

Wellbeing

2016

October



September 29:
World Heart Day

Health and Nutrition Tips for Students



Promoting Health and Wellbeing

October 2016

Welcome to JHAH News, where we share the latest health and wellbeing news and current and upcoming events.

If you have any questions, suggestions, contributions or topics you would like to read about, please email them to the editor:

Salam.Jishi@JHAH.com

All health and health-related information contained in this Johns Hopkins Aramco Healthcare Company material is intended to be general in nature and should not be used as a substitute for a visit with a health care professional. The advice is intended to offer only a general basis for individuals to discuss their health and medical conditions with their health care provider. Your health care provider should be consulted regarding matters concerning the medical condition, treatment and needs of you and your family.

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JHAH Celebrates Leading performance of the JHAH Oncology Clinic Reception Staff



JHAH non-clinical frontline staff set the tone for the patient journey at JHAH by making them feel welcome and comfortable; the receptionists' daily tasks involve more than communication, their skills have to be combined with tact, diplomacy, problem solving, customer service but most importantly personal qualities. The reception team at the Oncology Clinic has been consistent with their high scores since the beginning of the year. During the second quarter of 2016, they received the highest scores for survey questions pertaining to their service delivery.

The Oncology Reception Team

- Mohammed Al Kadhem
- Noura Al Misaad
- Fahad Al Duhailan



Question	Average Oncology Q2 2016	Average All Specialty Clinics	Target
Courtesy of registration staff	90.2	85.5	90
Courtesy of person scheduling your appointment	90.6	87.6	90

Service Excellence: An Ongoing JHAH Commitment

In today's competitive health care world, achieving excellence is quite a challenge; however, meeting patient demands is no longer the main measure of success—going beyond is. And the JHAH Service Excellence Unit is here to help.

Established at the start of this year, the Service Excellence Unit is tasked with collecting patient satisfaction data and working with services to create solutions that bridge gaps between providing quality care and patient satisfaction.

"We are here to partner with organizations to help them identify areas for improvement, develop and implement sustainable solutions and longitudinally measure performance," said Tatiana Merzerhane, Six Sigma certified Patient Experience manager. "Ours is very much a collaborative approach where we work hand in hand with the services."

The Service Excellence Unit provides a number of services to help both clinical and non-clinical organizations in their continuing excellence efforts, including the following:

- Manage all clinical and non-clinical surveys
- Provide reports and data analysis
- Identify areas for improvement
- Collaborate with hospital chiefs and division heads to ensure consistent delivery of patient-centric care
- Work with services to develop programs for and create solutions to challenging issues
- Coach and train non-clinical frontline staff
- Coordinate and lead the Service Excellence Steering Committee to improve patient experience

The Service Excellence Unit has been busy collecting data and working with organizations, and some successes have been seen and validated. The graph on the next page shows

a marked improvement in overall patient satisfaction of about 8 percent since the fourth quarter of 2015. "JHAH has seen a truly remarkable change in patient satisfaction, and this is attributed primarily to a couple of issues that affect all visitors to JHAH—parking and reception.

"We collaborated with the Services Excellence Unit in developing and conducting the Caring Experience program," said Salam Jishi, Public Relations Representative, Marketing & Communications. "The program provided frontline staff with training that provided them with a set of standardized communications when interacting with customers and introduced the Welcome Guide Program that has really helped patients and visitors find their way around JHAH Dhahran."

The Service Excellence Unit is here to assist in improving patient experience. If your service area would like to know more about how Service Excellence can help, contact Tatiana at 877-6258 or tatiana.merzerhane.1@JHAH.com.

Service Excellence Tip

Non-verbal expressions of caring can transform a patient's visit

When interacting with patients and their families:

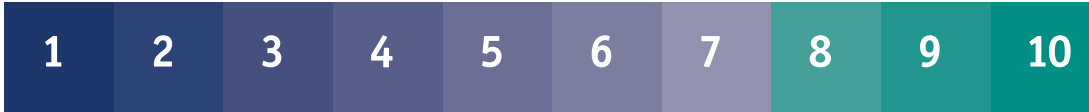
- Make appropriate eye contact with patient and family
- Open your posture and be attentive

Patient Satisfaction Outpatient

Actual | Target

% of outpatients who scored overall experience as 9 or 10/10

43.67% | 39.5%



August 2016

% of outpatients who scored overall experience as 8, 9, or 10/10

66.69%

1,486
Patients surveyed
Survey Method: SMS



response rate: 5-6%

Outpatient Satisfaction Survey trend



Inpatient

Actual | Target

% of inpatients who scored overall experience as 9 or 10/10

45.69% | 40%



August 2016

% of inpatients who scored overall experience as 8, 9, or 10/10

67.67%

232
Patients surveyed
Survey Method:
phone interview



response rate: 55%

Inpatient Satisfaction Survey trend



PARTNERS IN EXCELLENCE



In keeping with the promise of continuous education, Johns Hopkins Aramco Healthcare began a quality elevation program focused on sharing knowledge and experience in order to build a dynamic, autonomous health care organization. The Partners in Excellence concept blends the pre-existing decades long tradition of quality medical care provided by SAMSO with the renowned educational and clinical strengths of Johns Hopkins Medicine. To date, Partners in Excellence activities have involved more than 100 members of Johns Hopkins Medicine faculty and staff on-site at JHAH.

Dr. Robert S.D. Higgins, Johns Hopkins Medicine Distinguished Faculty Visit

On August 29, Johns Hopkins Aramco Healthcare (JHAH) hosted the Johns Hopkins Medicine Distinguished faculty visit of Dr. Robert S.D. Higgins from the Johns Hopkins University School of Medicine.

Dr. Higgins is a Professor, Chair and Surgeon-in-Chief in the Department of Surgery at the Johns Hopkins University School of Medicine. He is also the Director of the Cardiovascular Residency Program in the Department of Cardiac Surgery.

Dr. Higgins started his two day visit by presenting a Grand Rounds on "Surgical Quality and Patient Safety...The Right Patient, The Right Time...Every Time" to more than 250 JHAH Staff in the Dhahran Auditorium and the districts.

Following Grand Rounds, he spent the day in meetings with JHAH physicians from the Neuroscience Institute, Anesthesiology, Cardiology, and Orthopedics. That afternoon, he presented a Community Outreach Lecture titled "Johns Hopkins and Aramco – Partnership for the Future" where he discussed global surgery (including transplant surgery), partnerships with JHAH, patient safety and quality of care.

