نحن نهتم
We Care

Case Study 11: PROGRAM MANAGEMENT

Delivering a five-year clinical transformation program

JHAH's five-year Clinical Services Plan

Transformation Program Oversight

Program Champion

Dr. J. J. de Gorter

Clinical Services Plan

مركز جونز هوبكنز أرامكو الطبي
Johns Hopkins Aramco Healthcare

Case Study 11: PROGRAM MANAGEMENT

Delivering a five-year clinical transformation program

Project Details

The Objective

- The Clinical Services Plan (CSP) is an ambitious five-year clinical services transformation program with five overarching clinical goals and 16 objectives that will ensure every patient receives the highest quality healthcare.
- The Vision is to become a high quality, sustainable and integrated full service healthcare provider accessible by all Saudi Aramco eligible medical recipients and the public.
- The Mission is to differentiate JHAH on the basis of our quality and patient safety, world-class disaster response capabilities, digital and telehealth, population health management and flagship centers of excellence.

The Timeline

- **Project kick-off:** January 2023.
- **Project closure:** December 2027.

The Project Team

Sponsor:

- Dr. J. J. de Gorter – Chief of Staff

Transformation Board members *(as at date of publication)*

- Mey Alkhonaizi
- Mohammed Almatooq
- Dr. Abdullah Al Mulla
- Mustafa Al Sadiq
- Dalia Basrawi
- Hanady Daher
- Rania Ghamdi
- Dr. Ahmed Jameel
- Dr. Mohammed Mohammed

For more information

jj.degorter@jhah.com

The five goals

Service excellence

Quality care

Improve the health and wellbeing of communities that we serve through integrated high quality services.

Access

Timely care

Make accessing our services easy and convenient.

People

Performance mindset

Invest in and engage our people to maximize their potential.

Sustainability

Value proposition

Use clinical costing data to grow sustainably while optimizing cost per eligible medical recipient.

Reliability

Trusted delivery

Trusted clinical processes that deliver for our patients.

About Johns Hopkins Aramco Healthcare

Johns Hopkins Aramco Healthcare (JHAH) is a joint venture between Johns Hopkins International and Saudi Aramco. JHAH provides a comprehensive range of healthcare services to a population of about 140,000 Aramco employees and their dependents (Eligible Medical Recipients, or EMRs), residing in the eastern province of Saudi Arabia.

In pursuit of its vision to provide high quality, sustainable and integrated healthcare, JHAH has agreed four strategic goals (the 'Horizon 2 objectives'):

- Putting patients first
- To grow by 30 percent
- To open to the public
- Sustainable financial performance.

Commitment to a Clinical Transformation

For the past eight years, the major determinant of public and private sector activity in Saudi Arabia has been the *Saudi Vision 2030* – a government program to increase economic, social and cultural diversification and create "a vibrant society in which all citizens can thrive and pursue their passions".

One of the most significant elements of the Saudi Vision 2030 is the Healthcare Sector Transformation Program, which is "transforming the Kingdom's healthcare system to be more comprehensive, effective and integrated than ever before".

Historically, Saudi expenditure on healthcare – as a proportion of GDP, and also on a per capita basis – has been low by international standards. This is now rising rapidly, both due to increased demand as the population ages (only 4 percent of the population is currently aged above 65 years), and as a consequence of the increased priority placed on healthcare by policymakers. Healthcare spend is expected to rise from SAR199 bn in 2023 to SAR318 bn by 2030, with the private sector's share of health provision and funding rising from 11 percent to 50 percent.

As one of the country's foremost private sector hospitals, JHAH has an important role to play in the country's healthcare transformation – both in enhancing and modernizing the clinical services provided to its own patients, but also in showcasing innovative technologies and new treatments in ways that will, over time, enhance the entire Saudi healthcare ecosystem.

Dr. de Gorter was appointed as JHAH's new Chief of Staff in August 2021 and was asked by the Chief Executive, Dr. Michael Walsh, to create a Clinical Services Plan for JHAH. Following a process of fact finding, benchmarking, internal engagement with staff and visits to external providers within the Kingdom, Dr. de Gorter took a detailed proposal to the JHAH Board in July 2022 in which he outlined the rationale and focus for a five-year Clinical Services Plan (CSP). The Plan involved a data-rich assessment of the factors that drove the need for a clinical transformation, including a review of the political, economic, social, technological, customer and regulatory pressures, as well as JHAH's strengths and weaknesses as it faced up to these issues.

As Dr. de Gorter commented at the time: "In asking the Board to make such a wide-ranging and long-term commitment, we recognized that the business case needed to be compelling. The CSP document emerged after four rigorous phases of work: a stock take, an appraisal of the organization's existing capabilities, and external market analysis, as well as a roadshow in which the goals and objectives were tested with multiple stakeholders. I do not think the Board would have made such a strong commitment to support the Plan if we had tried to shortcut this vital background work to build consensus on the way forward as well as the case for change."

At its heart, the CSP was about JHAH's approach to the accelerating pace of change in the world around us. We are all surrounded by evidence of this change trajectory. In 50 years, the number of annual US patent applications has risen sixfold. Some 90 percent of all scientists in history are alive today. The quickening adoption rate of new products and services is driving the digital economy from 15 percent to 24 percent of global GDP. And 40-85 percent of 'future jobs' are yet to be created.

Given this rollercoaster of change, organizations such as JHAH have a stark choice. They can be reactive, sitting on the sidelines while others take the initiative, hoping to catch up once everything stabilizes. Or they can seize control of their destiny, taking calculated risks to shape the world of tomorrow and establish a leadership position before the slower-footed have awoken to the challenge.

JHAH firmly sees itself in the second camp. The reality is that progress depends upon the ability to reinvent oneself. Advances in living standards, health and wellbeing rely upon disrupter brands not content with the status quo.

With this in mind, the CSP set out five underlying goals that, if delivered, would ensure JHAH could face the future with confidence. Every project within the Plan was rigorously tested to ensure it was advancing one or more of these goals.

- **Service excellence:** Improve the health and wellbeing of communities that we serve through integrated high quality services *(quality care)*.
- **Access:** Make accessing our services easy and convenient *(timely care)*.
- **People:** Invest in and engage our people to maximize their potential *(performance mindset)*.
- **Sustainability:** Use clinical costing data to grow sustainably while optimizing cost per eligible medical recipient *(value proposition)*.
- **Reliability:** Trusted clinical processes that deliver for our patients *(trusted delivery)*.

