



HOSPITAL PLAN

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INTRODUCTION

Imam Abdulrahman Al Faisal Hospital (IAFH) is part of Riyadh Health Cluster 1 under the Ministry of Health. As the country progresses through its transformation phase in line with Vision 2030, we are actively aligning with the Health Holding Company's strategic objectives to develop and deliver a comprehensive range of healthcare services. This transformation emphasizes the cultivation of local expertise to elevate the quality of care. Vision 2030 sets forth key goals: expanding access to healthcare services, enhancing the quality and efficiency of care, and improving the overall health and well-being of the population in a cost-effective manner. It is necessary to build an Operational Plan yearly in IAFH, to provide organization personnel with a clear picture of their tasks and responsibilities in line with the goals and objectives contained within the Strategic Plan. IAFH has 163 Operational Hospital beds. On a daily basis, with an average of 222 patients are seen in the Outpatient Department, about 228 patients per day are treated in the Emergency Department and the diagnostic services including Laboratory tests & Radiology performed.

OPERATIONAL STATISTICS

Operating Statistics 2024	 Total Hospital Beds	163
	 Hospital ED Beds	33
	 IAFH Admission	8,403
	 Hospital OPD Visits	80,245
	 Hospital ED Visits	82,384
	 Physicians	346
	 Nurses	620
	 Allied Healthcare	478
	 Admin	211

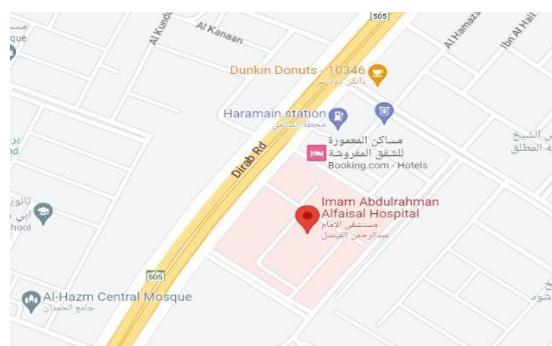


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SCOPE AND SERVICES

Imam Abdulrahman Al Faisal Hospital (IAFH) is a secondary healthcare facility operating under the Self-Operating Program and managed by the Riyadh First Health Cluster. It is located in the southern region of Riyadh, the capital of Saudi Arabia. The hospital officially opened on 03/12/1433H (corresponding to October 19, 2012). IAFH operates as a Holding Company Hospital, providing a range of essential medical services to the community. The hospital operates under special legal and ethical environment determined by MOH rules and regulations and following Islamic Laws and Culture that is the characteristic feature of the country. Different categories and types of staff medical and nonmedical are working in the hospital seven different nationalities (Arab and non-Arab, Muslims and non-Muslims). These medical practitioners comply with the rules and regulations of Saudi commission for Health Specialties and Ministry of Health undergoing advance courses outside the hospital i.e., BLS, ACLS and ATLS. The hospital offers prophylactic, diagnostic, and therapeutic services at inpatient and outpatient services to male and female of all age groups, races nationalities and 24 hours round the clock services through Emergency Department.



VISION

“Advancing care to elevate health and well-being for all”

MISSION

“Deliver an innovative and sustainable model of care for a better quality of life, for all”



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VALUES

- Deliver with compassion** “Demonstrate compassion by actively listening and responding with kindness and understanding to the needs of patients, families, and colleagues”
- Passion for excellence** “Fuel your work with passion, showing energy and commitment in pursuing excellence and improving healthcare outcomes”
- Lead with innovation** “Embrace innovation by constantly questioning the status quo and leveraging new technologies and approaches to solve complex challenges”
- Empower with trust** “Build trust through transparency, reliability, and accountability, ensuring that all actions align with the highest standards of patient care”
- Act as one** “Foster unity by collaborating across departments and disciplines, working together as a cohesive team”

STRATEGIC GOALS

- Proactively manage the population’s health through engagement & stakeholder collaboration.
- Implement a patient-centric and innovative model of care alongside globally renowned Centers of Excellence.
- Invest in developing skilled and engaged workforce in an attractive working environment.
- Deploy an advanced digital ecosystem to manage real-time information and analytics.
- Achieve sustainable operational and capital structures.
- Build an effective ecosystem through robust governance and risk management.

OPERATION DAYS & TIME

IAFH provides comprehensive secondary health care services to all patients of all age groups presenting on a 24-hour basis 7 days per week.



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Working hours:

- **Out-patient Department (OPD):**

Morning shift only (07:00H - 16:00H) Sunday to Thursday

- **Emergency Department (ED):**

24 hours daily, divided into two shifts:

First shift (Day): 7:00H - 19:00H

Second shift (Night): 19:00H - 07:00H

- **Urgent Care Clinic (UCC):**

Daily, 13:00H - 04:00H

- **Inpatients Wards**

Daily, 24/7

Morning shift: 8:00 am – 4:00 pm (Specialist & Resident)

Afternoon & night shift: 4:00 pm – 8:00 am (Specialist & Resident)

24 hours On-call (Consultant)

- **Operating Room (OR):**

Elective operations: 8:00H – 16:00H Sunday to Thursday

Emergency operations: OR admits emergency patients at any time 24-hour service

- **Pharmacy:**

Inpatient Pharmacy: 24-hour service

ER Pharmacy: 24-hour service.

OPD Pharmacy: morning shift only 08:00H – 16:00H (Sunday to Thursday).

UCC Pharmacy: 13:00H - 04:00H Daily

CLINICAL DEPARTMENTS & UNITS

- Internal Medicine department: includes General Internal Medicine, Cardiology, Pulmonology, Endocrinology, Nephrology, Neurology, Hematology, Gastroenterology



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(including diagnostic and therapeutic endoscopy), and Psychiatry.

- General Surgery department: includes Surgery, Neurosurgery, Pediatric surgery, and vascular surgery specialties.
- Obstetrics and Gynecology department: includes a delivery room, Antenatal care & follow-up, and infertility.
- Pediatrics department: Includes Pediatrics, Pediatric Endocrinology Clinic, Genetics, Infectious Diseases, Bronchial Asthma and Allergy Clinic, Behavior and Developmental Disorder, and Pediatric Neurology.
- Anesthesia department: Includes Delivery Room (Cesarean Section), Operating Room & Recovery Room.
- **Intensive care units:** Adult Intensive Care Unit (ICU) includes both medical & surgical cases. Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU).
- Orthopedics
- Urology
- ENT
- Dermatology Clinic
- Dental Clinics
- Emergency Services: includes resuscitation room, Medical, surgical, orthopedics, Obstetrics and Gynecology, and Pediatrics ER.
- **Outpatient department:** Consist of 43 clinics, which includes 33 different specialty clinics
- Radiology: MRI, CT Scan, Mammogram, Ultrasound, and All X-ray exams
- Laboratory Services: Hematology, Clinical Chemistry, Microbiology, Immunology/Serology, Histopathology and Others
- Blood Bank Services: Transfusion Services, Donor Management



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OTHER HEALTH CARE SERVICES

- Pharmacy:** Drug Information, TPN, Narcotic, Inpatient, ER, and OPD.
- Physiotherapy:** Inpatients & Outpatients
- Infection prevention & control:**
Plans and activities include patients, healthcare workers, visitors & community: e.g., Hand hygiene & Transmission-based Isolation precautions, CSSD, Waste disposal, Employee healthclinic: staff treatment, vaccination & sharp injuries.
- Dietician services:** Food menu, Nutritional assessment & interventions, patient education andoutpatient clinic.
- Social services**
- Patient experience** includes patient & family rights, patient complaints system (937), patientsatisfaction.
- Patient & Family Education:** Inpatients, Outpatients, breast feeding program and communityeducation & campaigns.
- Home Health care service** includes medical & nursing home care services.