More than 60 people from Saudi Aramco, JHAH and JHAH medical designated facilities (MDFs) attended, including special guest Mike Hankey, the United States Consul General in Dhahran. The Community Outreach Lectures are designed to enhance the health and wellbeing of the community and enrich the medical knowledge of health care professionals at JHAH and throughout the Kingdom.





The ongoing Community Outreach Lecture series is designed to enhance the health and wellbeing of the community and enrich the medical knowledge of health care professionals at JHAH and throughout the Kingdom.

Dr. Higgins was the guest of honor at a lunch on Tuesday, August 30, hosted by Chief Quality and Patient Safety Office (CQPSO) Sharon Myers. The purpose was to acknowledge the Medical Intensive Care Unit (3B) to celebrate its achievement of ZERO incidences of CLABSI for more than one year - a key indicator of Patient Safety. CLABSI is one of the most deadly (mortality rates up to 25%) and costly hospital associated infections. JHAH is aiming for zero CLABSI rates in both Medical and Surgical ICU. The prevention of CLABSI was one of the Year One Armstrong Fellowship projects.

Dr. Higgins concluded his visit in a series of meetings discussing three Partnership in Excellence programs: Cardiology and Cardiac Surgery, Endovascular and Vascular Surgery and Minimally Invasive and Robotic Surgeries.

The Partners in Excellence concept blends the pre-existing decade's long tradition of quality medical care provided by SAMSO and now JHAH with the renowned educational and clinical strengths of Johns Hopkins Medicine. To date, Partners in Excellence activities have involved more than 100 members of Johns Hopkins Medicine faculty and staff onsite at JHAH.

The keys to success in quality assessment and process improvement are to identify the performance outliers and implement best practice," Dr. Higgins said. "Similarly, the steps to successful surgical quality improvement are to identify a problem or process that needs to be addressed, identify a quality champion and develop a corrective action plan that engages your team to work together to improve the outcome. The objective is to conduct the right operation and obtain the right outcome, for the right patient, every time."



Health and Nutrition Tips for Students



During their student years, the bodies of youth are not only developing, their minds are as well. The fact is that both their bodies and their minds benefit from proper nutrition.

Poor nutrition and excessive consumption of saturated fat and sugar increase their risk of non-communicable diseases such as diabetes, heart disease, stroke, obesity, weak bones and some types of cancer. Good nutrition provides students with the building nutrients that are essential for a healthier life.

Following is some advice from Johns Hopkins Aramco Healthcare Clinical Nutrition Services to help parents in feeding their children and students to make healthy food and drink choices.

- Parents should provide healthy food and drinks at home and train their children to make healthy food and drink choices and not skip meals. Consuming three smaller, nutritionally balanced meals and 2-3 healthy snacks are better than consuming three large meals.
- We've all heard it, and it's true. Breakfast is the most important meal of the day. A healthy, well-balanced breakfast before school supports cognitive thinking, focus, concentration and learning.
- Parents and teachers should lead by example. They too should consume healthy food and drink, be active, and maintain a proper body weight, not only for themselves but for their children and students.

Students are advised to use the My Plate model for meals as it promotes well-balanced and nutritious foods that help them be healthy, strong, active and focused as well as maintain a healthy weight. The model is as follows:

- 1/4 of the plate is for whole grains, unsweetened cereals, whole wheat bread, rice, pastas or potatoes (baked or boiled). This provides energy, fiber and many necessary vitamins and minerals.
- 1/4 of the plate is for fruits. If juice, it should be fresh, dried or unsweetened.
- 1/4 of the plate is for vegetables (raw or cooked).
- 1/4 of the plate is for protein, including lean meat, skinless poultry, seafood, eggs, low fat cheese, labnah or peanut butter.
- 3 cups per day of milk or dairy products. Low fat or nonfat milk, buttermilk or yogurt provide students with protein, calcium and vitamin D that are necessary for bone health.



Recommended Food and Drink

- Water is an essential nutrient for growth and development and for the health of vital functions such as digestion, absorption, blood circulation and skin health. Students are advised to drink 6-7 cups per day.
- Low fat and nonfat milk and other dairy products are recommended in place of full fat products to reduce calories and saturated fat intake.

- Consume whole grain breads or cereals in place of refined grains and white flour to increase the intake of fiber, vitamins and minerals.
- Consuming fresh or dried fruits is healthier than consuming canned fruit or sweetened juices. The best ways to prepare vegetables are steamed, baked, stir-fried or sautéed rather than fried or with added butter or cream.
- Foods rich in iron, such as lean meat, skinless poultry, fortified cereals and egg yolk are necessary for students to avoid anemia, noting that iron in cooked legumes and green leafy vegetables is poorly absorbed. Vitamin C enhances its absorption, which is found in citrus fruits, tomatoes and green pepper.
- The best oils to use in food preparation are olive oil, sunflower oil, corn oil or canola oil. Using animal fat, butter, ghee, margarine, coconut oil or palm oil is not recommended. The healthiest methods for food preparation are steaming, baking or grilling rather than frying. This reduces consumption of excessive fat and calories.

Healthy Snacks

- Low fat or nonfat milk, buttermilk, yogurt, fruit yogurt or low fat milk shakes
- Puddings made with low fat or nonfat milk and fruits
- Low fat cheese cubes and fruit
- Pizza prepared with whole wheat flour and topped with low fat cheese or skinless chicken or vegetables
- Sandwiches prepared with whole-wheat bread and low fat cheese, low fat labnah or hummus with vegetables
- Sandwiches of skinless chicken or eggs, crunchy peanut butter, tuna fish or lean meat with slices of tomato or cucumber
- Whole wheat, low sugar fruit muffins
- Banana or carrot cake
- Fresh or dried fruits or unsweetened fruit juices
- Raw or cooked vegetables
- Fat free popcorn

- Baked potatoes topped with low fat cheese or labnah
- Zaatar sandwiches made with whole wheat bread and stuffed with low fat labnah or cheese with slices of tomato or cucumber.

Healthy Shopping

- Involve your children at an early age in shopping for healthy food and in preparing various dishes at home. Children love eating food they help prepare. They can help make the shopping list and help shop for healthy food and drinks.
- Healthy food includes fresh and dried fruits, fruit bars, vegetables, plain and unsalted nuts and seeds, low fat and nonfat dairy products, whole grains, unsweetened cereals, unsweetened fruit juices, low fat fruit yogurt, crunchy peanut butter, whole wheat bread, brown rice and pasta, eggs, lean meat, seafood, skinless poultry, healthy oils, legumes, tuna, sardine, salmon, and hummus. REMEMBER to look for expiration dates.
- Unhealthy food and drinks include sugary drinks, white bread, sweetened cereals, chocolate, soda, candies, sausages, cream cheese, waffles and pancakes, creamy biscuits or sweetened and fatty pastries, potato chips, corned beef, Mortadella, chicken nuggets (fried), fatty dressings and sauces, flavored or salty popcorn, salted nuts, flavored and sweetened full fat milk or yogurt and commercial puddings or custard.