The CSP submission reviewed by the Board was a comprehensive 82-page document (see Figure One) supported by the entire JHAH management team and containing a powerful endorsement by the Chief Executive Dr. Michael Walsh, who stated in the Foreword that the Plan "offers our customers a compelling value proposition and enables JHAH to grow sustainably in order to make a lasting difference to people's lives."

Crucially, the Plan did not stop at outlining an aspirational vision; in its five sections (Vision and Mission; Situational Analysis; Goals and Objectives; Future State; Roadmap) it also set out the practical
steps that needed to be pursued to bring this ambition into reality.

After considering Dr. de Gorter's presentation, the Board formally endorsed the Plan and set aside significant budget to pump prime the changes. Having received this support, Dr. de Gorter's attention immediately turned to the scope and structure of the program required to bring about effective delivery as well as delivering some quick wins to start building momentum.

Figure One: The Clinical Services Plan business case

Figure Two: Sixteen objectives

1. **Back Referrals**
   Establish a program to increase back-referral of Eligible Medical Recipients from other providers to JHAH.
2. **Physician Establishment and Leadership**
   Create a long-term physician workforce and clinical leadership development plan.
3. **Patient Access and Hospital Productivity**
   Develop a productive clinical operating model to optimize clinic access and increase Operating Room, Cath Lab and Endoscopy throughput.
4. **Innovation Horizon Scan**
   Undertake a horizon scan of healthcare innovations and enable their implementation supported by key partnerships.
5. **Laboratories**
   Complete a strategic review with a view to developing Laboratory services into a profit center.
6. **Emergency Department**
   Expand Dhahran Emergency Medical Services to meet future needs.
7. **Remote Area Clinic**
   Enhance remote area clinics and healthcare support capabilities to deliver world-class disaster response and healthcare Saudi Aramco and extend services to patients.
8. **Cardiology**
   Now moved to a separate program.
9. **Population Health Implementation**
   Grow Primary Care to support the implementation of disease screening and effective population health management enabled by digital and telehealth.
10. **Endoscopy**
    Develop a new dedicated Endoscopy Suite at Dhahran.
11. **Ras Tanura Business Plan**
    Extend Ras Tanura's reach by identifying priorities that align with Aramco and patient needs.
12. **Radiology**
    Develop Radiology into a profit center by creating a virtual tele-reporting service.
13. **Southern Region**
    Extend Southern Region reach by identifying priorities that align with Aramco and patient needs.
14. **Day Surgery**
    Develop a dedicated Day Surgery Unit at Dhahran.
15. **Northern Region**
    Extend Northern Region reach by delivering clinical services in different ways and using new locations.
16. **Centers of Excellence**
    Create Centers of Excellence for Oncology, Cardiology, Orthopedics and Mental Health.

Sixteen Objectives

The specific projects (or 'Objectives') that would give practical effect to the Plan were derived after consultation with the wider leadership team within JHAH and reflected multiple priorities – from fixing the immediate challenges around patient access, to scanning the horizon for innovations that will change the face of healthcare delivery during the coming decade. The initial list contained 16 objectives (one of which has since transferred to a different program). Figure Two contains more details of the scope of each one.

Recognizing this was a five-year program, Dr. de Gorter decided to sequence the timing of the various objectives rather than launch all fifteen at the outset. He said: "In any program of this scale, it is important to maintain momentum and not exhaust our capacity through stretching ourselves too thin. A phased roll out also allowed us to build credibility by registering some early wins." An additional benefit of phasing was that some of the early projects could be closed rather than maintained indefinitely. Celebrating the early achievements - for example, with published Case Studies - helped to inspire those coming later, and to create the competitive desire to emulate the same level of success.

The high-level phasing can be seen in Figure Three.

Figure Three: Project phasing over five years

Five-year roadmap	2023				2024				2025				2026				2027			
1. Back Referrals																				
2. Physician Establishment and Leadership																				
3. Patient Access and Hospital Productivity																				
4. Innovation Horizon Scan																				
5. Laboratories																				
6. Emergency Department																				
7. Remote Area Clinics																				
8. Cardiology																				
9. Population Health Implementation																				
10. Endoscopy																				
11. Ras Tanura Business Plan																				
12. Radiology																				
13. Southern Region																				
14. Day Surgery																				
15. Northern Region																				
16. Centers of Excellence																				

Note: Cardiology project (8), and Oncology and Cardiology Centers of Excellence (part of 16) subsequently moved to a separate program.

Investment in Leadership Skills

Dr. de Gorter recognized at an early stage the important of leadership if the program was to succeed. With this in mind, and in parallel to the CSP program, we began a program of Leadership Development for each member of his Senior Leadership team that comprised of the Chairs and Senior Director of the various medical operations Departments for which he was accountable.

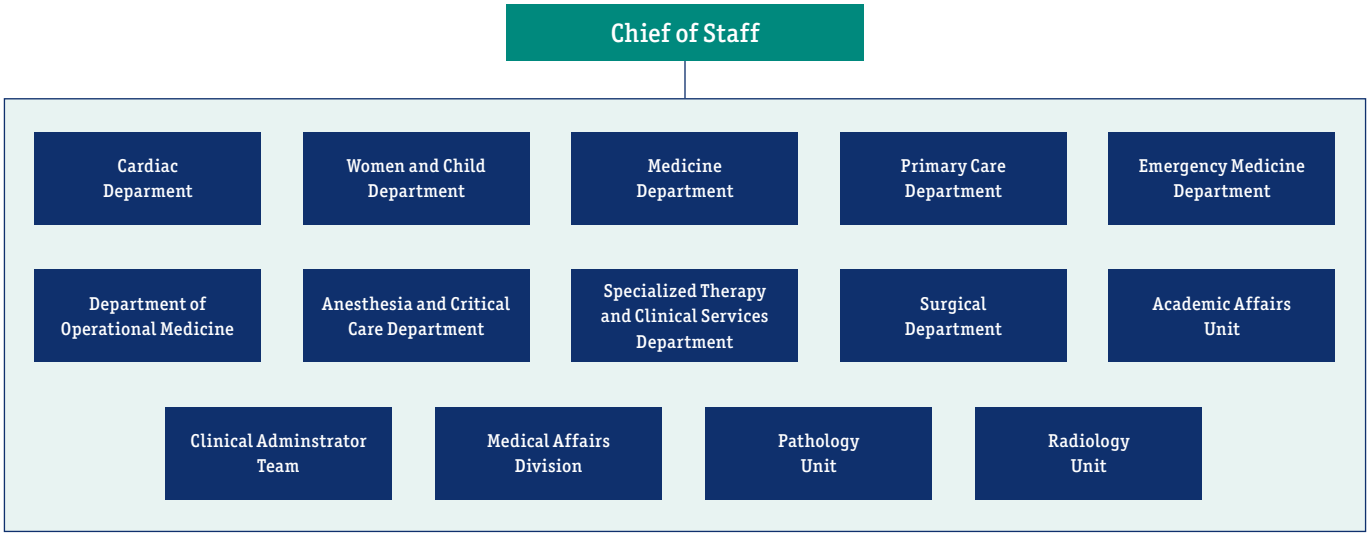
These development programs were directed at identified needs of the these individuals to give them the necessary skills to manage and lead transformative change at scale.