ADMINISTRATIVE & SUPPORTIVE SERVICES

- Quality and Patient Safety Department** includes Accreditation, Risk Management unit, Performance improvement unit, Patient Safety, Central committees, Data warehouse and Hospital measures.
- Clinical Auditing Department.
- Academic Affairs and Training Department.
- Management of information:** Medical records, Information technology services, and Data warehouse
- Patient services including Medical Reports, Bed management, case management, and IHALA.
- Public Relations Services.



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- Supply chain and Operational including the Facility Management & Safety, Biomedical & general maintenance, medical stores, security, & laundry.

PATIENT POPULATION

- IAFH provides health care services for all age groups, both Male and Female patients from all medical categories & has special units for the delivery room, Obstetrics and gynecology Emergency, Post-natal ward Gyne ward, and Outpatient Obstetrics and gynecology clinic. IAFH covers all nationality: Saudi patients and non-Saudi's, Eligible patients: house helpers, family drivers, MOH staff, and farmers.
- Patient population area: The hospital covers a wide area of Riyadh city population mainly from south Riyadh areas. IAFH accepts referrals from primary health care centers and hospitals inside and outside Riyadh city according to the R1 referral system including the life/organ saving referral system, and provides medical referrals as necessary.

DIAGNOSTIC & THERAPUTICS MODALITIES

DIAGNOSTIC MODALITIES:

- MRI:** Brain (with & without contrast), MRA, MRV, Whole Spine (with & without contrast), Extremities (with & without contrast), joints; shoulder, knee, ankle, hips, Orbita P.N.S.
- CT scan:** CT brain (with & w/o contrast), CT Cervical spine, Neck (with & w/o contrast), Chest (with & w/o contrast) Chest HR, Abdomen (Oral with & w/o contrast), Pelvis (with & w/o contrast) Extremities (with & w/o contrast), joints; shoulder, knee, ankle, hips, wrist and whole spine PE (Pulmonary Embolism).
- Mammogram:** Breast imaging, Diagnostic/ Screening, Follow-ups, Magnification, Compression, Tomosynthesis.
- Ultrasound:** Abdomen and pelvis Doppler Ultrasound, breast, thyroid, neck, scrotum,



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Musculoskeletal Ultrasound.

- **All X-ray exams:** Abdomen and Pelvis, Chest, Upper and Lower extremities, Skull, Spine. Mobile (portable) radiography, skeletal survey, Bone age. Scanogram, Fluoroscopy, and Panoramic.

THERAPEUTIC MODALITIES: Echocardiography, Transcutaneous electrical nerve stimulation TENS, Ultrasound wave, and Hot & cold packs. Central venous cannulation, Therapeutic ascetic pleural fluid tapping, Tracheal intubations, Ventilator support like mechanical ventilation, carrying out basic medical treatment, plan and implement a comprehensive nursing care plan for a specific patient case and other procedure according to patient needs.

HOSPITAL CENTRAL COMMITTEES

1. Hospital Executive Committee
2. Quality& Patient Safety Committee
3. Medical Executive Committee
4. OR Committee
5. CPR Committee
6. IPC Committee
7. CLABSI Committee
8. Hospital Safety Committee
9. Credentialing, Privileging and Promotion Committee
10. Pharmacy& Therapeutics Committee
11. Patient and Family Rights and Education Committee
12. Violence and Abuse Protection Committee
13. Utilization Management Committee
14. Mortality and Morbidity Committee



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15. Blood Utilization/Tissue Review Committee
16. MRD Committee
17. Breast Feeding Support Committee
18. Clinical Audit Committee
19. Occupational Health Committee
20. Venous Thromboembolism Prevention Committee
21. Research Committee
22. Antimicrobial Stewardship Committee
23. Nursing Executive Committee
24. Consultative Council for Patients and their Families



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BUDGET PLAN

The budget received and expected to be disbursed has been translated according to the approved listed programs/ Item by R1 (ALBAB ALTHALEETH).

المرجعات	المطلوب عام 2025	المخصص لعام 2024	المخطط لعام 2024	المخصص لعام 2023	المخصص لعام 2023	اسم البرنامج	رقم البرنامج
يسupp العلاوة السنوية 5% والتوفيق	214,017,338	189,972,543	210,069,300	194,561,216	186,728,267	الروابط والدلائل المصاحبة	311140100
يسupp التفاصيل والإستعلامات	1,521,742	0	0	1,383,401	1,538,446	مكافأة نهاية الخدمة	311140200
يسupp سد الجزر الوظائف الشاغرة	2,026,559	243,680	572,647	1,842,326	231,496	المكافآت	311140300
يسupp زيادة عدد الموظفين الأجانب	38,397	0	121,840	34,907	86,811	المساريف السفرية	311140400
يسupp زراعة عدد الموظفين الأجانب	1,569,520	0	0	1,426,837	231,496	ذاكر الإرث	311140500
واسط الطف و المحروقات	0	0	0	0	100,000	وسائل الطف و المحروقات	311140700
الإنبعاثات	759,629	0	0	690,572	0	الإنبعاثات	311140800
الزيادة تضخيم و ترتيب كادر المستشفى	809,000	0	609,199	168,250	119,708	التربية	311140900
يسupp زيادة عدد المرضى	507,542	200,366	243,680	461,402	161,438	المستلزمات المكتبية وللوازم غير الطبية	311141000
يسupp زيادة عدد المرضى	158,039	28,521	152,300	137,425	57,874	كساري ومجهارات ولوازم غير طبية	311141100
الدواء والمذكرة والأنشطة الاجتماعية وا	0	80,902	243,680	0	143,162	الدواء والمذكرة والأنشطة الاجتماعية وا	311141200
أدوية	781,426	294,584	335,059	651,188	318,306	أدوية	311141300
غازات ومحليلات ومستلزمات طبية ومستلزمات	3,608,710	981,891	6,000,000	3,007,259	609,199	غازات ومحليلات ومستلزمات طبية ومستلزمات	311141400
الاستخدام والتأثيرات ونقل الكمال	0	0	0	0	0	الاستخدام والتأثيرات ونقل الكمال	311141500
إيجار وتأثيث النور	0	0	0	0	0	إيجار وتأثيث النور	311141600
الكهرباء	1,755,932	0	0	1,596,302	0	الكهرباء	311141700
المياه	0	0	0	0	0	المياه	311141800
الاتصالات	0	N	0	0	0	الاتصالات	311141900
بريد وشنن اللوازم والمعدات	0	0	0	0	0	بريد وشنن اللوازم والمعدات	311142000
التطهير والاجهاض والانقليات والاستئنات	0	0	0	0	0	التطهير والاجهاض والانقليات والاستئنات	311142100
حصيل الضرائب والكمالي	0	0	1	0	0	حصيل الضرائب والكمالي	311142200
الأدوية للغراء الطارئ	168,746	0	2	153,405	0	الأدوية للغراء الطارئ	380000000
حساب الى (اتفاقية اطرارية)	659,945	0	3	599,950	0	حساب الى (اتفاقية اطرارية)	339000102
المحمروقات (اتفاقية اطرارية)	271,975	200,000	4	247,250	0	المحمروقات (اتفاقية اطرارية)	339000106
مستلزمات مكتبية (اتفاقية اطرارية)	165,454	0	5	150,413	0	مستلزمات مكتبية (اتفاقية اطرارية)	339000101
التدائق والمؤتمرات (اتفاقية اطرارية)	80,000	0	6	0	0	التدائق والمؤتمرات (اتفاقية اطرارية)	339000109
الإجمالي	228,899,953	192,002,486	218,347,725	207,112,102	190,326,201		



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MANPOWER PLAN

This section shows staff required and currently available by track, in coordination with the R1 organizational development team.





