



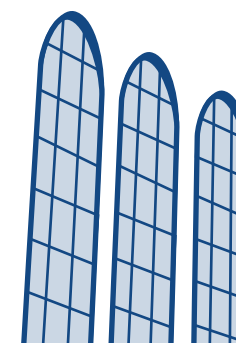
مستشفى الدكتور سليمان فقيه  
Dr. Soliman Fakeeh Hospital

*... providing hope.*

08

Hope for the Future  
CORPORATE RESPONSIBILITY REPORT

## Table of Contents



Foreword by the Director General	3
About the Corporate Responsibility Report	5
About Dr. Soliman Fakeeh Hospital (DSFH)	5
Strategy, Governance and Dialogue	9
Responsibility to the Patients	16
Responsibility for the Workplace	19
Responsibility to the Community	27
Responsibility for the Environment	32
Objectives for the Future	38
Self-Declaration According to GRI G3 Guidelines	41
Global Reporting Initiative Index	42



Information

Hospital Information

POSTAL ADDRESS

P.O.BOX 2537  
Jeddah, 21461  
Saudi Arabia

CONTACT NUMBERS

Tel: 00966 2 6655000  
Fax: 00966 2 6603754

WEB ADDRESS

<http://www.dsfh.med.sa.com>

DIRECTOR GENERAL

Dr. Mazen Fakeeh



Report Information

SUSTAINABILITY TEAM

Dr. Sherif Tehemar: *Team Head*  
Dr. Liza Hassan  
Ms. Barbara Allison

SUSTAINABILITY CONSULTANTS:

Tamkeen Sustainability Advisors  
P.O. Box 6537, Jeddah 21452 KSA

REPORTING GUIDELINES:

	C	2008 <i>In Accordance</i>	C	C+	B	B+	A	A+
Mandatory	Self Declared		✓					
Optional	Third Party Checked							
	GRI Checked							

FEEDBACK:

For more information please contact the Public Relations and Media Director, Dr. Sherif Tehemar at:

+ (966) 2 6655000, ext: 5001  
or email at [prd@drfakeehhospital.com](mailto:prd@drfakeehhospital.com).

*For comments and suggestions on the report, please fill out the stakeholder survey on our website.*

This report is printed on 100% recycled paper with minimum possible post-consumer waste.

Foreword by the  
Director General

Mazen Fakeeh  
*Director General*



Dear Friends,

Dr. Soliman Fakeeh Hospital (DSFH) was founded with a clear mission to become a leading referral hospital, striving to achieve excellence in patient care. Our ability to create value for our stakeholders is crucial for the growth of our hospital. We can only achieve this by earning the support and respect of our employees, our patients, our suppliers and the community we operate in. In that context and on behalf of DSFH and our staff, we are pleased to present our first Corporate Responsibility Report 2008.

This report allows us to highlight our responsible achievements, establish our future commitments and serves as a benchmark to demonstrate our progress in the field of sustainability. We are now bringing those practices into our daily activities, focusing our efforts on embedding the principles of sustainability into our strategic framework.

As a result of our stakeholder consultation, we have established the following as our sustainability priority areas: service excellence and patient satisfaction, financial performance and owner value, comfortable and safe workplace environment and environmental stewardship. We are also increasingly focusing on achieving international standards and quality of service; indeed DSFH was the first private hospital in the Western Region of the Kingdom of Saudi Arabia to become accredited by the Joint Commission International (JCI) in 2006, and by the Australian Council for Healthcare Standards International (ACHSI) in 2008.

Healthcare has significant economic and employment impacts. As one of the very first private hospitals in the region, our current priority is to focus on

impact of our hospital's business operations, where economic worth and empower our local communities. We have developed a sustainability policy that brings together our existing responsible practices into one coherent framework that will help us in achieving our corporate sustainability goals.

During 2008, we encouraged broader community investment activities through establishing a Community Advisory Committee (CAC). The committee's main function is to guide and participate in the planning, development and implementation of projects directed to improve the health conditions of our community. We have also taken a proactive approach to reducing our carbon footprint and are looking at new and improved ways to measure the environmental impact of our operations. We have managed to reduce our water consumption by almost 50percent over the last two years. As part of our environment initiative, we are proud to claim to be mercury free hospital and employ the use of digital X-Rays only. We have also started offering several vaccination schemes for employees that are exposed to a high risk of infection and almost 1,500 vaccines were administered in 2008.

We have embraced sustainability as part of our core business values. Although, we have faced a few challenges in 2008, we aim to address those challenges with a renewed sense of commitment. Our focus areas will be to improve patient satisfaction by 5percent yearly and to further increase the health and safety measures at the workplace (cont. p4).



## Foreword by the Director General (cont.)



In the next 2-3 years, we are hoping to adopt new quality standards: Environment Management System (EMS) ISO 14001, and Food Safety Management System (FSMS) to further strengthen our environmental responsibility. We predict that our forthcoming challenges will include establishment of Integrated Environmental Management Scheme and further activation of the DSFH Go Green Program. In addition to the above initiatives, we have added new sustainable goals and objectives to our 2009-2013 Strategic Plan which are summarized towards the end of the report.

In the 2009 Corporate Responsibility Report, we will communicate our progress on the targets that we have set for ourselves and I look forward to receiving your feedback on how we can further enhance our approach for the benefit of DSFH and society at large. We have

included a link for a stakeholder survey at our website and we encourage all stakeholders to provide us with their opinion about our report.

I would like to thank our stakeholders and partners for embracing and encouraging sustainability management. This being our first CR report is merely the start of a long but fruitful journey towards building a more sustainable world for generations to come. I encourage all stakeholders to join us in celebrating the start of this arduous task and our sustainability achievements so far.

We are in the business of providing hope and with your encouragement, we will keep doing so. Together, we can work towards making a better and more sustainable tomorrow.

Sincerely,

**Mazen Fakeeh**  
Director General

## About the Corporate Responsibility Report



This, our first annual Corporate Responsibility (CR) Report describes the material and relevant CR aspects of our operations, determined through stakeholder consultation. The report covers social, economic and environmental aspects that are contextual to a hospital. All sustainability performance data represents year 2008 and, where applicable, years 2007 and 2006. The report includes the following business units:

- Dr. Soliman Fakeeh Hospital (DSFH).
- Dr. Soliman Fakeeh College of Nursing and Medical Sciences
- Olympia Health Promotion and Fitness Centre.
- Fakeeh Complementary Health Care (FCHCo)
- Bright-Talk Montessori Preschool

The scope of this report covers the individual performance of Dr. Soliman Fakeeh Hospital, Dr. Soliman Fakeeh College of Nursing and Medical Sciences and Olympia Fitness Centre. The Fakeeh Complementary Health Care Company and the Bright-Talk Montessori Preschool are being covered as part of the organization as a whole.

This CR Report follows the Global Reporting Initiative (GRI) G3 Guidelines (meeting an application level C). These Guidelines provide a globally recognized framework for sustainability reporting and are adopted by more than 1,500 companies around the world. A self-declaration of compliance with the GRI reporting guidelines is presented at the end of the report. Moreover, we have included a GRI Content Index, based on the G3 standard. The content index indicates where GRI reporting components can be found in the DSFH Report.



# About Dr. Soliman Fakeeh Hospital DSFH

DSFH is a private hospital that was founded in Jeddah, Saudi Arabia, in 1978 by Dr. Soliman Fakeeh. Over the past 31 years, DSFH has managed to carve a niche for itself in providing quality healthcare services and is known throughout the region for excellence in healthcare provision.

Today, DSFH consists of three main buildings. In 1986, the first expansion of the Hospital was inaugurated by His Majesty, the late King Fahd bin Abd Al-Aziz. In addition to doubling the facility’s inpatient capacity, this expansion introduced such new facilities as open-heart surgery and new clinics, including neurosurgery, neurology, nephrology and infertility clinics.

DSFH Service Snapshot For 2008	
Average Daily number of admissions	95
Average length of patient stay	3.98 days
Average daily outpatient visits	1,078
Average daily ER visits	139
Total number of surgeries	12,212
Total number of diagnostic images	107,898
Total number of Laboratory investigations	804,346