While many attended external courses, Dr. de Gorter also organized quarterly away days focusing on personal development and soft skills, with a clear intent – to deliver results.

A Culture of Project Delivery

Delivering a program of this scale and complexity required a number of enablers, and one of the most important was a culture of project delivery. In 2022, JHAH was widely respected for the quality of its ongoing activities but – as with any long-established organization – staff can become comfortable with the status quo and resistant to change. This tendency is often exacerbated in the healthcare sector where there is rarely the type of immediate existential threat (often known as the 'burning platform') that galvanizes the need for a different course, and where clinical and non-clinical staff can often be pulling in different directions and sometimes skeptical of one another's intent.

Figure Four: COS organization



Dr. de Gorter knew it was important to break through longstanding organizational barriers and silos. He therefore began to forge a project infrastructure in which all relevant functions and departments were represented and involved.

A governance framework was established that blended clinicians and non-clinicians around a shared purpose, and which gave ascribed clear authority to the participants to highlight and resolve any barriers to progress. Two bodies were convened as part of this governance each with a clear mandate:

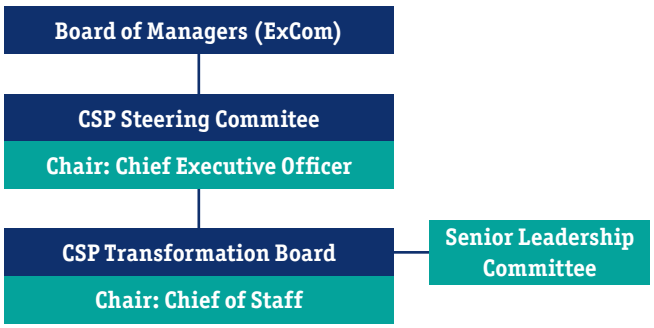
- A **Steering Committee**, chaired by the Chief Executive Officer, which met monthly and whose membership included not just JHAH's leaders (Chief Finance Officer, Chief Quality Officer, Chief Operating Officer, Chief Technology Officer, Chief Marketing Officer), but also representatives from both JHAH's shareholder organizations – Johns Hopkins International, and Aramco.
- A **Transformation Board**, chaired by the Chief Of Staff, whose role was to spend a full day with the leaders of each objectives once every month, reviewing progress and making course-correction decisions wherever progress was slipping. Both the Steering Committee and the Transformation Board had a parallel duty of ensuring that alignment remains strong between the CSP and other key organizational initiatives such as the facilities masterplan, the technology roadmap, and the overall JHAH strategic plan.

Figure Five contains a visual representation of this structure, alongside other key bodies with an oversight role.

Of course, formal structures are an important mechanism to enable change, but are not the full story since, without a commensurate culture, the forces of inertia can prevail. For this reason, Dr. de Gorter identified four 'Delivery Principles'. These Principles were enshrined in the program set up, shared with all those invited to play a leadership role, and are regularly reinforced. They are:

- **Accountability:** Under Principle of Accountability, project leaders and their teams were delegated the necessary authority to deliver their objectives; as senior leaders, they were encouraged to resolve issues rather than seek excuses for non-performance.
- **Pace:** Under the Principle of Pace, project leaders and their teams were encouraged to challenge themselves with the question 'why not faster?' rather than 'why not wait?'. The objectives in the program had been selected because of the potential benefits to patients and other stakeholders. Given the scale of these benefits, the presumption should be that early realization is highly desirable.

Figure Five: Program governance



- **Pragmatism:** Under the Principle of Pragmatism, it was recognized that sometimes the 'perfect' option could be inordinately expensive or could take years to bring to fruition; in such circumstances, project leaders and their teams were encouraged to weigh the pros and cons of different options, and make practical decisions in light of informed trade-offs.
- **Outcomes:** Under the Principle of Outcomes, project leaders and their teams were encouraged to focus on practical achievements rather than being preoccupied with process. As part of project initiation, each team was assigned a suite of KPIs to be delivered; since all team members had multiple responsibilities, it was important to be wise about how they used their time, and avoid the 'busy fools' syndrome. Ensuring their activity directly supported positive outcomes was to prove a vital discipline.

Program Management Office

In 2022, the level of project management expertise in JHAH was limited and primarily located in the IT and Facilities functions. To raise the level of project competence more widely, and to ensure project leaders received the appropriate level of support, Dr. de Gorter took the decision to establish a Program Management Office (PMO).

He realized that external project management expertise would be required to ensure best practices were adopted across all aspects of the program. However, he was also aware that organizations can become overly reliant on external advisers, missing the opportunity to build internal capabilities and provide enriching experiences for aspiring project managers within the workforce. For this reason, two of the early appointments for the PMO were talented and ambitious JHAH employees. Involving the next generation of leaders in the delivery of such a high profile program was a concrete gesture of JHAH's commitment to investing in the development of its own people, equipping them for accelerated careers and giving them the confidence to take on further responsibilities.

The first appointment was Mohammed Almatooq, an enthusiastic and tech-savvy healthcare operations expert who had previously worked in JHAH's remote area clinic network, and who had gained his professional qualifications at California State University, Los Angeles. He was soon joined by Mustafa Al Sadiq, an ambitious and delivery-focused finance expert, who secured his accounting qualification from the University of Memphis and, after a number of roles in the JHAH finance department, was seeking to broaden his commercial experience. Mohammed and Mustafa were both assigned to work full time in the PMO. Two other JHAH staff members were assigned to the PMO, albeit in a part-time capacity. Fajer Abu Flassa supported one of the most high profile projects, acted as the liaison between the PMO and the Human Resources department (many projects were to have resourcing implications), and administered the workings of the Steering Committee; and Muneera AlOwaisi assisted with a wide range of administrative matters, in particular the regular workshops in which all project champions would assemble to share experiences and cross-fertilize.