Important Health and Safety Tips

- Regularly wash or sanitize your hands with soap and water or sanitizer.
- Brush teeth after meals and before bed. Visit your dentist at least once a year.
- Reduce sweets and sugary drinks.
- Be active for at least an hour a day
- Wear seat belts when driving or riding in cars and use a helmet when riding a bicycle.
- Sleep at least 7-8 hours a day.

Reducing The Health Care Kilometers

Welcome to the Ras Tanura Health Center

By Bradley Wilkinson

When Dr. Daniele Rigamonti, Chief Executive Officer, Interim, and JHAH Chief of Staff, first arrived in Dhahran, he visited the Ras Tanura Health Center as part of his orientation. Three things immediately struck him. The staff were extremely professional and very friendly, the equipment and building were exceptional and the facility was being underutilized.

Pretty soon thereafter, he presented an idea that he believed, and ultimately the Johns Hopkins Aramco Healthcare Board of Managers and Saudi Aramco agreed, would best serve JHAH patients and properly utilize the Ras Tanura Health Center. The result is that on July 10, Saudi Aramco began transferring the primary care for about 600 employees and their dependents who were receiving their care in Dhahran to JHAH Ras Tanura and on September 4 the second batch of 500 began the process.

Over the next 18-24 months, about 10,000 employees and their dependents will be transferred to Ras Tanura for their primary care needs. This not only brings access to primary care closer to these patients but benefits primary care patients in Dhahran by reducing the number being treated there.

"Everyone here is excited about meeting the health care needs of our new patients," said Tara Belcher, Senior Nursing Supervisor, JHAH Ras Tanura Health Center. "Our primary care includes pediatric and ob/gyn primary care physicians, so we really are a complete primary care provider."

Three factors were key in the decision: Care Quality, Patient Safety and Care Convenience. Based on that, the decision was one based solely on geography. The reasoning is that a reduced or less stressful drive time translates to convenience of health care. So, Saudi Aramco employees living and/or working in RT Northern Areas would benefit by having their primary care needs, including emergency and urgent care, met at the Ras Tanura Health Center.

"We will be conducting the migration both methodically and systematically," said Dr. Amar Sattar, Primary Care Unit Head and Family Practice Physician, JHAH Ras Tanura Health Center. "That is why we are doing it in batches to ensure that everyone's health care needs are consistently and sufficiently being met as we ramp up."

In addition to a complete primary care facility, there is a dental clinic and some specialty services are available

by appointment. Currently neurology, orthopedics, Rheumatology, Dermatology and ENT are holding regular clinics in Ras Tanura, and by year's end, Ophthalmology and Cardiology will be as well.

"Like others, I am serious about my health and that of my family. When I first heard we were transferred I was concerned; however, I decided to wait and see", said Entisar Maghaslah, Senior Statistical Assistant, Northern Area Oil Operations, Human Resources. "What I have seen thus far is that the drive is less stressful, appointments are readily available and the staff and facilities are really great."

The RT migration will serve as a model for future migration of patients living in al-Hasa when the new Al-Hasa Health Center is fully operational and for a smaller migration to patients living near Abqaiq to the Abqaiq Health Center.

The following are available at the Ras Tanura Health Center. Plans are in place to grow as the patient population increases.

- 13 General Medicine or Family Practice Physicians
- 1 Ob/Gyn Primary Care Physician
- 1 Pediatric Primary Care Physician
- (View RT physician profiles at www.jhah.com > Physician directory.)
- Nurses
- Midwives
- Radiology
- Physiotherapy
- Laboratory
- Pharmacy
- Dental Clinic
- Nutrition
- Emergency Medical Services
(including ambulances/paramedics)
- Walk In Clinic

"I have found the move to the Ras Tanura Health Center very convenient and the staff was professional and caring," said Ahmed Alrashidi, engineer, RT Refinery. "I was a bit reluctant at first, but now I am very pleased."

Interesting Fact

The Primary Care portion of the Ras Tanura Health Center is nearly 40% larger than Primary Care (Building 50) in Dhahran.

Primary Care Ras Tanura: 9,900 square meters

Primary Care (Building 50) Dhahran: 6,300 square meters

In a truly patient-centered approach, the Ras Tanura Primary Care physicians, led by Dr. Amar Sattar, now share with each patient a printed Physician Profile that also includes useful information about RT Primary Care.



Dr. Amar Sattar

Family Medicine Specialist

Chief, Ras Tanura Primary Care

Dear Patient,

In order to improve the quality of service that I provide, I would like to encourage you to contact me for queries regarding your health needs.

I trust this will improve the quality and timeliness of the service that I provide.

For routine refills, employees can use the SAP myhome portal.

Kind Regards,

Dr. Amar Sattar

For queries regarding lab requests, results and medication refills, I can be contacted by:

Email: Amar.Sattar@JHAH.com

Telephone: 013 678-4195

Centralized Calling Center:

800-305-4444 > Appointments > Ras Tanura > Primary Care > Speak to an agent > Enter your badge number > New appointments > Tell the agent that you want to leave a message for Dr. Sattar.

دام عزك يا وطن

Best wishes on the Saudi
National Day



مرکز جونز هوبکنز
أرامکو الطبي
Johns Hopkins
Aramco Healthcare

September 29: World Heart Day

By JHAH Clinical Nutrition & Food Services Unit



Fact Heart disease and stroke are the leading causes of death worldwide killing more than 17 million people annually. (World Heart Association)

Risk Factors Obesity; sedentary lifestyle; smoking; consuming unhealthy food; and poorly controlled diabetes, blood pressure or blood lipids.

Action Plan

Following are some nutritional strategies provided by Johns Hopkins Aramco Healthcare's Clinical Nutrition Services to help lower your risk of high cholesterol, high blood pressure and obesity and significantly reduce your chances of premature death from heart disease. By following these tips, you will reduce your risk of not only heart disease but other non-communicable diseases such as diabetes, stroke, osteoporosis and some types of cancer.