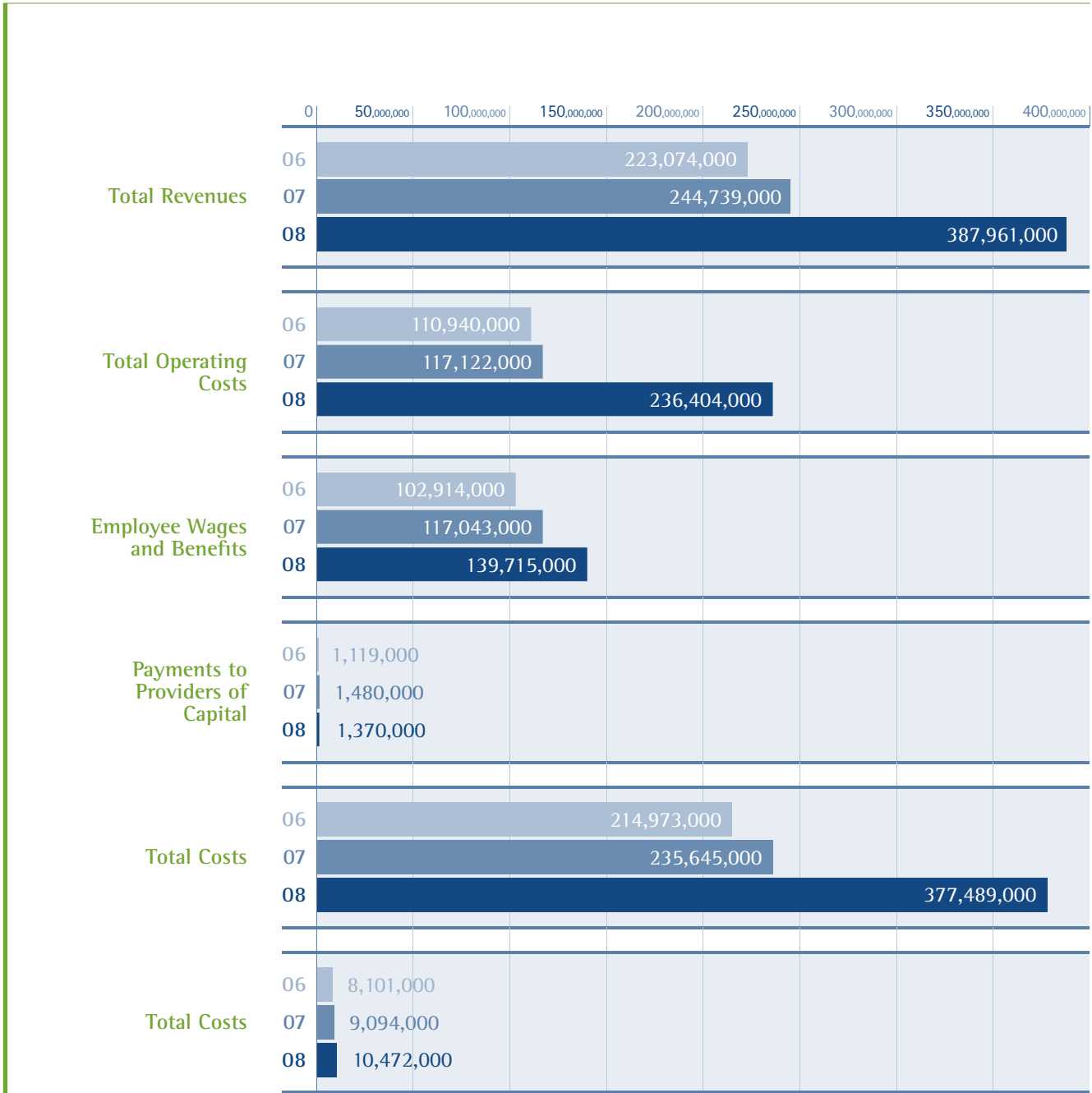
In 1999, a second expansion inaugurated by the Custodian of the Two Holy Mosques, King Abdullah bin Abd Al-Aziz, Crown-Prince at the time, marked the addition of two new structures to the DSFH campus, and offered additional pediatric clinics, neonatology, plastic surgery, and health promotion and fitness center. With this expansion DSFH increased its capacity to a total of 500 beds (out of 400 operational).

DSFH is the first private hospital in the Western Region of the Kingdom to be accredited by the Joint Commission International (JCI) in 2006, and by the Australian Council for Healthcare Standards International (ACHSI) in 2008. DSFH is presently one of the most notable healthcare provider in the region and is visited by almost 500,000 patients every year.



New ER Unit at DSFH

The following table demonstrates our financial performance in Saudi Riyals from 2006 through 2008:



New Laboratory





# Mission, Vision, Values and Policy

## 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 standard, and quality of service at a reasonable and affordable cost to our patients.

## Values

- We value ethics and professional integrity
- The patient is our first priority
- We look for continuous improvement opportunities
- We understand the needs of our customers
- We believe that every member of our team is important



New Dental Care Unit

## Sustainability Policy

We have developed a sustainability policy that brings together our existing operating principles into one coherent framework that will best help us achieve our sustainability goals.

### SUSTAINABILITY POLICY: HOW IT BEGAN

Mission of DSFH is to achieve excellence in providing comprehensive healthcare to all our patients and we have always believed that to be successful in this, we must, first and foremost, be ethical. Our practices have always been built around the principles of honesty, responsibility and ethics. However, When DSFH ranked 8th in Responsible Competitiveness Initiative (RCI) by The Saudi Arabian General Investment Authority (SAGIA), a strategic decision was taken by the Director General to incorporate CSR agenda in all aspects of the hospital operations. A Sustainability team was formed and was assigned the arduous task of formulating a sustainability policy. The principles encompassed in this policy cover all areas of the operations and have been developed and continue to be reviewed against and updated by reference to relevant national and international standards.

**Dr. Sherif Tehemar**  
BDS, MSc., PhD, FACOMS  
*Head: Sustainability Team*

# Services and Business Units

DSFH provides comprehensive preventive and therapeutic healthcare services to both adult and pediatric population of Saudi Arabia in general and the city of Jeddah in particular. It provides healthcare services to primary care patients, together with secondary and tertiary referrals. 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.

In 1995, our Virology Lab isolated, for the first time in the Kingdom, the Dengue Hemorrhagic Fever virus, followed by a new flavivirus in 1996; both of which were reported to the World Health Organization, Both discoveries were instrumental in the prevention of outbreaks in the Western Region of the Kingdom and the result was confirmed at the Center for Disease Control in the United States.

DSFH is a regional pioneer in the field of organ-transplantation, including kidney, bone-marrow, liver, and heart transplantation. Its open-heart surgery center claims the highest number of operations done in the private sector in the Kingdom.

In 2007, DSFH grew its services to include the Interventional Neuro-Radiology techniques for various endovascular treatments and was the first to bring Volume Computed Tomography Machine VCT-64 slices to the Kingdom the same year. Moreover, in 2008 DSFH was the first private hospital in the Middle East to employ the Automated System Accelerator (APS). APS is the latest technology in medical laboratory diagnostics, which uses the latest software that automatically analyzes up to 1500 samples per hour. It has multiple services that can be increased as needed to create integrated solutions compatible with the needs of existing and future laboratories.

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

The college of Nursing and Medical sciences was established in 2003 to cater to the ever-changing needs of healthcare systems by incorporating research findings into education programs and using technology assisted learning for nurses. The college seeks to empower women in general and Saudi women in particular and encourage them to be independent. The college is accredited by the Saudi Ministry of Higher Education, and accommodates 722 male and female students.



New Nursing College

In June 2007, Dr. Soliman Fakeeh College of Nursing and Medical Sciences celebrated the graduation of its first group of nurses with a Bachelor's Degree in Nursing Sciences.

## 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. Furthermore, a professional team of trainers and doctors are available to provide necessary fitness

Services and Business Units (cont.)

and dietary advice. Olympia has around 1700 male and female members served by 75 employees. Special discount is offered to DSFH employees.



Fakeeh Complementary Health Care (FCHCo)

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 and after sales services at a convenient and affordable price to the local market. The Company consists of five business units: a Cosmeceutical & Beauty Unit selling a selection of high quality products including Beauty RX and Viola along with herbal natural products and food supplements, retail outlets, a Medical Supply Unit distributing medical consumables throughout the region, a Pharmaceutical Unit, and an Instruments Unit distributing medical instruments throughout the Kingdom of Saudi Arabia. FCHC believes that by providing best quality products at a convenient and affordable price to all, they will contribute in developing and improving the quality of healthcare services provided to the community. FCHC employs 27 individuals.

Bright-Talk Montessori Preschool

Built around the unique Montessori educational method which respects a child’s individuality, talents and desires, Bright-Talk Pre-School was established in 2006. Its main purpose is to provide children with a stimulating environment and hands-on activities that allow them to develop their cognitive skills and individual talents. Bright-Talk Pre-School aims to involve children in a family-oriented environment, to foster a love for learning and to educate them to be caring and socially responsible citizens of their community. Bright-Talk Pre-School has a special education section that serves children with special needs. The school is situated on the 6th floor of DSFH building 3. It serves the children of our staff in the first place and expanded to accommodate up to 170 children. The school is run by 31 teaching staff and 4 administrative staff.



A Day at DSFH	
95 patients are admitted	
0.3 tons of medical waste	
30 tons of greenhouse gases are emitted	
4 tons of general waste	
22 patients are trained	
1078 outpatients are served	
1300 m3 of water is used	
139 emergency cases	
120 MWh of electricity is used	

Governance, Strategy and Dialogue

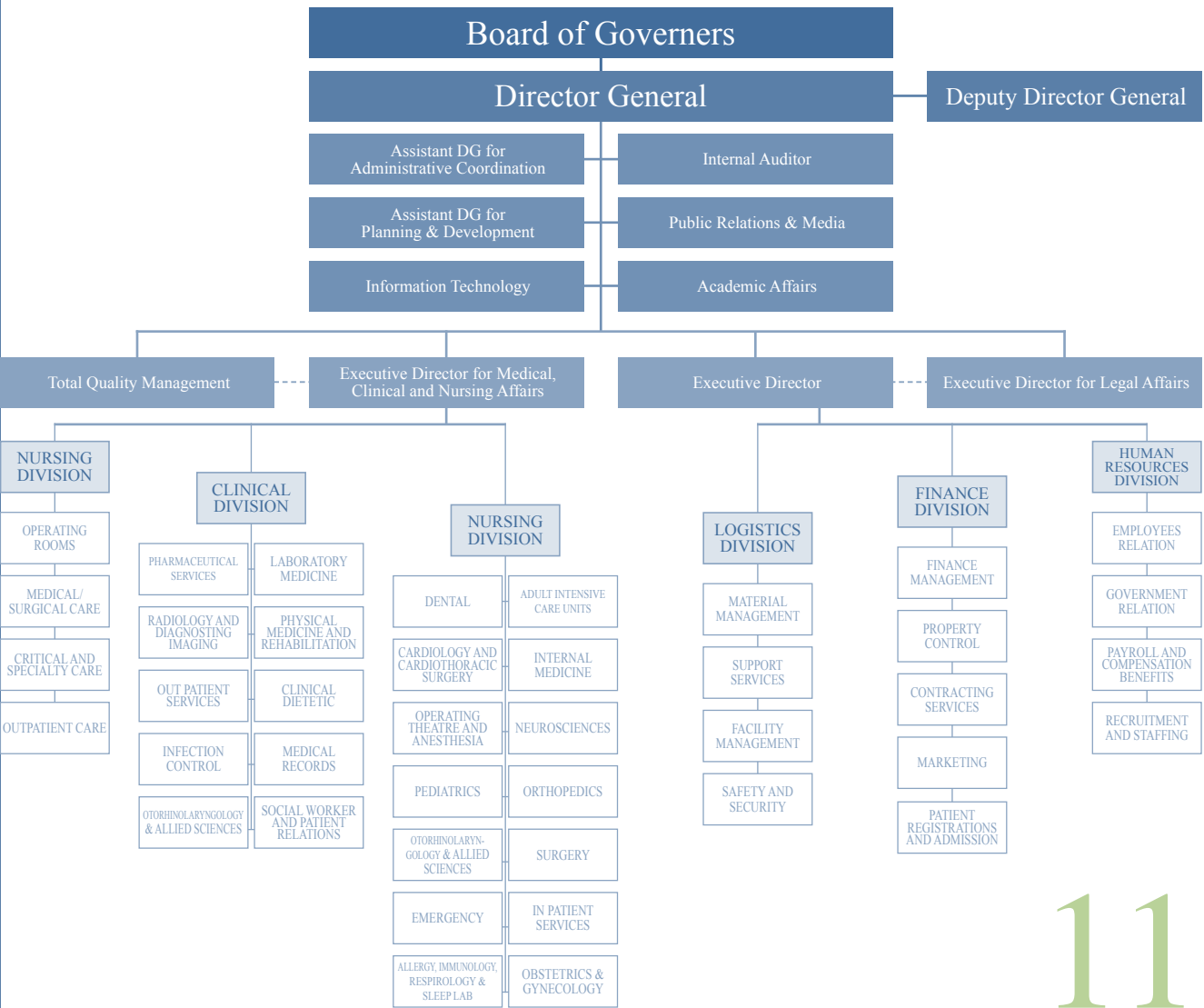
Embedded in our core values is a belief in ethics and professional integrity, honesty, justice, recognizing the importance of continuous improvement and developing opportunities for growth and development.