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REQUIRED STAFF (TO BE DISCUSSED AT MANPOWER COMMITTEE)

DEPARTMENT	CONSULTANT			SPECIALIST			RESIDENT		
	REQUIRED	AVAILABLE	VACANT	REQUIRED	AVAILABLE	VACANT	REQUIRED	AVAILABLE	VACANT
GENERAL SURGERY	5	7	0	8	7	1	5	17	0
PLASTIC SURGERY	1	1	0	2	0	2	0	0	0
PEDIATRIC SURGERY	1	1	0	1	1	0	0	0	0
MAXILLOFACIAL	0	0	0	1	0	1	0	0	0
ORTHOPEDICS	4	4	0	9	5	4	4	0	4
UROLOGY	4	4	0	6	6	0	4	3	1
NEUROSURGERY	3	1	2	1	1	0	-	-	-
ENT	3	3	0	4	3	1	3	1	2
ANESTHESIA	4	4	0	8	5	3	-	-	-
OBSTETRICS & GYNECOLOGY	6	4	2	6	9	0	12	1	11
DENTAL	2	3	0	2	3	0	3	0	3
INTERNAL MEDICINE	6	4	2	12	9	3	16	9	7
ENDOCRINOLOGY	1	2	0	1	1	0	-	-	-
HEMATOLOGY	-	-	-	1	2	0	-	-	-
DERMATOLOGY	3	3	0	6	3	3	2	0	2
CARDIOLOGY	4	3	1	7	2	5	-	-	-
NEPHROLOGY	2	1	1	2	0	2	-	-	-



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PULMONOLOGY	1	1	0	1	1	0	1	0	1
NEUROLOGY	3	1	2	4	2	2	4	0	4
PSYCHIATRY	1	0	0	1	1	0	-	-	-
DEPARTMENT	CONSULTANT			SPECIALIST			RESIDENT		
	REQUIRED	AVAILABLE	VACANT	REQUIRED	AVAILABLE	VACANT	REQUIRED	AVAILABLE	VACANT
INFECTIOUS DISEASE	3	0	3	3	0	3	3	0	3
PEDIATRIC	12	11	1	10	6	4	10	2	8
NEONATOLOGY(N ICU)	4	4	0	10	8	2	10	2	8
PICU	4	3	1	10	6	4	10	0	10
EMERGENCY	5	5	0	10	10	0	13	10	3
AICU	6	6	0	16	16	0	2	2	0
DEPARTMENT	REQUIRED			AVAILABLE			VACANT		
NURSING	574			450			124		

RISK MANAGEMENT

IAFH has identified and assessed key strategic risks that may impact the delivery of high-quality care, financial sustainability, and achievement of strategic goals. The hospital is committed to proactively managing these risks through structured mitigation strategies and ongoing monitoring.

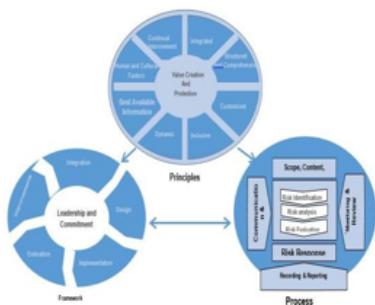
The expected risks are discovered at the facility level, administratively and medically, where the quality team picks up and takes necessary action to reduce the chances of their occurrence through a dedicated path and forms that links hospital risk team with R1 enterprise risk team, which allow creation of solutions according to the type of risk to mitigate early. Risk Management Framework focuses on identifying, assessing, treating, monitoring, and reporting risks within the internal and external context of R1 whilst considering the approved Risk Appetite and utilizing a consistent



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methodology set forth in Risk Management Principles and Guidelines (ISO31000:2018)



Risk Management Process	Components
Risk Identification	Risk Register Include but not limited to: <ul style="list-style-type: none"> Serial Number Risk ID Submitting/Reporting Department Risk Category Risk Title Risk Description
Risk Assessment - (Risk analysis)	<ul style="list-style-type: none"> Likelihood Impact Risk Rating Risk appetite
Risk Assessment – (Control Assessment)	<ul style="list-style-type: none"> Suggested /Existing control Risk response strategies or risk treatment Mitigation Plan Risk Owner Action Owner Response Due Date Risk status Action Status
Risk Reassessment (Risk Analysis) Risk Treatment	<ul style="list-style-type: none"> Likelihood-Impact- Risk Rating Risk response strategies or risk treatment
Risk monitoring and review	<ul style="list-style-type: none"> Progress and compliance report Status



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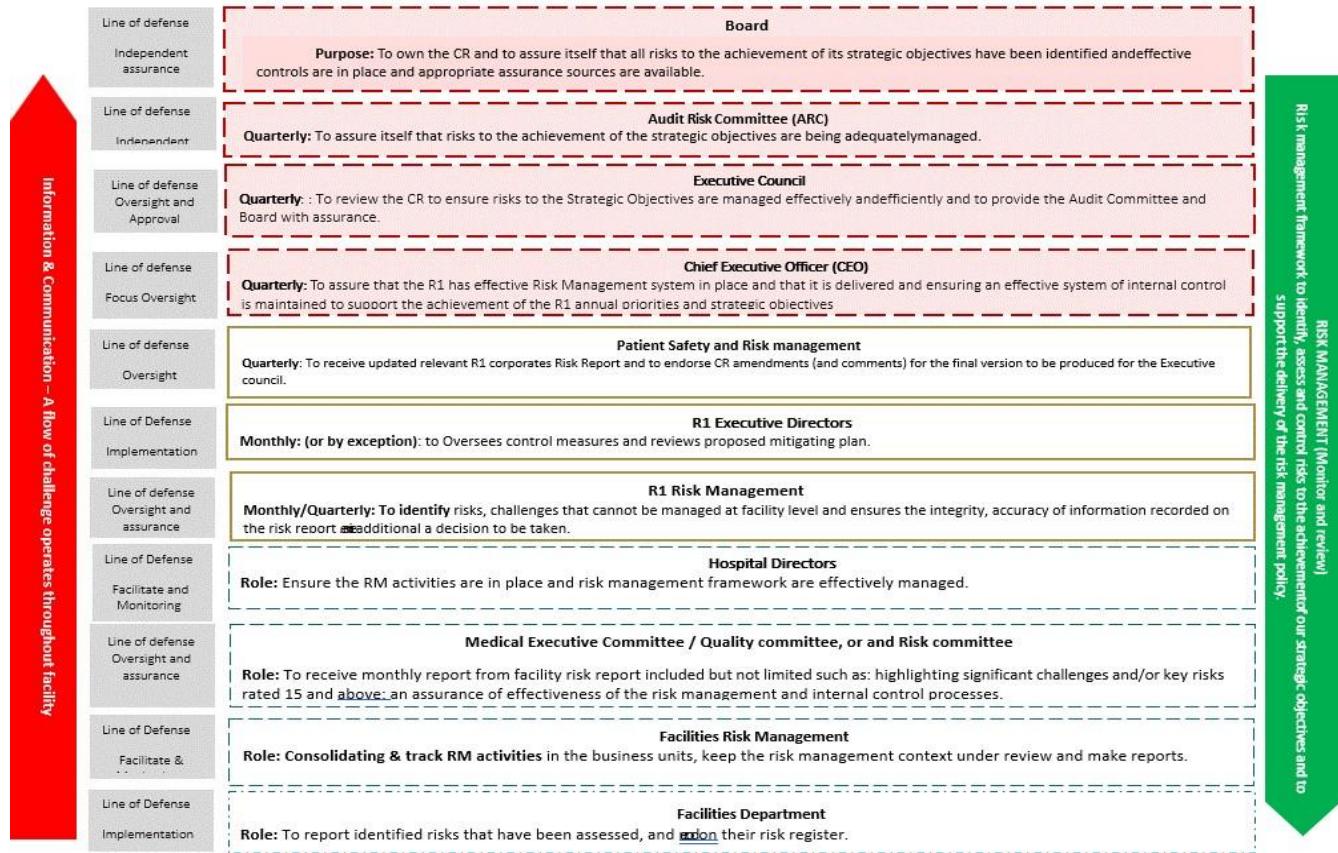
RISK REGISTER TEMPLATE



