 years ago. We think that the recognition that DSFH has received through SARCI was a motive for DSFH to pursue its CSR journey. The media campaign that accompanies the Award event to recognize SARCI's top players has had a major impact in raising community awareness about sustainable business.

We believe that the top challenges for the healthcare industry in KSA are; preventive healthcare, access to affordable and quality health care and quality standards and patient rights. From the preventive healthcare perspective; we believe that if our customers are provided with better information and guidance on healthy lifestyles, it will definitely improve the benefit they receive from any medical treatment. We lobby and work with regulators to ensure that quality standards are upheld at the industry level and that patient right and due processes for malpractices are transparent, clear and fair to our patient and consultants. The key sustainability challenges are the availability of healthcare facilities, outreach to unprivileged areas and geocentric challenges specific to the region.

Lastly, we believe that in the absence of any international standards/guidelines specific to CSR in healthcare, companies face many challenges when contemplating CSR. As a one of the CSR leaders in healthcare, this represents a great opportunity for us to start developing these guidelines. Establishing a healthcare CSR guiding principle will provides the international market with the required recommendations to assist any healthcare organization to implement CSR principles in their practice and will help to position DSFH as a leader in the global market.

#### **OUR THIRD CSR REPORT: THE PARAMETERS**

We are pleased to provide you with DSFH's third report on our corporate social responsibility performance. This report highlights our recent activities and updates our last report. Based on feedback from readers and stakeholders and similar to our last report we have chosen to make this report as concise as possible and to link it closely with the Hospital overall Strategy.

#### >> Scope and Boundary

This report covers the sustainability activities of Dr. Soliman Fakeeh Hospital, and includes all activities and data from 1st January 2011 to 31st December 2011. Our last report was released in December 2010, covering performance for the calendar year 2009 and up to June 2010. We issued a summary CSR report for the remaining six months of 2010. The report covers social, economic and environmental aspects that are contextual to a hospital and includes data and activities from Dr. Soliman Fakeeh Hospital only and not the other business units (Dr. Soliman Fakeeh College of Nursing and Medical Sciences, Olympia Fitness Center, Fakeeh Complementary Health Care (FCHC), Bright-Talk Montessori Preschool, Khadija Attar Center for Children with Special Needs). DSFH is not part of any joint venture, subsidiaries, leased facilities, outsourced operations, and other entities that can significantly affect comparability from period to period and/or between organizations.

#### >> Content Definition

As in our previous report, the content of this report is based on a materiality assessment conducted by our CSR team and our sustainability advisors. The materiality of issues was considered based on three key factors—the significance of the issue to stakeholders, the linkage of the issue with DSFH overall mission, vision and business goals and the potential to contribute to national development priorities as outlined in the Ninth Development Plan for Saudi Arabia which addresses issues specific to the three dimensions of Environment, Economy and Society. According to our Stakeholder prioritization exercise, our top priority stakeholders are patients and employees and therefore our CSR strategy and the report focusses more on these two stakeholders. Our stakeholders' opinions are of extreme importance to us and we have ensured that their opinions are consistently sought throughout the year. Additionally, in keeping with the principle of stakeholder inclusiveness, we have interviewed/ surveyed key stakeholders to gain their perspectives on our CSR performance and on reporting expectations. The CSR strategy of the hospital is built around hospital's overall mission and on key areas of national priority thereby ensuring that the CSR direction of the hospital takes into account these key imperatives.

#### >> Data for the Report

The relevance and accuracy of the data included in the report has been reviewed closely by the management. In most instances, the data has been collected from the source of origination by CSR team members as per the table of responsibilities and has been validated twice by

review of the supporting documentation firstly by one of the CSR team and secondly by the CSR team leader; both of whom were not involved in data collection. In case where source document was not available, we used data estimation techniques based on logical assumption. The data in the report has been presented for 2011 (12 months) along with 2010 given as baseline where applicable.

#### >> Reporting Guidelines





We considered the Global Reporting Initiative (GRI) Sustainability Reporting Guidelines (G3), Application level A in preparing this report and include a comprehensive GRI index at the end of the report. The report has been checked by GRI for the declared application level with support of the external assurance report. For more information please contact CSR Team Leader:

# Dr. Sherif Tehemar BDS, MSc., PhD, FACOMS Tel: + (966) 2 6655000 ext: 7100/2801 E-mail: csr@drfakeehhospital.com.

#### >> External Assurance

Beginning with our last CSR report, and in order to enhance the credibility of our report, we have had our reporting process verified by an independent external organization. Similarly, the external assurer examined the data capture process and the final report as a whole for consistency, appropriateness and credibility. Please refer to the External assurance statement for complete details on the assurance process and the techniques used.

## DSFH GOVERNANCE STRUCTURE: COMPOSITION AND FUNCTION

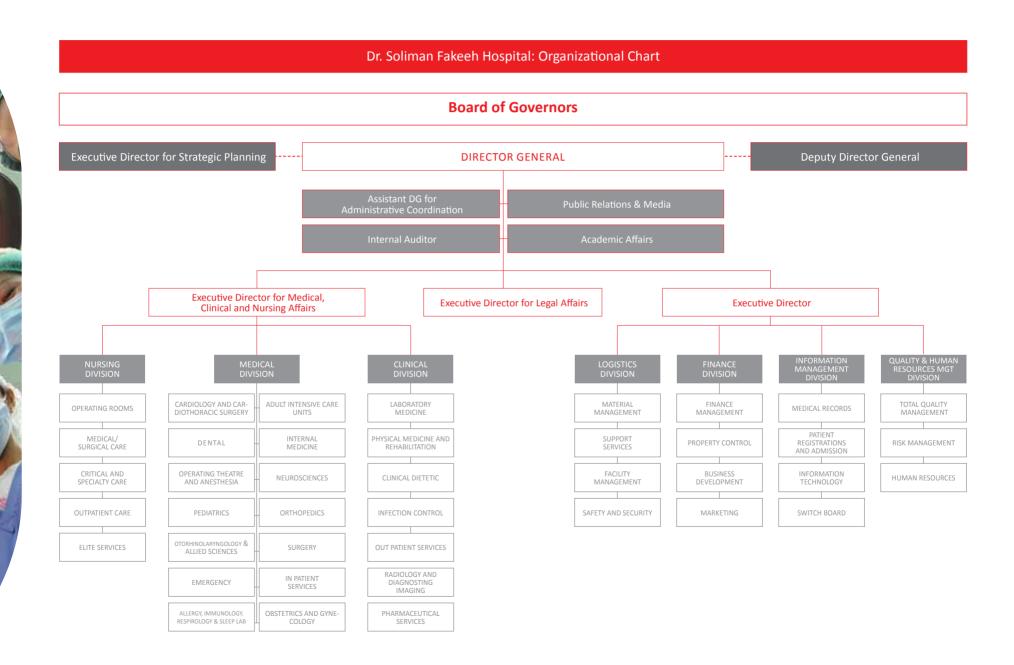
#### >> DSFH Governance Structure

The highest governance body in DSFH is the Board of Governors, which is responsible for approving major decisions affecting DSFH strategies and for annually evaluating its performance against pre-established goals. The hospital is a family owned business and all the members of the Board of Governors are the family members of Dr. Soliman Fakeeh (the founder). Dr. Mazen Fakeeh is the Director General, and Mr. Ammar Fakeeh is the deputy Director General, thus one is non-executive. Dr. Mazen Fakeeh, who is a practicing Medicine and Endocrinology Consultant, provides the overall leadership and management of the hospital, and delegates responsibility to the Hospital Executive Committee. The Hospital Executive Committee, which is chaired by the DG, includes all division chiefs and executives as members and is responsible for approving hospital plans such as long-term strategic plans and allocation of capital. In the previous years, an informal process existed for evaluating the performance of the governance body; however beginning this year an evaluation process was added to the hospital's appraisal policy and procedure featuring a mechanism to evaluate the Board performance by the hospital executive committee members. It is worth mentioning that the compensation mechanism for members of the highest governance body and senior management is embedded within the committees' performance mechanisms under the governance body and linked to their CSR inclusive performance. The inclusion of the executive committee in strategic decision-making ensures that conflicts of interest are avoided and the decisions taken are impartial and free of bias. The hospital has an open door policy and all stakeholders, internal and external can approach the highest governance level to provide recommendations or arbitrate grievances.

#### >> CSR Governance Structure

The CSR team consisting of 14 members, most of them chiefs and executives, is responsible for setting the strategic directions and supporting the integration of CSR throughout the hospital. Other responsibilities include overseeing the development of CSR reports and communications, managing engagement with stakeholders and charity organizations, increasing CSR awareness within the hospital and updating the hospital executive committee on all CSR related issues. Moreover, CSR issues are managed within each department through CSR representatives. Monthly meetings are conducted between the CSR team leader and CSR representatives to ensure that CSR is well integrated in all operations. A weekly meeting is conducted between the DG and the CSR team leader to keep the former updated on all CSR related issues and the achievement of CSR goals set earlier.

The following illustration portrays the hospital Governance Structure & Hierarchy in 2010/2011.



#### >> Embedding CSR into Hospital Operations:

We believe that embedding CSR into hospital operations requires a multidisciplinary approach and the contribution of all our stakeholders. The main responsibility of the CSR team is to ensure that CSR initiatives are well implemented and the CSR goals previously set are met by communicating with CSR representatives of all divisions and departments. Additionally, DSFH has established several committees that are responsible for managing the performance of different operational activities in the hospital and for ensuring adherence to CSR principles and international quality standards at all levels. It is worth mentioning that the 14 members of the CSR team are either members or chairpersons of all hospital committees. The following diagram represents the CSR flow of information within the hospital.

#### >> Commitment to external Initiatives:

We continue to place quality at the core of our business climate thus raising the standards bar across the entire private sector on an on-going basis. Having been involved in the Mecca Region Quality Program accreditation from the outset we went on to be the first private hospital to achieve JCl accreditation in the Western Region in 2006 and reaccredited in 2009 and the first hospital in the Western region to be accredited by the Australian Council on Healthcare Standards International ACHSI in 2008. Recently, DSFH was the first hospital in the Western Region to be accredited for ISO 14001 and OHSAS 18001.

From the CSR perspective, DSFH believes that the GRI sustainability reporting framework provides guidance for sustainability performance disclosure and gives stakeholders a framework to understand the disclosed information. DSFH have used the GRI G3 guidelines as the reporting framework for all reports. Additionally, DSFH has been engaged in the Saudi Arabia Responsible Competitiveness Index conducted by Saudi Arabia Governance Investment Authority since its beginning 4 years ago.

We understand that our strategic commitment to the community requires participation and contribution in numerous private and public health committees and activities. The DG is member of the Health Insurance Council and member of the Health Committee at the Jeddah Chamber of Commerce and its Communication sub-committee, which is composed of representatives from private hospitals and which meets on a regular basis with the Ministry of Health (MOH) leadership. For the last 4 years, the DG has also served as a member of the Mecca Region Development Council, which is the highest body responsible for healthcare programs and strategic planning for the Mecca Region. The Council is composed of representatives from all healthcare providers in the region, including private and public hospitals. Moreover, DSFH has provided financial and logistic support for numerous activities conducted by the MOH, Civil Defence, and NGOs. The CSR team leader being a member of an external CSR committee has been able to collaborate and deliver support for several communities' activities.