Systematic Corporate Responsibility Work at DSFH

DSFH’s organizational hierarchy is outlined in the hospital organization chart. The top level of DSFH’s structure includes members of the owner’s, Dr. Soliman Fakeeh, family.

It is represented by the Board of Governance, which has the eventual authority, responsibility and accountability for the outcomes of the hospital operations. The Governance Board is responsible for approving major decisions affecting DSFH operations and annually evaluates its performance against pre-established goals. The executive officer, or The Director General, (DG) is Dr. Mazen Fakeeh who provides the overall leadership and management of the hospital, and delegates responsibility to the Executive Management Committee. The Executive Committee, which is chaired by the DG includes all division chiefs as members and is responsible for approving hospital plans such as long-term strategic plans and allocation of capital.

Dr. Soliman Fakeeh Hospital Organization Chart





Governance, Strategy and Dialogue (cont.)

DSFH has established several executive committees that are responsible for managing the performance of different operational activities in the hospital. The committees include:

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 liaison with Ministry of Health and ensures complete adherence with their policies. The HEC also serves as a means of relaying information regarding Medico-



Administrative manners that concern health care management issues with the Ministry of Health, and has to make sure that all national and international standards are implemented in the delivery of services and patient care throughout DSFH. The HEC includes 12 executive members.

The Performance Improvement Committee (PIC)

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 patient care, clinical performance and health care delivery systems. It also pursues opportunities to improve patient care and to resolve identified problems, and oversee the planning, communication and supervision of the accreditation activities, including but not limited to ARAMCO, MRQP/CBAHI, JCIA and ACHSI. The PIC includes 15 members, six of whom are executives.

The Social Activities Committee (SAC)

The SAC was established to enhance the social environment for DSFH staff members in the workplace by providing activities and events that work on three main principals; Socialization, Appreciation, and Recognition. Other goals of SAC are to, establish and maintain effective relationships within the DSFH community, bring all staff together to create successful and spectacular events, and to develop a yearly plan for social activities. The SAC includes 9 members, out of which one is an executive.

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. It also provides



support and counsel to those responsible for treatment decisions including health care providers, patients, surrogates and members of patients' families. The REC is responsible for ensuring compliance with the Code of Ethics in research and education related to patients' care as well as providing case consultations on ethical issues regarding a specific patient's care. The REC includes nine non-executives members.

The Hospital Information System Committee (HISC)

The role of the HISC is to lead, direct and monitor the implementation of the HIS (Oasis-Hospital Information System) project together with other related activities. The HISC includes 12 members, out of which nine members are executives.

The Blood Utilization Committee (BUC)

The BUC monitors and regulates the activities of the blood bank in order to ensure optimal and safe use of blood and blood products (cells, plasma, platelets). It also reviews all blood and blood product transfusions



to ensure quality, appropriateness, selection, and proper administration. The BUC includes five non-executive members.

The Editorial Board Committee (EBC)

The EBC is in charge of reviewing and providing input to all printed material at DSFH such as quarterly



internal newsletter (presenting hospital staff social activities), an external newsletter, bulletin boards, brochures, and multimedia presentations. The EBC includes two non-executive members.

The Infection Control Committee (ICC)



The ICC is responsible for reviewing, modifying, monitoring and coordinating infection control programs so as to minimize or eliminate the risk of health-associated infections within the DSFH Complex. It includes five non-executive members.

The Safety Management Committee (SMC)

The SMC supervises the formal training of all DSFH staff members on all elements of the Safety Management Program, including but not limited to: safety of the building, security, hazardous materials and waste disposals, emergencies (external and internal plan), fire and safety, medical equipment, and the utility system.

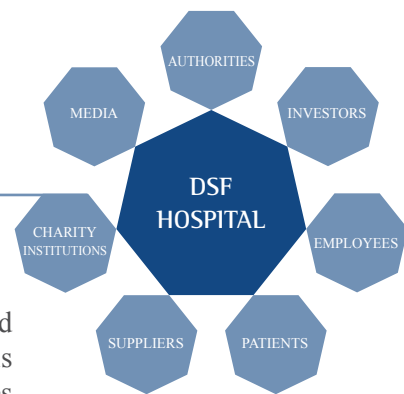
The SMC is also in charge of ensuring safe work practices and conditions by scheduling and conducting environmental rounds to check staff knowledge and implementation regarding the Facility Management and Safety Plans. The SMC also makes certain that the risk of safety related incidents is minimized by proactively evaluating systems in place and making necessary changes through the SMC, Administration, and departmental participation. The SMC has no executive members.



Governance, Strategy and Dialogue (cont.)

Active Stakeholder Dialogue

DSFH is the largest private hospital in the Western Region of the Kingdom, and our key stakeholders expect the highest quality of health care. Therefore, it is essential to understand and respond effectively to our stakeholders’ priorities and expectations in order to achieve excellence and develop meaningful collaborations to solve sustainability challenges through joint action. Stakeholders have been identified based on the review of registered and issued GRI sustainability reports for hospitals. The review indicated that there are seven main stakeholder groups to whom GRI definition of stakeholders applies. As part of our sustainability journey, we engaged our stakeholders in a dialogue to identify their key priority areas. We have planned our improvement strategies around our stakeholders’ priorities, seeking to respond to their concerns in a systematic and timely manner.



Stakeholder Group	Interests and Expectations	DSFH Action
Owner	<ul style="list-style-type: none"><li>To improve communication with key stakeholders.</li><li>To manage and improve the economic, environmental and social impact of the hospital’s operations.</li></ul>	<ul style="list-style-type: none"><li>We increased the membership of the Community Advisory Committee to include representatives from our key stakeholder groups and bring them into an organized dialogue that removes barriers, while motivating the creation of collective and innovative solutions.</li><li>Further activation of DSFH Go Green Program.</li></ul>
Employees	<ul style="list-style-type: none"><li>A more systematic benefits program.</li><li>On- the-job training and capacity building</li></ul>	<ul style="list-style-type: none"><li>We introduced a salary scale program, which will be finalized and fully implemented by the end of 2009.</li><li>The Frontline Customer Service Program and a language program for teaching Arabic for non-Arabic speakers have been introduced.</li><li>We introduced a training program for our executives that covers various leadership competencies. Lean Six Sigma in Healthcare program soon to be introduced.</li></ul>
Patients	<ul style="list-style-type: none"><li>Affordable and accessible healthcare services.</li><li>Provision of top quality health care service.</li><li>DSFH collaboration with other institutions.</li></ul>	<ul style="list-style-type: none"><li>We reviewed our service price for 2008 against costs and market prices, and allowed adjustments for better competitiveness.</li><li>We are continually working to ensure full compliance with all national and international quality of care and sustainability standards.</li><li>We have planned involvement with other institutions in the community for educational programs and health promotion campaigns.</li></ul>

Stakeholder Group	Interests and Expectations	DSFH Action
Authorities	<ul style="list-style-type: none"><li>Better interaction and improved communication with DSFH.</li><li>Strict monitoring by DSFH of any non-compliance cases.</li><li>Collaboration with other community institutions.</li></ul>	<ul style="list-style-type: none"><li>We will institute a continuous dialogue with all concerned authorities to respond promptly to any requests made.</li><li>We will also schedule meetings with all the concerned authorities as well as The Presidency of Meteorology and Environment to fully apply and meet their standards.</li></ul>
Charity	<ul style="list-style-type: none"><li>Better interaction and improved communication with DSFH.</li><li>Affordability of service for charity referrals provided by them.</li></ul>	<ul style="list-style-type: none"><li>Following authority approval, a Charity Office will be established at DSFH, to act as a liaison with charity institutions, tasked with strengthening mutual communications and cooperation.</li><li>To enhance the referrals process, our successful model of communication with ZAMZAM Association for Healthcare Services will be replicated in our partnerships with other charity institutions.</li></ul>
Media	<ul style="list-style-type: none"><li>Improved communication with DSFH to be able to report our news and achievements in a transparent fashion.</li><li>DSFH to engage local community and plan strategies accordingly.</li></ul>	<ul style="list-style-type: none"><li>We engage with media actively and we are working to develop a training course for Media on Corporate Responsibility (CR) and healthcare issues to create knowledge of CR principles and healthcare aspects.</li><li>Following authorities’ approval we will further engage with our local community, to introduce a research study aimed at enhancing the health status of the surrounding communities.</li></ul>
Suppliers	<ul style="list-style-type: none"><li>Improved communication</li><li>Clear procurement policies and procedures and knowledge about preference criterion for purchases</li></ul>	<ul style="list-style-type: none"><li>We hold regular meetings with our suppliers every Sunday and Wednesday to discuss best practices.</li><li>We also introduced our first supplier satisfaction survey.</li><li>Our procurement policies and procedures will be managed by our new IT system and that will systemize the interaction with our suppliers.</li></ul>

Materiality Analysis Provides Direction

We have systematically determined the significant economic, environmental and social aspects of our operations based on what our key stakeholders have identified to be of main concerns, while applying the principles of materiality, completeness and sustainability . The following table provides a snapshot of our priority sustainability issues.



