

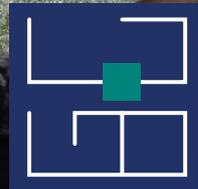
Clinical Services Plan: Case Study 20

# Mid-Term Review

## Building on the achievements of the first half of the program

JHAH's five-year Clinical Services Plan  
Transformation Program Leadership

Champions  
Dr. J J de Gorter



نحن نهتم  
We Care

August 2025



مرکز جونز هوبكنز  
أرامكو الطبي  
Johns Hopkins  
Aramco Healthcare



## Case Study 20: Mid-Term Review

# Building on the achievements of the first half of the program

### Project details



#### The objective

To review progress during the first half of the CSP transformation program in order to drive ever greater impact and success during the second half.

#### The priorities

- Engage with key stakeholders
- Evaluate impact and lessons learned during first half
- Assess megatrends within global healthcare for emerging opportunities.

#### The timeline

- Project kick-off: April 2025

#### The project team

##### Sponsor:

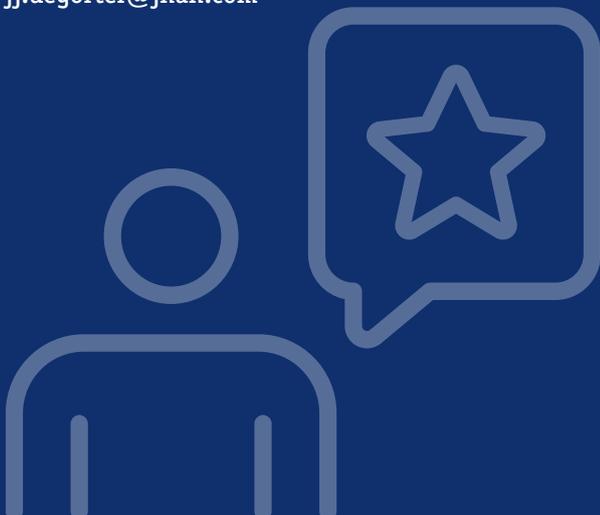
- Dr. J J de Gorter

##### Project team:

- Dr. Ahmed Jameel
- Laurence Smith

#### For more information:

[jj.degorter@jhah.com](mailto:jj.degorter@jhah.com)



### About the Clinical Services Plan



Johns Hopkins Aramco Healthcare (JHAH) serves more than 140,000 Aramco employees, their relatives and retirees with a comprehensive range of inpatient and outpatient services. JHAH has carried forward the legacy set by Saudi Aramco of healthcare for all, putting caring for its community at the heart of everything it does.

In 2023, JHAH launched its five-year Clinical Services Plan (CSP). The CSP was developed in response to changing patient expectations and the realization that JHAH must evolve if it is to survive and thrive. The Plan's vision is that JHAH will become the Kingdom's first choice for outstanding integrated healthcare.

The CSP contains 16 strategic objectives to deliver against five goals (service excellence, access, people, sustainability and reliability), and is supported by four delivery principles (accountability, pace, pragmatism and outcomes).

### Why a Mid-Term Review?



In top flight football, the half-time break is a critical event which can have a profound effect on the final result. Not only does it allow elite players the time to replenish essential nutrients, it also gives an opportunity for the team coach to share his reflections on the state of play – the tactics which have worked well and should continue, the plans the opposition has been deploying which demand a response, how the style of play should adapt in the second period to reflect the unfolding shape of the match and whether to switch personnel so that different skills can change the dynamics. The best half-time team talks enable the players to re-enter the contest motivated, with a clear purpose and to respond to the game's changing dynamics.

Russell Eric Dobda, adventurer and author of 'How To Spin The World', put his fingers on a similar truth when he observed that "taking a break can lead to breakthroughs".

In April 2025, the JHAH Clinical Services Plan was approaching the mid-point of the five-year roadmap which had been set out in 2022 and endorsed by the Board. The program had invested in and strengthened leadership capability and already delivered a number of successes. It had significantly improved access primary care appointments, opened a new Urgent Care Unit, launched 24/7 remote teleconsultations and created the Hospital at Home service. Patient satisfaction had improved to new highs and staff were more engaged than ever according to regular surveys. It had also introduced rigorous project management disciplines to underpin how JHAH approached transformational change. Many of these achievements are described in previous case studies in this series (Case Study 11 – Program management: Delivering a five-year clinical transformation program) and this in turn had helped to establish a culture of personal accountability and a performance mindset.