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Risk Management Governance Structure

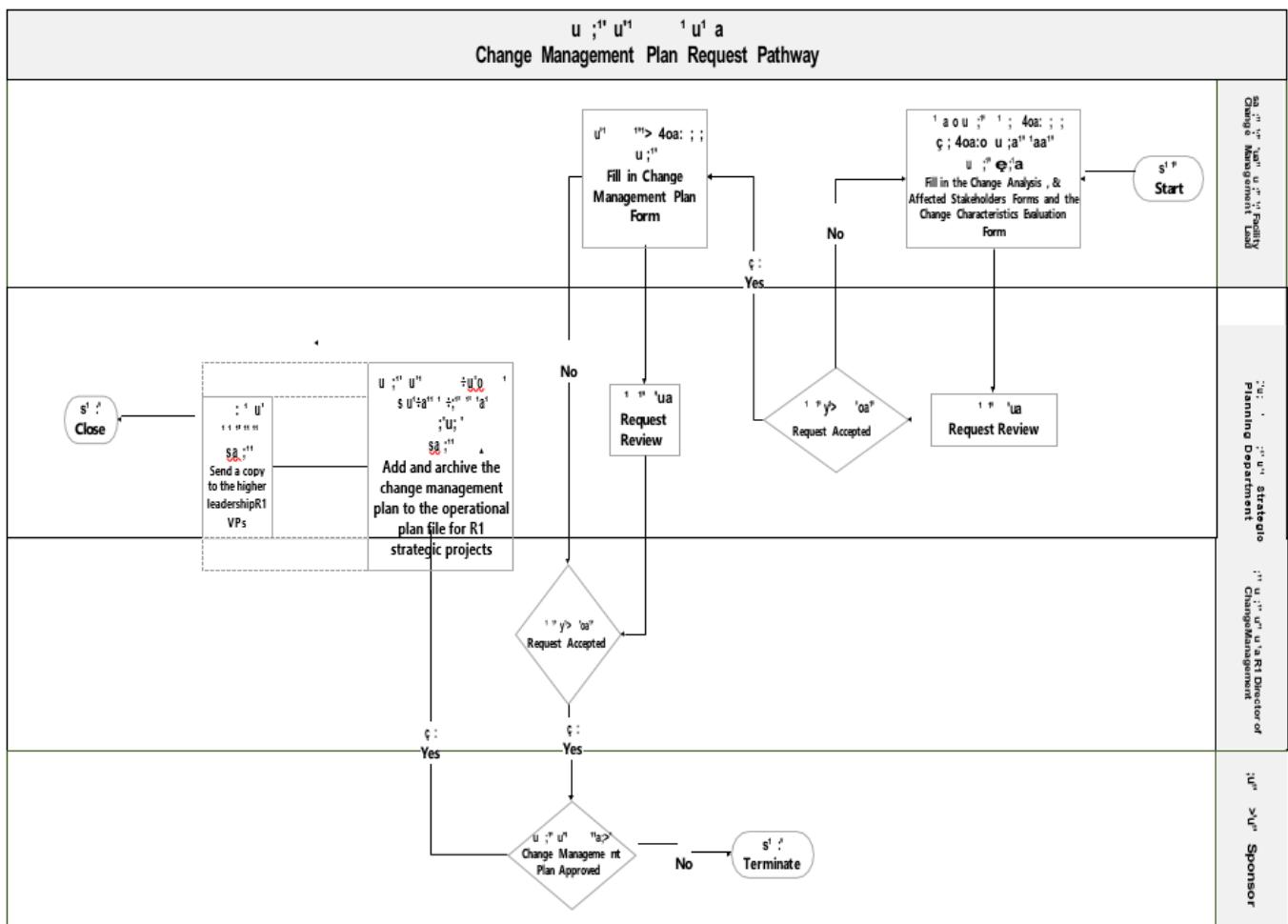


CHANGE MANAGEMENT

The change management plan framework to be leveraged across all R1 strategic activates to familiarize with the tools and create products that can be used for the rollout of the culture change program in Riyadh First Health Cluster down to facility-level and Primary Healthcare Centers throughout dealing with change and leading individuals towards achieving the success of change and the healthcare transformation vision 2030 based on the change management criteria, where the request and feasibility will be analyzed and studied before adopting the implementation plan as shown in the following chart:



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COMMUNICATION MANAGEMENT

Updated technology is being used within the facility to ensure safe and effective communication between internal level as departments or external level as community.

Internal channels currently used:

1. Departmental meetings (Clinical & Non-Clinical)



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2. Committee meetings.
3. Quality coordinator meetings.
4. Daily departmental rounds.
5. Code System Announcement
6. Telephone covers all hospital.
7. Email.
8. Internet.
9. Periodic reports (KPIs)
10. Hospital internal website.