While the in-house team was being mobilized, Dr. de Gorter also ran a selection process to bring on-board a firm with the necessary healthcare and project management credentials to boost the delivery phase. As a result of this exercise, Greybeard Healthcare was asked to set up the PMO's infrastructure and working practices, and then provide ongoing leadership. The blend of internal capability with hands-on external advisory support has been one of the program's most important pillars. A key learning has been that, for Greybeard to operate most effectively, the Greybeard professionals needed to be embedded onsite rather than operating remotely. A project office was identified within the Chief Of Staff area, and set aside for Greybeard's use. Two Greybeard personnel relocated to the region with the expressed intent of being on-site for the vast majority of their interventions. The Greybeard consultants and their JHAH counterparts interact on a daily basis on-site to maintain momentum and discuss pressing matters (a group shot is included as Figure Six).

Figure Six: The Program Management Office team

The Project Management Office team, from L to R, Mohammed AlMatooq, Muneera AlOwaisi, Fajer Abu Flasa, Laurence Smith, Mustafa AlSadiq, Asim Chaudhri.

The role of the PMO has evolved in the 18 months since it was established. As at October 2024, it encompasses ten key responsibilities.

- Program governance reporting
- Formal monthly project reviews at the Transformation Board
- Champions workshops
- Program documentation
- Project initiation
- Project closure
- Mentoring
- Case studies – to build a legacy
- Taskforce approach to turnaround any projects rated red or amber
- A learning organization.

(Further detail on these responsibilities is provided in Figure Seven)

Project Initiation, Management and Closure

All things have a beginning, middle and end, and the same holds true for CSP projects. An early commitment by the Transformation Board was that these three phases should be documented, rigorous and consistently applied. Projects should be prioritized, initiated and managed based on their objective merits, rather than arbitrary factors.

The Project Initiation phase is often underappreciated as enthusiastic team members rush to get underway. For this reason, it was made clear that no project should commit significant resources to delivery until it had receive formal endorsement from the Transformation Board – a process that required submission of a succinct but wide-ranging Project Initiation Document (PID). This PID was structured across four pages, covering:

- **The high level project overview:** What is the purpose? What is the rationale? What are the anticipated benefits? What are the key milestones? What investment is required?
- **The 'people' perspective:** Who will champion the project? What will be the key roles within the project team, and who will fill them? How will the project team operate to deliver its objectives? Which stakeholders exist outside the formal project structure and how will they be engaged?
- **The detailed delivery plan:** What are the key activities against each priority – with every action drafted in a SMART manner (specific, measurable, ambitious, resourced, time-bound)? How can progress towards the milestones be assessed on a month-to-month basis?
- **Project management essentials:** What is (and is not) within scope? How will independencies be handled – either with other projects within the CSP, or broader projects within JHAH? What are the key project risks and how will these be mitigated?

Approval of a PID is far from being a rubber stamp. The members of the Transformation Board scrutinize all aspects of every PID to ensure the focus was clear and the outcome can be measured. On many occasions, the Project Champion was required to tighten up key elements of the PID, and return for further evaluation, before anything was greenlit.

The Project Management phase involves all in-flight projects communicating with the PMO on a regular (sometimes daily) basis to prevent any slippage, especially when progress depending upon cooperation from functions or departments outside the formal project structure. On a monthly basis, project champions were invited to submit their progress report to the Transformation Board, and then appear in person for a 20- to 30-minute discussion of key issues for resolution.

Importantly, Champions are encouraged to speak frankly and openly about any obstacles; their updates are not intended to be a naïve boast that 'everything is on track' if there were impending challenges that could derail all the efforts. This is an important cultural message to cover; some project champions felt that confessing that any elements of the project deserved 'amber' or 'red' status was tantamount to an admission of defeat. Dr. de Gorter made it clear from the outset that he expected concerns to be flagged for his immediate attention; this was infinitely preferable to keeping silent in the hope they would magically vanish (as Dr. de Gorter famously commented: "Hope is not a management strategy!").

One of the important aspects of in-flight project management is handling changes to scope. The PMO was painfully conscious that unplanned scope creep can jeopardize the core purpose of any project, as team members get distracted. A change control process was embedded, requiring any significant change of direction to be approved by the Transformation Board on the basis of an assessment of the implications. This tool was not intended to stop all changes – circumstances evolve

Figure Seven: PMO responsibilities

Program governance reporting

- Preparing updates for Board, ExCom, EMT and CSP Steering Committee.
- Coordinating the CSP Steering Committee agenda.
- Participating at the CSP Steering Committee to provide a verbal update and answer questions.

Formal monthly project reviews at the Transformation Board

- Supporting project champions and managers in the production of regular monthly updates.
- Identifying key issues for Transformation Board discussion and resolution.
- Recording the actions arising and working with project champions and managers to ensure actions are implemented.

Champions workshops

- Organizing regular meetings of all Project Champions during which they can share progress, discuss interdependencies, and learn from one another and from external speakers.
- These workshops to include 'Development Moments' for the Project Champions so they have an advanced level of project capability in leading their project.

Program documentation

- Agreeing with project champions and managers on the key information to be contained in key program documents, including:
  - Key Performance Indicators.
  - Milestone plan.
  - Detailed action plans.
  - Achievements log.
  - Relevant project appraisal materials.
- Maintaining these documents in real time.

Project initiation

- Working with the champions of projects whose launch is scheduled in 2025 on Project Initiation Documents (PIDs) which set out the purpose, rationale, benefits, priorities, KPIs, milestones, team members, action plans, dependencies and risks.
- Supporting champions as their PIDs are presented to the Transformation Board for scrutiny and (where appropriate) endorsement.

Project closure

- Working with projects as they complete in Iine with the agreed project closure process.
- Ensuring any remaining or continuing activities are transitioned to business-as-usual.
- Recording lessons learned, personal development achieved, any further communication required, future risks.

Mentoring

- Mentoring the project champions and managers on leadership of their teams, project management essentials, issues resolution.
- Mentoring the JHAH employees within the PMO so they can continue to develop as project professionals.
- Delivering project management training sessions where required for staff development.