JHAH’s Chief of Staff Dr. J J de Gorter (who chaired the CSP Transformation Board) and Chief Executive Officer Dr. Michael Walsh (who chaired the CSP Steering Committee) were seeking to build on this momentum. The program’s priorities had been defined three years beforehand and during that time the healthcare environment had continued to change at a rapid pace. Rather than simply continuing on a journey mapped out initially in 2022, experience and instinct suggested it might be necessary to pivot towards some reshaped goals. At the very least, there would be benefit in taking the time out to reflect,

learn and replenish. “What I see is going well,” Dr. Walsh remarked to the Steering Committee. “What I don’t know is what else I should be seeing.”

Responding to this direction, the Steering Committee fast-tracked a new project termed the ‘Mid-Term Review’ with a simple objective: “To review progress during the first half of the CSP delivery, in order to drive ever greater impact and success during the second half.”

## The wisdom of crowds

A project team was established to oversee the review, led by the Chief of Staff Dr. J J de Gorter. From the outset the team realized that the insights they needed were spread widely among the many participants in the program during the preceding years – each of whom possessed a unique perspective. For this reason, from kickoff to conclusion, the Review involved extensive engagement, including:

- **In-depth interviews:** Over 40 structured interviews were conducted with participants including all those who had been a project Champion, representatives from Departments that had provided vital specialist expertise (such as finance, human resources, information technology, quality and risk), every member of the Steering Committee and other stakeholders including Johns Hopkins Medicine and Saudi Aramco representatives. Interviews were conducted on the basis that comments were confidential to encourage open and honest feedback.