#### HOSPITAL FUNCTIONAL COMMITTEES

During the year 2011, DSFH had 20 active functional committees and sub-committees. The committees adopt a precautionary approach towards all operational aspects of decision making. The CSR committee regularly updates

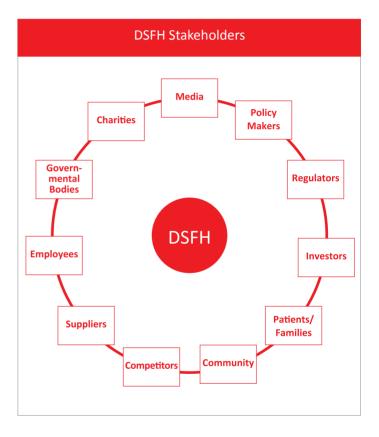
the Director General about any economic, environmental and social risks and opportunities that can impact the hospital. We believe that by delegating responsibility to different committees, all issues of conflict of interest can be avoided while teamwork plays an important part in decision making.

	The functions of the main committees
The Hospital Executive Committee (HEC)	The HEC serves as a strategic committee which functions to ensure that all activities within the organization are aimed at providing best quality health care services and are in line with the overall mission, vision and goals of DSFH. It also works as a liaison with the Ministry of Health and ensures complete adherence with their policies.
Accreditation Steering Committee	The ASC is responsible for monitoring the compliance of hospital activities with accreditation standards (JCI) and (ACHSI). It consists of all JCI and ASHCI team leaders.
Strategic Planning Committee	The SPC was established in order to plan, form and continuously review DSFH strategy. Other responsibilities include establishing the goals and objectives at the operational level by setting the Key Performance indicators.
The Performance Improvement & Patient Safety Committee (PIPSC)	The PIC is responsible for implementing and maintaining an effective Performance Improvement Program that is designed to objectively and systemically monitor and evaluate the quality and appropriateness of all aspects of hospital operations.
The Research and Ethics Committee (REC)	The REC's purpose is to deal with ethical issues and to ensure their alignment with the Code of Ethics at all levels within the organization.
Community Advisory Committee (CAC)	The CAC is in charge of developing a community benefit plan that identifies the needs of the community and seeks to respond in ways that are feasible and compatible with the hospital's scope of work.

#### >> Stakeholder Engagement

We believed that maintaining strong and close relationship with our stakeholders is crucial for improving our CSR effort. In our first report on page 14-15, we explained in detail the process of stakeholder engagement including stakeholder mapping, the dialogue mechanism that we followed and the rationale beyond it. Our stakeholders previously identified have remained the same (investment community, policy makers, regulators, media, employees, patients, suppliers and sub-contracted companies, the community). All of our stakeholder engagement processes are governed by company policies and formal Terms of Reference (TOR) except those with competitors which is through an external committee initiated by a pharmaceutical company and on which DSFH has a representation along with other players from the industry.

The following tables portray DSFH's stakeholders as well as the communication between them.



	Communication betwee	n DSFH and stakeholders	
Stakeholders	Communication channels	Frequency	Key issues of concern
Governmental Bodies	External Committee/CAC	Monthly/Quarterly	Compliance
Charities	Charity Office Agreements	As indicated	Preventive Healthcare program
Regulator/Policy Makers	External Committee/CAC/ One-on-one	Monthly/Quarterly	Compliance
Competitors	External Committees	Monthly/Quarterly	Service fees for insured patient vs. quality
Employees	Staff Satisfaction Survey CSR representative CSR Committee General Staff Meeting	Yearly Monthly Monthly Yearly	-Better work environment -Better on-job training especially English language -Better transportation/ accommodation -Competitive salary scales -Staff empowerment
Suppliers	One-on-one CAC	Daily Quarterly	CSR awareness
Media	One-on-one CAC	As indicated Quarterly	Separation of the CSR from PR
Patients	Patient Satisfaction Complaint Mechanism One-on-one	Daily As indicated Daily	-Reduction of the waiting time for patients to be examined -Reduction of the discharge time for the in-patients
Community	CAC Brand Audit	Quarterly Yearly	CSR awareness
Investors/Governance	Meeting	Weekly	Regular conduction of SWOT analysis and strategy revision

For the year 2011, the Community Advisory Committee conducted one meeting then was put on hold due to the limited time set for the committee's meeting, the availability of the members at the time of the meeting. the resignation of three hospital members and the deceased of one external member. During that time our dialogue was maintained by conducting one-onone meetings between CSR team leader and community members from different sectors. Through our dialogue, especially with CAC, we tried to identify the impact of our location as healthcare provider on the community. We noticed that our location in the heart of Jeddah and being in a residential district was considered as an added value in our neighbourhood. However, we have decided to address this issue more thoroughly through surveys in the next year. We have a strong Hazard Vulnerability Analysis which analyses risks to community and the hospital from internal and external disasters. We have been awarded a letter of thanks from the Jeddah Municipality for managing community risks. We have strong infection control procedures to ensure that there is no leakage of viruses or infections form our diagnostic labs. It is worth mentioning, that at the end of 2011, the CAC was re-activated after including new members.

In addition, we measure our performance in the community by conducting a yearly Brand Audit. The brand audit addresses several indicators and measures them in comparison to our competitors in the healthcare industry and is benchmarked with the 5 leading private and government hospitals. This year, the second brand audit was conducted and DSFH ranked first compared to other similar class competitors in all indicators assessed.

#### >> Extending CSR to the Supply Chain

As in our last report, we prioritized selection of products and services from suppliers that adopt our established CSR criteria in the areas of environmental management, employer-employee relationships and in ethical business practices. Furthermore, DSFH has routinely engaged its supplier through regular satisfaction surveys. In 2010, the supplier survey showed clearly that 78% of suppliers are satisfied with their actual business size with DSFH and 94% are looking to expand their businesses with DSFH. However, in 2011 the satisfaction of the suppliers with their actual business size dropped to 54% while 98% were looking to expand their businesses. From the survey conducted in 2010, an opportunity for improvement was noticed in the process of introducing new products and terms of payment. Based on the actions taken from the materials management department, 62.5% of the suppliers were contented with the process of introducing new products and 67% were satisfied with the terms payment in the year 2011 compared to 34 % and 56 % in the year 2010, respectively. We believe that the decline noticed in some areas might be due to the higher number of suppliers included in the survey (64 in 2011 as compared to 13 only in 2010). It is worth mentioning that that over 85% of the suppliers were engaged with DSFH for more than 10 years and we maintained our previous percentage of 95% of the hospital purchases from local suppliers as per our policies. We will continue to take measures to address the issues raised by suppliers and enhance the percentage of suppliers satisfied with DSFH.



DSFH classifies materials purchased into 3 main categories: medical items, non-medical items and medications. Medical supplies and medications are considered core materials that are essential for our practice. Since 95% of our suppliers are local businesses, the indirect economic impact of our business can be estimated at 167 million Saudi Riyals.

Monetary Value Spent on Core Materials Purchased in the years 2010 & 2011			
Year 2010 Year 2011			
Medical Supplies	52,497,204	57,336,240	
Medications	108,297,575	118,454,141	

Percentage of supplier satisfaction with the process of introducing new products 100% 80% 62.5% 60% 50% 40% 34% 23% 16% 14.5% 20% 0% Satisfied Neutral Dissatisfied Years ■ year 2010 year 2011

Beginning next year, we are planning to move a step forward by severing business relationships with international companies employing child labor. By implementing this initiative DSFH is leading the way and creating an example. We hope to motivate other hospitals and companies in the Kingdom of Saudi Arabia to follow us and to help them change to a culture of sustainability. Furthermore, we will launch a CSR awareness workshop for the suppliers aiming to educate 100 suppliers about ethical business in the year 2012.

#### >> Communicating Human Rights

As a healthcare provider, we manage human rights issues from patient and employee rights perspective (described in details in the following sections). Within the same context, during the reporting period, our suppliers and contractors were not screened on human rights but we will begin this screening in 2012 and we will update the readers on the progress in our future reports.

#### >> Risk Assessment & Management of Anti-corruption

The Quality and Patient Safety (QPS) plan, approved by the Performance Improvement and Patient Safety (PIPS) Committee, provides background information and guidance on the principles, components and methodologies of TQM, Continuous Quality Improvement (CQI), and Patient Safety for DSFH staff and organizational work units. It describes methods of measurement and analysis as well as assigns responsibilities for performance improvement activities and works to resolve problems and address needs identified through performance improvement activities. The QPS Plan provides a guide for establishing performance improvement and patient safety goal-setting priorities. Risk assessment and management of anti-corruption is addressed through the Risk Register Profile which includes risks identified and their rates based on Hospital Risk Matrix and the current control and techniques for each identified risk.

# OUR PATIENTS



### **OUR PATIENTS**

## OUR PRIORITY: IMPROVE THE PERFORMANCE OF FRONT-LINE PERSONNEL

- **Objective.1.1.1** Conduct communication skills training.
- **Objective.1.1.2** Implement an ethical rewarding program.
- Objective.1.1.3 Establish a recruitment criteria and employment process to ensure hiring the right employee.
- **Objective.1.1.4** Improve the customer service section.
- **Objective 1.1.5** Improve staff retention through better compensation, working hours, training, and career development.

#### >> Management Approach and Goal Progress:

We at DSFH understand that by improving the communication skills of our employees, we will be able to increase the loyalty of our patients and maintain a productive and efficient work environment. We began two years ago to improve the communication skills of front liner staff by conducting English language courses and communication skills and customer service courses. While continuing to conduct the aforementioned courses, in 2011, we moved a step forward by conducting courses in Sign language to facilitate the communication with patients suffering from hearing impairment. The table

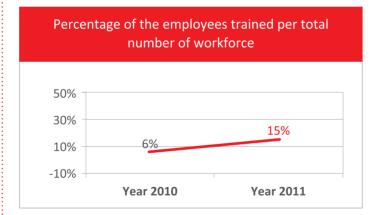
Name of Course	Total number of training hours for each cours	
	Year 2011	
English language course	432	
Communication skills course	36	
Customer Service course	12	
Sign language	60	
Attitude Course	7	
Specific On-job training	31	
HIS training for physicians	198	

above highlights the on-job training hours provided specifically and only for supporting (other) staff In 2011 the total number of attendees was 770.

In order to spread a culture of positive attitude among our staff, a performance improvement project was conducted in the form of a hospital wide campaign. The campaign consisted of lectures, group teaching sessions, posters and digital media. The project was piloted for three staff category: front liners, support services and kitchen aids staff, to measure the effectiveness of the methodology utilized before being implemented hospital wide by comparing the data collected before and after implementing the campaign. The campaign was very successful.

DSFH has incorporated CSR in the orientation program for the newly hired staff. In addition, patient and family rights (PFR), considered part of human rights, are also included in the orientation program. Furthermore, being a JCI standard, PFR is addressed in a multidisciplinary approach by a PFR team and several sessions are conducted during the year to raise the awareness of PFR issues among the staff. During the reporting period, 15% of the staffs were trained on human rights issues compared to 6% in the year 2010.

The graph below presents the percentage of the employees who have been trained on Human Rights per total workforce.



During the reporting period, we revised our rewarding system aiming to implement ethical criteria related to CSR initiative to the current rewarding system. However, we realized that in order to implement a new rewarding process, all our employees should be first educated on CSR. Thus we decided to postpone implementing the new criteria till 100% of our employees are educated on

sustainable initiative. There are regular training sessions conducted by the CSR chairman to ensure propagation of CSR knowledge throughout the hospital.