Case studies – to build a legacy

- Drafting case studies for appropriate projects as they conclude, which record the project's journey, its outcome, lessons learned.
- Liaising with Communications and Marketing to ensure the maximum leverage of these case studies with multiple audiences.

Taskforce approach to turnaround any projects rated red or amber

- Focused assistance to any projects with a red or amber rating to support them as they get 'back on track'.
- This focused assistance can take a number of forms; for example:
  - Facilitated workshops.
  - Additional resourcing.
  - Issues escalation.
  - Technical/subject matter support

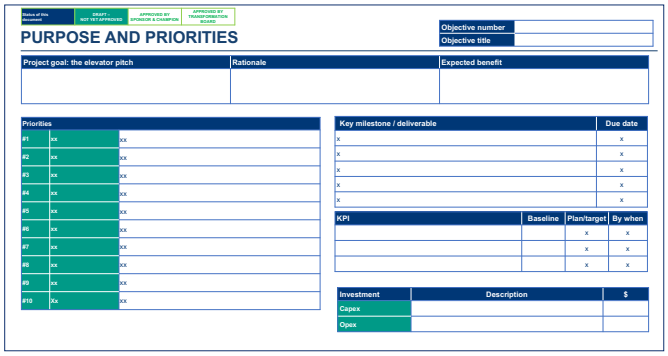
A learning organization

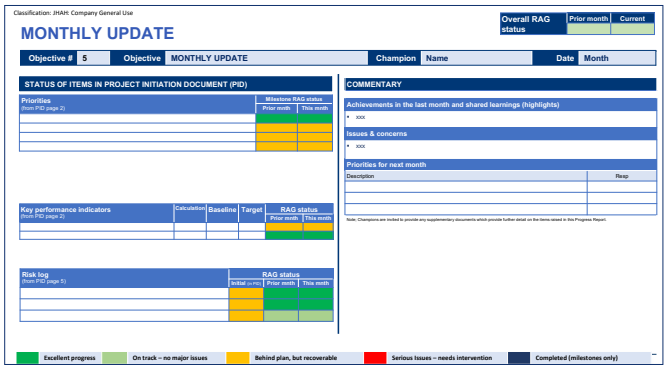
- To work with team members so that they use their experience of working in a 'project' to develop new skills and knowledge – ideally, ones which will benefit both JHAH and the individual's own career over the years ahead.

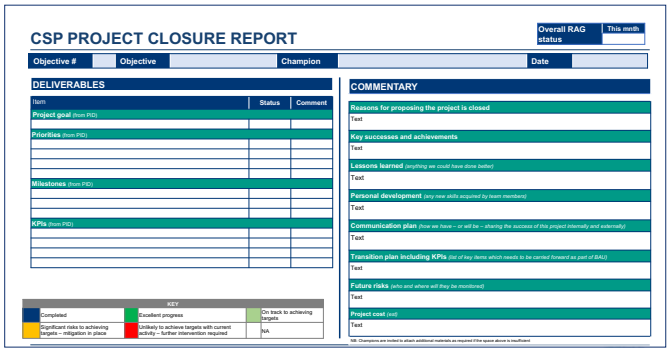
and it is often appropriate to respond. Instead, it was a deliberate mechanism to ensure any such change of scope was transparently considered on the basis of the facts.

The Project Closure phase is reached as soon as a project has successfully delivered the bulk (not necessarily all) of its objectives. The PMO was determined that no project should fade away, as participants gradually lost interest and enthusiasm. Far better to close a project at a triumphant moment, with all project team members proud of their accomplishments and eager to be invited to participate again in future. A Project Closure template was designed to record the reasons for the closure of the project, any KPIs or tasks that needed to transition to business-as-usual, any communications that should still be implemented and how the project had performed against the three benchmarks of: on spec, on time, and on budget.

Figure Eight: Project documentation and templates







Perhaps the most revealing element of the Project Closure report is the section which asks about 'lessons learned'. Poorly performing organizations can often rush from one priority to the next, without taking the time to reflect and learn. Ironically, this is precisely why they remain poorly performing – they fail to improve or evolve based upon experience, and fall into the trap of repeating the same errors from one cycle to the next. 'Lessons learned' were documented at both an organizational, team and personal level. Part of the benefit of a project is often to give staff members the opportunity to acquire new skills or broaden their knowledge. This enhancement of the competency within the firm can then be leveraged for future challenges.

Examples of the templates used for project initiation, project management and project closure are shown in Figure Eight.

Champions Workshops

Probably the most significant early learning, shortly after the CSP had been launched, was that it was far more than a series of standalone projects. For the best results, the modernization efforts had to be managed as an integrated program. This was due to the many interdependencies, common themes, and opportunities for shared learning.

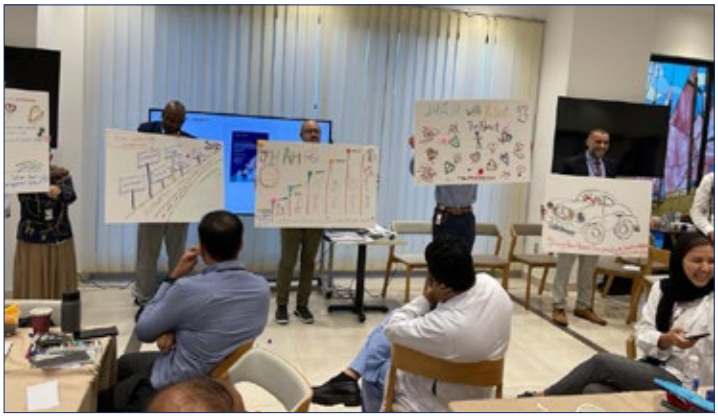
Four weeks into the program, the PMO convened a meeting of all the Champions - both of the in-flight projects and the projects yet to be launched - at which experiences and plans could be shared. This session was widely welcomed, and had now become a regular feature of the program. In addition to raising awareness amongst one another of areas of focus and planned milestones, the Champions workshops are also used to help each of the participants broaden their thinking. For example, specific sessions which have featured on the Champions Workshop agenda have included:

- **Project management basics:** Raising awareness among the Champions about vital project management tools, which they might not have encountered as part of their business-as-usual roles.
- **Team leadership:** An opportunity for each Champion to consider their style of leadership, based on their competency, personal preference, and project goals. The Champions compared and contrasted different leadership models, with reference to a framework recently published in the Harvard Business Review which identified six models: Coercive, Authoritative, Pacesetting, Affiliative, Democratic and Coaching.