Figure One: Stakeholder workshop June 2025



Workshop attendees



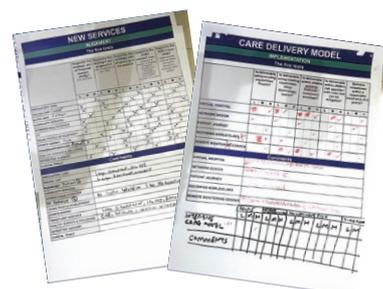
Attendees exercise



Attendees exercise



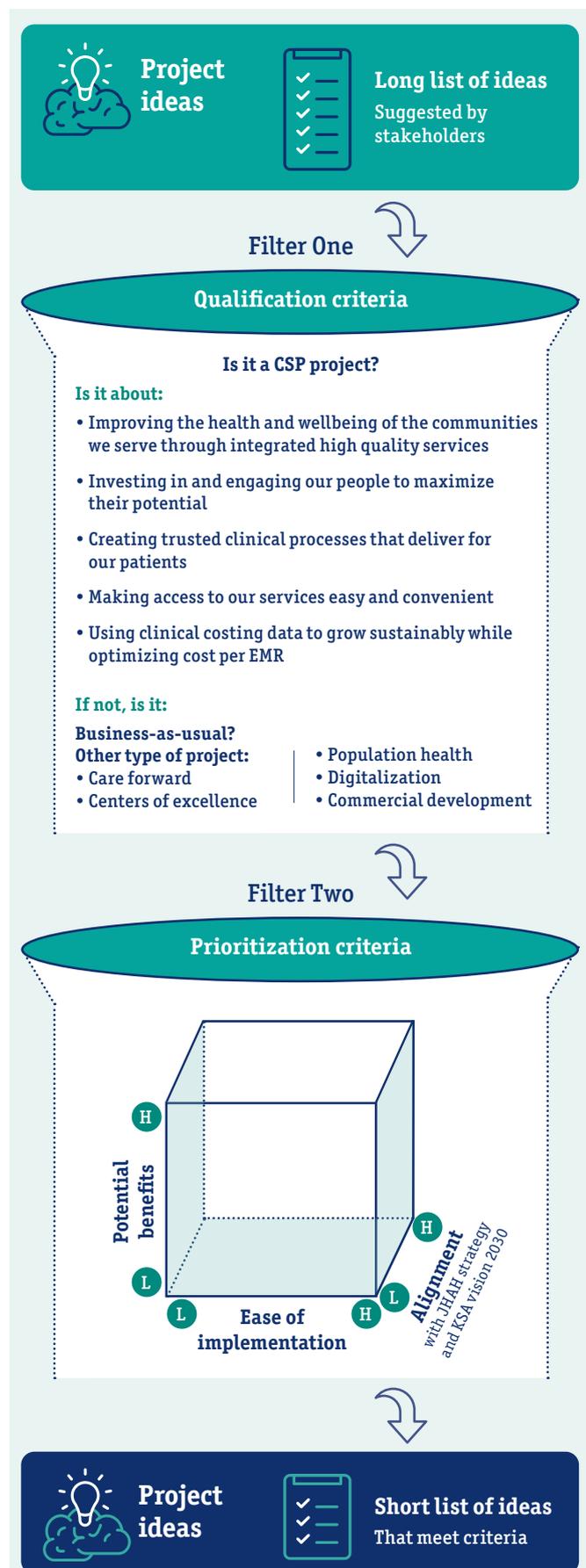
Steering Committee panel



Worksheets



Figure Two: Two-stage filtering and prioritization methodology



- **Chief of Staff Leadership Team workshop:** Laurence Smith from Greybeard Healthcare, who had been supporting the project management aspect of the program, facilitated a session at the quarterly Chief of Staff Leadership team during which ideas were generated and prioritized. This enabled close alignment between the emerging themes from the Review and the strategic direction of the business.
- **Stakeholder Workshop:** As the research phase approached its conclusion, all stakeholders – champions, functional experts, Steering Committee members – were invited to a half-day offsite stakeholder workshop. With over 60 individuals in attendance, the emerging themes were shared and stakeholders invited to evaluate according to a structured methodology using pre-set criteria. As one of the Steering Committee members commented: “This process gave us reassurance that our feedback had been heard and that findings had been objectively filtered and presented.”

Photographs from the workshop, showing team members applying the criteria, are shown in Figure One.

## Filtering and prioritization methodology



One of the most significant items on the engagement interviews agenda was a discussion around priorities for 2025 to 2027. The initial Clinical Services Plan had revolved around 16 objectives including topics such as ‘Physical Workforce Establishment’, ‘Patient Access’ and ‘Remote Area Clinics’. Each stakeholder was asked to apply their awareness of trends within the wider healthcare sector and to suggest any new initiatives that could be added. This resulted in close to 50 suggestions – far more than could comfortably be absorbed into the program. In order to prioritize these, it was necessary to apply a filtering process.

### Filter #1: Qualification

The first filter involved ‘qualification’ criteria; in other words, regardless of the merit of the idea, did it actually belong within the terms of reference of the Clinical Services Plan? The CSP had a very clear scope: Improving the health and wellbeing of the communities served by JHAH through integrated high quality services, investing in and engaging JHAH’s people to maximize their potential, creating trusted clinical processes that deliver for patients, making access to services easy and convenient, and using clinical costing data to grow

sustainably while optimizing unit costs. Some ideas that were proposed might be worthy but more suitable to other programs of work within the company.

### Filter #2: Prioritization

The second filter involved ‘prioritization’ criteria. All those ideas which had survived the first filter were assessed according to three criteria:

- The potential benefits
- The ease of implementation
- The degree of alignment with JHAH’s strategy and the Kingdom of Saudi Arabia Vision 2030.

The goal was to distil the ideas list to a manageable number - the target was eight to 12 - that could be practically incorporated alongside the ongoing projects given the resources at the program's disposal.

The two filters are represented diagrammatically in Figure Two.

The team recognized that to apply the prioritization filter, further structure would be required since individuals might have different views on what each idea meant and how issues such as ‘potential benefits’ or ‘ease of implementation’ should be assessed. As Dr. de Gorter remarked, “We knew the results would be scrutinized

carefully by the Steering Committee and Board. They expect us to be transparent about how the criteria had been applied.” The solution to this challenge involved:

### Elevator pitches

The first task was to assign an advocate for each of the ideas. These advocates were asked to develop and provide an ‘elevator pitch’ for each idea within their charge – essentially, an opportunity to summarize the purpose and scope within a maximum 60-second window. This meant that when the prioritization tests were being applied, the participants had a reasonably consistent understanding of the idea that was subject to their assessment.