For objective 1.1.3; we have developed new recruitment criteria for hiring frontline staff based on experience, qualifications, and language and communication skills. Since its implementation in 2011, we were able to recruit 17 frontline staff.

We consider that career development and training are important to improve staff retention. Therefore, during the reporting period we promoted 6 front liner staff to higher positions and 7 get rewarded based on the new rewarding mechanism criteria.

Our support to the customer service section remains the same in 2011. However, to streamline the process of managing issues and complaints raised by our patients, the Patient Relations Department was moved under the responsibility of the Clinical Division. The rationale beyond this move is to facilitate the management of complaints that are raised for medical or clinical reasons, and which cannot be resolved by a non-medical staff member reporting to the Corporate Relations department.

Comparison of the Patient Satisfaction after Action taken (2010 and 2011)			
	Satisfied	Unsatisfied	Total
2010	77.9%	22.1%	100.0%
2011	76.3%	23.7%	100.0%

#### >> Commitment for future years

During the reporting period, we have successfully achieved our objectives directed to our front-line personnel. We will continue monitor and update the progress of these objectives in our future reports.

#### **OUR PRIORITY: IMPROVE PATIENT SATISFACTION**

- Objective 1.2.1 Establish patient satisfaction survey for both in and out-patients.
- Objective 1.2.2 Re-structure the patient complaint management flow chart to ensure proper and prompt actions are taken.

#### >> Management Approach and Goal Progress:

We understand that patients are and will always remain the core of our business operations. Consequently we constantly monitor our patient satisfaction through surveys conducted for in- and out-patients. Those surveys, coupled with our complaint mechanisms previously re-structured, (described in details in our last report) constitute the main tool of understanding and communicating with our patients. After establishing the new complaint/complement mechanism we were able to solve 92% of complaints raised within 5 days. However, we noticed an increase number of complaints in 2011 compared to 2010 (691 and 532 respectively).

The increased number of complaints was attributed to an increased patient's census in 2011 compared to 2010 and the easiness of raising complaints after implementing the new complaint mechanism. It is worth mentioning that the complaints received in 2011 represents-0.01% of total number of patients treated.

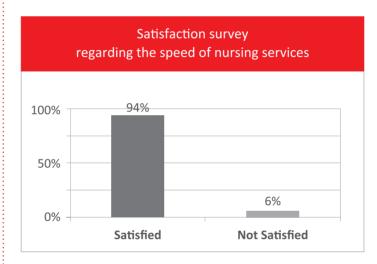
Continuing in the same spirit, since November 2011 we have implemented a phone call survey for 10% of our inand out-patients 15 days following their last visit to the hospital. By implementing this mechanism we anticipate improving our customer relation management program that started in 2009 when we established our customer services section. We closely monitor the result of those surveys and any repetitive concerns raised against a specific employee is taking into consideration during his/her annual evaluation.

During year 2011, the hospital paid SAR 184,330 against fines from regulatory authorities regarding patient complaints but in year 2010, there have been no fines paid. With respect incident of violations involving rights of indigenous people and violation of privacy, there no reported cases during the reporting period.

In addition to the regular surveys and daily rounds of the patient relations and customer service staff, we conduct specific surveys when new services are introduced or when we want to monitor actions taken based on patient comments. During the reporting period, 893 in-patient comments pertaining to our services were raised. The comments were mainly concerned with delays in nursing response and the usage of medication at home explained by the physicians.



Based on the action taken to resolve those concerns, a specific in-patient survey targeting those issues was conducted. The results of the survey showed a major improvement that is highlighted in the graphs below



Furthermore, during the reporting period and based on the feedbacks of our patients, we have implemented the followings:

- Establish a new out-patient pharmacy in building 1 (East) to faster the medication dispensing process.
- Establish a pharmacy hot-line for patients with chronic diseases receiving their medicine on monthly basis.

The hospital complies with Ministry of Health and Saudi Food and Drugs Authority regulations for storage,

information and labelling. The authorities ensure compliance with their regulations through the issuance of warning letters in case of violations. During the reporting period, there were no warning letters received from the regulators and therefore no incidents of non-compliance with regulations concerning product and service information and labelling.

#### >> Commitment for Future Years:

DSFH has successfully developed and implemented the two objectives under this goal. We will however continue to review and report progress on these indicators in the coming years.

# OUR PRIORITY: IMPROVE THE HEALTHCARE SERVICE DELIVERY TO MEET AND EXCEED PATIENT EXPECTATIONS

- Objective.1.3.1 Take the necessary measures to reduce waiting time (Hospital Information System (HIS) upgrade, registration and discharge process.
- Objective.1.3.2 Refine and automate the process of the internal cycle of the insured patient claim approval.
- **Objective 1.3.3** Restructure the clinic appointment system departmentally.

#### >> Management Approach and Goal Progress:

We continue to place quality at the core of our business climate. The Quality and Risk Management Department (formerly called Total Quality Management Department) monitors all DSFH operational activities and monitor the previously set quality indicators and benchmarked them with internal standards. The Performance Improvement and Patient Safety committee is responsible for implementing and maintaining an effective Performance Improvement Program that is designed to objectively and systemically monitor and evaluate the quality and appropriateness of all aspects of hospital operations. Additionally, our accreditation standards (JCI & ACHSI) ensure that our services are monitored for health and safety throughout its life cycle within the hospital.' For our service of health care delivery, we ensure the health and safety at all life cycle stages on our output. Once a patient is discharged from the hospital, they are given full instructions to ensure that they remain safe and their use of prescribed medication is safe. This includes practices such as a detailed instruction sheet at the time of discharge and safe containers for disposal of used syringes by diabetic patients. In addition we have a procedure to provide every patient with a bilingual document called "Bill of Rights" which acquaints patients with their rights as well as responsibilities during and after their stay at DSFH to ensure continued safety.

In the last report, we addressed the problem of waiting time as being one of the biggest patient concerns. This year we have moved a step further by introducing a phone-call reminder to all patients who have booked appointment. The objective is reducing the percentage of patients who do not show up for appointments by confirming through a phone call whether or not they will be attending. The freed time resulting from phone call cancellations is then utilized to schedule appointments for other patients trying to access health care. Moreover we have succeeded in achieving 100% implementation of the Electronic medical Record (EMR) and automated pharmacy orders for all out-patient services. Last year, after the successful implementation of the walk-in clinic, we established a screening clinic with a selected department as a pilot. The aim of the screening clinic was to increase the speed at which patients receive a medical examination and access to the required medical specialty as well as to speed up the claim approval process for insured patients.

Being a tertiary referral hospital DSFH realizes its massive business volume in the healthcare market in the Western Region. The number of patient admission received is increasing as a yearly trend (37595 admissions in 2011). This necessitates a fast admission and discharge process without compromising the quality of the service provided. Consequently, a 6sigma project was initiated trying to reduce the discharge time to a maximum of 3 hours. The project was conducted over a six month period and was able to achieve its target by reducing the charge process to less than 3 hours. To ensure that the project is in accordance to the patient needs, a survey was conducted two months after the project was finalized and showed that 70% of the admitted patient confirmed that the discharge time was less than 2 hours and were totally satisfied.

During the reporting period, we were able to streamline the process of claim approval online. Our insured patients can get their claims approval online if this service is available from the third party. Moreover, we were able to finalize most of the infrastructure required to automate the claim approval process from our physician desktop applications. Moreover, we implemented SMS generated process that the insured patient received on his/her cellular phone when claim was approved. We will keep our stakeholders updated on the progress regarding this issue in our future report.

We understand that it is our priority to ensure that our patients get the right information about the services we provide and to confirm that those services can be easily accessed. In order to do so, we always market our new service through legally appropriate channels and follow the directives of MOH and Ministry of Information while advertising those services. We have also voluntarily adopted the ethical best practices of International Institute of Marketing professionals. It is noteworthy that during the reporting period there were no actions taken against DSFH for such action. It is also worth mentioning that there are no procedural requirements for service labelling for DSFH but we do display informative signage about our service offerings in different key areas in the hospitals (outside entrance, in front of the elevators) to inform and direct our patient about the medical and clinical services we provide. Within the same context, we established an information kiosk at entrance 4 allowing the patient to access our website and get information on all our services posted online. For all medicines dispensed in the hospital, clear use of instructions is given to the patients regarding the correct dosage and over-dose. The hospital has a Medication Management policy and a Patient and Family Education by Pharmacist policy to ensure that information is appropriately disbursed to the patient.

#### >> Commitment for Future Years:

The objectives that we have achieved need to be monitored closely over time and we will update the readers with progress on these goals.

# OUR PEOPLE



## **OUR PEOPLE**

# OUR PRIORITY: FOCUS ON DSFH AS AN EQUAL OPPORTUNITY EMPLOYER

- Objective 2.1.1 Ensure a zero tolerance policy towards discrimination among employee is well implemented.
- **Objective 2.1.2** Find an opportunity for employment of disabled personnel and provide a convenient workplace for them.
- Objective 2.1.3 Maintain Saudization Plan.
- Objective 2.1.4 Sustain the percentage of women in the workforce as an indicator of diversity and equality.
- **Objective 2.1.5** Adopt measures to reduce turn-over rate among employees.

#### >> Management Approach and Goal Progress:

We value our employees and strive to ensure a secure and healthy workplace environment. This includes a structured response to horizontal violence in the workplace. DSFH has always been an equal opportunity employer and has maintained a zero tolerance discrimination policy among employees. DSFH is committed to maintaining the highest levels of decent behavior amongst its workforce, and takes very seriously any form of malpractice that is identified or

uncovered. Our Code of Conduct for Employees sets out the standards expected from all our employees, providing staff with a comprehensive frame of reference. It is the policy of DSFH to foster a climate of openness in which staff can raise legitimate concerns without fear of reprisal since such openness commensurate with our Corporate Social Responsibility and will provide us with constructive opportunities for continuous improvement and development. Despite the fact that a confidential whistle-blowing process was implemented through our open door policy and our OVR process, we found it crucial to refine our practice into a more structured framework. Consequently, we have introduced a new policy and procedure for confidential whistle-blowing. This policy addresses the mechanism for raising concerns related to serious malpractice. All other complaints and grievances are addressed according to the relevant policy and procedure. The policy ensures that staff who raises concerns of serious malpractice will not suffer any adverse consequences for raising the complaint and will be protected from discipline, dismissal or victimization unless the concern was raised with malicious intent.

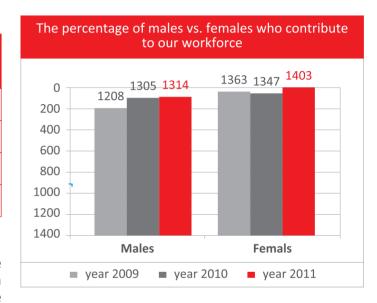
Within the same context, we encourage our employee to report on any case of discrimination through our grievance and OVR mechanisms managed by the Human Resources Department. Our employee handbook, the orientation program and the general staff meeting all stress the importance of motivating our employees to adopt an attitude of openness and transparency whenever they have concerns about possible malpractice or witness discrimination to themselves or to others. As a result of our efforts, there were no incidents of discrimination reported during 2011.