- Limit your consumption of foods rich in saturated fat and trans fat such as full cream dairy products, animal fat, fatty and processed meats, creamy pastries and cookies.
- Limit your consumption of salt and highly salted foods such as pickles, sauces, dressings, canned soups, processed meat and salted nuts.
- Lose excess body weight and maintain a healthy weight

by balancing calorie intake with physical activity. Leading a sedentary lifestyle and consuming high caloric foods contributes to obesity.

- Bake, steam or grill food rather than frying.
- When shopping or eating out select healthy food. These include fruits, vegetables, whole grains and dried legumes, low fat or nonfat dairy products, lean meat, skinless poultry, seafood, unsweetened cereals and juices, unsalted nuts and healthy oils.
- Avoid smoking (active and passive) and alcoholic drinks, as these increase your risk for many serious health problems and decrease the supply of oxygen to your brain and muscles. Make your home, auto, workplace and public places smoke free.
- Keep fit and regularly do exercise including brisk walking for 30-60 minutes a day. Aerobic and strength exercise promotes health; makes you feel and look better; reduces stress; increases bone and muscle mass; helps you maintain a healthy body weight; promotes heart health and blood circulation; and helps you control your appetite, blood sugar, blood pressure, lipid levels.
- Encourage family, friends and colleagues to adopt a healthy lifestyle and diet.

Heart Healthy Sweet Treats



Many traditional and commercial sweets are made from white flour, syrup, sugar, butter or ghee, nuts, chocolate and whole milk and milk products. These ingredients result in sweets that are high in calories, fatty, contribute to weight gain, increase blood sugar and blood lipids, eventually increase the risks of some nutrition-related diseases as well as enhance cravings for even more sweets and sugary foods, not to mention increase weight.

The following tips provided by Johns Hopkins Aramco Healthcare's Clinical Nutrition Services can help you to make light, low calorie, nutritious, healthy and heart friendly sweets.

- Reduce the fat and sugar specified in the recipe to half the original amount
- Use lowfat or nonfat milk and its products in the recipe instead of full cream milk or cheese
- Use egg whites instead of whole eggs. Replace each egg yolk with 2 egg whites
- Bake or grill rather than fry
- Add fresh or dried fruits instead of syrup or sugar. Zero calorie sweetener can be used in place of sugar. Adding cinnamon to desserts adds a pleasant taste and flavor
- Replace butter or ghee with moderate amounts of healthy oils, such as corn or canola oil
- Replace half of the oil with apple sauce to soften the texture of the sweets as well as reduce calories
- Use whole wheat flour instead of white
- Garnish sweets with slices of fresh fruit or nuts, such as almonds or walnuts, rather than icing, cream cheese, chocolate or coconut
- Reduce the nut serving by half by replacing it with cinnamon
- Serve sweets in smaller portions
- Serve sweets as snacks after the main meal



Ingredients (6 Servings 1 cup cooked spaghetti with five meatballs each serving):

- ½ kilogram (500 grams) of lean beef, minced
- ½ kilogram (500 grams) uncooked spaghetti, preferred whole grain
- 3 tablespoons whole wheat bread crumbs
- 1 whole egg
- 2 onions, chopped
- 2 cloves garlic, minced
- 2 cups tomatoes, finely chopped
- 3 tablespoons fresh oregano, chopped
- 3 tablespoons fresh parsley, chopped
- 1 dried bay leaf
- 2 tablespoons canola oil
- Black pepper to taste
- 5 cups water

Preparation

- In a saucepan, sauté the onion and garlic in canola oil until soft.

- Add the finely chopped tomato, 1 cup water, oregano, bay leaf and black pepper. Bring to a boil and cook for 5 minutes then reduce the heat to low and simmer for 10 minutes.
- To prepare the meat balls, mix the minced lean beef with the bread crumbs, a little oregano, the egg, black pepper and a little parsley. Should make roughly 30 meatballs.
- Drop the meatballs into the tomato sauce and cook for 30 minutes.
- In a sauce pan, boil the spaghetti in 4 cups of water for 10 minutes or until the pasta is soft then drain and place in a serving bowl.
- Pour the meatball sauce over the spaghetti.
- Garnish with the remaining parsley.
- Add yogurt or laban for a more balanced and nutritious treat.

Fat and Calorie Content (per serving)

- **Calories:** 250
- **Fat:** 6 grams

What is Cervical Cancer?

By Angela Wilkins Bassett



What is a PAP Smear?

A Pap smear is a screening test for the detection of cervical cancer.

What is Cervical Cancer?

Cervical cancer is a slow growing cancer of the cervix. The cervix is the tissue in a female that separates the vagina from the uterus. Before standardized screening tests, particularly PAP smear screening, were introduced in the 1940s through the groundbreaking work in the United States (U.S.) of Dr. George Papanicolaou, cervical cancer was the leading cause of cancer in American women.

As a result of better detection, the rate of cancer in the U.S. has decreased by more than 50 percent, and death from cervical cancer has reduced significantly (American Cancer Society, 2016). Even though cervical cancer accounts for less than 1 percent of new cancer cases in the U.S. (ACS, 2016), it is estimated that in 2016, there will be around 13,000 new cases, and 4,000 deaths will occur from cervical cancer.

Unfortunately the rates are much higher globally due to lack of PAP smear screening and availability of the vaccine for the Human Papilloma Virus (HPV). HPV is primarily transmitted sexually and is the primary cause of cervical cancer. In 2012, the incidence of new cases of cervical

cancer was nearly 530,000, making it the fourth leading cause of cancer in women (WCRF, 2016).

New vaccines have been developed to prevent HPV infection. These vaccinations are recommended for young boys and girls (CDC, 2016). Vaccination can serve as a preventative measure as there are often no symptoms associated with abnormal cervical growth (dysplasia) or cervical cancer.

Guidelines

Currently women between the ages of 21 and 65 who have no history of an abnormal PAP smear or family history of cancer should receive a PAP smear every 3-5 years. Check with your physician. It is also very important to have a yearly Well Woman Exam (WWE) so screening tests, immunizations and a breast exam can be conducted and health issues discussed.

What do I do to receive a PAP smear?

Make an appointment with your primary care provider for a Pap Smear and a Well Woman Exam. This exam will determine what type of screenings and vaccinations are needed (breast, cervical, immunizations, etc). Your primary care provider may perform the tests or recommend you see your gynecologist.

JHAH Supports World Breastfeeding Week

"Breastfeeding is not only the cornerstone of a child's healthy development, it is also the foundation of a country's development." (WHO and UNICEF). John's Hopkins Aramco Healthcare (JHAH) has always taken seriously, that investing in the future starts at a very early age.