For example, the headline descriptor for one of the ideas was ‘Refractive Surgery’. In the elevator pitch, this concept was expanded as being: *“To review the business case for offering refractive surgery – therapeutic and cosmetic - as a paid-for service, initially, to eligible medical recipients and eventually on an open to the public .”* The business case should propose the list of services to be offered, the operating model including location, describe the patient journey, analyze the workforce requirements, confirm clinical governance policies and provide recommendations covering information technology, legal and regulatory compliance, procurement as well as patient communications.

Figure Three: Fifteen tests

 <b>Potential benefits</b>	 <b>Ease of implementation</b>	 <b>Alignment</b> <small>With JHAH strategy and KSA Vision 2030</small>
 <b>5 Tests</b>	 <b>5 Tests</b>	 <b>5 Tests</b>
<b>Would this project...?</b>	<b>Would this project...?</b>	<b>Would this project...?</b>
Enhance patient care and safety?	Be deliverable using existing capabilities: People?	Support the strategic aim of financial sustainability? (5% EBITDA)
Deliver new revenue opportunities to JHAH?	Be deliverable using existing capabilities: Other (technology, space)?	Support the strategic aim of growth? (30% of activity for non-JRE)
Increase JHAH’s productivity and efficiency?	Be deliverable within JHAH’s existing financial / investment envelope?	Support the strategic aim of opening to the public? (in particular the role of the Centers of Excellence)
Increase JHAH’s ability to attract and retain the best people?	Be deliverable within JHAH’s risk appetite / with risks that can be mitigated?	Support the JHAH values? (Safety, Citizenship & Integrity, Collegiality & Respect, Excellence & Discovery, Leadership & Accountability, Diversity & Inclusion)
Enhance the JHAH brand reputation?	Deliver milestones within a reasonable timeframe (3-5 years)?	Support the KSA Vision 2030? (ease access, improve value, strengthen prevention, enhance traffic safety)



## Fifteen defined tests

For each of the axes, five tests were set out, and these are shown below. With 15 tests in total (five tests for each of the three axes) and clear guidance about what these entailed, application was undertaken via a series of breakout groups at the Stakeholder Offsite, with each breakout facilitated by one of JHAH's next generation of talent. The ideas were scored and the results captured for analysis.

Once the analysis had concluded, it was possible to complete their prioritization. The graphic opposite shows the 20 ideas which were involved in the second filtering phase with five data elements:

- The 'potential benefits' rating (indicated by the position on the Y axis)
- The 'ease of implementation' rating (indicated by the position on the X axis)
- The 'alignment assessment' rating (indicated by the size of each icon)
- The theme (indicated by the color of each icon)
- The recommendation category (indicated by the shape of each icon).

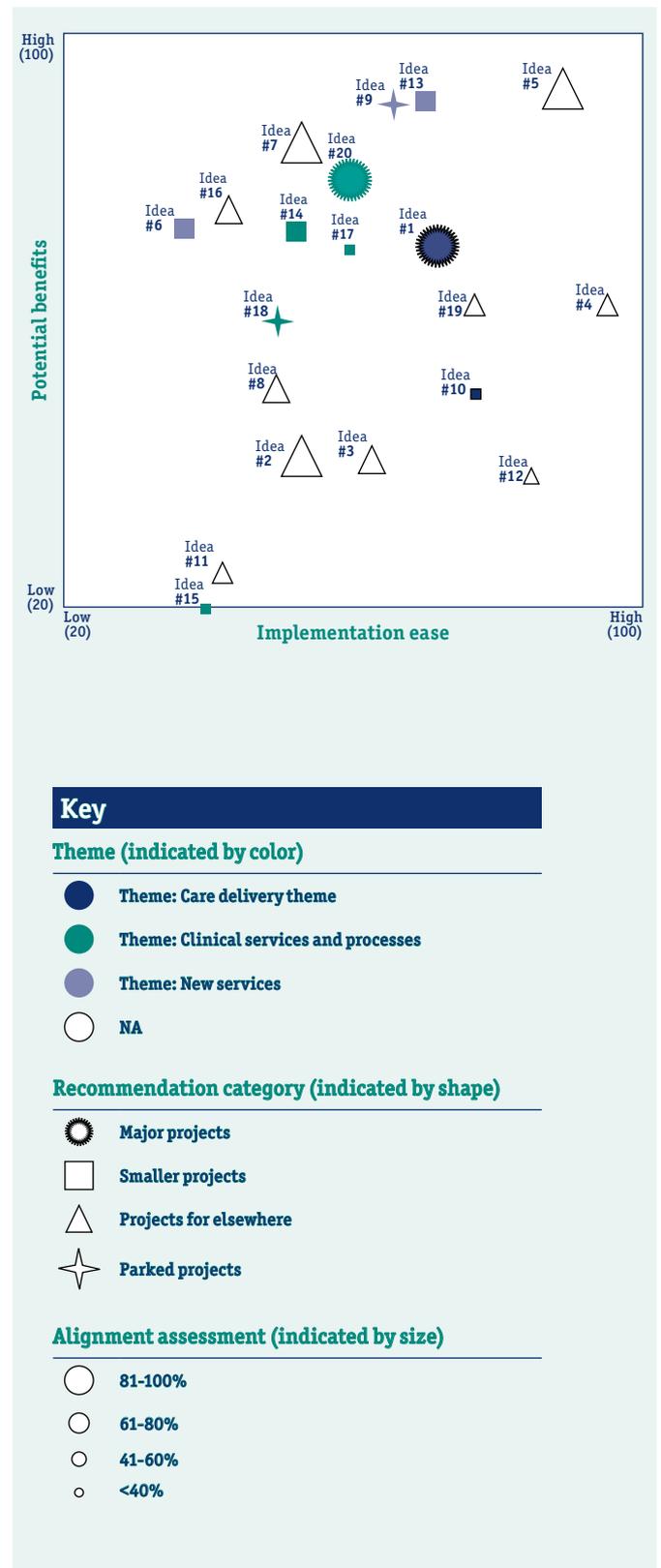
## Project refresh: Nine new projects endorsed for 2025 to 2027