The table below describes the breakdown of the workforce per employee category in 2010 and in 2011

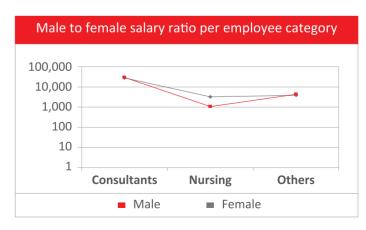
Employee category	Total Number in 2010	Total Number in 2011
Consultants	122	132
Nurses	1129	1149
Other (supporting) staff	1401	1436
Total workforce	2652	2717

Women constitute a large percentage of our workforce (52% of the total workforce). We feel that the proportion of women in the top management (42.8%) is a unique factor to DSFH considering the cultural limitations in KSA. Our policies and public statements strongly emphasize the importance of a diverse workforce and commitment to ethnic and gender equality. Moreover, we have a policy on no discrimination in wages for the same level of experience between genders. During the reporting period the male to female salary ratio for consultants 1.06 while the male to female ratio for nursing 0.33 The reason for male ratio in nursing is because most of them are students in the college and are paid only allowances while most of female are actual nurses with higher salaries. We believe that this indicator is higher than our competitors and exemplifies the culture of equality and diversity within the hospital.

The table below demonstrates the percentage of males vs. female who contributes to our workforce



The graph below portrays the male to female salary ratio per employee category



The composition and breakdown of the Governance body (Hospital Executive Committee) per gender and age group as of 31st December 2011

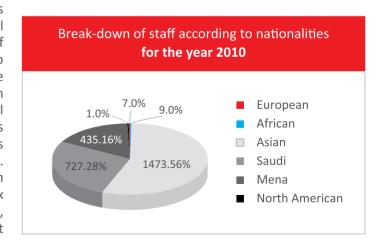
Gender & Age Group	Number or %
Total Number	14
Percentage of Saudi National	42.8%
Percentage of Male members	57.2%
Percentage of Female members	42.8%
Members aged 18-30	none
Members aged 30-50	8
Members aged over 50	6

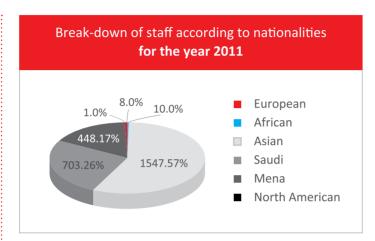
Within the same context, the Nursing division employs more female staff than any other division in the hospital with more than 700 women reporting to the Chief of Nursing. One of the Divisional Goals for 2011 through to 2012 is nursing empowerment. There is some evidence that nurses working in hospitals which practice a system of shared governance are empowered and have control over their practice environment. Shared governance is a decision-making process that empowers employees and gives them autonomy and control over practice. This control can be psychometrically tested through the application of a validated survey tool "The "Index of Professional Nursing Governance" (IPNG) (Hess, 1994; 1998b) which is an 86-item survey instrument

that measures nurses' perceptions about who governs the professional practice environment. The shared governance can be used both to engage staff with the rapidly changing healthcare environment and as a means of creating cultures that fortify the organization to prepare for healthcare shortages. Therefore, employing a model of shared governance has the potential to improve nurses' perception of their professional practice environments, promote staff satisfaction, and encourage retention. We have recently conducted a baseline survey of nursing perception of their level of autonomy and participation at DSFH with a view to improving their perceptions of full participation over time through education, involvement in performance improvement and organizational culture change.

The following charts provide the break -down of staff according to nationalities for the year 2010, and 2011

\*MENA region: Middle East and North Africa



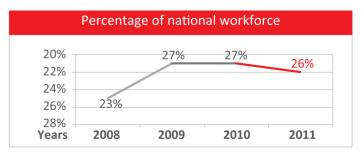


We continued our efforts to recruit people with disabilities and we were able to recruit 5 of them. We believe that recruiting people with disabilities requires more than providing an adaptive workplace for them; therefore, during the reporting period, we went a step further by conducting a training session for our staff on how to deal with people with disabilities in the workplace. The training session was a collaborative effort with Savola training center who conducted this course in DSFH.

We believe that building a nationally competitive workforce is vital for the competitiveness of the country. Creating a strong pool of human capital improves national economic performance, company productivity, household incomes, and overall community prosperity. Apart from our recruitment and retention policy that emphasizes our Saudization plan, we have revised our salary scales and increased the benefits for Saudi nationals in order to be competitive. In addition, we have opted to follow the recently introduced minimum wage recommendation in

alignment with that of Saudi's working in the government sector. Furthermore, in an effort to retain our Saudi Nursing Graduates following completion of internship and beyond we have increased all graduate nursing salaries by 15% on completion of Saudi Council Classification and receipt of Saudi Licensure to practice. In addition we have also added housing and transportation to their benefits in order to remain competitive within the recruitment market. However, we noticed a decrease in the percentage of nationals in the workforce in 2011 (26% in 2011 compared to 27% in 2010). This decrease may be attributed to the unfair competition that exists between the governmental and private sectors since the governmental sector always offers the highest salaries in the healthcare market. Taking into consideration the leading strategic goal of promoting the private sector we believe that in order to maintain a competitive market, the government should offer salaries and wages based on real market analysis. Another reason is the success of our retention plan since our Saudization plan is based on replacing the employee who have resigned with national if applicable. The reduction in the turnover rate in the year 2011 interfered with our plan of Saudization.

The graph below demonstrates the percentage of the nationals in the total workforce in the last 4 years.



After successful implementation of the retention concept, we were able to decrease the turnover rate to 13% that is below the international turnover rate which is satisfactory from an operational point of view. We will continue to maintain our turnover rate in the coming years.

International rate of hospital turnover	17.5 %to 19.4%
DSFH overall turnover in 2011	13%
International nursing turnover	17.1 %to 25.2%
DSFH nursing turnover 2011	13%

From www.ahrq.gov and NHS institute for innovation and improvement www.institute.nhs.uk

	Turnover per gender and age group for years 2010-2011					
AGE GROUP	# Female Staff/ turnover (rate)	# Male Staff/ turnover (rate)	TOTAL STAFF	# Female Staff/ turnover (rate)	•	TOTAL STAFF
18-30	575/135	502/81		617/114	617/114	
31-50	667/73	646/59	2652	681/79	681/79	2717
>51	97/5	165/7		108/6	108/6	
Total	1347	1305		1403	1403	
	(15.81%)	(11.26%)		(14.8%)	(14.8%)	

DSFH offers multiple end of service benefits for its employees including contribution to Governmental Organization for Social Insurance (GOSI) which amounts to 7,049,850 and covers 100% of the Saudi employees a pension plan for 100% of full-time employees which amounts to 61,883,465 as of December 31, 2011.

#### >> Commitment for Future Years:

Beginning 2012, we will restructure our awareness and education process for the grievance system and our newly introduced whistle-blowing policy, as well as revising our OVR process to include a specific section on discrimination

in order to encourage our staff to report any incident that occurs. Our other challenges remain to successfully achieve the 30% Saudization plan while maintaining a high standards and keeping the turnover rate to a minimum. We understand that the percentage of our employees with disabilities is low. After positively building a culture of understanding, we will focus on promoting further agreements with NGOs in order to improve this percentage. Our female empowerment plan will continue while maintaining a culture of equity and diversity in the workplace. We will keep the readers updated on our progress in the future reports.

OUR PRIORITY: TO ADOPT MEASURES TO BALANCE WORK-FAMILY-LEISURE

**Objective 2.2.1** Support and emphasize the role of the Social Activity Committee.

Objective 2.2.2 Improve Staff Housing Facilities.

**Objective 2.2.3** Improve Staff Transportation Facilities.

## >> Management Approach and Goal Progress:

We at DSFH believe that retaining a professional workforce requires more than a continuous upgrade of salary scale. Maintaining a good, balanced, leisure-work relationship coupled with promoting a healthy life style are crucial for recruiting and retaining those talented staff. While one of our objectives was to support and emphasize

the role of the social activity committee to promote a culture of sociable and friendly work environment, our stakeholders engagement and based on the committee functional review annual report we have transferred the responsibility of this committee to the Public Relations and media department during the reporting period in order to formulate a new committee that promotes both cultural and social spirits under the title Cultural and Social Activity committee.

During the reporting period, the PR & M departments has successfully conducted the following activities

Social &	Cultural	Activities co	anducted	in 2011
-500.iai &	Cultural	- ACHVIHES C		I III ZUTT

Indian Cultural and Social Event

Bangladeshi Cultural and Social Night

**Nurse Day Celebration** 

Hajj draws, where DSFH sponsors employees for performance of Hajj duties

Hajj trips

Football Tournament

Filipino Cultural and Social Night

Trips to Mecca, Madina. Taif and beaches resorts

It is worth mentioning that during the cultural events, other nationalities were encouraged to participate to promote a spirit of cultural exchange and to encourage an atmosphere of cultural respect and understanding. During the reporting period, 70% of the workforce participated in these events.

Based on the employee satisfaction survey conducted in 2010 as well as the general staff meetings that were held, we identified concerns related to housing and transportation. In response to the problems identified, during the reporting period, we rented 4 new apartment blocks and purchased 7 new buses while improving the process of transportation in general. However, based on our last engagement with our stakeholders, only a little improvement was reported in our staff transportation services while no improvement was reported in the housing situation. Consequently we have formulated a new housing and transportation committee under new leadership with a mandate to review and reassess the triggers for dissatisfaction with housing and transport in order to identify solutions that will be acceptable to the stakeholders and we will update the readers on the progress of this new committee in the future.

#### >> Commitment for Future Years:

Two new committees were established starting in 2012.

 The Cultural and Social Committee which will be responsible for conducting and supervising social activities and which includes representatives from different nationalities to ensure that cultural issues are well addressed. The Housing and Transportation Committee which will be responsible for the continuous upgrading of the housing and transportation facilities. It has the responsibility of ensuring that all requests enjoy a timely response thus aiming to improve staff satisfaction and morale. We will continue our efforts for improving the housing and transportation facilities and we will keep the readers updated on the progress.

# OUR PRIORITY: To Invest in staff motivation, education and career growth

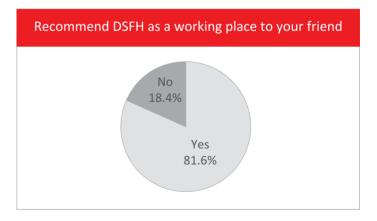
- Objective 2.3.1 Take necessary measures to improve staff satisfaction.
- Objective 2.3.2 Maintain a staff rewarding and recognition system.
- Objective 2.3.3 Take necessary measures to ensure that employee are well informed about their benefits.
- Objective 2.3.3 Define the training needs of all personnel and prepare an annual training program that includes issues of Corporate Social Responsibility in the training sessions.
- Objective 2.3.4 Provide appropriate training to all employees including commitments to Corporate Social Responsibility.
- **Objective 2.3.5** Provide a continuous review of salary scale to ensure competitiveness.

 Objective 2.3.6 Enhance the continuous medical education program to ensure that all specialties are represented.