World Breastfeeding Week has been internationally recognized since 1992 (WABA). The supervisor of Labor and Delivery Joanne Morris says the importance of breastfeeding is so highly considered that in 2015 it was incorporated into one of the 17 Sustainable Development Goals devised by world leaders to end poverty, protect the planet and ensure prosperity.

This year, three midwives Regina (Grenah) Graham, Margaret Mashigo, and Maudy (Mavanyisi) Mashangu turned the table on healthcare workers and asked if these healthcare workers are getting it right when encouraging mothers to breastfeed. This is the first time that a Breastfeeding seminar was initiated, developed and held during World Breastfeeding Week, at the Dhahran Health Center. The seminar itself was conducted over two days; in order to allow for maximum possible attendance from Labor and Delivery midwives, Obstetric clinic, Postpartum/Antepartum, Neonatal Intensive Care Unit, Outpatient Pediatric nurses, Wellness Program Coordinators, Obstetric doctors and Pediatricians.

All of the units involved in the common goal of promoting and supporting breastfeeding were brought together and expertly tutored by nursing and medical staff. The aim of the seminar for healthcare workers was twofold: to celebrate the World Breastfeeding Week as well as to review the JHAH approach to supporting breastfeeding mothers. Zeina Khouri-Stevens, Chief Nursing Officer endorsed the seminar, as it is in line with the international guidelines that were co-developed by the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) in their 10 Step Guidelines to Support Successful Breastfeeding.

The concept that breastfeeding is best is neither new nor is it revolutionary. It is important keep revisiting the concept over and over again and refreshing healthcare professionals of the benefits of breastfeeding. This is why the midwives chose to focus on step two – of the 10 Step guide, Train all health care staff in skills necessary to implement this



policy of the 10 Steps Guidelines to Support Successful Breastfeeding.

The key points for the healthcare workers who have now been refocused on the breastfeeding seminar's common goals include:

- Support breastfeeding for all deliveries within JHAH.
- Joanne Morris ardently supports the 'Golden Hour of Breastfeeding', as soon as the baby is delivered every effort should be made to support skin-to-skin contact which allows for the bonding to be established between mother and baby. Breastfeeding is a natural skin-to-skin contact experience that fosters bonding and provides nutrients.
- Promote Rooming-in. This allows mothers and infants to remain together 24 hours a day and also supports Skin-to-Skin contact by further encouraging bonding between Mother and Baby.
- Discourage Baby formula.

The key take home message for mothers remains unchanged: breastfeeding is best. Jacinta Ukah-Ogbonna the Division Head of Pediatrics and Obstetrics/Gynecology says that breastfeeding has numerous benefits to both the mother and her newborn child. It creates a special bond between mother and baby and the interaction between them during breastfeeding has numerous positive repercussions for life, including stimulation, behavior, speech, sense of wellbeing and security and how the child will relate to other people

Ask the Expert

Heart Health: Answers from Cardiologist Chiadi Ndumele

To help you take control of your heart health, Dr. Chiadi Ndumele, the Robert E. Meyerhoff Assistant Professor in the Department of Medicine at Johns Hopkins University in Baltimore, MD, USA, provided answers to top questions about exercise, medication, diet, prevention of heart disease and more.



What can I do to lower cholesterol?

To lower cholesterol, I would recommend a diet with more fruits and vegetables, fish, whole grains and decreased simple carbohydrates and fried foods. Exercise and weight loss also help with lowering cholesterol.

Other medications are available for lowering cholesterol, such as ezetimibe, fibrates and niacin, but statins are the most powerful and generally the best tolerated. Other medications are being studied and may become available in the coming years.

What are some common barriers people face when trying to prevent and manage heart disease?

Some of the problems people most frequently mention are:

- Time to focus on heart health
- Money to engage in health activities
- Understanding of their heart condition

In general, there are often many other challenges and distractions that take our attention away from our health,

but I strongly recommend taking the time to invest in yourself. Trying to make exercise and healthy eating convenient and part of our routine help a lot.

There are many low-cost ways to engage in healthy behavior, including using a pedometer and incorporating walking into your work or school day (with an initial goal of 5,000 steps and an eventual goal of 10,000 steps), taking the steps at work or finding healthy food options. Also, I recommend engaging with your health care provider and asking as many questions as you need to develop an understanding about how you can best improve your heart health.

How does a larger waistline (belly fat) affect the heart?

A larger waistline increases your risk for high blood pressure, abnormal cholesterol, diabetes and heart disease.

Exercise and weight loss can help to reduce these risks. For exercise, I would recommend some aerobic exercise for at least 30 minutes most days of the week. You should aim for a waist circumference of 88 cm for women and 102 cm for men.

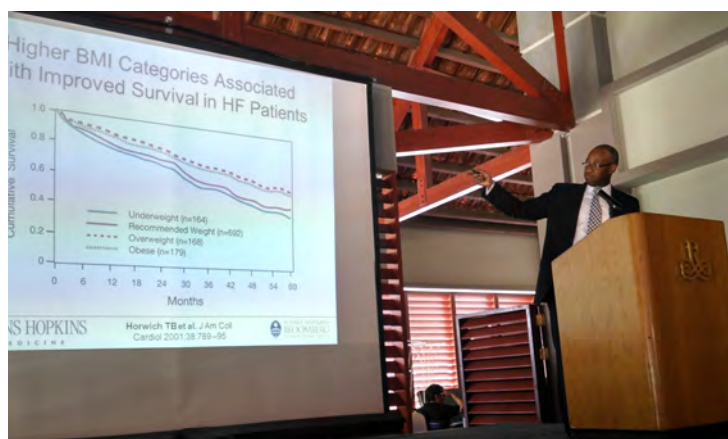
Is it true for every 10 pounds you lose, you lose five points off of your blood pressure?

Weight loss does have beneficial effects on your blood pressure and other risk factors for heart disease. On average, if you are overweight, losing 5 percent of your body weight (7.5 pounds if you're 150 pounds; 10 pounds if you're 200 pounds) lowers your systolic blood pressure (top number) by three units and your diastolic blood pressure (bottom number) by two units. Additional weight loss has greater effects on lowering blood pressure.

What should I do if my blood pressure medicines aren't working?

Sometimes people respond better to one combination of medications than another, so it's important to work closely with your physician to find a medication combination that works best for you.