At the July 2025 Steering Committee, it was agreed to refresh the project list with nine new projects – each having scored highly during the prioritization exercise. The nine projects with its 'at a glance' statement of purpose were as follows:

- **Virtual hospital:** to create a virtual equivalent of the 'bricks and mortar' hospital – first by bringing together the existing services currently delivered in the community and then by expanding to deliver additional services outside the hospital, enabled by technology and a Contact Center, in order to deliver clinical services closer to patients and free up hospital capacity.
- **Intensive care model:** To review how JHAH delivers critical care, taking account of technology developments and the need for 24/7 monitoring.
- **Utilization management:** To ensure JHAH's approach to utilization management applies international best practice. The potential scope includes intra and inter specialty referrals, length of stay and day surgery rates, labs and radiology referral rate and finally prescribing of medications.

Figure Four: Prioritization result



- **Individual physician dashboards:** To develop and implement individualized physician dashboards that provide real-time access to key performance indicators, clinical metrics and quality measures to support clinical decision-making and continuous improvement.
- **Robotics training center:** To prepare the business case for becoming a Training Center for robotic surgery.
- **Medical referrals:** To undertake a root and branch review of our Medical Referral Office in order to optimize how all medical referrals outside JHAH are managed.
- **OPPA day surgery:** To develop the business case for creating a dedicated Day Surgery Unit open to eligible medical recipients and the wider public.
- **Fertility services:** To assess the business case for an IVF service open to eligible medical recipients and the wider public.
- **Refractive eye surgery:** To assess the business case for a refractive surgery service, open to eligible medical recipients and the wider public.

Each of the new projects was grouped within one of three overarching themes and linked back to the original five CSP Goals in order to ensure the program had a cohesive identity and to avoid the program simply being a list of standalone initiatives.

The addition of these new projects brought the total number within the program, including those from the first half, to 25. The list of legacy and new projects is presented in Figure Five.

As with the first phase of activity from 2022 to 2025, it was deemed impractical to launch all nine new projects simultaneously. This would risk organizational overstretch, especially from those individuals who needed to balance their project roles with ongoing line management responsibilities. For this reason it was agreed to sequence the initiatives throughout the remainder of the five-year period, with some projects (virtual hospital,