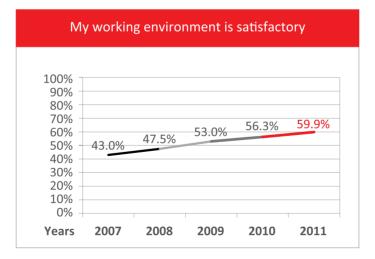
#### >> Management Approach and Goal Progress:

As mentioned in our previous CSR report, we have established a comprehensive employee staff satisfaction survey conducted once a year. Additionally, a departmental survey is conducted once any new intervention is introduced into a specific department. Our engagement with our internal stakeholders is a continuous two-ways communication. In general, an improvement in the overall satisfaction of our employees is apparent, however, opportunity for improvements was noticed in some areas. Our success in addressing previously identified concerns is reflected in the trend of year on year increase in employee satisfaction. We believe that raising staff satisfaction is crucial not only to enhance staff retention but also to have a positive impact on their productivity and on patient satisfaction. Our statistics show the year on year increase in staff satisfaction coupled with increase in the trend of patient satisfaction and employee productivity. Furthermore, the result of the survey showed that 57% of our employees are satisfied which is higher than the international benchmark (National UK: 37% Vanderbilt MC: 34.4%) and 81% of our employee will recommend DSFH as a working place for their relatives and friends. The tables below portray the results of the satisfaction surveys and its yearly trend.









We understand the competitive nature of the market we practice in thus we constantly review the benefits we offer in order to attract highly talented staff while retaining our existing top quality workforce. We are proud that some of the benefits offered to our employee are unique in the healthcare sector. The following represent some new benefits that were introduced during the reporting period:

## Extra Benefits for DSFH employee

Full Death and Disability insurance coverage free of charge

50% reduction in enrolment fees for staff at DSFH Olympia Fitness Center

Two day weekend for administrative staff

Free consultation and treatment at the DSFH smoking cessation clinic.

Paid study leave for all consultants and senior staff (one week annually)

Free vacation program to all staff on an annual basis

This in addition to our standard benefits that we offer to our employees.

Standard Benefits for DSFH employees				
Benefits offered to employees	Full time employees	Part time employees		
Housing	100%	50%		
Transportation allowances	100%	50%		
Food allowances	100%	50%		
Work nature allowances	100%	50%		
Bonus	100%	50%		
Retention benefits	100%	50%		
Medical insurance	100%	100%		
Ticket to home country	100%	50%		
Annual leave 30 days yearly	100%	50%		
Insurance life	100%	100%		

Moreover, our HR department always takes the necessary measures to ensure that the benefits we provide are matching or exceeding that required by the Saudi labor law including the benefits of end of service.

One important responsibility assigned to the HR department is to ensure that the performance appraisal policy is well implemented. This includes compliance with evaluating all employees on a yearly basis. During the reporting period 81% of our employees received an annual evaluation and we consider this percentage satisfactory

when taking into consideration the turnover rate of our workforce. Recently we implemented the process of evaluating the Director General and the first evaluation was conducted at the end of year 2011. We consider that maintaining a robust system of evaluation, rewarding and recognition will improve the staff morale and promote a climate of fairness and productivity amongst our staff.

We continued to conduct the orientation program mentioned in our last report through the HR department. This program includes but is not limited to topics on CSR, human rights, strategic directions, health and safety measures and the grievance systems. During the reporting period 423 medical and non-medical staff attended an orientation program and last year we extended the orientation program to include our security personnel, who are managed by a third party company. During the reporting period we hired two security personnel both of whom attended the orientation program. Beginning this year, we will include all our previous security staff in the special CSR and Human rights training sessions to ensure that 100% of our security staff are educated on these issues.

We believe that, in order to promote a culture of transparency, employees should have the right to know their benefits, rights and responsibilities and to be kept continuously updated on newly introduced or revised policies. Consequently, we review and update our employee handbook on a regular basis. The last version of the handbook contained a description of the anticorruption policies that DSFH adopted. 100% of the employees are trained on anti-corruption policies outlined in the employee handbook. We will update the readers in our future reports concerning the number of incidents of anti-corruption incidents if any.

As mentioned in our previous report, the Life Support Training Center (LSTC) conducts certified training on basic Life Support, Advanced Life Support, and Neonatal Resuscitation for medical, nursing and other staff. The table below summarizes training hours received by employee category in the year 2011.

Life Support Training hours for medical staff for the year 2011					
Course Name	Training hours per physician	Training hours per Nurse			
Basic Cardiac Life Support (BLS)	4.2	3.5	1008		
Advanced Cardiac Life Support (ACLS)	1.9	1.2	200		
Neonatal Resuscitation Program (NRP)	0.4	0.4	96		

It is worth mentioning that the total number of physicians and nurses eligible to attend the life support training for their licensure renewal was 100% representing 52.4% and 43.6% from the total workforce of the physician and nurse respectively.

Moreover, the Education Department in the Nursing Division has a very active and comprehensive training

program throughout the year. The education activities include; workshops, biomedical training, group teaching, clinical training and orientation. During the reporting period, the Education departments conducted a total of 1040 sessions that were attended by 15225 nurses (as accumulative number). The table below describes the training hours per nurse compared to the total number of nursing workforce.

Number of training hours per nurse per education category			
Workshop	18.5		
Biomedical Training	11		
Clinical Teaching	12		
Class room Teaching	7		
Orientation	2		

As a healthcare provider, we strive to ensure excellence in the quality of service we provide. This necessitates to continuously conduct training and education for medical, paramedical and nursing staff. We believe that providing development opportunities to our staff is crucial not only for their career development, which is our primary concern, but also for staff retention and satisfaction. Moreover, our comprehensive education and training ensures that staffs wishing to pursue their career elsewhere have gained the knowledge required to join a reputable healthcare service provider in future.

The table above highlights the training hours that our employee receive per employee category.

Our training and education activities are not limited to the medical staff; administrative staffs at different levels are always included in these activities. In 2010, we began to introduce lean/6sigma tools of quality into our practices by training 12 staff on these modalities. Each of the 12 candidates received 386 of training hours during this one year course free of charge. Projects including reducing discharge time, implementation of the EMR and communication improvement were successfully undertaken by the participants. From communication perspective we have provide all our physicians, directors, managers and key persons with mobile phones to streamline the communication between our staff and ensure rapid response to our patient needs. Furthermore, in order to improve the management skills of our senior staff they were enrolled on an internationally recognized management training course of one year's duration free of charge. During this course our senior staffs received 96 hours of training in various topics including leadership, strategic thinking, customer satisfaction and communication.

As described previously, we believe our staffs have the right to express their opinion freely. While building this climate of openness and freedom in the workplace, we are abiding by the rules and regulations of the Kingdom of Saudi Arabia of Saudi Arabia. Consequently, as the Kingdom of Saudi Arabia of Saudi Arabia has not yet ratified the ILO conventions 87 and 98, our employees are not covered by bargaining agreements and any operations or actions were identified regarding the exercise freedom of association. Similarly, no actions were addressed concerning operational changes from collective agreement perspective. We were the first hospital in the region to disclose its salary scale through a CSR report (2010). However, despite our transparency and openness and the leadership we have shown in this direction other players are still hesitant to disclose reciprocal information. Owing to this absence of transparency we have been unable to benchmark our salary scale in the private healthcare sector. However, during the reporting period we have revised and upgraded the salary scale of our employees.

<sup>\*</sup> Others include paramedical, administrative, facilities management and other support staff.

The table below describes the implemented salary scale after it was revised in 2011.

is in line with the Saudi Government requirement of minimum wage of SAR 3,000.

	Implemented salary scale in 2011
Grades	Salary Scale (as minimum and maximum)
G 1	1000 SR as min. and 1.513 SR as max.
G 2	1.286 SR as min. and 2.760 SR as max.
G 3	1653 SR as min. and 2500 SR as max.
G 4	2125 SR as min. and 4701 SR as max.
G 5	2733 SR as min. and 5641 SR as max.
G 6	3513 SR as min. and 6111 SR as max.
G 7	4000 SR as min. and 6832 SR as max.
G 8	5000 SR as min. and 9005 SR as max.
G 9	6000 SR as min. and 11294 SR as max.
G 10	8000 SR as min. and 14521 SR as max.
G 11	12300 SR as min. and 18669 SR as max.
G 12	15869 SR as min. and 33263 as max.
G 13	19000 SR as min. and 39500 as max.
G 14	22000 SR as min. and 45736 as max.
G 15	37500 SR as min. and 56722 SR as max.

**Note:** Grades 1.2.3 are for workers, Grades 4.5.6 are for employees, Grades 7.8 and 9 are for specific positions, heads and directors and grades 10.11.12.13.14.15 are specifically for staff employed in positions of seniority. The minimum DSFH wage for Saudis in SAR 3,030 which

#### >> Commitment for Future Years:

We are proud of our achievements related to female empowerment, education, and career development as well as our overall progress in staff satisfaction. We understand that continuous revision of the wages and benefits we offer is crucial in maintaining our market leadership. Our challenge remains not only in convincing other players in the market to share their performance in a clear way but also to ensure that within our organization a culture of transparency continues to grow and develop. This will ensure that issues like anti-corruption and human rights are well addressed and managed.

**OUR PRIORITY: ACTIVATE THE GO GREEN INITIATIVE** 

# OUR ENVIRONMENT



# OUR ENVIRONMENT

- Objective 3.1.1 Identify and prioritize areas of improvement.
- **Objective 3.1.2** Develop corrective action plans.
- **Objective 3.1.3** Conduct awareness and education programs for staff.
- Objective 3.1.4 Introduce an EMS ISO 14001 to integrate with DSFH existing environmental management activities.
- **Objective 3.2.5** Reassess all existing procedural systems on infection control.
- **Objective 3.2.6** Reevaluate the waste management system.
- Objective 3.2.7 Work in close collaboration with the Presidency of Meteorology and Environment to implement the Criteria set by the National Strategy for health and Environment to be become recognized as the first Green hospital.

#### >> Management Approach and Goal Progress:

In our previous report, we provided the reader with detailed information on our process of initiating and implementing the Go Green initiative within the hospital. Our extensive efforts, started in 2010 by educating our staff about waste and energy management systems and echo-friendliness, have succeeded in promoting a behavior change and fostered a culture of green environment. These efforts

coupled with our actions towards implementation of PME regulations and international standards were culminated by being accredited for EMS ISO 14001 in January 2011.

During the reporting period, we continued to monitor our environmental performance indicators such as recycled materials, water and energy conservation, air quality assessment, biodiversity and waste management and compliance with national and international regulations. The following paragraphs highlight our performance regarding those indicators.

Regarding indirect energy consumption, we have successfully reduced our indirect consumption of energy (electricity) despite the major renovation and upgrading that occurred in the hospital in 2011. We are in the process of implementing Occupancy Sensors which will regulate the energy supply to patients when vacant. Starting 2012, we are hoping to substantially lower our energy consumption.

Saudi Arabia's energy mix is thermal and is divided between oil-fired and gas-fired facilities. Oil accounts for 55 percent of the power mix (2009) and gas supplies the rest. Based on this, the emissions factor for Saudi Arabia is 750 based on 2009 data. The following table summarizes our indirect consumption of energy in 2010 and 2011.

We measure our direct energy consumption by calculating the fuel consumed by the hospital's vehicles during direct operations. We believe that our effort in applying an

Indirect consumption of energy				
	Year 2010	Year 2011	Percentage of Reduction/ Increase	
Energy consumption (W.H)	35723791.85	35325382	1.1% (Reduction)	
Energy consumption (J.H)	128,605,650,660.0	127,171,375,200.0		
Energy consumption (amount in SR)	4369894.95	4244215.75	2.9% (Reduction)	

accurate time management protocol and upgrading our transportation facilities was successful in reducing the fuel consumption taking into consideration the two new accommodation compounds introduced in 2011. The table below represents our fuel consumption as an indicator for our direct energy consumption.