External channels:

1. Hospital twitter account.
2. Telephones.
3. Internet/email.
4. Memos and circulars.



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HOSPITAL PROJECTS/INITIATIVES

Project/Initiatives	KPI	Expected Outcome							Effective Date	Owner
		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025		
• Increased Weekend Discharge • Weekend Consultant Rounds • Activation of Discharge unit	IP ALOS	4.1	3-5 days						Implemented & Sustained	Hospital Director, Medical Director, Head of Department, Bed Management
• Increased bed number of Step-Down • Increased Weekend Discharge • Weekend Consultant Rounds • ICU Expansion plans	ICUs ALOS	5	3-5 days						Implemented & Sustained	Hospital Director, Medical Director, Head of Department, Bed Management
• Increased Weekend Discharge • Weekend Consultant Rounds • Expansion of bed capacity	NICUs ALOS	9	3-5 days						Implemented & Sustained	Hospital Director, Medical Director, Head of Department, Bed Management
	PICUs ALOS	1.99								
• Partnership between IAFH and R1 zone Facilities • Expansion of ICU beds • Expansion of NICU beds • Expansion of PICU beds	Bed Occupancy Rate	68%	70%						Implemented & Sustained	Hospital Director, Medical Director, Bed Management
• Activation of New Virtual Service in the OPD: Medication Consultation and Refill Clinic • Strengthening the integration by Improving referral to PHCs • Expansion of Clinic Hours for Pediatric	Waiting Time for Appointment in OPD	20.8	≤ 21 Days						Implemented & Sustained	Hospital Director, Medical Director, Head of OPD Department



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Project/Initiatives	KPI	Expected Outcome						Effective Date	Owner
		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
Clinics (Pediatric Neurology, Pediatric Infectious Disease, and Pediatric Genetic Diseases) <ul style="list-style-type: none">Expansion of Clinic hours for Gastroenterology ClinicEstablish a specialized Cognitive-Behavioral Therapy Clinic (CBT) in OPD to provide integrated psychological and social services, ensuring high-quality of care within 1 year.	OPD No Show Rate	25%	<18%						Implemented & Sustained Hospital Director Medical Director Head of OPD Department
<ul style="list-style-type: none">Weekend Consultant RoundsWeekend Discharge plan.	% Weekend Discharge	20%	<18%						Implemented & Sustained Hospital Director Medical Director, Head of Department
<ul style="list-style-type: none">Booking OPD appointments through the MOH Mawid AppEstablish a specialized Cognitive-Behavioral Therapy Clinic (CBT) in OPD to provide integrated psychological and social services, ensuring high-quality of care within 1 year.Expansion of Clinic Hours for Pediatric Clinics (Pediatric Neurology, Pediatric Infectious Disease, and Pediatric Genetic Diseases)	Percentage of New Patient visits in OPD	65%	>20%						Implemented & Sustained Hospital Director Medical Director, Head of OPD Department



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Project/Initiatives	KPI	Expected Outcome						Effective Date	Owner
		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
• Telemedicine and Virtual Consultation Integration • Expand virtual consultation services across key specialties and primary care. • Integrate telemedicine platforms with the hospital's electronic health record (EHR) system. • Improve access to care, particularly for patients in rural or underserved areas.	Total Number of Virtual Visits	12241	>40 %						Implemented & Sustained Hospital Director, Medical Director, Head of OPD Department
• Enhance of Surgery Booking Appointment/Office • Integration with Riyadh Zone facilities	Waiting Time for Surgery	3.5 days	<2 Wks						Implemented & Sustained Hospital Director, Medical Director, Head of OR Department, Ada'a Team
• One-Stop Clinic coverage expansion • Expand Day Surgery Units from 6 to 10 beds • Enhance Day Surgery Unit	% Day Surgery	74%	>75%						Implemented & Sustained Hospital Director, Medical Director, Head of OR Department, Ada'a Team
• Ensure that pre-procedure protocols are completed prior to booking the surgery • Enhance of Surgery Booking Appointment/Office	OR Cancellation	3%	<5%						Implemented & Sustained Hospital Director, Medical Director, Head of OR Department, Ada'a Team



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Project/Initiatives	KPI	Expected Outcome						Effective Date	Owner
		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
• Increasing Clinics Urgent Care Cases • Expand UCC Coverage (Medical, Surgery)	% of Non-Urgent Cases	7%	<33-50%						Implemented & Sustained
• Optimizing Infection Control Practices in the Emergency Department to Achieve 100% Staff Compliance with Infection Control Guidelines by May 2025, Through Regular Internal and External Audits • Enhancing patient-staff communication in the Emergency Department to achieve at least 80% patient recognition of the healthcare team and increase patient confidence in the treatment process by May 2025. • Review & Update Emergency Department Pathways • Review and improve the referral process between ED, UCC and OPD Clinics	Door to Disposition in Emergency Department - % of patients Disposition (admission, discharge, transfer) within 4 hours	90%	>85%						Implemented & Sustained
• Build strong integration with Long Term Care Facilities to easily coordinate and transfer stable patients that require long-term care	# of extended-Long Stay Patients-Discharged (More than 30 days)	98	Decreasing Trend						Implemented & Sustained



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Project/Initiatives	KPI	Expected Outcome						Effective Date	Owner
		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
• Continuously monitor long-stay patient cases to ensure the appropriateness of their hospital stay • Activate the role of social workers and patient and family education team to ensure that patients/families refusing discharge are counseled accordingly.									Department, Ada'a Team
• Increasing OR utilization up to 85% • Integration with Riyadh Zone Facilities • Ensure the safety and Availability of the equipment in the OR • To Expand One-Stop Clinic Coverage	Operating Room Utilization	61%	≥ 75%						Implemented & Sustained Hospital Director Medical Director Head of Department, Head of OR Department, Ada'a Team
• Integration of R1 facility (Referral System) • Implement and strengthen E-Referral Systems • Enhance the acceptance rate of referrals and broaden the range of specialties accepting cases.	Total Referral sent to R1	3338	Increasing Trend						Implemented & Sustained Hospital Director Medical Director Head of Department, IHALA Department
	Total Referral accepted from R1	1695	Increasing Trend						Implemented & Sustained
	Total Referral sent outside R1	2052	Increasing Trend						Implemented & Sustained
	Total Referral Accepted outside R1	752	Increasing Trend						Implemented & Sustained
	Total Referral Accepted from Private	510	Increasing Trend						Implemented & Sustained
	Total Referral Accepted from KSMC	984	Increasing Trend						Implemented & Sustained
	Total Referral sent to KSMC	3167	Increasing Trend						Implemented & Sustained



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		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
<ul style="list-style-type: none"> Implement and strengthen E-Referral Systems Build a stronger Integration between IAFH and R1 hospitals and PHCs to easily coordinate and transfer patients. Using SANED system to refer pts to & from PHCS. 	# of Patients Referred sent to PHCs	4686	Increasing Trend						Implemented & Sustained
	# of Patients Referred received from PHCs	6971	Increasing Trend						Implemented & Sustained
<ul style="list-style-type: none"> Gaining real-time visibility into stock levels Maintaining inventory turnover ratio Securing Medical and Pharmacy Supplies 	Essential Medication Stock Availability	91%	≥ 75%						Implemented & Sustained
	Essential Equipment Stock Availability	87%	≥ 75%						Implemented & Sustained
<ul style="list-style-type: none"> Case Management Services Community Health Check and Health Risk Assessment Program Identification of High Risk Population through ACO Measure patient satisfaction by providing a patient survey Expansion of Home Care Services 	# of Home Care visit	1377	> 10% from 2023						Implemented & Sustained