**Figure Five: Projects endorsed for the second half (2025 to 2027)**

CSP goals	Ref	Projects
 <b>Service Excellence (quality care)</b>	3Bviii	Rehabilitation Access (target operating model)
	16B	MSK Enhancement: FIFA F-MARC Accreditation
	12B	Radiology (phase two)
	17	Virtual Hospital
	18	Intensive Care Model
 <b>People (performance)</b>	19	Individual Physician Dashboards
	20	Robotics Training Center
 <b>Reliability (trusted delivery)</b>	3Bvii	Discharges From Specialty Clinic
	21	Utilization Management
	22	Medical Referrals
 <b>Access (timely care)</b>	1B	Cosmetic Services Launch
	23	OPPA Day Surgery Business Case
 <b>Sustainability (value proposition)</b>	7	Remote Area Clinics (Aspen recommendations)
	9	Population Health Services Expansion
	11	Ras Tanura Business Plan
	13	Southern Region Business Plan
	15E	Care Forward Clinical Specifications: Dedicated Endoscopy Suite
	24	Fertility Services Business Case
	25	Refractive Surgery Business Case

Notes	Key
<b>Removed from CSP project list since now complete or transitioned elsewhere:</b> Back referrals (1) Physician establishment and leadership (2) Innovation horizon scan (4) Laboratories (5) Emergency department (6) Cardiology (8)	Major new projects
	Smaller new projects
	On existing CSP roadmap for launch during 2025-27
	Already underway



utilization) being substantive transformations that would need to be delivered over a number of years, while others (refractive surgery; medical referrals) could be completed within a timeframe of a year or less.

The overall program sequencing, including both prior and subsequent to the Mid-Term Review results is reproduced in Figure Six.

## Other changes resulting from the Mid-Term Review



The most obvious result of the Mid-Term Review was the range of projects being delivered. The engagement interviews had also highlighted a number of positive observations regarding how the project was being coordinated but also some areas for improvement.

Ten of the most frequently mentioned aspects that had been working well (with a selection of verbatim quotes) were:

- **Results focus:** *“There is a focus on making changes and achieving results”; “There are many improvements over the last two years which have their roots in the CSP.”*
- **Clear goals and accountability:** *“Everyone involved knows what the CSP is aiming to achieve, and their role within it”; “The SOAPs (Strategy On A Page) are very helpful one-page summaries of all the key information.”*
- **Project disciplines:** *“There is a good structure at initiation, and for ongoing updates, and at closure – so that everything goes through a disciplined process. At the start, this seemed like overkill, but, as time has gone on, I do appreciate the benefits”; Many of the approaches have been adopted for other JHAH programs.”*

Figure Six: Program sequencing, 2023 to 2027

Five-year roadmap		2023	2024	2025	2026	2027
1	Back Referrals					
2	Workforce Planning					
3	Access and Utilization					
4	Innovation Horizon Scan					
5	Laboratories					
6	EMS					
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	MSK: FIFA Accreditation					
17	Virtual Hospital					
18	Intensive Care Model					
19	Individual Physician Dashboards					
20	Robotics Training Center					
21	Utilization Management					
22	Medical Referrals					
23	OPPA Day Surgery – Business Case					
24	Fertility Services – Business Case					
25	Refractive Surgery – Business Case					

**Figure Seven: Program management recommendations**

Issue	Recommendation/action
The CSP 'story'	<ul style="list-style-type: none"> <li>• To arrange the CSP project list around the five goals:                             <ul style="list-style-type: none"> <li>- Service excellence (quality care)</li> <li>- People (performance)</li> <li>- Reliability (trusted delivery)</li> <li>- Access (timely care)</li> <li>- Sustainability (value proposition)</li> </ul> </li> <li>• Together, these goals will ensure JHAH's clinical services are fully aligned with the creation of our Centers of Excellence</li> </ul>
Risk management	<ul style="list-style-type: none"> <li>• To work with the Risk Management department to finalize the CSP-wide risk register and processes to maintain it</li> </ul>
Commercial partner expertise	<ul style="list-style-type: none"> <li>• To add a section to each project Project Initiation Document specifying whether and how partner expertise will be leveraged, including any knowledge transfer connection</li> </ul>
From projects to operations (transition)	<ul style="list-style-type: none"> <li>• To tighten the process whereby projects are closed and transitioned to operations</li> </ul>
Project management training/skills transfer	<ul style="list-style-type: none"> <li>• To offer each project management champion the opportunity to obtain a project management qualification, with the cost paid for by the employer</li> <li>• Induct all new project champions with a half-day personal project management training session</li> </ul>