Sustainability Priority Area	Our Perspective
Financial performance and owner value	We are maintaining our financial sustainability. However, we need to alter our financial model to involve all departments in their own budgeting.
Service excellence and patient satisfaction	We continue our long tradition of continuous quality improvement, seeing that each patient receives the very best from us each day, and raising the standards of care to ensure that we are delivering excellent care to our patients which will be evident by increased patient satisfaction.
Comfortable and safe workplace environment	We are committed to ongoing efforts to improve our environmental health and to safeguard our patients, visitors, employees and contractors. We actively work towards preventing diseases and creating a healthy environment.
Environmental stewardship	Our Go Green journey is still in its infancy. We understand that our success comes from behaving responsibly and earning the trust of our stakeholders. We work toward assimilating all these issues under the umbrella of an integrated environmental management scheme. Our Go Green Program will be among the tools that we will use toward building environment stewardship.

Responsibility to the Patients



DSFH physicians and employees are committed to the provision of excellent and affordable healthcare in a compassionate, sincere and professional manner.

Continuous Quality Improvement

DSFH, has adopted the Total Quality Management model (TQM), a model that covers all hospital departments, both medical and non-medical, and makes quality in the hospital “everybody’s business”.

The TQM department ensures DSFH staff compliance with the accreditation and certification requirements through training and continuous quality improvement activities. The TQM department’s main goals are to continually provide education sessions to the DSFH clinical, administrative and managerial leader staff on quality issues, standards and tools. The department also focuses on international patient safety standards by educating the staff and monitoring through performance improvement indicators.

Our Quality Indicators
Total admissions by category (inpatient, outpatient, emergency room).
Mortality rates over 1000 admissions.
Number of medication errors.
Medication error over 100 patient discharges.
Availability of essential medications within 48 hours.
Average length of stay by medical department.
Patient satisfaction.
Staff satisfaction.
Number of code blue by status category (True, False, resuscitated).

Measuring the Quality of Our Care

The TQM department is also responsible for the implementation and control of international quality standards. DSFH management realized the vital role of assessing the hospital’s performance and started the quality initiative, which aimed to adopt quality standards: DSFH is certified to be in accordance with the requirements of the following national and international accrediting standards:

	Joint Commission International Accreditation (JCIA) standards.
	Australian Council on Healthcare Standards International (ACHSI).
	Saudi Aramco standards.
	Makkah Region Quality Program (MRQP) standards.



# Responsibility to the Patients (cont.)

## Our Quality Indicators

Quality indicators are the processes that are regularly measured or assessed in hospitals and medical institutions to serve as reflections or indices of the level of performance of those hospitals in the different aspects of delivery of medical services and, at the same time, in the assurance of safety for their patients and staff.

The quality indicators at DSFH are derived mostly from the standards implemented by the following national and international standards:

- The American Health Information Management Association (AHIMA) Standards;
- The Occupational Safety and Health Administration (OSHA) Standards;
- The National Institute for Occupational Safety and Health (NIOSH) Standards;
- The Presidency of Meteorology and Environment (PME), as the Saudi environmental agency responsible for issuing national environmental standards;
- and The American Institute of Architects Academy of Architecture for Healthcare (AIA) standards.

## JCIA Patient Safety Goals

In 2006, the JCI developed International Patient Safety Goals (IPSGs), which were adopted from the Joint Commission's National Patient Safety Goals. Since DSFH has always aimed to achieve the highest standard of healthcare quality, compliance with IPSGs is a high priority.



## Evaluation and Quality Improvement Program (EQuIP)

Another quality standard adopted by DSFH is EQuIP, developed and conducted by the Australian Council on Healthcare Standards. The EQuIP program is structured around a four-year cycle of continuous quality assessment and improvement program for the hospital to work towards excellence in patient care and services. There are several components to the program including organizational self assessment, on-site accreditation surveys, ACHS international support, and the development of quality action plans.

## Patient Satisfaction

We continuously measure and upgrade our level of performance against national and international quality standards so as to make sure that our patients' perception of our service is positive and their visit or stay gives them a positive impression of their caregivers. We have implemented a series of patient satisfaction surveys that help us in identifying any quality gaps in our services.

Additionally, our patient relations department constantly seeks the opinions and insights of our patients regarding the quality of service. This includes regular daily rounds to respond to any concerns and complaints and an annual patient satisfaction survey to monitor the performance of certain service categories.

The following table indicates the result of inpatient complaints survey conducted from year 2006 through 2008.

		% PERCENTAGE PATIENT DISSATISFACTION			
SERVICE CATEGORY		25%	50%	75%	100%
Housekeeping Performance	2006	36.7			
	2007	37.1			
	2008	20.7			
Nursing Performance	2006	40.2			
	2007	28.6			
	2008	27.9			
Medical Performance	2006	5.2			
	2007	6.7			
	2008	11.5			
Food Quality	2006	14.2			
	2007	25.9			
	2008	34.4			
Maintenance	2006	3.7			
	2007	1.7			
	2008	5.5			

## Service Performance Levels



In Housekeeping, we achieved significant improvement (a 16.4 percent increase) over the last 2 years. This was largely due to increase of staff strength (63 staff members were recruited) and to an increase in staff education and training.

The Nursing Division's performance level increased substantially from 2006 largely due to an increase in staff strength and a decrease in staff turn-over rate. The medical performance level, on the other hand has gone down, which is mainly due to a shortage of physicians in all departments. DSFH recognizes this issue and aggressive recruitment is underway to address this shortage.

Patient complaints regarding food quality has gone up and immediate action was taken to resolve this problem by having new food service menu in all patient rooms and by introducing hot and cold food trolleys for serving meals.

DSFH has a food management program which works according to the standards issued by the International Measurements for Food Industry. However, we realize the importance of establishing a Food Safety Management System (FSMS) in our hospital. The objectives of our FSMS are to ensure that products do not cause adverse health effects, to demonstrate compliance with external safety requirements, to evaluate our patients' food safety requirements and cater for safe products that also enhance customer satisfaction, and to communicate safety issues throughout the hospital's food supply chain.

We have also introduced a Room Readiness Policy; it is a multidisciplinary policy which makes sure that all inpatient rooms are safe for use by the patient. We check all the maintenance and janitorial issues (for any water leak, electrical problem or air conditions functions, and housekeeping) after each discharge.

# Responsibility to the Patients (cont.)

## Compliance with Legislation

DSFH, like any other hospital is at risk of liability from malpractice claims. In case of any such claims, we follow the national regulations and try our best to settle disputes and conflicts with patients without resolving to court interference.

The following table shows the number of non compliance cases concerning health and safety of patients, the hospital dealt with from 2006 through 2008:

NON COMPLIANCE CATEGORY		NUMBER OF NON COMPLIANCE CASES		
		10	20	30
Non Compliance Resulting in Fines and Penalties	2006	22		
	2007	10		
	2008	18		

Our statistics indicates that 70percent of the claims that reach the Ministry of Health are not malpractice. The statistics for 2008 include active cases rolled over from previous years that have not been settled yet. The DSFH Mortality and Morbidity Committee (M&MC) evaluated and reviewed all of these cases to identify, resolve, and improve areas of patient care management and safety and recommended corrective actions where appropriate.



# Responsibility for the Workplace



DSFH is engaged in ongoing efforts to provide a safe and healthy environment for our patients, visitors and employees. We foster a work environment characterized by respect for the dignity of persons, justice, and opportunities for growth and development.

## Health and Safety in the Workplace

To ensure safe and healthy working conditions for our staff, we have adopted the Occupational Safety and Health Administration (OSHA) standard In addition to OSHA, we have also adopted and implemented the standards of the National Institute of Occupational Safety and Health (NIOSH) for prevention of work-related illness and injuries.

## Staff Health Services

The main goal of DSFH staff health services is to assess each staff member’s physical, mental, and environmental wellbeing and ability to perform the job assigned to them. This is done by performing pre-employment screening and on job medical assessment and preventive measures.

To ensure the best healthcare service for our staff, a staff health clinic providing quality preventive and therapeutic services for staff and their families has been established. The clinic is open six days a week for eight hours daily and is run by a staff health physician and one registered nurse or midwife.

## Employees Injury Management and Prevention

To reduce risks of occupational hazards, we provide regular health and safety training for concerned staff in operational locations with high occupational risk. We have also prepared standard operating procedures for the use of staff when dealing with the different types of medical and non medical waste management inside the hospital.

We have strict and clear policies and assessment procedures regarding work related injuries such as needle stick or body fluid exposure. Moreover, all falls are reported through the Occurrence Variance Report OVR, to the Risk Manager. After the immediate action is taken by the concerned area manager, the data is analyzed to check for any trends that may require further actions.

We keep record of any occupational injury, infection etc, and we constantly seek to eliminate this risk. All staff injuries are reported to a staff clinic physician & the General Organization for Social Insurance (GOSI).



Responsibility for the Workplace (cont.)

Employees Injury Management and Prevention (cont.)