While you're doing that, monitoring your blood pressure at home with a blood pressure monitor is usually a good idea. If you're on multiple medications for blood pressure (usually three or four) at high doses without a response, then you and your physician can consider looking at other causes of high blood pressure.



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Dr. Chiadi Ndumele, M.D.

Assistant Professor at Johns Hopkins Medicine

Dr. Chiadi Ndumele is the Robert E. Meyerhoff Assistant Professor in the Department of Medicine at Johns Hopkins University. His research focuses on the relationship between obesity and cardiovascular disease, particularly heart failure. Dr. Ndumele has demonstrated that traditional cardiovascular risk factors are of limited use in explaining the relationship between obesity and heart failure.

Dr. Ndumele received his undergraduate degree in Natural Sciences cum laude from Johns Hopkins University and his M.D. cum laude from Harvard University School of Medicine. He completed his Internal Medicine training at Brigham and Women's Hospital, where he also served as Chief Medical Resident. He was Chief Cardiology Fellow at Johns Hopkins University. During fellowship training, Dr. Ndumele received an MHS in Cardiovascular Epidemiology from Johns Hopkins University. He joined the Hopkins faculty in July 2011 as an Assistant Professor in the Division of Cardiology. In 2012, he was named Robert E. Meyerhoff Assistant Professor at Johns Hopkins, awarded every five years to two minority junior faculty members in the School of Medicine who demonstrate excellence in their field of study.

Dr. Ndumele is a member of the Obesity Subcommittee of the Lifestyle and Cardiometabolic Health Council of the American Heart Association. He recently served as Chair of a session of the American College of Cardiology's Cardiometabolic Think Tank and a panelist for the American Association of Clinical Endocrinologists Consensus Conference on Obesity. He is an ARIC Study co-investigator and serves on the Advisory Committee of the T32 Training Grant in Cardiovascular Epidemiology at Johns Hopkins. Dr. Ndumele is a peer reviewer for five medical journals, including the Journal of the American Medical Association and Circulation.

Caring for Our Children's Oral Health

By Dr. Mohammed Al Zayer



Early childhood caries (ECC) is an epidemic. Caries is the scientific name for a cavity, and in children under the age of six, ECC is one of the most common chronic childhood diseases in the world.

According to a recent study by the National Resource Center for Health and Safety in Child Care and Early Education, 44% of children age 5 in the United States have had one or more dental cavities. Additionally, the study showed that 93% of children between the ages of 5-7 will have ECC.

In Saudi Arabia, the percentage is much higher with about 70 % of children under the age of 5 having ECC according to a study conducted in 2014 at the University of Dammam. This has health implications for not only the children, including discomfort, added risk of infection, missed school days, poorer academic performance, early loss of teeth and a negative impact on overall health, it also has cost implications for the family and places a burden on the country's health system.

It is important, therefore, that parents and other caregivers, health care providers and educators proactively address this problem. Early caregivers, parents and teachers can make

a significant difference in a child's life. It is important for parents and caregivers to serve as a role model for healthy behaviors and provide the ideal environment and tools for a child to practice proper oral care.

The following information is provided by Johns Hopkins Aramco Healthcare's Dental Clinic to help adults keep children healthy and to help them develop healthy dental habits.

Oral health myths

Many parents and caregivers do not understand dental health and its importance. Following are a few common misunderstandings that are not only incorrect but can have a negative impact on the health of children.

Baby teeth are only temporary and will fall out, so there is no need to bother with them.

Actually, baby teeth serve an important role in maintaining proper spacing in the early years. Losing a baby tooth early disturbs the spacing and can cause crowding in adult teeth. Additionally, ECC causes the child unnecessary pain and suffering.

There is no need to brush baby teeth.

Even before the first tooth appears, parents should use a soft, damp washcloth or soft bristle brush and start brushing the child's gum. This stimulates blood flow, strengthens the gums and begins developing the habit of regularly brushing the teeth. As soon as the first tooth appears in a child's mouth, parents should use a soft bristly brush to not only brush the tooth but continue brushing the gums. Starting this early not only helps prevent oral disease but helps the child develop a healthy lifetime habit.

Children do not need to see the dentist.

According to the American Academy of Pediatric Dentistry (AAPD), parents should schedule an appointment for their child with a pediatric dentist when the first tooth emerges but definitely no later than 1 year old. Parents should schedule a dental appointment before any problems arise. Establishing a "dental home" early helps build a positive experience and begins to create a trusting relationship between the child and the dental team.

Young children can brush their teeth alone.

It is crucial that parents continue to brush their child's teeth until the child is at least 7 years old to ensure that the child's teeth are properly brushed for a minimum of 2 minutes.

Electronic toothbrushes are more effective than regular brushes.

Brushing your child's teeth for 2 minutes in the proper way is as effective as using an electric toothbrush.

No need to use fluoride toothpaste with young children.

Brushing a child's teeth with fluoride toothpaste twice a day is absolutely necessary to prevent cavities. A very small amount (pea size) of toothpaste should be used for children under the age of 3.

Fruit juice is healthy.

Fruit juice contains acids and natural and often added sugar. Orange juice contains as much sugar as cola (about 10g for every 100ml). Apple juice has even more. Sugar causes cavities, and acid destroys tooth enamel.

Using the bottle at night helps a child sleep comfortably.

A bottle may indeed help a child sleep better, but the bottle should contain only water. Milk and others liquids have sugar that are not only harmful to the teeth but can cause other problems.

A child should use a bottle during the day after age 2.

According to the AAPD, infants should be weaned from the bottle between 12 to 18 months of age.



Caring for Our Children's Oral Health (cont.)

It is only necessary for children to brush their teeth once a day before bedtime.

At minimum, children should brush their teeth twice a day with fluoride toothpaste: when they wake up and before they go to sleep.

Teething causes fever and diarrhea.

Teething doesn't directly cause a fever or diarrhea. Babies tend to put everything in their mouth in an effort to massage their gums. This is particularly true when they are teething. The problem is that in doing this they can easily pick up bacteria. It is most likely these bacteria that cause diarrhea and fever.

Teething must be treated.

Teething is simply part of the dental process. To help a child who is teething, give him/her a firm rubber teething ring to chew on. Avoid teething rings that are filled with liquid. Give your child cool, soft foods such as applesauce or yogurt. Limit your use of medication or teething gels.

Parent, caregiver and primary care medical provider guide for optimal oral health in children

According to the AAPD, 'Dental Homes' is a concept that supports patients of all ages and health care needs. Dental Homes connect all aspects of the oral health of a young patient with parents, primary care physicians, dentists, educators and other health care professionals. Implementing the concept of Dental Homes increases awareness of the issues impacting a child's oral health and ways to prevent and address them.