- **Case studies:** *"I've never seen this done before at JHAH and it's certainly helped raise awareness."*
- **Program governance:** *"The SteerCo and Transformation Board have been effective mechanisms for resolving issues and overcoming obstacles"; "I like the introduction of the 'Big Issue' page to stop the discussions from rambling."*
- **General engagement:** *"The Champions meetings are great engagement"; "The project teams spend a lot of time reaching out to different parts of the business and making cross-functional teams work on a cooperative basis."*
- **Workshops and meetings:** *"These tend to have clear objectives, a proper agenda and documents circulated in advance. They tend to run to schedule, respectful of the time of those involved."*
- **Enjoyment:** *"I have enjoyed the various ideas to add a bit of fun and enjoyment – for example, the cartoonist."*
- **Risk management at a project level:** *"The majority of risk management concerns were adequately accommodated by the project manager and by the PMO."*
- **External benchmarking:** *"This has always helped to stimulate ideas and new thinking – the only question is: should we do it even more regularly?"*
- **The CSP 'story':** *"Sometimes it's come across as quite a random mix of stuff that someone has shouted loudly about. Once the ideas have been refreshed, it would be good if they could be part of a single or simpler idea."*
- **Risk management at a program level:** *"Strategic Key Risk indicators will be valuable to implement which will trigger points of failure before they occur"; "There should be a higher level of accepting showstopper risks and high risks."*
- **Maximizing the expertise of commercial partners:** *"Our partners have vast expertise and knowledge. I'm not sure we've been tapping it and using it in the best way possible."*
- **From projects to operations (the transition):** *"With some projects, when they were shut down, the visibility of performance was lost and also there was less oversight of the remaining tasks"; "One or two projects have transitioned to operations too early, while there was still work to be done."*
- **Project management training/skills transfer:** *"Some projects have not been effectively led, which is why they are repeatedly rated amber or red;" "Some champions would benefit from formal project management training."*

There were also aspects of the program that were capable of improvement. After discussion at the Stakeholder Offsite and the Steering Committee, it was agreed to focus on five changes that directly addressed the opportunities identified, namely:

The Steering Committee endorsed a range of recommended actions to directly act on these. The core elements of the recommendations are reproduced in Figure Six.



## Looking ahead



Half way through the Mid-Year Review exercise, another event transpired at JHAH that reinforced the eternal truth that the only constant in business is change. JHAH's CEO Dr. Michael Walsh announced his retirement.

At the first Steering Committee chaired by our new CEO Dr. Howard Podolksy, he endorsed the importance of the Clinical Services Plan and this Review. "Everywhere I look, the delivery of healthcare is changing, driven by new technologies and practices," he said. "Existing operators must adapt or be overwhelmed by nimbler new entrants to the sector."

Dr. J J de Gorter echoed this perspective. "At the outset, we explained that the Clinical Services Plan would be essential to JHAH becoming an acknowledged healthcare leader not only in the Eastern region but across Saudi Arabia. Completing our ambitious program will be increasingly vital in our drive to attract and retain the most talented people and, through them, delivering on the promise of the Clinical Services transformation we envisioned at the outset. Three years later, we are now finding another gear to accelerate!"

He added, "These nine new initiatives are driven by our desire to delight our patients, embrace new technologies and to deliver exceptional results. In particular, I would highlight the groundbreaking potential of both the virtual hospital project - delivering care close to, and at the convenience of our patients - and the utilization project (ensuring we are using shareholder resources responsibly). I thank all my colleagues for their support and look forward to welcoming them on the remainder of this inspiring journey."



## 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. He recently qualified as a Chartered Company Director (Institute of Directors).

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 hospitals 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 repositories 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



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Scanning the horizon for healthcare innovations



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Enhancing access to JHAH for non-registered Saudi Aramco EMRs



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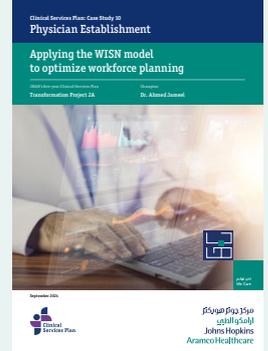
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Applying the WISN model to optimize workforce planning

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

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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.



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Program Management**  
Delivering a five-year clinical transformation program



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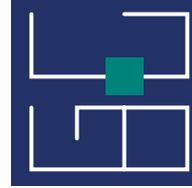
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The front cover photograph captures the half-time team talk at a 2025 Ramadan Football League game in Dhahran, Saudi Arabia.

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