The following table shows the number of occupational injuries incurred from 2006 through 2008:

INJURY CATEGORY		NUMBER OF INJURIES			
		25	50	75	100
Needle Stick Injury	2006	17			
	2007	14			
	2008	25			
Varicella Infection	2006	1			
	2007	8			
	2008	4			
Manual Handling Injuries and Falling cases	2006	N/A			
	2007		52		
	2008			84	

Based on 2007 data, we noticed that there was a decrease in reporting of sharps injury cases. Our Infection control practitioner and staff health physician conducted several education sessions in 2008, which explained the importance of prompt reporting of such

incidents, thereby increasing the number of cases in 2008. The two areas that had more sharps injuries were lab phlebotomy and laundry staff. Specific in-service training sessions were conducted for lab, OR and laundry staff.

The data for 2008 indicates an increase in reported cases of injuries through manual handling of hazardous material and falling cases among our employees. To eliminate, reduce or avoid manual handling of hazardous material, we reviewed tasks related to handling hazardous material. This was done by checking whether these activities were crucial or whether less hazardous options were available. For the crucial and unavoidable tasks, we conducted an assessment to determine who might be harmed by undertaking the activity and how the harm may be caused. We also identified ways to make an activity easier and less risky (i.e., less physically demanding) by checking for adequacy of existing controls. Staff undertaking manual handling activities are involved in injury assessment processes. Departmental injury assessments for staff undertaking risky tasks are conducted by trained staff, such training normally being provided by a member of the Health and Safety Office.



We have also developed a policy to monitor radiation exposure of all members of hospital staff who are occupationally exposed to ionizing radiation. To reduce risk of infection, we offer several vaccination schemes for employees that are exposed to a high risk of infection.

The following table represents the different vaccination census for 2006 through 2008:

VACCINATION CATEGORY		VACCINATION CENSUS			
		250	500	750	1000
HBV Vaccine	2006	17			
	2007		594		
	2008			863	
Varicella Vaccine	2006	1			
	2007		576		
	2008		312		
Measles, Mumps, Rubella Vaccine	2006	NONE			
	2007		251		
	2008		304		

Workplace Relationships

As a hospital with almost 3000 employees, we aspire to keep channels of communication open among the different levels of our organizational hierarchy.

We always try to engage our employees in our planning process to gain insight and knowledge on their priorities and expectations. This is done through a number of avenues:

- A general staff meeting is held yearly with different staff categories (medical, nursing, non medical Arabic speakers and non medical English speakers) to discuss new major regulations any unresolved issues affecting the hospital and its staff..
- Every three months there is a general medical staff meeting with the hospital governance for which agenda items are circulated beforehand.
- On a monthly basis, the Medical Staff Executive Committee meets to provide an oversight of all

medical staff legislation policies activities and to ensure an orderly relationship between the medical staff and the governance body.

- Regular meetings of the medial staff are held at least twice a year to discuss accomplishments, future plans and general problems.
- All medical departments and sections meet at least 10 times a year for administrative and managerial purposes and to receive, review and consider patient care review finding, peer review issues and other evolution and monitoring activities of the services.
- Each unit within the nursing division holds monthly communication meetings, which are the forum for nurse managers to communicate all information that has been passed down from higher level core committee meetings and nursing management meetings.



## Responsibility for the Workplace (cont.)

### Open Door Policy

We maintain an open door policy. All staff can gain immediate access to the governance through the hospital Intranet. Medical staff can gain access to the Executive Director for Medical Affairs through his mobile phone or by visiting his office. Staff can also access the governance during daily governance rounds or contact the DG office for appointments.

Our top management team, systematically keeps record of our employees' suggestions, concerns and complaints, and always seeks to manage internal referral and feedback for prompt response.

### Staff Satisfaction Survey

At the end of each year, we undertake a staff satisfaction survey which gives the employees the freedom to express their concerns or ideas anonymously. The 2008 survey was the fourth in a series of annual staff satisfaction surveys.

The survey instrument consisted of 25 items addressing satisfaction, rewards and recognition, communication, evaluation and training and listing the highlighted areas for improvement in the previous year. Responses were made on a five point scale ranging from strongly agree (1) to strongly disagree (5), the not applicable (N/A) response was also available (although it was scarcely used). An open-ended item asked employees to list their top issue. The questionnaire was distributed utilizing the manpower planning of the DSFH organizational units.

The result showed a slight increase in the overall satisfaction level of the employees (45.9 percent comparing with 2007 which was 45.72 percent). The survey emphasized three areas of dissatisfaction: transportation services, adequacy of appropriate accommodation, and remuneration.

The corrective action plan was drafted by the TQM department, discussed with the concerned DSFH units' leaders and approved by the concerned committees. The Performance Improvement Project was initiated, led by the TQM Director, Support Service Director, and staff Representatives from accommodation. Immediate action was taken to address staff concerns and overcome their dissatisfaction issues.

### Investing in Career Growth

DSFH aspires to greatness and fully recognizes the role employees play in leading the hospital towards this goal. There is no doubt that our employees are the most important asset and we take every opportunity to invest in their skills, knowledge, attitude and motivation to ensure the maximum returns for our patients.

Staff development does not end with the completion of the probationary period requirements. We have a strong continuing nursing education calendar which provides a range of educational activities based on needs analysis of the employees.



During 2008, DSFH continued the tradition of investing in our employees through continuing education courses and in-house training courses and programs. The Training & Development section of our HR department certified 30 frontline employees who successfully completed the Frontline Customer Service Program.

We have initiated a training program for assisting non-Arabic speakers of the hospital staff to speak Arabic. The program is composed of (30) one- hour classes, continually offered every day of the week during daytime working hours (1 – 5 PM) for the convenience of staff. The curriculum focuses on the (300) words most used by clinical staff in communicating with the non-English speaking patients and visitors. The program is based on a Microsoft Power Point presentation designed to create interactions between the learners and their tutor. Staff members from the training section of the Human Resource department undertake the role of trainers. Starting next year, senior year students from the Nursing Collage may assume the role of trainers as part of their residency year. The program is provided free of charge to DSFH staff. It will be assessed at the end of its first year against predefined indicators.

### DSFH Continuous Medical Education Program (CME)

Modern medical practice is based on the recognition that physician education is an ongoing, lifetime endeavor. The DSFH CME program provides educational sessions that are responsive to the need of different physicians and which offer opportunities for ongoing intellectual stimulation and professional renewal. DSFH took a further step to support its mission, vision and values of health promotion and healthcare career development, through accrediting its education and training programs. We are proud to report that the Saudi Commission for Health Specialties (SCFHS), which is responsible for the provision of Continuous Medical Education (CME),

has accredited DSFH as a center for the provision of all CME programs for four years. Many of our educational activities are credited with CME Hours by the SCFHS. We envision an alignment of our faculty, young staff and educational programs to ensure that all employees receive superb scientific and clinical training. Through our academic calendar, we plan to create a supportive environment for the development of their professional interests.

### Recognizing Employee Contributions

We applaud the efforts of our employees through a system of reward and recognition. Each month the DSFH selects a staff member and a unit for an incentive reward. The selected candidates are given a certificate as well as a financial reward. In addition to this, nurses are given special recognition in the form of an “Angel of Mercy Award” of \$1000 which is given to a selected nursing staff member who has acted over and above the normal call of duty.

The candidate is selected through a process of junior, peer and superior recommendations made against pre-set criteria. In order to ensure staff remains honed to this award, a team of educators continuously monitors nursing compliance with standards and takes on the spot remedial action to correct deficiencies. As a result of our ongoing monitoring program we have developed a healthy culture of completion among our staff which further contributes to the self esteem and professional image of nursing.

We are proud to announce the low rate of nursing vacancies of 4percent and our annual turnover rate of only 5.5percent, as our most obvious indicators of staff retention success.



# Responsibility for the Workplace (cont.)

## Diversity and Equality

DSFH is an equal opportunity employer. Our workforce is diverse, with staff members coming from all over the world and we aim to be impartial to all ethnicities and genders.

The following table represents the ethnic composition of our workforce:

		2006	2007	2008	
TOTAL EMPLOYEE NUMBER		2218	2218	2218	
		% PERCENTAGE PATIENT DISSATISFACTION			
STAFF CATEGORY		25%	50%	75%	100%
Saudi Employees	2006	<div><div></div></div> 14.16%			
	2007	<div><div></div></div> 15.51%			
	2008	<div><div></div></div> 25.70%			
European Employees	2006	<div><div></div></div> 0.50%			
	2007	<div><div></div></div> 0.50%			
	2008	<div><div></div></div> 0.36%			
Southeast Asian Employees	2006	<div><div></div></div> 63.17%			
	2007	<div><div></div></div> 59.38%			
	2008	<div><div></div></div> 65.10%			
Employees from the *MENA Region	2006	<div><div></div></div> 19.57%			
	2007	<div><div></div></div> 22.99%			
	2008	<div><div></div></div> 26.24%			
Northern American Employees	2006	<div><div></div></div> 0.09%			
	2007	<div><div></div></div> 0.14%			
	2008	<div><div></div></div> 0.18%			
African Employees	2006	<div><div></div></div> 2.52%			
	2007	<div><div></div></div> 2.75%			
	2008	<div><div></div></div> 4.46%			

\* Middle East and North Africa

		Total Staff	% OF SAUDI NATIONALS IN SENIOR MANAGEMENT POSITIONS			
STAFF CATEGORY		No.	25%	50%	75%	100%
Saudi Employees	2006	28	21%			
	2007	32	25%			
	2008	32	28%			

We are required by national regulations to maintain a 15percent Saudi portion of our workforce. We were able in 2008 to exceed the expectations e and achieve a 25percent Saudization target, which is close to that of our senior management composition. another indicator of our diverse workforce is that out of the total workforce for 2008, 55percent were female, while 25% of top management comprises of female staff.

## Human Rights

We, at DSFH, have a zero tolerance policy towards discrimination among employees. We respect the different backgrounds and cultures of our workforce and try our best to meet their cultural demands. We respect the religious belief and affiliations of our staff and allow them the freedom of practicing their religion. Our non-Muslim employees have a dedicated space where they can worship, and we annually sponsor Hajj performance trips for Muslim staff as well.