According to advanced research in child oral health, children who have a dental home are more likely to be given suitable prevention plans according to the patient's specific needs. It is also recommended that a dental home be established early. Primary care physicians should refer children to a pediatric dentist as early as 6 months of age based on a risk assessment but definitely not later than one year old. This will provide time-critical opportunities for parents to begin practicing prevention practices and teaching their children how to practice good oral health.

For most children, the first primary tooth comes through the gum between the ages of 4-6 months. From that time onward, parents need to practice daily oral hygiene on their



children and schedule regular dental appointments based on the level of dental health risk determined by the dentist.

Infant and children oral health care terms

Oral health risk assessment This assessment is conducted to determine an infant or child is at risk of developing dental caries. The assessment looks at parental history, diet and includes an age appropriate clinical examination.

Dental Home A dental home is a place where a child feels comfortable having dental care. Establishing a dental home should begin before a child turns 1 year old. At an initial visit

to the pediatric dentist, the child is given an assessment that includes medical and dental histories of the parents, a dental examination, a demonstration of age-appropriate tooth brushing and fluoride varnish treatment if required.

Teething Teething is when new teeth break the surface of the gums. This often makes the gums very sensitive. Symptoms include irritability, increased salivation and discomfort. Oral analgesics and chilled rings are often effective management strategies.

Oral Hygiene It is crucial that parents start brushing their child's teeth at an early age –as early as the emergence of the first baby tooth and continue to brush their child's teeth until the age of 7 or older at least twice a day using a soft toothbrush of appropriate size and the correct amount of fluoride toothpaste.

Breastfeeding Breastfeeding is good for an infant; however, breastfeeding more than seven times a day or night time bottle feeding with juice is a primary cause of early childhood caries. Using water as a substitute to night time bottle feeding with milk or other sugar containing liquids is the best way to wean a child from night bottle feeding.

Fluoride Using fluoride for prevention of dental caries is well documented to be safe and effective. Based on the initial risk assessment, decisions on using fluoride will be determined by the dentist.

Injury Prevention At the first visit, the dental team should provide detailed information about injury prevention based on the patient's age and physical fitness. Discussions should include play objects, pacifiers and car seats.

Nutrition Parents should establish healthy eating habits very early in a child's life. Restrict their consumption of foods and drinks with sugar and unhealthy fats. They should drink plenty of water and eat a well-balanced diet containing fruits, vegetables and whole grain bread products. Speak to a JHAH nutritionist about the MyPlate model.

Unhealthy Dental Habits Discussing unhealthy dental habits with a child is important. These habits include thumb sucking, pacifiers, teeth grinding, or improper placement of the tongue, known as tongue thrust. Infants need to be weaned from these unhealthy habits to avoid dental problems later.

Guideline on dental care for children with Special Health Care Needs (SHCN)

AAPD defines Special Health Care Needs as "any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs."

Children with SHCN may be at an increased risk for oral disease throughout their lifetime. Providing oral care for these patients can be challenging and complicated. Dental health care providers need to take into consideration the following to have a better chance of success and to provide the best oral care with minimal side effects.

a) Appointment Scheduling Under the guidance of the dentist, office staff should schedule longer appointments and/or additional staff in order to provide an SHCN patient with optimal care in an effective, safe, and efficient manner.

b) Dental Home It is particularly important for parents of SHCN children to establish a dental home early for their child. The initial visit should include a thorough assessment that includes medical and dental histories, a dental examination, and an appropriate demonstration of tooth brushing (taking into consideration the age, maturity level, and physical and mental capability of the patient). Establishing a dental home early will ensure a positive experience and will create a trusting relationship with the dentist.

c) Patient Assessment Providing an accurate, up-to-date medical and dental history for patients with SHCN is essential to reduce the risk of aggravating medical conditions during dental care.

d) Medical Consultation It is important that care providers of an SHCN patient regularly communicate with the patient's primary care physician regarding prescriptions and required preparation to ensure patient safety during sedation and/or general anesthesia.

e) Patient Communications Patients who cannot communicate verbally may require a parent, family member or caregiver be present during dental care to provide the information necessary to the health care providers and to help the patient be more relaxed and informed.

f) Behavioral Guidance Due to the lack of understanding of dental care, SHCN children may have dental anxiety

Caring for Our Children's Oral Health (cont.)

and require behavioral guidance. In addition, if dental care cannot be safely provided, sedation or general anesthesia may be required.

g) Preventive Strategies A unique and tailored oral hygiene program that takes into consideration the disability of the patient should be considered when setting a treatment plan. In addition, brushing with fluoride toothpaste twice a day to prevent caries and gingival inflammation must be stressed.

Parent and caregiver role in oral care of infants and children

- Be a positive role model by brushing and flossing your teeth with your child in the morning and evening.
- Brush your child's teeth until they reach the age of seven. Use a timer to encourage them to brush for at least two minutes.
- Visit the Pediatric Dentist when your infant's first tooth appears. If you delay past 12 months of age, you are only setting your child up for dental problems later in life.

- Use a soft toothbrush of appropriate size for your child's teeth. Use only a small amount (about the size of a pea) of fluoride toothpaste.
- Do not allow your child to sleep with a bottle filled with milk, juice or other liquid that contains sugar (natural or added). Wean your child from the bottle by the time the child reaches 18 months old.
- Concentrate on healthy food and avoid sweetened juices and snacks.
- Ask your dentist if they think dental sealants are appropriate for your child to prevent and minimize the possibility of cavities.

The JHAH Dental Clinic wishes you and your child a health and beautiful smile.

Caring Profile: Dr. Mohammed Al Zayer



Dr. Mohammed Al Zayer
Pediatric Dentistry Consultant

Educational Background:

- Bachelor Degree in Dental Surgery from King Saud University, Riyadh 1994
- Certificate of Pediatric Dentistry training 2000

- Master in Pediatric Dentistry 2000
- American Board of Pediatric Dentistry 2008

Job History

- Saudi Aramco April 1995 , General Dentist
- Completed one year in Advance Education of General Dentistry (AEGD), University of Michigan, 1995-1996.
- Completed one year in General practice Residency (GPR), University of Michigan Hospital, 1996-1997

Current Job

Consultant Pediatric Dentist
John Hopkin Aramco Healthcare.

Quote

"Teaching a child about oral health is a step towards a lifetime of healthy smiles."