The figures for water consumption are based on a mix of actual consumption data from the water bills and estimation techniques used by the Facilities Management

Fuel Consumption per year (in Liters)				
2010 326437				
2011 278264				

departments where actual consumption figures are not available. There are nine water meters in the hospital and we only received detailed water bills from Saudi Water Company (with consumption figures) for about 35% of

Water Consumption per year (in m³)			
2006	466,700		
2007	500,000		
2008	244,500		
2009	139,910		
2010	188,127		
2011	199,009		

the total bills. For the months/ meters where we did not have the actual consumption figure, we used estimation to calculate the actual consumption in cubic meters by taking the average rate per unit for previous months or estimating the consumption based on consumption in rest of the months.

As a healthcare provider, we understand that water consumption for our daily operations, provided by the Municipality, do not pose any risk to water sources in comparison to other manufacturing or production industries. DSFH is considered a busy hospital. Being the largest private hospital in the Western region, our year on year trend shows increase in the overall census of inpatient and out-patient as well as other medical services and operations. The accumulative length of stay showed an increase of 2500 days in the year 2011 when compared to the year 2010. We consider our effort in reducing the energy and water consumption very successful taking into consideration the massive increase in all services and length of stay as a yearly trend. This year, major renovations took place in the Radiology and Diagnostic Imaging Department where new equipment were installed in addition to the commissioning of the newly renovated ESWL unit. The increase shown in water consumption is linked to the increase in sterile surgical procedures which require high water consumption (e.g. operations, ESWL services, endoscopies, deliveries, assisted reproductive technology procedures as well as the introduction of • hydrotherapy in the Burn Unit) In addition, the census of the Renal Dialysis Unit (which consumes a high amount of water) was almost doubled during 2011 in comparison to 2009. Moreover, the traffic within the hospital premises increased as shown by the overall increase in census of inpatients- and outpatients as well as the accumulative days of stay for in-patient. High visitor traffic is known to consume more water than energy.

During the reporting period, we have continued implementing and monitoring our water and energy saving initiatives including the followings:

- Strict adherence to ISO 14001 standards.
- Planning for periodic water balance (input-output) audit and identification of improvement areas and water closing cycle opportunities.
- Action list through generation of improvement items with facility-line staff and prioritization of actions through cost-benefit assessment.
- Reduce wastage by continuous maintenance and leak detection.
- Installation of water saving fixtures and devices.
- Raising staff and patient awareness on water and energy conservation.
- Planning for periodic energy efficiency audits of all energy using devices in the facility.
- Changing lighting fixtures.
- Investment in more energy efficient HVAC system.
- Continuously upgrading our transportation facilities by replacing vehicles with new ones to reduce fuel consumption.

Since we started the Go Green Project and implemented the Hospital Information System (digital environment) we have been able to significantly reduce our paper consumption. The above table shows stationery use

Stationary use and related savings					
Year	2008	2009	2010	2011	
Stationery	2,039,454	461,468	324,862	107,590	
% Change	-	77%	29%	66%	

over the past four years and shows the savings that have been made due to investment in technology. This saving directly impacts reduced paper usage helping DSFH Go Green.

All materials used by DSFH are non-renewable. The quantity in units for the material consumption is as below:

Because of the different nature of the core materials (plastic wrap, bottle, liquid, solid etc), they have previously always been segregated by units and not by volume or weight. Beginning 2012, the Materials Management Department

Material category	Units consumed during 2011
Drug Store	2,842,848
Medical Supplies (any supplies and materials used for the delivery of healthcare)	7,138,181
Maintenance (any materials used for the maintenance of hospital equipment)	77,963

will start categorizing them by volume and it will be reported accordingly. From the biodiversity perspective, hospital's operations are not performed in any protected land, thus they do not impose any risk or have any impact on habitats on protected or restored land.

DSFH stopped the use of incinerators for burning medical waste in 2009 to comply with environmental regulations; hence Green House Gas GHG was reduced to a minimum. In 2010, we started a more comprehensive and detailed process for both in-door and out-door air quality by assessing Ambient Air Quality based on the Presidency of Meteorology and Environment (PME) regulations and as a pre-requisites for ISO 14001. The table below summarizes our findings related to GHG emission in 2011.

DSFH purchases its electricity from Saudi Electric Company (SEC) and the GHG emissions from purchased electricity is shown in the following table:

During the year, the hospital did not use the generator since the power supply was continuous from the SEC.

Within the context of GHG emission, the vehicles used for



GHG emissions from purchased electricity		
Purchased Electricity in KWH	KSA Electricity mix conversion Factor	CO2 Emissions In KGs
35325382	757	26,750
Total Direct GHG		26, 750

the transport of hospital staff and patients used 278,264 litres of fuel. The GHG emission from this is given below.

We used the following methodology to calculate our GHG emissions.

#### http://www.sunearthtools.com/dp/tools/CO2-emissions-

GHG emissions from transport vehicles		
Fuel Consumption in Vehicles	Combustion Formula for Petrol/ gasoline	CO2 Emissions In KGs
278264	2.3035 kg/litre	640,981
Total Indirect GHG		640,981

## calculator.php#txtCO2\_7

In order to comply with EMS ISO 14001 standards, we started to study air pollution and ambient air quality in the area in 2010 to determine compliance with the National

Ambient Air Quality Standards (NAAQS) promulgated by the PME. The result of this study demonstrates that the air quality in the area (east and west parking) doesn't show any significant criteria pollution impact. Similarly, no naturally occurring dust storms or strong surface winds were observed or recorded. The indoor air quality in the generator rooms 1 & 3 did indicate spikes for particulate matter (PM10) concentration exceeding the PME PM10 ambient standard of 340µg/m3. However, the prevailing wind direction recorded is northwest and these spikes could be attributed to the wind draft caused by intake and exhaust fans operation blowing dust and dirt that were probably accumulated over period of time. The results of this study are summarized in the table below:

General waste generated by DSFH is identified as Healthcare Waste which is further categorized into Risk and non-risk health care waste. Healthcare waste is

Ambient Air Quality Audit		
Pollution	Average Reading	
General air pollution and air ambient air quality	Ozone 22.587	
The air pollution and air ambient air quality study (East Parking)	SO2 9.297 NO 10.539 NO2 19.092 NO 28.628	
The air pollution and air ambient air quality study (West Parking)	SO2 4.067 NO 6.211 NO2 12.017 NOx 26.009	



collected by housekeeping personnel on duty for each floor. DSFH staff disposes of waste using hospital color-coded bags. Small plastic liners containing waste of a specific category are carefully removed and closed at each collection point and compressed to avoid rupture. Treatment of healthcare risk waste is done 'off-site' via a contracting party before it is finally disposed off to sanitary landfills. The amounts generated for each category are summarized in the tables below:

Our health care risk waste production is benchmarked

Amounts of heathcare waste		
Item description	Year 2010	Year 2011
Infected waste (kg)	73269.0	191865.5
Chemical waste (kg)	485	899.5
Total Health Care risk waste (HCRW-Kg)	73754.0	192765
Total number of patients for the period	54734	110045
HCSRW per patient (kg)	1.34	1.75
Pathological waste in Kg	6052	6102
Number of New born	6121	6670

against the SITA standard. The SITA upper limit is 0.7595 kg per patient which puts DSFHs mean of 1.34 for 2010 and 1.75 for 2011 at a higher level than the standard. DSFH has adopted the Ministry of Health (MOH) waste management program. However, MOH waste classification is more stringent than either SITA or CDC. Although monthly DSFH-healthcare waste generation (the mean KG/HCRW/bed-day/year production) appears higher than SITA benchmark scale. This doesn't mean that DSFH has generated excessive healthcare waste; rather it is because DSFH is applying a more stringent waste classification system than SITA as per Saudi government mandate.

Within the same context, our waste regarding water discharge was subject to further study for quality. Our recent study regarding the quality of water discharged (sewage water) collected from 2 different sources revealed that the average Ph level was 7.5.

One of the initiatives of the Go Green campaign was to promote the cultures of 3R's (Reduce, Reuse and Recycle). However, being a healthcare service provider, we understand that the core input materials we used cannot be from recycled source. Nevertheless, we encourage our employees to recycle waste such as paper, glass, plastic and other commonly used materials. During the reporting period we realized that the challenge was the lack of a municipal wide system to handle recycling. Unfortunately, while we calculated the amount generated from our recycle activities, this amount was not measured in (Kg) but in value (SR). The following table presents the amount in SR generated from the paper recycling activity.

Year 2010	Year 2011

Amount generated (in SR) 43,217 60,460

Our Go Green campaign started early 2010 when we educated our employees about best environmental practices and the requirements for EMS ISO 14001. During last year we continued to conduct similar activities to maintain this culture. The Health, Safety, Environment & Security Department conducted a total of 4 hours of educational sessions that were attended by 207 employees. Moreover, we started to measure the impact of mitigation by calculating the monetary or unit of measure (UOM) saving after implementing our environmental best practice. The table below describes the status of each initiative. It is noteworthy that during the reporting period, there have been no incidents of noncompliance with local environmental laws or regulations.

Our Freon Consumption is as below:

Impact of mitigation		
Initiative Measured	Status	
Energy (direct)	Reduction	
Energy (Indirect)	Reduction	
Digital Environment (Paper saving)	Reduction	

Freon consumption (in KGs)		
Type of Freon	Year 2010	Year 2011
R22	2,899	626
R134	41	41
R11	869	294

#### >> Commitment for Future Years:

We believe that our sustainable practice requires commitment to mitigate the environmental impacts of our operations. Our efforts and investments in implementing ISO 14001 standards,

PME regulations, and waste management systems explained above, exemplify this commitment. Our continuing education and awareness activities in this domain have resulted in promotion of a culture of Go Green. However we understand that there are some initiatives that could be managed more effectively. Our performance can be improved regarding recycling and reuse of some materials. We are currently studying the possibility of using recycled, treated water from RDU and the implementation of recycled paper bags in the pharmacy. Furthermore, our collaboration with the Presidency of Meteorology and Environment to implement the Criteria set by the National Strategy for health and Environment to be become recognized as the first Green

hospital needs to be addressed attentively in the next year. Additionally, in spite of the reduction in energy and overall monetary saving after applying EMS during the last year, we realize that opportunities for improvement still remain. Consequently, we invested 1.2 Million SR for buying new chillers to reduce our energy consumption by 25%. We will update the reader about the progress and achievement in our future report.

# OUR PRIORITY: FURTHER INCREASE THE HEALTH AND SAFETY AT THE WORKPLACE

- Objective 3.2.1 Assess Staff safety issues and improves the practices and facilities to meet international safety standards.
- **Objective 3.2.2** Develop manual handling policy to introduce safe practices for patient handling.

## >> Management Approach and Goal Progress:

We at DSFH strive to ensure that national and international standards and guidelines for employee safety are well implemented. Our responsible practices are built on those pillars. We coordinate with the Civil Defense, Labor office and GOSI in terms of all governmental regulations. We also follow the Joint Commission International (JCI) and Australian Council of HealthCare Standards International (ACHSI) rules and highest international standards in healthcare, for excellence in healthcare quality, operational excellence including workplace health and safety and

patient service. Our employee manual, contracts, policies and procedures ensure complete adherence to those protocols. We track several indicators relevant to our H&S performance metrics. These include 1) non-compliance cases with guidelines concerning H&S of patients 2) Occupational injuries, and 3) Mandatory staff vaccinations compliance. We also keep records for training attendance such as fire and evacuation drills.