We always seek to improve the wellbeing of our staff, which we believe will reflect externally when we deal with our patients. The Social Activities Committee addresses all the social needs of our staff including recreational activities, group trips and sports tournaments.

We have an ongoing project to upgrade the staff accommodation by expanding the facility to



allow better accommodation for our employees. The project also includes renovation of the existing parts of the compounds.

We have adopted a grievance policy that allows all employees to convey their concerns and complaints. The policy includes formal procedures for handling employee grievances in order to ensure fairness in the treatment of our employees' complaints.

The grievance process enables our employees to have a fair review of any work-related controversy, dispute or misunderstanding as per the Saudi Labour Law. A written employee grievance may be addressed to any level in the chain of command above the employee concerned. Employees will not be penalized either directly or indirectly for using the grievance procedure. An employee who wishes to raise a formal grievance may address the grievance to any level in the chain of command.

## Performance Reviews, Compensation and Benefits

As part of our quality management policy, we conduct annual performance appraisals for our employees and all our employees have a defined benefit plan. We have recently instigated a new human resources management system that would introduce salary scales for all the different employee divisions.

The following table represents the monetary value of employee benefits and wages for 2006 through 2008:

CATEGORY	2006	2007	2008
Total Costs in Saudi Riyals	214,973,000	235,645,000	377,489,000
Employee Wages and Benefits in SR	102,914	117,043	139,715

# Responsibility to the Community

DSFH, in addition to providing top quality healthcare service to its patients also strives to achieve excellence in servicing, educating and promoting the broader health of the community.

## Community Engagement

Through the active role of our DG in the Makkah Region Development Council and the Health Committee at the Jeddah Chamber, DSFH has been investing in community programs in order to improve the quality of life and productivity for communities in Jeddah and surrounding cities in the Western Region of Saudi Arabia. It has done so by participating in corporate philanthropic community initiatives, steadily increasing Saudization levels, and conducting free health campaigns. DSFH has developed a comprehensive approach to community health promotion that addresses not only the pressing health concerns in communities, but also the underlying causes for health problems.



# Responsibility to the Community (cont.)

## Community Advisory Committee (CAC)

DSFH is keen to improve the health of the local communities surrounding the hospital. As a part of being a more responsible institution and in line with its 2004-2008 Strategic Plan, DSFH formed the CAC in 2008. Apart from DSFH representatives, the committee has representatives from the local community, regional governmental authorities and professionals from the national healthcare sector with the DSFH DG as its chairman. Since its establishment, CAC has been

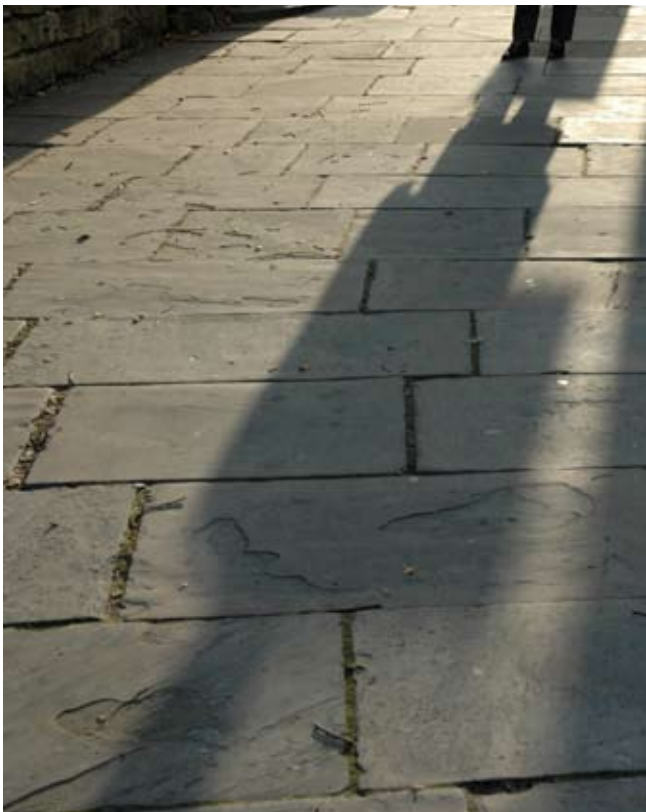
continually helping to enhance community-based healthcare services.

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. The CAC also provides recommendations to the management which are meant to provide benefit to community at large and the patients visiting the hospital.

### Recent CAC Recommendations

- Qualification of physician should be made visible in clinical areas.
- Safe sharps disposal availability for diabetic patients.
- Safety fire poster to be displayed in patient rooms
- Involvement of CAC in SWOT analysis and strategic planning
- Nomination of one CAC member on of Research and Ethics Committee

An example of the community activities already implemented in 2008 is a Kiosk at the entrance of the hospital with the aim of providing patients and visitors with detailed information about the hospital, its services and its physicians. The Kiosk also provides up to date information about the hospital's activities such as Patient Teaching Center's Activities and educational events in the hospital. The Kiosk allows for online booking as well. We also implemented two "Doctors Screens", TV screens that provide the patients and visitors with up to date information about the physician available along with their qualifications. DSFH also implemented three other educational TV screens in different areas of the hospital to disseminate health care information to patients and visitors.



The following table shows different community activities and events undertaken in year2008 through engagement with the community, and with the sole aim of promoting health in our local community.

Event	Community Activities & Services Offered in 2008
National Diabetes Day	<ul style="list-style-type: none"><li>Free blood glucose testing, body mass index (BMI) checks, pedometers, medical check-ups, blood pressure and consultations at the endocrinology clinic.</li><li>Free items distributed include blood glucose monitoring kits and educational handouts on diabetes.</li><li>Lectures were given on proper diet and on optimal management of diabetes.</li><li>Multimedia displays on diabetes and diabetes equipment information.</li><li>On-site patient education through our diabetes Educators and Dietitians.</li></ul>
International Men's Health Week	<ul style="list-style-type: none"><li>Free screening for the public for the whole week that included blood glucose testing, blood cholesterol, Prostate specific antigen (PSA), bone densitometry, body mass index (BMI) checks, medical check-ups, consultations to endocrinology clinic and educational handouts.</li><li>Lectures given on diabetes, multimedia displays, and diabetes equipment information.</li><li>Lectures to public were given on Sexual and reproductive health, cardiac disease prevention, how to spend a pain free work day, prostatic disease prevention and mental health &amp; depression among men.</li></ul>
HIV Day	<ul style="list-style-type: none"><li>Health Educators in the Patient Teaching Center educated the public by distributing brochures about HIV.</li></ul>
Rheumatism Day	<ul style="list-style-type: none"><li>A public awareness and patient education day. Free bone densitometry was offered to the public and educational handouts were distributed.</li></ul>
Breast Cancer Awareness Campaign	<ul style="list-style-type: none"><li>Free consultations and breast examinations in the Family Medicine Ward.</li><li>Guidelines on self breast examination were demonstrated and explained to the visitors.</li><li>Free blood pressures checks and cholesterol level screens were offered.</li><li>Informative and educational flyers were distributed to improve awareness on the importance of such campaigns.</li></ul>





# Responsibility to the Community (cont.)

## Public Policy Participation

Director General of DSFH is a member of the Health Committee at the Jeddah Chamber of Commerce and is also a member of a sub-committee of the Health Committee called the Communications Committee, which is composed of representatives from private hospitals and meets on a regular basis under the Ministry of Health (MOH) leadership. The DG is also a member of the Makkah Region Development Council led by HRH Prince Khaild Al-Faisal, which is the highest body responsible for healthcare programs and strategic planning for the Makkah Region. The Council is composed of representatives from all healthcare providers in the region, including private, government and military hospitals as well as the King Faisal Specialist Hospital. Presence of our DG on these prestigious committees is a sign that he is an integral part of public policy making for healthcare sector.

## Education for Patients and Community

In 2008 the Makkah Region Development Council undertook significant initiatives on patient and family health education, and devised a regional campaign for obesity and diabetes. DSFH participated in that program through brochures and pamphlets that were sent to various Government and private organizations located in Jeddah, such as the Civil Affairs Administration, Islamic Development Bank and different shopping centers. Through this campaign, the Makkah region had its first experience with “Children Diabetes Camp” sponsored by DSFH, where we took about 30 boys and 30 girls together with doctors, nurses and educators to Durrat Alaros beach resort for a summer camp.



## Patient Teaching Center (PTC)

The PTC was established in 2007, with the goal of increasing health awareness among patients, their families, and community as a whole.

Various educational programs are provided by the center, including one-on-one teaching sessions, group education, audiovisual lab facilities and a patients’ library. PTC is staffed with a multidisciplinary health educator team to educate patients and their families about their illnesses so that they can participate in their treatment and in clinical decision making.

During year 2008, the Patient Teaching Center catered to a total of 8,168 patients



Audiovisual aids and Internet resources are employed in the patient teaching process. The Patients’ Library at the PTC welcomes all visitors (patients, their families, community members, and staff). to stop by and collect patient educational handouts and brochures published by the center for free. DSFH auditorium is open for group teaching sessions for patients as well as for other interested groups in the community.

The PTC also spearheads various patient education campaigns both for DSFH visitors and in participation with other groups in the community. Examples of the 2008 health campaign are an Anti-Obesity Campaign



in conjunction with the Islamic Bank, World Diabetes Day, Breast Cancer Awareness Campaign, Osteoporosis Campaign, World HIV Day, Rheumatism Day, World TB Day, World Asthma Day, PTC Heart Awareness week, World breastfeeding week and an Anti-tobacco campaign. In 2008, the PTC served a total of 8168 people which included both inpatients and outpatients.

## The Academic Life Support Training Center

The Academic Life Support Training Center at DSFH arranges for Basic Life Support (BLS) courses for the public several times a year. The education and

BLS Courses Offered by The Academic Life Support	
A	The chain of survival
B	Adult CPR
C	Child/infant CPR
D	How to use the AED
E	Foreign-body airway obstruction
F	How to recognize a heart attack and
G	Stroke warning signs

training provided in BLS courses has the potential to touch thousands of people in their most dire hour of need. The BLS courses are designed to provide the trainees with the ability to recognize several life-threatening emergencies.