Emergency Numbers: SAVE THESE NUMBERS TO YOUR MOBILE PHONE

- Dhahran and all areas: From a land line inside Saudi Aramco dial 110 for security for ambulance or fire. From outside Saudi Aramco, dial 997 for ambulance and 998 for fire.
- Abqaiq: From your mobile phone inside Abqaiq, dial +966-13-572-0110.
- al-Hasa: Dial 997 for ambulance and 998 for fire.
- Ras Tanura: From your mobile phone inside Ras Tanura, dial +966-13-673-0110.
- 'Udhailiyah: From your mobile phone inside 'Udhailiyah, dial +966-13-576-7110.
- Help with your health care: Contact Patient Relations at PatientRelations@JHAH.com or call 800-305-4444 In Kingdom or +966-13-877-3888 out of Kingdom.
- Urgent health care access helpline for MDF patients dial +966-55-600-0468 (after 4 p.m.).

If you have an immediate medical concern, make an appointment with your Primary Care physician. In the event of a medical emergency, go to the Emergency Room at the nearest hospital.

- Appointments: To make medical or dental appointments and to access multiple medical services, call:
 - Centralized Call Center 800-305-4444
 - Out of Kingdom +966-13-877-3888
- Feeling Stressed? Have psychological, emotional or social problems? Call Community Counseling Clinic for an appointment +966-13-877-8400.
- Quit Smoking: JHAH help for employees, dependents, contractors and retirees to quit smoking, email SmokingCessation@aramco.com.
- Become a volunteer: To volunteer, email VOLUNTEER.HEALTHCARE@JHAH.COM. You must be in good health, at least 18 years old and have a good understanding of English.
- Pregnant? Attend the Pregnancy Wellness Program in Arabic or English. Email registration: MedicalPregnancyWellness@exchange.aramco.com.sa You must be 12 weeks or more into a pregnancy.
- Register for the Mother and Baby Unit Pregnancy Tour in Arabic or English. The tour starts at 1 p.m. on the 1st and 3rd Tuesday of the month. To register, email Eman.Mutairi@JHAH.com. You must be 30 weeks or more into your pregnancy. For more information about both programs, visit <http://JHAH > Health Education > Calendar of Health Care Events > Programs>.

- SMS Reminder: Never miss a medical/dental appointment. Register for the SMS reminder service. Update your mobile number on the Corporate Portal at <http://myhome > myInformation > Medical > Maintain SMS Reminder Details>.
- Dependents call 800-305-4444 to activate or deactivate the SMS reminder service and update a mobile number. SMS reminders are sent 48 hours prior to an appointment to all patients who are registered for the service and have booked their appointment at least 48 hours prior to the appointment.

Employee Online Access to Medical Services

- myhome Corporate Portal: <http://myhome > myInformation > Medical>.
- Campaigns and Programs online: <http://JHAH > Health Education > Calendar of Health Care Events>.
- Community Counseling Clinic: <http://JHAH > A-Z Services > Mental Health website>.
- Patient Relations: <http://JHAH > A-Z Services > Patient Relations>.
- Patient Relations is available to help with issues that you are unable to resolve with specific clinical areas.
- News from Medical Online: <http://JHAH > Announcements: What's New in Medical>.
- Al-Midra Wellness Center offers consultations, lifestyle wellness coaching and health screenings (Mon to Wed 1-3:30 p.m.) and other services including Blood Donations (Mon and Wed 8 a.m. - noon) and Pharmacy (Sun to Thurs 12-4 p.m.). For more information visit <http://JHAH > A-Z Services > Al-Midra Wellness Center>.
- MDF Patients: View the MDF list of contacts and website links on <http://JHAH > Hospitals and Clinics Contacts > MDF>.



Do you need help with a health care service issue?

Email Patient Relations
PatientRelations@JHAH.com

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Blood Donation Ambassador of the Year, 2015–2016

Johns Hopkins Aramco Healthcare employee Basem Futa, Ph.D., Advisor, Clinical Nutrition Services, was awarded the 'Blood Donation Ambassador of the Year 2015-2016' recognition by the 'Saudi Society for Promoting Organ Donation (Eithar)' and by the Regional Blood Bank, not only for being a regular blood donor, but also for being an advocate for donating the "gift of life" and highlighting the health benefits of blood donation.

The Head of Islamic Affairs in the Eastern Province was present with a program promoting blood donation during the Holy Month of Ramadan as a charitable and a noble action. The information about the program was shared by the Imams in the Eastern Province during Friday prayers to highlight the importance of blood donations.

Dr. Futa's commitment to blood donation has resulted in his having donated over 40 times in in both Jordan and Saudi Arabia, including always donating during the Holy Month of Ramadan.



Dr. Basem Futa receiving his 'Blood Donation Ambassador of the Year 2015-2016' award from the Saudi Society for Promoting Organ Donation (Eithar) and by the Regional Blood Bank.

Taking Residence in October

Tally another win in the Johns Hopkins Aramco Healthcare (JHAH) vision statement box pertaining to advancing health professionals in the Kingdom. On May 11, 2016, the Saudi Commission for Health Specialties (SCFHS) accredited JHAH to offer Medical Residencies for Saudi physicians in five areas: Pathology, Pharmacy, Emergency Services, Anesthesiology and Family Medicine.

"Residency is post graduate level medical training for a licensed physician who is interested in obtaining advanced training in a particular specialization," said Dr. Abdulrazzak Amir, Head of the Office of Clinical Affairs and Nephrology Consultant. "Prior to the rigorous evaluation conducted by SCFHS, a team at JHAH looked deeply at our capabilities and determined it was best to apply for the five specializations."

The review process of residency applications is ongoing in preparation for October 1, 2016, when JHAH will receive its first residents.



JHAH and Accreditations

The international agency Joint Commission on Accreditation for Healthcare Organizations (JCAHO) first accredited SAMSO in 1956. The organization held that accreditation for 12 years from 2002 until becoming Johns Hopkins Aramco Healthcare (JHAH).

JHAH successfully passed the new 5th edition JCI standards in 2014 and remains fully accredited to this day. In addition to JCI accreditation, JHAH has now begun its journey to obtain the Saudi Central Board for Accreditation of Healthcare Institutions, known as CBAHI, accreditation. CBAHI is the agency that grants accreditation certificates to all governmental and private healthcare facilities in Saudi Arabia.

"JHAH will be performing a gap analysis between JCI and CBAHI standards," said Sharon Myers, Chief of JHAH Quality & Patient Safety. "This will prepare us for an integrated effort to meet both accreditation requirements in 2018."