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		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
• Referring ED patients with CTAS levels 4 & 5 to UCC and providing patient and family education • Implementation of Urgent Care Clinic Pathway • Increasing Clinics Urgent Care Cases • Expand UCC Coverage (Medical, Surgery)	# of Patients Visit the Urgent Care Centre	40320	25% from average 4&5 cold cases in 2023						Implemented & Sustained
• Enhance the acceptance rate of referrals and broaden the range of specialties accepting cases. • Build a stronger Integration between IAFH and R1 hospitals and PHCs to easily coordinate	Total # of Patients in One Stop Clinic: Gallstone	51	Increased Trend						Implemented & Sustained
	Total # of Patients in One Stop Clinic: Tonsillectomy	96	Increased Trend						Implemented & Sustained
• Promote the health coach benefits within the community by advertising and booking an appointment • Implementation of the Health Coach Program pathway • Health Education Initiatives, Programs, and Workshops in the community	# of Health Coaches Beneficiary	185	Increased Trend						Implemented & Sustained
• Integration from R1 Facilities • Reduce the OPD no show appointment and improve patient engagement	% of HIS Implementation	100%	100%						Implemented & Sustained



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		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
• Proper Online Appointment scheduling and reminder system • Increase referral system to and from PHCs and R1 facilities									
• Activation of Stroke Team members (using Code Stroke) • Availability of Fibrinolytic Agent • Improvement/ Implementation of Hospital Pathways (Stroke and ACS STEMI Pathway)	% of STEMI patients offered Fibrinolysis therapy on time \leq 30 min	25%	> 75%						Implemented & Sustained Hospital Director Medical Director Head of Department, Quality and Patient Safety Department, Clinical Audit
• Integration of R1 Facilities • Activation of Stroke Team members (using Code Stroke) • Availability of Fibrinolytic Agent • Improvement/ Implementation of Hospital Pathways (Stroke and ACS STEMI Pathway)	% of STEMI patients transferred from community hospitals to cardiac centers within \leq 30 min (DIDO)	30.50%	> 75%						Implemented & Sustained Hospital Director Medical Director Head of Department, Quality and Patient Safety Department, Clinical Audit
• Integration of R1 Facilities • Activation of Stroke Team members (using Code Stroke) • Availability of Fibrinolytic Agent • Improvement/ Implementation of Hospital Pathways (Stroke and ACS STEMI Pathway)	% of STEMI offered Primary PCI \leq 90 KSMC and \leq 120 min community hospitals	74.6%	> 75%						Implemented & Sustained Hospital Director Medical Director Head of Department, Quality and Patient Safety Department, Clinical Audit



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		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
• Activation of Rapid Response Team • Availability of Laboratory Equipment/ Machines • Availability of essential medical supplies	Compliance to Sepsis Hour-1 Bundle	91.6%	> 75%						Implemented & Sustained
• Compliance to HBA1C/DM Policies and guidelines • Improve Detection, Reporting, and Management of Patients with uncontrolled DM • Continuous Education and Awareness program	% Population with controlled HbA1C <7	30.5%	Increasing Trend						Implemented & Sustained
• Continuous education on hospital policies and procedures regarding VTE. • Compliance with VTE Prophylaxis	Incidence of hospital-associated VTE per 1000 admission	0.40	1.6/1000						Implemented & Sustained
• Adequate patient-staff ratio • Close communication to the Consultant/ Physician in Charge • Compliance with Infection control bundle	Readmission to ICU within 48 Hours	0.5%	4%						Implemented & Sustained



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		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
• Ensure adequate Nurse to Patient ratio • Routine Assessment compliance • Compliance to Sepsis Policies and guidelines • Close communication to Consultant/ Physician in Charge	Crude Mortality Rate	2.03%	Decreased Trend						Implemented & Sustained
• Ensure adequate Nurse to Patient ratio • Compliance to Sepsis Policies and guidelines • Close communication to Consultant/ Physician in Charge	Adult ICU Standardized Mortality Rate (SMR)	0.6%	<1						Implemented & Sustained
• Ensure adequate Nurse to Patient ratio • Compliance to Sepsis Policies and guidelines • Close communication to Consultant/ Physician in Charge	Mortality Rate (MI)	5%	<5.90%						Implemented & Sustained
• Proper assessment and triaging of patient by using SIRS (Systemic Inflammatory Response Syndrome) & q SOFA (quick sepsis related organ failure assessment) • Compliance to Sepsis guideline and Infection control bundle	Sepsis Mortality Rate	20.5%	10 - 30%						Implemented & Sustained
• Implementation of Stroke Pathway • Activation of Rapid Response Team	Stroke Mortality Rate	6.7%	< 8%						Implemented & Sustained



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• Compliance to Infection control bundle • Strict compliance to Infection control • Hand Hygiene/ handwashing compliance of staffs	Community Acquired Pneumonia Mortality Rate	12.5%	>14%						Implemented & Sustained
• Strict compliance to Hospital Policy and Procedure and assessment for Fall Risk • Improve management of perioperative medical complications	In Hospital Hip Fracture Mortality Rate	0%	<3%						Implemented & Sustained
• Increase and compliance to Prenatal Care • Newborn Screening • Essential Newborn Care • NICU Bed expansion • Installation of hand hygiene facility in every hospital area/unit.	Neonatal Mortality Rate	2.7%	Decreased Trend						Implemented & Sustained
• Improvement of Prenatal, perinatal and post-natal Care (Safe Birth Initiative) • Close monitoring and assessment to post-natal care • Bed expansion • Installation of hand hygiene facility in every hospital area/unit.	Maternal mortality rate	0%	<17/10,000 live births						Implemented & Sustained



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• Compliance of Ventilator Bundle • Strict compliance to Infection control • Hand Hygiene/ handwashing compliance of staffs • Installation of hand hygiene facility in every hospital area/unit.	Ventilator-Associated Events (VAE)/1000 Ventilation Days	1.1%	<6.7						Implemented & Sustained Hospital Director Medical Director Head of Department, Infection Control Department
• Installation of hand hygiene facility in every hospital area/unit. • Compliance of Ventilator Bundle • Strict compliance to Infection control • Hand Hygiene/ handwashing compliance of staffs	Ventilator-Associated Pneumonia – NICU /1000 Ventilation Days	0	<1						Implemented & Sustained Hospital Director Medical Director Head of Department, Infection Control Department
• Installation of hand hygiene facility in every hospital area/unit • Compliance of Ventilator Bundle • Strict compliance to Infection control • Hand Hygiene/ handwashing compliance of staffs	Ventilator-Associated Pneumonia – PICU /1000 Ventilation Days	0	<0.7						Implemented & Sustained Hospital Director Medical Director Head of Department, Infection Control Department



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<ul style="list-style-type: none"> Installation of hand hygiene facility in every hospital area/unit Compliance of Catheter-Associated Urinary Tract Infections (CAUTI) bundle Strict compliance to Infection control Hand Hygiene/ handwashing compliance of staffs 	Hospital Acquired Infection Rates CAUTI	0.23	<2.31						Implemented & Sustained
<ul style="list-style-type: none"> Installation of hand hygiene facility in every hospital area/unit Performance Improvement Project to Reduce Central Line Associated Blood Stream Infection Rate among the patients in the Adult ICU of IAFH Improve Detection, Reporting, and Management of Outbreaks in IAFH Compliance of Central line-associated bloodstream infection (CLABSI) bundle Strict compliance to Infection control Hand Hygiene/ handwashing compliance of staffs 	Hospital Acquired Infection Rates CLABSI	0.81	0.9						Implemented & Sustained