- **Critiquing and providing feedback:** In the spirit of continuous improvement, the Champions were invited to comment in one another's plans. To enable the feedback to take place in a non-confrontational spirit, the Edward de Bono 'six hats' methodology was employed – with the Champions actually wearing colored hats. The de Bono hats (blue for Process, green for Creativity, white for Facts, yellow for Benefits, red for Feelings and black for Concerns) allow hat-wearing to make their observations without slipping into groupthink or fracturing relationships.
- **C-suite Q&A:** Members of the JHAH top team – including the CEO and CFO – have been invited to address the Champions group and take questions.
- **Inspiration from others sectors:** As healthcare professionals, it can be tempting to only seek fresh ideas with reference to other hospitals; and yet sometimes relevant innovation can be observed in completely different sectors. At any early workshop, the Champions were invited to share the stories of organizations they admire in sectors as diverse as retail, transportation, technology – for their commitment to customer service, efficiency, or modernizations (examples offered by the group included Toyota, Sadara, SpaceX, MGH, Neom and many others). At a subsequent workshop, the Champions were treated to remarks by Tony Warr, a scientist from Johnson Mathey, on how waste is minimized throughout the key processes involved in precious metal extraction.
- **A visual legacy:** Human beings absorb information in different ways. For some, words or numbers are important; others think primarily in pictures. At the fourth Champions Workshop, the well-known illustrator Kev Sutherland joined the session and worked with each of the teams to bring to life in pictures the five themes of Service Excellent, Community Engagement, Access, Reliability and Sustainability, which underpin the CSP.

Figure Nine includes a selection of pictures from the workshops.

Figure Nine: Champions Workshops 2023 and 2024



Achievements Register

Dr. de Gorter was conscious that, to maintain interest over a five-year period in a program of this nature, it was vital to be able to demonstrate impact; accordingly, he maintained an 'Achievements Log', to which he could refer whenever challenged about the investment of time and resource that the CSP was demanding.

However, at an early meeting of the Transformation Board, it became quickly apparent that not all attendees were on the same wavelength about what constituted an 'achievement'. Examples were being suggested that included: 'The first meeting of the project team', 'Appointing consultants to undertake a feasibility study', or 'Researching some benchmark data'. While all of these are important actions, each one of them – Dr. de Gorter emphasized – is part of the process to deliver an outcome, not the outcome itself. A definition of an 'achievement' was then circulated, making clear that, to qualify as such, there must be a material advantage to a beneficiary of the project (the type of beneficiaries were also defined; most usually, this would be patients, but in some cases the beneficiaries were the current or potential workforce, the shareholders, and the brand reputation of JHAH).

At the most recent reckoning, the Achievements Log contained the impact noted in Figure Nine. As can be seen, the Log purely documents raw numbers in the form of an infographic; the PMO was conscious that, behind each number, there is a more detailed story of how it was delivered, and for this reason committed to prepare and publish a series of case studies of up to 3,000 words, usually upon the closure of a project, which recount the situation being addressed, the actions taken, the obstacles overcome, and how the results were embedded.

Figure Ten: CSP Achievements Log, as at October 2024

Access & Utilization Project

Primary Care

5,000+ weekly bookable Primary Care slots in Dhahran.

- **300 percent** increase in weekly bookable Dhahran Primary Care slots.
- **9pm** extended Primary Care opening hours.
- **12 percent** increase in Primary Care patient satisfaction with access.

5,000+ monthly bookable Primary Care slots in Ras Tanura.

Specialty Clinics

14 hours/day access.

26 referral pathways built into Epic.

29 percent increase in specialty clinic slots through new templates.

- **6 of 6** departments experiencing sharp improvement in median wait time and patient satisfaction. Completed visits up (compared with 12 months prior):
- **43 percent** Cardiology.
- **24 percent** Medicine.
- **14 percent** Surgical.
- **65 percent** Women and Child.

Procedures

1,000+ increase in annual number of Surgical Operations performed.

1,000+ Operations being scheduled for 'Super October'.

200 additional Endoscopy procedures per month.

2 Cath Lab dedicated recovery beds.

Service Development Projects

Teleconsultations (out of hours)

7pm - 7am out-of-hours physician-led Telehealth service.

19,000 out-of-hours calls handled since launch.

93.3 percent patient satisfaction.

Hospital @Home

150+ patients transferred to Hospital at Home.

1,900+ bed days saved.

EMS

900 patients per week seen in Urgent Care Unit.

87 percent compliance with Cat 3 waiting time (up from 75%).

Other

5 innovation mega-trends identified in 'Horizon Scan' review.

19 recommendations to build world class disaster response capability.

$250,000 fund introduced to encourage Research and Publication.

4,000+ back referred patients (annualized), of which 500 are for Operating Room.

2x increase in CME funding.

450+ physician establishment calculated using international methodology.

Communications

In a program of this complexity, effective communications is critical – both to share vital information and to pre-empt any false rumors or misunderstandings. Communications was included as a mandatory line item in all the project plans so that teams were compelled to consider the requirement, and could not inadvertently overlook it. The tools used included:

- **Intranet:** The setting up of a dedicated 'Clinical Services Plan' hub on the staff intranet
- **Ijtemma:** A regular slot in the monthly Town Hall-style staff updates (called 'Ijtemma'), in which the Chief Executive Officer provided an overview of recent and coming developments
- **Social media leverage:** for example, the Chief Of Staff has been regularly posting the CSP Case Studies, and receiving up to 8,000 views each time.

A Learning Opportunity

One of the ancillary benefits of a complex Transformation Program is to provide opportunities to staff for personal learning and development.

JHAH is committed to the continuing professional development of all those who work in the organization, regardless of their role or seniority. It is recognized that quality healthcare is best delivered by providers that are able to attract and retain dedicated, talented professionals.

At the outset of each project, the Champion is encouraged to reflect on how involvement in the project can assist each member of the team to learn new skills or gain exposure to different challenges or parts of JHAH that were previously unfamiliar to them.

As the project progresses, Champions regularly check in with all their team members, ensuring that the delegation of responsibilities within the project is meeting the expectations of all concerned.

During the first two years of the program, there have been countless examples of professional development, including:

- Business or management skills, for example financial analysis and project planning.
- Knowledge, for example about JHAH clinical services.
- Market awareness, for example from visiting other hospital facilities for benchmarking purposes.
- Behavioral skills, for example how to express opinions and interact in groups.
- As each project concludes, the Project Closure document not only validates that the project achieved its objectives; it also records the professional learning achieved by team members.