In 2010 we introduced pre-employment screening for Varicella through our employment agencies in order to ensure immunity among our new recruits. In addition, we commenced a free vaccination program to our staff. Our efforts in implementing a healthy and safe environment were crowned by being accredited for OHSAS 18001 in 2011. Our health and safety practices were described in details in our previous CSR report.

We understand that building a healthy and safe

# Health & Safety Practices

Existence of material safety Data Sheet within each unit

Proper labelling and storage of hazardous material

Safe handling and disposal of medical instruments/ materials after usage

PPE equipment available

Periodical check-up for floors and stairs

Regular safety inspections

Manual Handling Policy

environment requires proper communication channels within the hospital. In DSFH, health and safety issues are managed by The Health, Safety, Environment and Security (HSES) Department, Moreover, there are 3 committees managing different aspects of health and safety; The Infection Control Committee (ICC), The Performance Improvement & Patient Safety Committee (PIPSC) and the Sustainability, Environment & Facility Safety Committee (SEFSC) are responsible to ensure that education, training, counselling, prevention, and risk-control programs are in place to assist workforce members, their families, or community members regarding occupational and nonoccupational serious diseases. Additionally, we have safety designees within each department who are responsible for addressing health and safety issues among his colleagues. During this reporting period, there are 97 safety designees in the hospital. One of the responsibilities of the HSES department is to educate our employees about fire safety. During the reporting period 46 simulated fire drills were conducted and were attended by 1118 employees (41% of the total workforce).

During the year there were 131 lost days because of

Injury category	Year 2010	Year 2011
Needle stick injury	11	25
Varicella infection	0	4
Manual handling injuries and falling cases	13	132

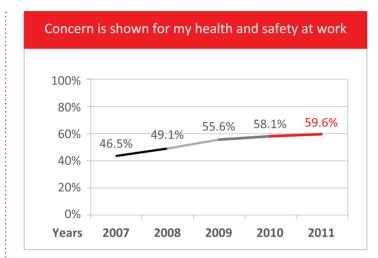
occupational injuries. Our sharps exposure rate for 2011 was 0.42 per 100 occupied beds. Even though this is an increase from 2010 (was 0.12) but still remains way below international benchmark (the EPINET reported rate for a hospital our size is 16.6). The increase in rate in 2011 reflects increased reporting rather than increased exposure, as DSFH in 2011 conducted more education to staff on necessity of reporting, and changed the way of reporting to make it easier on staff.

For the 4 cases of chickenpox reported in 2011, all were investigated. Those staff gave history of having had chicken pox during childhood, which turned out to be inaccurate since they developed this infection. To prevent this from recurring, the staff clinic policy changed their practice to test every new staff that joins us for varicella antibodies (indicator of immunity) regardless of history of chickenpox, and those found to be negative, are being given varicella vaccine (all paid by the hospital).

As mentioned previously we track our safety performance by measuring the rate of occupational injuries, the table above summarizes the occupational injury rate in the last 2 years.

One of our performance indicators that we tracked is measuring perception of our staff regarding our effort in establishing a healthy and safe environment for them. We noticed that there is a year-on-year trend increase concerning this perception.

Our commitment to a healthy and safe workplace was



extended to include our contractors and suppliers. We take all the necessary measures to ensure that our Contractor' Safety & Security Handbook is well circulated. During the reporting period, there were no cases reported regarding safety or security issues from our contractors.

As mentioned in our previous CSR report, our Staff Health Services (SHS) Guidelines are communicated to our staff. In terms of patient handling, employees are taught to take measures in order to prevent transmission of communicable diseases. It is worth mentioning that the vaccination program we offer to our staff is free of charge.

We continued to support the MOH during the Hajj season through the collaboration of our physicians and nurses and by providing pre-identified rooms for Hajj admissions, ICU's and an ambulance.

# Actions Undertaken as part of our responsibility towards ensuring safe employee-patient contact

Pre employment vaccination

Review of immunizations and updating employees on them

Monitoring exposure to infectious diseases

Proper disposal and sterilization of all tools used for diagnosis and treatment of patients

Maintaining employee overall health records

Pamphlets and brochures and books educating about personal and work hygiene

Vaccination census of DSFH workforce		
Vaccination category	Year 2010	Year 2011
HBV vaccine	596	384
Varicella vaccine	206	415
Measles, Mumps, Rubella vaccine	667	492

## >> Commitment for Future Years:

We believe that our commitment to build a healthy and safe workplace environment is well underway. At the end of 2011, we began the process of HACCP certification and we hope to achieve it by year 2012. We will continue monitoring the progress gained in 2011 and will update the readers in our future CSR reports.



# OUR COMMUNITY



# **OUR COMMUNITY**

# OUR PRIORITY: DEVELOP A COMPREHENSIVE APPROACH TO COMMUNITY HEALTH PROMOTION

- Objective 4.1.1 Promote the Community Teaching Center.
- Objective 4.1.2 Promote the Life Support Training Center.
- Objective 4.1.3 Conduct medical surveys in underserved communities to identify the underlying causes for health problems and provide solutions.
- Objective 4.1.4 Better utilization of the Haj, Omra and Ramadan seasons as an opportunity for community health promotion.

#### >> Management Approach and Goal Progress:

As a healthcare provider, we serve our community by different approaches. In addition to our core business, we have restructured the scope of the Patient Teaching Center to include social and environmental education sessions and have renamed the unit "Community Teaching Center". The Community Teaching Center (CTC) aims to educate the patient, relatives and community in general about medical issues and disease management. This creates a positive change in knowledge, beliefs and behaviors hence improving their quality of life and disease management. Throughout this year, several group teaching/ patient empowerment sessions were conducted discussing several topics including birth control, menopause, kidney diseases, diabetes, prostate cancer,

asthma and breast feeding and, during world health day, a pediatric group teaching session was held. Furthermore, the Center supported other activities conducted by MOH, Islamic Bank and others by providing educational sessions and medical assessment.

The table below describes the different activities conducted by CTC, number of attendees and hours:

Activities conducted by CTC		
Activity location	No.of Attendees	Hours
Indoor Activities	1919	413
Outdoor Activities	1576	57
Diabetic Education Activities	565	11

The Staff Development section of the Academic Department is committed to enhancing the continuous education of medical and clinical staff to ensure that their specialties are well represented. This ensures that the medical staff are well aware of any new technological or medical breakthrough. By providing its services to healthcare workers in general and not limited to DSFH staff, the department ensures that the healthcare workers gain skills that will enable them to meet the evolving needs of the healthcare industry. This is accomplished by organizing specialized workshops and conferences which earn Continuous Medical Education hours (CME) that also helps them to renew their licensures. During the reporting period, a total of 5952 attended the educational activities of the ATA and LSTC (2908 were non-DSFH candidates).

Educational activities of the ATA and LSTC			
Educational Activities	Total Candidates	Non-DFSH Employees	DSFH Employees
LSTC activities	2310	1360	950
Workshop/conferences	3642	1548	2094

Based on our extensive stakeholders engagement, objective 4.1.3 was replaced by "conducting health awareness campaigns founded on our patient needs as identified from the top ten diagnoses taken from our yearly census and as demanded by our physicians and MOH"; while objectives 4.1.4 was cancelled.

The reason for changing objective 4.1.3 is that similar medical assessment surveys are already being conducted by MOH and NGOs. Thus it will be more beneficial to the community to direct our resources to conduct the specific health awareness campaigns rather than waste them in replicating surveys that are being performed by others. Moreover, being one of the busiest hospitals in the region, our top diagnoses as collected and identified from our HIS will reflect an actual evidence-based need.

The reason for cancelling objective 4.1.4 was due to the fact that we already allocate resources during every Haj season (doctors and nurse, ambulances, pre-identified bed and ICUs and others..). Moreover, since Omra is now open throughout the year there is no dedicated time frame during which we could conduct a targeted community teaching activity. As for the month of Ramadan, we already

manage fasting issues as it relates to medical condition through the CTC activities.

#### >> Commitment for Future Years:

We are proud of the achievement of CTC and LSTC. We will continue to support and closely monitor their progress. Regarding objective 4.1.3, we have already started the process by communicating with MOH and identifying the objectives and the targets of the three future medical campaigns. We will update the readers in our future CSR report.

# OUR PRIORITY: INCREASE THE PUBLIC AWARENESS ABOUT THE CORPORATE SOCIAL RESPONSIBILITY

- Objective 4.2.1 Support and maintain the active role of the Community Advisory Committee.
- Objective 4.2.2 Allocate a budget for better utilization

of the media as an educational tool for Corporate Social Responsibility in order to differentiate between Corporate Social responsibility and Social Work.

#### >> Management Approach and Goal Progress:

As described previously, the Community Advisory Committee is considered one of our successful communication channels with our stakeholders. During the year 2011, the Community Advisory Committee conducted one meeting then was put on hold due to the limited time set for the committee's meeting, the availability of the members at the time of the meeting, the resignation of three hospital members and the death of one external member. It is worth mentioning that, at the end of 2011, the CAC was re-activated after including new members.

By utilizing the budget allocated for the CSR awareness in 2011, we are proud to be the first to publish a digital CSR magazine under the name of "Our Community" in the Arabic language. The magazine is distributed electronically through e-mail to our database and is available for download through our website. This quarterly magazine focuses on all issues related to sustainability including tips on energy and water savings, promoting healthy life style and topics related to the four pillars of sustainability. In addition to the digital magazine we have newly structured our website, to go live on April 15<sup>th</sup>, to include more comprehensive information about social and environmental topics. We believe that publication of our digital CSR magazine together with our newly structured website raise CSR awareness in our

community. It is worth mentioning that the new hospital website will include visual assistance for visually-impaired viewers.

During our last report launching ceremony, a press interview was conducted and attended by more than 100 reporters and media personnel. During his speech and throughout the press interview, the Director General emphasized the role of CSR in economic development as well as the benefits and mechanisms of adopting best practices. Moreover, he stressed on the role of the media in building a culture of sustainability within the community and explained the difference between philanthropy and CSR. A similar activity was conducted on the morning of this event for our internal stakeholders (employees), when the DG repeated the information sharing session with the employees and acknowledged the winners of the CSR Quiz.

One great achievement attained by the end of 2011 was formulating the first CSR communication model in the healthcare industry. This communication model developed by our CSR team leader describes the strategy that a healthcare organization should follow when communicating CSR with its stakeholders.

#### >> Commitment for Future Years:

During the reporting period, we were able to achieve our objectives. Although there were obstacles that prevented the CAC from fully achieving its functions during 2011, our efforts, combined with the beliefs of our members, have ensured that, by the end of the year the committee is once

again on track. We will start engaging with stakeholders based on the CSR communication model and we will update the readers with our communication progress in the coming CSR report.

#### OUR PRIORITY: ENHANCE THE SOCIAL WORK ACTIVITIES

- **Objective 4.3.1** Adopt a volunteer program.
- **Objective 4.3.2** Establish and support a Charity office under the Patient affairs department.
- **Objective 4.3.3** Increase the direct financial contribution to the charity program.

#### >> Management Approach and Goal Progress:

DSFH recognizes it is our responsibility as good corporate citizens to help strengthen the communities in which we live and work. Consequently, we encourage our employees to become involved in their communities, lending their voluntary support to programs that enrich the quality of life and opportunities for all citizens. With the increased demand for volunteer work among employees we have recently introduced a policy to support and guide the employee volunteering activities based on two approaches. The first is Personal Interest programs whose goals are considered strategically relevant to the mission of DSFH, but may not be hospital funded. The second is Corporate-Sponsored programs whose goals are considered of strategic importance to DSFH and for which the hospital has provided funding. The following examples highlighted both approaches.