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• Compliance of Surgical Site Infection (SSI) bundle • Strict compliance to Infection control • Hand Hygiene/ handwashing compliance of staffs • Installation of hand hygiene facility in every hospital area/unit	Surgical Site infection Rate	0	<1.87%						Implemented & Sustained
• Increase staff awareness on hospital policies on managing high risk patients • Strict compliance to Infection control practices • Schedule timely follow-up appointment	Hospital Readmission Rate for the Same Diagnosis Within 30 Days	1.53%	<20%						Implemented & Sustained
• Conducts regular awareness on reportable and sentinel events • Active surveillance and monitoring of hospital sentinel events, and reportable events	# of Reported Sentinel events	4	<2						Implemented & Sustained
• Correct identification of patients risk for pressure ulcer and performing routine assessment.	Incidence of Pressure Ulcer per 1000 admission days	0%	< 1.3						Implemented & Sustained



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• Increase hospital staffs' awareness on policies and procedures regarding Patient falls. • Performing routine assessment on patients who risk for fall and placing signs to patient's room near the nurse stations.	Incidence of Patient Fall per 1000 admission Days	0.17	<1						Implemented & Sustained Hospital Director Medical Director , Head of Quality and Patient Safety Department, Head of Pharmacy Department
• Continuous education on hospital policies and procedures regarding VTE. • Compliance to VTE Prophylaxis	Appropriate VTE prophylaxis	100%	<95%						Implemented & Sustained Hospital Director Medical Director , Head of Quality and Patient Safety Department, Head of Pharmacy Department, VTE Taskforce
• Electronic OVR Reporting process for easy access to all IAFH staffs. • Conduct regular OVR policies and procedures education to all hospital staffs	# of OVR	7155	1 OVR per Active Bed						Implemented & Sustained Hospital Director Medical Director Head of Quality and Patient Safety Department, Head of Department
• Regular training programs and workshops aimed at healthcare professionals (nurses, pharmacists, and medical staff) on medication safety	Medication Error	6117	Increased trend						Implemented & Sustained Hospital Director Medical Director , Head of Quality and Patient Safety Department, Head of



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		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025		
• Increase the reporting of adverse drug reactions as a culture in IAFH. • Implementing a Structured Medication Management System to Improve Availability and Enhance Patient Safety in the Pharmacy Department at Al Imam Abdulrahman Al Faisal Hospital by end of December 2025.										Pharmacy Department, Head of Department
• Conduct regular trainings and awareness to hospital staffs regarding ESR standards and strict compliance to CBAHI standards.	CBAHI Accreditation s	Accredite d Dec. 2019 Re-Accredite d Nov. 2022	CBAHI Re-accreditation 2025						Implemented & Sustained	Hospital Director Medical Director , Head of Quality and Patient Safety Department, Head of Department
• Create and implement a standard guideline/criteria for non-urgent MRI orders • Optimizing Ultrasound services to decrease the waiting time period currently spanning up to two months.	RAD order to scan IP (IN HOURS) CT	8.7	< 12						Implemented & Sustained	Hospital Director Medical Director , Head of Quality and Patient Safety Department, Head of Department
	RAD order to scan IP (IN HOURS) MRI	12.13								
	RAD order to scan IP (IN HOURS) US	13.03								
• Increase accessibility and improve test ordering • Optimizing Ultrasound services to decrease the waiting time period currently spanning up to two months.	RAD order to scan OPD (IN DAYS) CT	16.6	< 28						Implemented & Sustained	Hospital Director Medical Director Radiology Dept
	RAD order to scan OPD (IN DAYS) MRI	24.5								
	RAD order to scan OPD (IN DAYS) US	24.5								
	Routine Lab TAT	6.2	<4 hours						Implemented & Sustained	Hospital Director



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<ul style="list-style-type: none"> Organize a standardized sample management process To improve the process of Histopathology and Cytology Request through Modified Codes (barcode) by the end of March 2024 Barcode /system in receiving lab samples 	(Hematology) in Hours								Medical Director Radiology Dept
	Routine Lab TAT (Chemistry) in Hours	5.18							
	ED STAT (TAT) Hematology (in hours)	1.18	<40 mins.						Implemented & Sustained
	ED STAT (TAT) Chemistry (in hours)	1.15							
<ul style="list-style-type: none"> Barcode /system in receiving lab samples 	IN-PATIENT STAT (TAT) Hematology (in hours)	3.6	<40 mins.						Hospital Director Medical Director Laboratory Dept.
	IN-PATIENT STAT (TAT) Chemistry (in hours)	2.53							
	Percentage of Critical Results Reported After 45 Minutes	0.0%	0-5%						Hospital Director Medical Director Laboratory Dept.
<ul style="list-style-type: none"> Conduct Regular Employee Pulse Check Surveys Staff Rewarding Activities Staff Accommodation Upgrade/Improvement 	% of Employees in the Top Percentile	100%	100%						Hospital Director Medical Director , Human Resource Department, Head of Department



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Project/Initiatives	KPI	Expected Outcome						Effective Date	Owner
		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
• Establish a team responsible for outsourcing, screening, selecting and recruiting highly skilled and well-experienced healthcare professionals	Employee Vacancy Rate	2.7	≤ 15%						Implemented & Sustained
• Conduct Regular Employee Pulse Check Surveys • Staff Rewarding Activities • Staff Accommodation Upgrade/Improvement	Employee satisfaction score	77.1%	≥ 85%						Implemented & Sustained
• Conduct Regular Exit Interviews • Implement Improvements based on Staff Feedback gathered from exit interviews	Employee Turnover Rate	1.40%	≤ 15%						Implemented & Sustained
• Conduct Regular Exit Interviews • Implement Improvements based on Staff Feedback gathered from exit interviews	Attrition Rate	1.42%	< 8%						Implemented & Sustained



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Project/Initiatives	KPI	Expected Outcome						Effective Date	Owner
		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
• Establish a team responsible for outsourcing, screening, selecting and recruiting highly skilled and well-experienced healthcare professionals	# of Key Position with Identified Successors	100%	100%						Implemented & Sustained Hospital Director Medical Director Human Resource Department, Head of Department
• Support for SCFHS Workshops and Training Programs	% of Budget Spend for Training & Development	69,384	4 Mil from the overall budget						Implemented & Sustained Hospital Director, HDA for Administrative and Financial Affairs, Medical Director Human Resource Department, Head of Department
• Effective Communication Lectures • Activate 19910 – Hospital complaints hotline to receive and manage customer complaints for 24/7	Patient Satisfaction Overall (By Journey)	83.23%	78%						Implemented & Sustained Hospital Director, Medical Director, Head of Department, Patient Experience
• Analyze Patient Feedback to take opportunities for improvement and plan a project for facility improvement	% Overall Customer Satisfaction 937	94.1%	95%						Implemented & Sustained Hospital Director Medical Director Head of Department Patient Experience



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Project/Initiatives	KPI	Expected Outcome						Effective Date	Owner
		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
• Analyze Patient Feedback to take opportunities for improvement and plan a project for facility improvement	% ED Satisfaction Rate	70.2%	78%						Implemented & Sustained
• Analyze Patient Feedback to take opportunities for improvement and plan a project for facility improvement • OPD waiting area expansion	% OPD Satisfaction Rate	76.6%	77%						Implemented & Sustained
• Analyze Patient Feedback to take opportunities for improvement and plan a project for facility improvement	% In-Patient Satisfaction Rate	86.7%	78%						Implemented & Sustained
• Analyze Patient Feedback to take opportunities for improvement and plan a project for facility improvement	% Home Care Satisfaction Rate	72.54%	78%						Implemented & Sustained
• Improvement of Costing Methodology	Income from private patients	2691392.41	3-5%						Implemented & Sustained