To provide a permanent record of this learning, the team members are assembled for a celebratory event shortly after project completion. At this occasion, each participant is provided with a certificate of CPD by the Chief of Staff that records the learning they personally accomplished.

Figure Eleven showcases a selection of comments made by team participants about their personal learning:

Figure Eleven: Learning achieved through participation in CSP projects

As part of the project team, I learned...

A few actions that get delivered is better than a long list which gets forgotten

There's no point doing great things unless you communicate them

How to run efficient meetings and get a sense of direction

Great healthcare means that clinical and non-clinical staff must be fully aligned

A prerequisite of great success is overcoming the toughest challenges together

It's impossible to set targets without knowing where we are today

Analyzing processes so that we can focus on the stages that are most valuable

How to express my opinions in groups and support them with evidence

Looking at what's worked in other hospitals is a great way to agree priorities

Tools for fostering a high performing team

The key elements of effective project management

More about how our clinical services operate

Collaboration helps to broaden our horizons

Operational and Financial Metrics

As a five-year program, many of the reforms are putting in place the foundations for long-term success. However, it is also important to demonstrate early progress in order to maintain commitment and momentum. During 2024, many changes were implemented which are already bearing fruit. These are tracked through a monthly KPI monitoring exercise, which focuses on a 'balanced scorecard' of measures – financial, operational, customer and workforce.

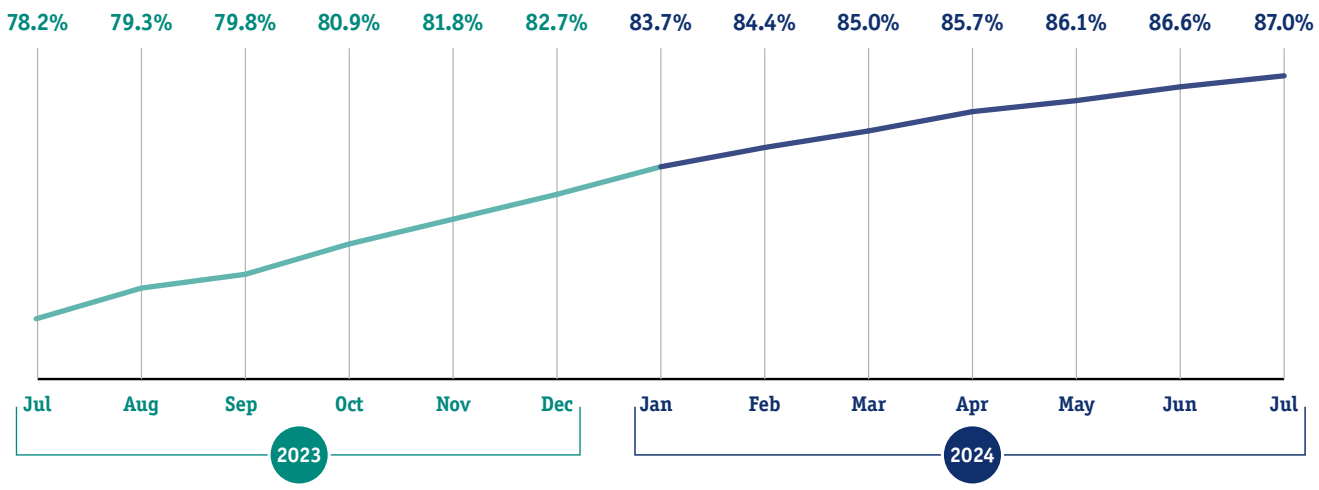
Figure Twelve presents a selection of these metrics, as at Q4 2024:

Figure Twelve: Clinical Services Plan Balanced Scorecard

Category	Metric	Year On Year improvement
Operational	Clinic median waiting time (across 6 departments)	From a range of 9-23 days To a range of 6-14 days
	OR volume	+20.2% [1]
	Cath Lab volume	+28.5% [1]
	Endoscopy volume	+8.1%
Customer	Satisfaction - with clinic access	+5.6% [1]
	Satisfaction - with primary care access	+23.2% [1]
Financial[2]	Labor cost (% change relative to total cost)	-5.2%
	Cost per primary care visit	-4.5%
	Cost per specialty clinic visit	-24%
Workforce	Staff engagement score	+14.4% [1]

Notes: 1. Over two years.
2. Financial Year On Year data is after accounting for inflation

Happiness of Aramco Staff with JHAH Services



Looking Ahead to 2025

Looking ahead to 2025, five priorities have been identified to capitalize on the successes to date, and maintain momentum.

Using the catalyst of the CSP to build project management capabilities

Organizational transformation is not a once-and-done exercise. Given the pace of change in society generally and healthcare specifically, providers such as JHAH will need the ability to constantly challenge and reinvent themselves. This means that executing projects will become a way of life. Already, as a spillover from the CSP, a number of JHAH executives have studied for – and gained – project management qualifications. More recently, Greybeard was asked to run a series of project management workshops to build the skills of the administrative staff within the Primary Care clinic.

An opportunity for the next generation of leaders

As new projects are announced to tackle specific CSP deliverables, increasingly the Champions who are nominated are the leaders of tomorrow. The CSP is being treated as a chance for them to raise their profile, earn their spurs, and boost their personal confidence. A material legacy of the CSP will seeing, in years to come, a number of the program's start performers ascending to C-suite responsibilities, either at JHAH or other world class hospitals around the region.

Broadening the role of the Transformation Board

At the outset, the Transformation Board primarily comprised the clinical leaders who were most invested in the substance of the program. Over the months, its composition has expanded, so that representatives from crucial functional disciplines can be part of its scrutiny and governance activities. The first nominees were from the Marketing and Human Resources departments, due to the large number of projects whose success depended on effective communication or recruitment. More recently, this has been expanded, with the most recent representatives to join the group being from Hospital Operations and Information Technology. This broader composition at a program level enables a more integrated approach to resourcing, scheduling and prioritization.