## Community Investments

DSFH is fortunate to have the Dr. Soliman Fakeeh College of Nursing and Medical Sciences attached to the hospital to provide the Kingdom with highly qualified male and female Saudi nurses. The college is accredited by the Ministry of Higher Education.

To support the mission of the Dr. Soliman Fakeeh College of Nursing and Medical Sciences, DSFH runs a nursing internship program followed by a new graduate development program to enhance the career potential of graduate Saudi workforce. We take the Government’s initiative for Saudization very seriously, and our success is measured by the number of young Saudi graduate nurses who are now productively assigned to specialty areas such as Operating Rooms, the Renal Dialysis Unit and to both adult and Pediatric Intensive Care Departments.



The college contributes to the provision of healthcare education and outreach programs through formal and informal ways such as lectures, seminars, health fairs, and participation in international health days, and in vaccination campaigns in cooperation with the Ministry of Health.

# Responsibility to the Community (cont.)

## Creating and Distributing Direct Economic Value

DSFH is committed to provide services that meet or exceed the ethical, legal, and business expectations that our communities have of us. One of the major ways of living up to these expectations is to manage our charity activities with a more strategic approach that ensures our resources are used in the wisest and most effective manner.

DSFH SOCIAL INVESTMENT FOR 2008	
SR 3,429,890	spent on poor patients treatment
SR 2,033,484	spent on College of Nursing and Medical Sciences
SR 137,000	spent on construction of Patient Teaching Centre

## Emergency Preparedness

Our Emergency Plan is divided into Internal and External Preparedness Plans. The Internal Plan provides directions for preparedness, response and recovery related to any event that may cause major disruption in hospital facilities or affect the environment of care.

We emphasize emergency preparedness through a high level of coordination among concerned departments within the hospital, involving security, housekeeping and engineering services. DSFH has an assigned Emergency Response Group (ERG) composed of selected members, depending on the type of emergency. In case of emergency, the ERG will gather at the Internal Emergency Command Post to control the disaster, and seek expert’s advice from the affected area before making a final decision on the necessary action priorities.

Emergency preparedness is conducted in compliance with national as well as international standards, regarding personnel protective equipment, early laboratory and radiological diagnoses, ICUs and isolation units to receive and manage these patients accordingly.

Our External Preparedness Plan provides directions for mitigation, response and recovery related to any external disaster that may disrupt the hospital facilities or affect the environment of care. The Safety Management Committee (SMC) works with the Civil Defense Authority and local Emergency Medical Service organizations to ensure coordination of efforts when responding to community disasters or to possible external health emergencies that could threaten the community.

The DSFH Emergency Plan is routinely tested during planned drills conducted under the supervision of the External Disaster Advisory Group and is performed by our Safety and Security Unit and TQM Department. During these drills we check for our preparedness to respond to any external emergencies. Drills for external disasters are conducted annually, where the Civil Defense Authority shares and evaluates the procedures. The type of the disaster and associated scenarios are chosen according to the regional

# Responsibility to the Environment



community hazards vulnerability analysis, which is prepared by qualified DSFH personnel.

We also participate in external disaster drills conducted by the MOH or Civil Defense by sending ambulances and medical personnel. This also involves the evaluation of the staff’s performance during the initial assessment process and primary care of patients. The value of these drills is to train the staff and evaluate the hospital’s preparedness to handle external health emergencies (e.g., epidemic outbreak). Internal fire emergency drills are conducted biannually for medical departments and once a year for the non-medical departments.

DSFH is committed to reduce and effectively manage its carbon footprint. In addition to our responsibility to the Ecosphere, ongoing efforts to maintain a clean, pleasant and hazard-free physical environment will minimize the risk of injuries and adverse affects to all concerned.





Responsibility to the Environment (cont.)

Environmental Aspects

The following table provides an overview of the activities at DSFH which may have a direct or indirect impact on the environment.

Direct Environmental Aspects	Our Perspective
Generation and management of medical and other wastes.	Fuel consumption for staff transportation to the job.
Energy consumption for the building (e.g. cooling) and medical equipment.	Packaging and other waste from medical, pharmaceutical products.
Fuel consumption for transport of patients and staff (in the job).	Pharmaceutical compounds that are released to the wastewater system through outpatient use.
Material consumption including office supplies, medical supplies, and pharmaceutical supplies.	
Water consumption.	
Pharmaceutical compounds that are released to the wastewater system.	
External noise from air moving equipment and transport.	
Use of toxic and hazardous substances.	
Use of NO <sub>2</sub> for anaesthesia.	
Use of single use devices (SUD).	

Use of Natural Resources

Energy

ENERGY SOURCE	2006	2007	2008
Electricity Consumption (MWh)	43,483	46,325	44,050

As a hospital providing 24 hour service, our annual energy needs are rather large; we operate three buildings using electricity supplied by the Saudi Electricity Company. We also operate a back up diesel-run electricity generators for contingency cases.

In 2008, we engaged in a variety of energy conservation programs aimed at reducing consumption, to help us in reducing our carbon footprint. We implemented various energy saving measures that have reduced our energy consumption by 5percent from our consumption in the previous year. We have also introduced a Facility Management System, which regulates the use of energy for lighting, cooling, heating and elevators. All our chillers & air handling units are connected to the Facility Management System to control the energy usage during off times in buildings 2 and 3. The work with this system is still in progress for the year 2008 to include all hospital buildings.

Water

ENERGY SOURCE	2006	2007	2008
Electricity Consumption (MWh)	43,483	46,325	44,050

We receive our water supply through the Saudi National Water company (NWC). The main water tank is stored underground in the western parking area. Other sub tanks are stored in each of our 3 main buildings. The water is treated by Reverse Osmosis (RO) and water softener before usage. Drinking water is supplied by a water treatment station which has ultra violet light and bacterial filters.



The hospital’s average daily use of water is around 1,300 cubic meters. Our water use includes drinking water, cleaning, medical treatment and laundry, heating and cooling. Although data collection on water usage has been surprisingly difficult, we managed to collect comparable data for three consecutive years. This data indicates that in 2008 our water usage decreased by more than 50percent compared with the previous year. This reduction is a result of the actions taken to reduce water usage. For example, we have installed water saving devices all around our facilities including water tap outlets, faucets and shower heads. Based on the recommendation of the local municipality in Jeddah, we have installed over 540 water saving installations.



## Responsibility to the Environment (cont.)

### Sustainability Snapshot

#### DSFH is a Mercury Free Hospital

Removal of mercury from all our facilities has been a goal of DSFH for several years. In 2006 we finally managed to remove all significant mercury from our facilities, and instituted procurement policies to ensure no new mercury is introduced. While we expect to find traces of mercury in the future, we consider this goal to be essentially achieved.

#### Digital X-Rays

As of 2008, X-rays at DSFH are 100 percent digital, meaning film and chemical processing is eliminated in thousands of cases per month. This conversion to Computed Radiography is a major step for DSFH with the added bonus that costs associated with water, chemical maintenance, hazardous material handling, darkrooms, and silver recovery are also avoided. In



addition to these environmental benefits, the system supports patient safety and care through more efficient handling of their test results and medical records.

#### Healthcare Waste

Healthcare Waste refers to all waste generated at a hospital while including biological and non-biological waste, classified as healthcare risk or non-risk waste and discarded as not intended for further use.

We at DSFH provide allocation for funding, space and equipment for safe handling, storage and disposal of hazardous material and waste. We operate a hospital wide Healthcare Waste Management Program that outlines clear guidelines in the proper identification, classification, segregation, packaging, labeling collection and temporal storage of all healthcare types of waste generated throughout DSFH facilities. The procedural system for the program extends to safe and sanitary handling during turnover to our medical waste transportation and disposal contractor, a specialized company certified by the The Presidency of Meteorology and Environment(PME).

The Infection Control Department is responsible for establishing, monitoring, reviewing and administering the plan of Healthcare Waste Management Program in collaboration with the Support Services Department. All DSFH staff (new and existing) receive education about the types of healthcare waste, their potential health and safety risks and management through defined color-coding and container-identification systems. Such information is included in the New Employee Orientation Program.

#### Non-Risk Waste

Non-Risk waste refers to general hospital waste, similar in nature to household or domestic waste, not contaminated by hazardous substances. Many



non-hazardous waste streams are generated from the hospital's operations. Among them are food and beverage, office waste, ashes and all disposable materials not contaminated with blood and body fluids.

In 2008, we generated 1,512,000 Kg of non-hazardous waste that is collected on a daily basis from the various departments and stored in seven big containers which are disposed off by a certified contracted company via landfills.

We are continually looking for methods of reducing the volume of non-hazardous waste. In 2008, we launched our Go Green recycling campaign and signed a contract with a specialized company for paper recycling to recycle our paper waste. Currently they are collecting the paper waste only from our warehouse.

#### Risk Waste

Risk Waste refers to Materials that come from sources that are potentially contaminated with infections, chemical and/or radioactive agents; thereby posing the most immediate health risk to individuals, community and the environment. There are seven types of risk wastes: infected waste, sharp waste, pathological waste, pharmaceutical waste, chemical waste, radioactive waste and pressurized containers.

Our Healthcare Waste Management Manual has policies and operational procedures that detail the steps of dealing with all types of risk waste. For the year 2008, DSFH determined that we have generated 101,977 Kg of medical waste. On a daily basis, a certified contracted company collects all healthcare risk waste from the Bio-Hazard Room (BHR) for transportation to off-site treatment and for final disposal. People from the contracting company apply the standard precautions adopted by the GCC Unified Scheme for Medical Waste Management during healthcare risk waste collection, transportation, treatment and disposal. Once a month,

the contracted party provides our Infection Control Department with copies of daily collected manifests and a report certifying due process of the GCC Scheme in the treatment of all healthcare risk waste collected from the hospital before final disposal of remains to sanitary landfills approved by PME.