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Project/Initiatives	KPI	Expected Outcome						Effective Date	Owner
		Baseline 2024	Target 2025	Q1-2025	Q2-2025	Q3-2025	Q4-2025	FY 2025	
• Provide training and increase awareness and staff engagement to initiatives of Model of Care	% of transformation initiatives completed as per approved cluster LTSP - Model of Care initiatives	55%	≥ 85%						Implemented & Sustained VP S&T Hospital Director Medical Director Head of Department
• Provide training and increases awareness and staff engagement to initiatives of Digital	% of transformation initiatives completed as per approved cluster LTSP - Digital initiatives	90%	≥ 85%						Implemented & Sustained VP S&T Hospital Director Medical Director Head of Department
• Provide training for strategic planning, risk management, and reporting system • Smart Solutions	% of Implementation _ Cascade	100%	100%						Implemented & Sustained VP Digital Hospital Director Medical Director Head of Department
• RCM implementation • PHAP requirements implementation • Establish ACO budget Department	% of PHAP Implementation	92%	100% Gate 2						Implemented & Sustained CFO Hospital Director Medical Director Head of Department
• Marketing team for ACO concept • Marketing for available and new services • Rewarding System • Staff Satisfaction Survey • Professional Development	Staff Transformational Survey Score	77.1%	≥ 80%						HQ – CCM Hospital Director Medical Director Head of Department



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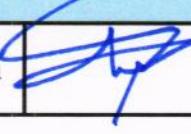
APPROVALS:

NO.	POSITION	NAME	SIGNATURE	DATE
Prepared By:				
1	Quality and Patient Safety Director	Dr. Ratib Dawood		06/01/2025 10:54
Reviewed By:				
1	Hospital Director Assistant for Supply Chain Management	Mr. Saad Alzeer		30/01/2025 14:49
2	HDA for Nursing Affairs	Ms. Maryam Harthi		17/02/2025 10:05
3	HDA for Financial and Administrative Affairs	Mr. Thamer Thamir		18/03/2025 11:16
4	Human Resources Director	Mr. Nabil Madkhali		15/04/2025 11:13
5	Medical Director	Dr. Khaled Alsunid		04/05/2025 10:35
6	Hospital Director Assistant for Medical Affairs	Dr. Abdullah Alzayed		19/05/2025 11:11
Approved By:				
1	Hospital Director	Dr. Ateeq Al Garni		28/05/2025 08:59
Effective Date : 11/06/2025				



IAFH OPERATIONAL PLAN 2025

APPROVALS:

No	Position	Name	Signature	Date
Recommended By:				
1	Riyadh Health Zone CEO	Dr. Mohammed Almalki		28 MAY 2025
2	R1 GRC	Dr. Naifah Hamoudah		28 MAY 2025
3	R1 VP for Healthcare Delivery	Dr. Faisal Alaklabi		28 MAY 2025
4	R1 VP for Finance	Mr. Fahad Al Khuraiji		28 MAY 2025
5	R1 Strategic and Transformation Vice President	Dr. Hasan Areabi		28 MAY 2025
Approved By:				
1	Riyadh First Health Cluster CEO	Dr. Saleh Abdullah Altamimi		28 MAY 2025



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POLICY HISTORY

Version	Title	Issued On	Review On	Effective On
PLAN.IAFH.003 v.4	IAFH OPERATIONAL PLAN 2025	06/01/2025 00:00	05/01/2026 00:00	11/06/2025 00:00

NAME	POSITION	EMAIL	TIME	DATE	STATUS
PREPARED BY					
Dr. Ratib Dawood	Quality and Patient Safety Director	radawood@moh.gov.sa	10:54	06/01/2025	Approved
REVIEWED BY					
Mr. Saad Alzeer	Hospital Director Assistant for Supply Chain Management	saalzeer@moh.gov.sa	14:49	30/01/2025	Approved
Ms. Maryam Harthi	HDA for Nursing Affairs	mamharthi@moh.gov.sa	10:05	17/02/2025	Approved
Mr. Thamer Thamir	HDA for Financial and Administrative Affairs	talthamir@moh.gov.sa	11:16	18/03/2025	Approved
Mr. Nabil Madkhali	Human Resources Director	nhmadkhali@moh.gov.sa	11:13	15/04/2025	Approved
Dr. Khaled Alsunidy	Medical Director	kalsunidy@moh.gov.sa	10:35	04/05/2025	Approved
Dr. Abdullah Alzayedi	Hospital Director Assistant for Medical Affairs	aalzayedi@moh.gov.sa	11:11	19/05/2025	Approved
APPROVED BY					
Dr. Ateeg Al Garni	Hospital Director	aal-garni@moh.gov.sa	08:59	28/05/2025	Approved
Version	Title	Issued On	Review On	Effective On	
PLAN.IAFH.003 v.3	IAFH OPERATIONAL PLAN 2024	26/09/2024 00:00	25/09/2025 00:00	17/12/2024 00:00	

NAME	POSITION	EMAIL	TIME	DATE	STATUS
PREPARED BY					
Dr. Ratib Dawood	Quality Director	radawood@moh.gov.sa			Approved
REVIEWED BY					
Ms. Maryam Harthi	HDA for Nursing Affairs	mamharthi@moh.gov.sa			Approved
Mr. Thamer Thamir	HDA for Financial and Administrative Affairs	talthamir@moh.gov.sa			Approved
Mr. Nabil Madkhali	Human Resources Director	nhmadkhali@moh.gov.sa			Approved
Dr. Khaled Alsunidy	Medical Director	kalsunidy@moh.gov.sa			Approved
Dr. Abdullah Alzayedi	Hospital Director Assistant for Medical Affairs	aalzayedi@moh.gov.sa			Approved
APPROVED BY					
Dr. Ateeg Al Garni	Hospital Director	aal-garni@moh.gov.sa			Approved

Version	Title	Issued On	Review On	Effective On
PLAN.IAFH.003 v.2	OPERATIONAL PLAN 2023	26/09/2023 00:00	25/09/2024 00:00	18/12/2023 14:55

NAME	POSITION	EMAIL	TIME	DATE	STATUS
PREPARED BY					
Ms. Angeli Puno	Quality Coordinator	arsantos@moh.gov.sa			Approved
REVIEWED BY					
Dr. Ratib Dawood	Quality Director	radawood@moh.gov.sa			Approved
APPROVED BY					
Dr. Ateeg Al Garni	Hospital Director	aal-garni@moh.gov.sa			Approved

Version	Title	Issued On	Review On	Effective On
PLAN.IAFH.003 v.1	OPERATIONAL PLAN 2022	02/01/2022 00:00	01/01/2025 00:00	23/01/2022 09:21

NAME	POSITION	EMAIL	TIME	DATE	STATUS
PREPARED BY					
Ms. Angeli Puno	Quality Coordinator	arsantos@moh.gov.sa			Approved
REVIEWED BY					
Dr. Ratib Dawood	Quality Director	radawood@moh.gov.sa			Approved
APPROVED BY					
Dr. Ateeg Al Garni	Hospital Director	aal-garni@moh.gov.sa			Approved