Contributing to the Kingdom's collective knowledge

As one of the leading providers in Saudi Sarabia, JHAH has a responsibility to assist in the dissemination of knowledge to the benefit of policymakers, leaders and operators throughout the Kingdom. In late 2024, this was demonstrated in a series of conferences hosted by JHAH, such as the one-day event on Artificial Intelligence in Healthcare, and the three-day Multi-disciplinary Musculoskeletal International Conference – both of which welcomed high profile speakers from around the region. The CSP case studies are being made public with a similar goal, and are written to be of interest to a broad spectrum of readers, including:

- **Patients and families:** To gain insights into the improvements being made to enhance their healthcare experience at JHAH.
- **Healthcare professionals:** To discover innovative approaches and practical solutions that can be applied in clinical settings.
- **Hospital leaders and administrators:** To learn about successful strategies and projects that can inspire change in their own organizations.
- **Policymakers and regulators:** To understand the latest advancements and evidence-based practices in healthcare to inform policy decisions.
- **Researchers and academics:** To explore real-world applications and outcomes that can contribute to further studies.
- **Public and community members:** To stay informed about the latest trends and initiatives in healthcare that impact our communities.

Commitment to innovation

In the coming decade, the Gulf region is expected to play a growing role as the source of healthcare innovation – whether in the form of new technologies, new processes, or new ways of providing high quality personalized medicine. Many of the CSP projects are at the forefront of how modern healthcare should be delivered, with a more dynamic and flexible approach than simple reliance on the 'one size fits everyone' model of providing all services in a single vast hospital setting. An early CSP project focused on horizon scanning for innovations (see Case Study 01); this ability to appreciate and shape the future is now moving from the confines of an individual project, to being part of JHAH's collective DNA.

In reflecting on the experience of the program since it was greenlit by the JHAH Board, and turning to the challenges that lie ahead, Dr. de Gorter commented: "JHAH is an amazing organization, like few I have ever encountered over my 30-year career in healthcare, with a heritage that goes back to 1933 when Saudi Aramco first set up healthcare services for its employees. It is an organization that has led the way in establishing high quality healthcare within the Kingdom of Saudi Arabia and we take our role in serving our communities very seriously. This has in the past been a great strength but also posed a risk in that any successful organization can begin to think it no longer needs to adapt and compete.

"The Clinical Services Plan is our response – it is an ambitious transformation program that establishes our willingness to change, to target the exceptional, to make every one of our colleagues at JHAH proud to be delivering the best care for our patients. Whilst we have no shortage of either talent or ideas, the key to our future success is through effective execution that delivers meaningful results and to ensure these are sustainable for others to build on in time.

"By doing these things with belief, passion and teamwork, we will earn the trust of our patients and therefore succeed in delivering on our strategy and vision: to become a high quality, sustainable and integrated full service healthcare provider accessible by all Saudi Aramco eligible medical recipients and the public."

About the Project Sponsor

Dr. J J de Gorter MBBS, MBA, DipM, MRCPath(ME)

Dr. de Gorter is the Chief of Staff for Johns Hopkins Aramco Healthcare (JHAH) and has more than 20 years of healthcare management and leadership experience.

He qualified at Imperial College London in 1993 (Bachelor of Medicine, Bachelor of Surgery), completed his MBA in 2004 (Cranfield School of Management), and holds a Diploma in Marketing. He is a medical doctor by training with Emergency Medicine and Primary Care experience in the UK, Australia and New Zealand.

Previously, he was Medical Director of BUPA Hospitals UK up to its acquisition by private equity, and Medical Director for NHS Direct - a digital and contact center based healthcare advisory and assessment service serving patients across England and Wales.

Prior to joining JHAH, he was Chief Medical Officer of Spire Healthcare plc (UK) for 15 years and was involved in its successful IPO on the London Stock Exchange in 2014. During that time he led Medical, Nursing and Allied Health corporate operations as well as Laboratory (20 locations), Radiology and Pharmacy functions. He was a member of the leadership team as it grew through acquisition and organic growth from 25 hospitals to 39 hospital and 10 clinics including two new ambulatory cancer centers.

While in this role, he was on the UK Department of Health Stakeholder Forum for Patient Reported Outcome Measures (PROMs) advising on their adoption and roll-out across the country, the Department of Health Flu Pandemic Ethical Committee and the Steering Committee of the England and Wales Joint Registry - one of the world's largest repository of outcome data following joint replacement. He was also instrumental in establishing the precursor to the Private Hospital Information Network (PHIN), which leads the publication of comparable provider information on quality and cost by private healthcare operators in the UK.

Also Available

Case Study #01: HORIZON SCAN

Scanning the horizon for healthcare innovations

Case Study #02: THE BACK REFERRAL PROGRAM

Enhancing access to JHAH for non-registered Saudi Aramco EMRs

Case Study #03: ENDOSCOPY

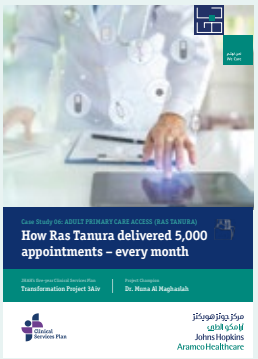
Endoscopy waiting times cut from months to weeks

Case Study #04: OPERATING ROOMS

Faster access to surgery

Case Study #05: ADULT PRIMARY CARE ACCESS (DHAHRAN)

The doctor will see you now



Case Study #06: ADULT PRIMARY CARE ACCESS (RAS TANURA)

How Ras Tanura delivered 5,000 appointments – every month

Case Study #07: REFERRALS

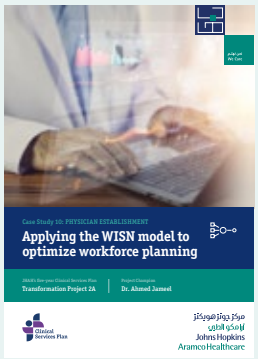
Twenty-six referral pathways under the microscope

Case Study #08: CATH LAB

Tackling the bed crunch

Case Study #09: URGENT CARE

A joined-up approach to same-day care needs



Case Study #10: PHYSICIAN ESTABLISHMENT

Applying the WISN model to optimize workforce planning

Note: Additional CSP case studies are constantly under development. Please email or call your JHAH contact for information on future editions.

This case study is one in a series that showcases stories from implementation of the JHAH Clinical Services Plan (CSP). The JHAH Board approved the CSP in June 2022. It is an ambitious multiyear program to enhance and modernize a wide range of clinical activities. For more information about the CSP or any projects included in the program, contact the CSP Program Management Office: pmo@jhah.com.

نحن نهتـم
We Care

800-305-4444 | www.jhah.com

مركز جونز هوبكنز
أرامكو الطبي
Johns Hopkins
Aramco Healthcare