#### Chemical Safety

All our staff receives Hazard Communication (HAZCOM) through general and unit-specific orientation and training that include a hazardous materials and waste management plan and control strategies for prevention of associated risks (e.g., accidents and injuries).

All chemicals used in the hospital are labeled and stored in proper storage containers in accordance with national as well as international safety standards.. We keep up to date inventory record of the hazardous substances handled in our hospital and our Safety Management Committee continually seeks to reduce the use of hazardous materials and make recommendations for use of safer and more environment friendly alternatives.

We have also developed the Chemical Hazard Bulletin (CHB); a brief material manual derived from the Material Safety Data Sheet (MSDS), to facilitate the Safety, Health and Environmental information extraction. These CHB's are distributed in all relevant areas and made available to all employees.



# Responsibility to the Environment (cont.)

## Emissions

Greenhouse gas emissions (GHG) are one of the leading causes of global climate change that is linked to abnormal storm patterns and health related allergies. As we are seeking to reduce our environmental footprint, we were able to track and calculate our

greenhouse gas emissions between 2006 and 2008, based on our energy consumption for the same years. We did this by using the Intergovernmental Panel on Climate Change (IPCC) guidelines for 2006, and the U.S. Energy Information Administration GHG inventory guidelines.

The following table shows the amount of greenhouse gas emissions resulting from direct and indirect operational activities.

ENERGY SOURCE	2006	2007	2008
Direct GHG Emissions			
GHG Emissions from the Diesel Electricity Generator	1,687	1,432	686
GHG Emissions Due to Use of Nitrous Oxide in Anaesthetic Procedures	N/A	N/A	5,247
Total Direct GHG Emissions	N/A	N/A	5,933
Indirect GHG Emissions			
GHG Emissions Due to Electricity Consumption	4,258	4,536	4,313
Total Indirect GHG Emissions	4,258	4,536	4,313

The tracking and calculation of our GHG emissions is a first step towards reducing our carbon footprint and in future, following the Go Green program we hope to reduce our energy consumption, thereby have an overall decline in the GHG emissions. We are also planning to reduce the effect of the anaesthetic Nitrous Oxide by making our air filtration system more effective”



## Environmental Compliance

With respect to the environmental legislation, we follow the national General Environmental Law and its Regulation, which affects DFSH under the following four main environmental aspects:

- Disposal of Medical Waste
- Air Quality
- Liquid Waste Management
- Solid Waste Management

So far, we have managed to fully comply with the National General Environmental Law and its Regulations. However, since there are no official inspection procedures by PME; an initiative is in place to initiate a meeting with them.

Our Healthcare Waste Management Program meets the multiple standards set by our national and international accrediting bodies and is in compliance with the requirements set forth in the GCC Unified Scheme for Medical Waste Management.

To sustain our certification by all international and national accrediting standards, we monitor and control non-compliance with the rules of these voluntary certification schemes, and so far we have kept a record of zero non-compliance cases with these schemes.

# Objectives for the Future

## Objective 1

Improve patient satisfaction by 5 % yearly

To achieve this objective, a decision has been made to establish a Customer Service Section in 2009, managed by the Public Relations & Media Department. Customer service representatives will serve as a direct point of contact for customers and will be responsible for on-the-spot resolution of customer queries ensuring that our patients receive an adequate level of service or help with their questions and concerns.

## Objective 2

Activate DSFH Go Green Program

To achieve this objective we will formulate an Environmental Management Team (EMT) to perform a gap analysis, to identify and prioritize areas of improvement and develop a corrective action plan. One of our objectives for the coming year is to work on raising staff awareness management process for office paper waste. We have embraced sustainability as part of our business. Therefore, in 2009 we will introduce an EMS ISO 14001 to integrate with the DSFH existing environmental management activities so as to better manage sustainability issues. In our efforts to achieve energy efficiency, we will look into different energy conservation programs that can be adopted to help us reduce consumption.

## Objectives for the Future (cont.)

### Objective 3

#### Establish an Integrated Environmental Management Scheme

To better manage the increased spectrum of its environmental activities under the Go Green Program and to help DSFH in enhancement of its environmental health image and status among stakeholders, DSFH plans to establish an Integrated Environmental Management Scheme. Through this scheme DSFH will seek to embrace all existing procedural systems and staff monitoring, controlling and decision-making actions on infection control, quality control, waste management and indoor quality to be chorused under an Integrated Environmental Management Scheme that supports compliance with national and international environmental health standards and the criteria set by National Strategy for Health and Environment for all Saudi hospitals.

### Objective 4

#### Further increase the health and safety at the workplace

To achieve this objective we will further develop our manual handling policy to introduce and support the newly learned practices for patient handling. We will also review our policies and assessment procedures regarding work related injuries to actively reduce occupational injury by at least 20percent yearly.

### Objective 5

#### Introduce Food Safety Management System.

To achieve this objective, DSFH will introduce a food quality management system according to the requirement of the international standards ISO 22000, which uses Hazard Analysis and Critical Control Point (HACCP). It is a methodology and a management system used to identify, prevent, and control food safety hazards.



### Objective 6

#### Adopt a CSR program supporting community wellbeing

To achieve this objective, DSFH will adopt a CSR program to support community wellbeing by December 2009.

## Self-declaration According to GRI G3 Guidelines



The report follows the reporting principles according to GRI G3 Guidelines:

### Materiality,

where the “information in this report should cover topics and indicators that reflect the organization’s significant economic, environmental and social impacts, or that would substantively influence the assessments and decisions of the stakeholders.”

### Stakeholder Inclusiveness,

“the reporting organization should identify its stakeholders and explain in the report how it has responded to their reasonable expectations and interests.”

Based on the definition of stakeholders provided by the GRI, we have identified our main stakeholders within the context of Saudi Arabia, stakeholder representatives were then consulted using consultation methods that are appropriate for each stakeholder group. Each of these stakeholders are addressed throughout this report.

### Sustainability Context,

“the report should present the organization’s performance in the wider context of sustainability.”

Our organization recognizes its sustainability in its capacity to best address the expectations of our stakeholders; hence this report addressed those issues.

### Completeness,

“coverage of the material topics and indicators and definition of the report boundary should be sufficient to reflect significant economic, environmental and social impacts and enable stakeholders to assess the reporting organization’s performance in the reporting period.”

Content was defined based on the stakeholders’ expectations and priorities that we have identified, thus guaranteeing that the impacts our organization has on them as well as their key concerns are being taken into consideration.





Global Reporting Initiative Index



GRI INDICATOR	DESCRIPTION	SECTION
---------------	-------------	---------

VISION & STRATEGY

2.1	Statement from the most senior decision maker	Foreword by the Director General
-----	---	----------------------------------

PROFILE

2.1	Name of the organization	About DSFH
2.2	Major products	Services and Organization
2.3	Operational structure	Services and Organization
2.4	Location of headquarter	About DSFH
2.5	Countries of operation	About DSFH
2.6	Nature of ownership	About DSFH
2.7	Markets served	Services and Organization
2.8	Scale of organization	Profile-Responsibility for the workplace
2.9	Significant changes during the reporting period	This is the first report
2.10	Awards received	None

GRI INDICATOR	DESCRIPTION	SECTION
---------------	-------------	---------

REPORT SCOPE AND BOUNDARY

3.1	Report period	About the Corporate Responsibility Report
3.2	Date of previous report	This is the first report
3.3	Reporting cycle	About the Corporate Responsibility Report
3.4	Contact point	About the Corporate Responsibility Report
3.5	Process for defining materiality and priorities	
3.6	Boundary of the report	About the Corporate Responsibility Report
3.7	Limitation on scope	About the Corporate Responsibility Report
3.8	Joint Venture and subsidiaries	About the Corporate Responsibility Report
3.9	Effects of re-statement	This is the first report
3.11	Significant changes from previous reporting period	This is the first report
3.12	Table Identifying standard Disclosures	Table of Contents

GOVERNANCE

4.1	Report period	About the Corporate Responsibility Report
4.2	Date of previous report	This is the first report
4.3	Reporting cycle	About the Corporate Responsibility Report
4.4	Contact point	About the Corporate Responsibility Report
4.14	Process for defining materiality and priorities	
4.15	Boundary of the report	About the Corporate Responsibility Report

# Global Reporting Index (cont.)

GRI INDICATOR	DESCRIPTION	SECTION
ECONOMIC		
EC1	Direct economic data value generated	About DSFH
EC7	Procedures for local hiring and proportion of senior management	Responsibility for the workplace
EN4	Indirect energy consumption by primary energy source	Responsibility to the environment
EN5	Energy saved due to conservation and efficiency improvement	Responsibility to the environment
EN8	Total water withdrew by source	Responsibility to the environment
EN16	Total direct and indirect Greenhouse gas emissions by weight	Responsibility to the environment
EN22	Total weight of waste by type and disposal methods	Responsibility to the environment
PRODUCT RESPONSIBILITY		
PR2	Total number of incidents of non-compliance with regulations and voluntary codes	Responsibility to the environment
PR5	Practices related to customer satisfaction	Responsibility to the patients
PRACTICES AND DECENT WORK		
LA7	Rates of injury and occupational diseases	Responsibility for the workplace
LA8	Education and training	Responsibility for the workplace
LA12	Percentage of employee receiving regular performance and career development review	Responsibility for the workplace
LA13	Composition of governance bodies	Responsibility for the workplace
HUMAN RIGHTS		
HR4	Total number of incidents of discrimination	Responsibility for the workplace
HUMAN RIGHTS		
SO1	Programs and practices that assess and mange the impact of operations on communities	Responsibility to the community
SO5	Public policy positions	Responsibility to the community





© Dr. Soliman Fakeeh Hospital, 2009

This report was printed on *Freelife Vellum*, a certified, environmentally friendly paper with innovative pulp composition and technical features, made using highly selected fibres characterized by high ecological value.