- As a feature of our sponsorship of World Health Day activities organized by the MOH, 8 staff from medical, nursing, and the education departments donated time out of their duty hours for three consecutive days 144 hours, in total. Their work includes medical assessment, support and education.
- Through sponsorship and agreements with different NGOs, DSFH has provided medical assistance for activities conducted by those NGOs in the form of medical consultations and emergency coverage, with staff from the medical and nursing divisions has donating their time out of their duty hours. Their contribution has included medical consultations and treatment as well as a presence for emergency coverage during events. An example is the volunteer work provided by our consultants from different specialties (dental, ophthalmology and neurology) to the Disabled Children Association. Other examples include medical consultation and emergency coverage for Fourth Gulf Autism tournament for the Western region organized by El Faysaliah Association for Autism. Through those agreements, a total of 151 hours of volunteer time was donated by DSFH staff.

Examples of personal interest programs are demonstrated in the voluntary work of the our dieticians in promoting healthy life style in schools and through our physicians who donated their time to provide medical and morale assistance to orphans and employees who participated in Jeddah cleaning activities during Earth Day as well as in Cleaning activities for Jeddah Mosques.

Alternatively, DSFH opens its doors to people who want to donate their time for volunteer work within DFSH

premises. Khadija Attar Center for Children with Special needs has received a total of 8 volunteers from King Abdel Aziz University. They spent a total of 46 hours each helping in all activities and services performed in the Center.

We categorize our philanthropic activities into monetary and non-monetary. Our agreement with several NGOs (Al Faysaliah, Help Center and Disabled Children Association) this year highlights our non-monetary contribution. Through those agreements, free medical consultation, and discounts on clinical services have been provided to their patients. Other activities include:

- Investment in Khadija Attar mosque dispensary project based on a charity concept. The dispensary (scheduled to open in 2012) will provide donation and free medical care for needy patients and will consists of three clinics covering the most commonly needed medical services as well as a pharmacy. Patients will be able to receive their medical services free of charge and those who require advanced treatment will be referred to DSFH to complete their treatment through our Charity Office.
- Employees and visitors encouragement to donate food, clothing, school supplies, toys, household goods and other items of quality to the underprivileged. We place donation boxes in the foyer of the Community Teaching Centre for a whole week each month during which time donations can be made. To ensure that the donated materials reach underprivileged people, we have established agreements with different NGOs to be responsible for redistribution of the donated items.

- This year, DSFH held its first annual Charity Day. Led by nursing, this event was a great success with participation in the preparation of activities from many hospital disciplines and an outpouring of generosity from other staff. Events included a bake sale with major contributions by nursing staff, laboratory medicine staff and quality and risk management staff, a cultural display and sale of foods and novelties from Kerala hosted by our Facility and Maintenance team, a garage sale organized by our Social Work Department, guizzes with big prizes, children's activities including games and face painting organized by DSFH Nursing College interns. Together with help from Door decor services and outside sponsors, the amount raised was used towards the purchasing requirements for needy patients and their families. It is intended to repeat this thoroughly enjoyable event at least annually.
- Being the largest private hospital in the Western Region, DSFH continuously strives to maintain its position as a leading referral hospital. This necessitates continuous renovation and upgrading of its facilities and equipment. All replaced equipment were donated to dispensaries and polyclinics serving underprivileged areas. The donation of two dental units, two catheter labs and two lithotripsy machines to a dispensary serving underprivileged areas are a recent example.

At DSFH, we strive to offer health care services not just for the affluent but also for the impoverished and financially challenged. Through agreements with NGOs, the Charity Office contributes funding to the hospital in order to provide the needy with free diagnosis, medications and treatment. Those who have minimum income, retired, uninsured and unemployed are entitled to medical funding from the Charity program of the hospital. Our charity program is led by certified social workers to ensure that only needy patients receive funding. We are really proud of being the first hospital that has implemented the process of deducting one rival from each patient's bill for the benefit of the Charity Office. DSFH also routinely waives the medical bill for patients who cannot afford to pay. The following table shows the amount spent by the hospital on treatment of poor patients.

Our social investment is categorized and described in the following table:

DSFH Social investment	
Activity	Amount in SAR
Contribution to charity	2,900,000
Free Medical Treatment	4,015,265
Community activities	430.240
Charity Office	993,123

It is worth mentioning that 9,578 people have received free medical treatment. Moreover, the figure above does not include other cash contributions to community development such as the investment in Khadija Attar dispensary mosque, logistic and medical support for NGOs activities and others.

#### >> Commitment for Future Years:

Our objectives for social development were achieved. However, the rewarding mechanism for our volunteer was not formulated and we will try to finalize it this year.

# OUR PRIORITY: COMMUNITY INVESTMENT AND ENGAGEMENT

- **Objective 4.4.1** Maintain the role of the Nursing College as a community investment model.
- **Objective 4.4.2** Participate in corporate philanthropic community initiative (free medical campaign).
- Objective 4.4.3 Adopt a CSR program supporting community wellbeing (community outreach program).

#### >> Management Approach and Goal Progress:

We see the development of local talents as part of our responsibility and that is why we have invested heavily in a nursing college. We established Dr. Soliman Fakeeh College of Nursing and Medical Sciences to provide nursing Baccalaureate programs in order to pre-empt global nursing shortages and in response to recruitment competition for nurses and allied healthcare workers. Nursing College graduates are joining the nursing workforce as staff nurses at a rate of approximately 25 graduates per semester, thus contributing significantly to the progressive Saudization of the nursing workforce. In addition, and in order to contribute effectively in the Saudization of the allied healthcare workforce, we have also established allied healthcare Baccalaureate programs (radiography and laboratory). Recently we have activated a partnership program with the renowned ULSTER University in United Kingdom of Saudi Arabia through which the nursing students will have an accredited British-Saudi Baccalaureate program:

## Anti-Obesity Campaign

In our last report, we were committed to conduct an anti-obesity campaign as part of our outreach programs. During the reporting period, the campaign, targeted obese children, was conducted under the patronage of HRH. Princess Adllah Bint Abdallah, and launched under the title "Let's Start". The campaign used multidisciplinary approaches including the involvement of dieticians, educators, physicians and sport trainers. The aim of the campaign was to promote a healthy life style among children by teaching them the advantages of healthy food intake and the benefits of sports. Activities included

school visits, mall activities, organization of play with cartoon characters (Sahsouh and Takhtoukh), distribution of healthy booklets (including healthy recipes and contests for mothers, games and nutrition facts), initiation of a dedicated website for the campaign including chatting facilities with a dietician through an online forum and online games. The campaign was launched in cooperation with Ministry of Health, and was sponsored by food ware production and pharmaceutical companies and continued for three months. The investment in this campaign has reached 500,000 SR mostly granted by DSFH. A clear set of KPIs was formulated to ensure the success of the campaign and outcome data was collected through questionnaires and physical and psychological assessment.

## Baby Friendly Hospital

DSFH has been working towards Baby Friendly Hospital Accreditation since January 2011, following the worldwide program of the World Health Organization and UNICEF which was established in 1992 to encourage maternity hospitals to implement the Ten Steps toward Successful Breastfeeding and to practice in accordance with the International Code of Marketing of Breast milk Substitutes. We have made great progress especially in the field of staff education where we have completed training of more than 80% of all hospital staff on three levels depending on their area of assignment, 20 hours for nurses and physicians assigned to areas where they come into contact with pregnant and newly delivered mothers, 8 hours for other medical, nursing and paramedical staff and one hour for all other employees. Our rooming in rate is

impressive, and our exclusive breast feeding rates are increasing steadily and we are already gaining a reputation within the Baby Friendly Community in Saudi Arabia for our commitment to this program and for our successes so far.

In an effort to support Saudi national employment, we provided training to nationals aiming to help them in their employment. Our agreement with the International Academy of Medical sciences is an example that we are proud of. Through this agreement we have trained 149 students for an average of 6 months during the reporting period. This multidisciplinary training program conducted by the Education Department allows the candidate to be trained on issues related to hospital management including medical records, hospital information system, customer service and other relevant issues. This advanced training program will help the candidate secure employment in a hospital upon graduation.

We understand that the healthcare business in its fundamental nature is a social development undertaking. Not wishing to stop here, we are constantly reviewing the healthcare needs of the governorate of greater Jeddah and investing in new services and capacities. Within the same context, and during the reporting period, we have initiated the following:

## Breastfeeding Clinic

In recognition of the fact that breastfeeding is one of the most beneficial acts a mother can offer her newborn infant DSFH is committed to promoting breast feeding within the organization from the point of the first visit to antenatal clinic to the time when infants are finally fully weaned. Our Breast feeding

clinic staff have been trained as WHO/UNICEF Breast Feeding counsellors and it is the policy of DSFH that all patients visiting antenatal clinic for the first time are referred to the breast feeding clinic. Expectant mothers can be encouraged from the start to select exclusive breast feeding following delivery of their baby through the provision of information concerning the benefits of breastfeeding for both the mother and the baby. The role of the clinic staff extends beyond the boundaries of the actual clinic location as they follow their clients though the delivery process and troubleshoot any breastfeeding difficulties with the mother following delivery. They follow mothers up after discharge working together with volunteers who are members of the DSFH breast feeding support group. The benefits of this simple strategy on the future health needs of the community can not be overstated as exclusive breast feeding has been proven to improve health outcomes for both the infant and the mother

#### Smoking Cessation Clinic

Cigarette smoking is recognized as a leading cause of illness and premature death worldwide. Having acknowledged this, DSFH is also aware that many smokers have an uncontrollable dependence on the effect of nicotine on mood and concentration and finds it almost impossible to stop smoking without specialized help and support. DSFH is proud to announce the inauguration this year of a smoking cessation clinic designed to give nicotine dependent individuals pharmacological support, psychological counselling and all the necessary advice to those who wish to kick the habit. This is a dedicated clinic which provides clients with access to medical

practitioners who are well qualified and well skilled to assist with the initiation of the required lifestyle change and the support and encouragement to continue with this commitment.

- Khadija Attar Center for Children with special needs
   This was commissioned in July 2011. The school caters
   for children with special needs from birth to the age
   of 12 years, providing medical services, special needs
   education, social activities, physiotherapy, speech
   therapy and behavioral therapy to children with
   conditions such as autism and Downs syndrome.
- Fakeeh Complementary Healthcare Company (FCFC)
   A subsidiary of DSFH was established to cater to the needs of the parent organization and the local market. It is headquartered in Jeddah with a branch in Riyadh. FCHC's objective is to provide the best available quality products and after sales services at a convenient and affordable price to the local market.

#### Olympia Fitness Center

It was established as a public health initiative to provide the space and facilities for general public to engage in fitness activities. It offers state of the art facilities including a fully equipped gymnasium, indoor swimming pools, a tennis/squash court, basketball and many other recreation and sports facilities. The center underwent a major renovation three years ago to include other fitness services and equipment.

### >> Commitment for Future years:

Our goals for community engagement and development were met. We will communicate update on these goals in our next report.

# Everyone counts

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This CSR report follows the Global Reporting Initiative (GRI) G3 Guidelines (meeting an application level A). These Guidelines provide a globally recognized framework for sustainability reporting and are adopted by more than 1,500 companies around the world.