

BUILDING ON 25 YEARS

2017  
Annual  
Report



*St. Maarten Medical Center*



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# INTRODUCTION

The year 2017 was marked by the fact that St. Maarten experienced the strongest hurricane that ever made landfall in the Caribbean region, with sustained wind speeds up to 295 kilometers an hour. On September 6, 2017 Hurricane Irma damaged over 90 percent of the structures on St. Maarten, including SMMC. Most damage was done to the roof structure and main entrance of SMMC. Concrete roof plates weighing over 350 kilograms per piece, were swept of the roof. Leakages throughout the hospital caused damage to the inside of the building and the equipment. No department could be prepared for the impact this hurricane brought to the hospital. Staff, however were instrumental in providing services the best way possible, moving patients between wards and departments, from leaking areas to dry areas. Continuity of care was guaranteed by staff sleeping in. Critical care remained to be given and the Emergency Room was operational during and after the hurricane. On September 20, St. Maarten braced for another category 5 hurricane, Maria. Luckily, the island was spared the major forces of this storm, as the center of the storm passed south of St. Maarten.

Hurricane Irma and its consequences overclouded every department's routine activities for a period of at least two months. As the water quality could not be guaranteed because lab tests could not be performed, SMMC succeeded in evacuating 65 dialysis patients to Aruba and Bonaire under strict time constraints, with the generous help of the Ministry of Volksgezondheid, Wetenschap en Sport (NL), Zorgverzekeringskantoor BES (ZVK), hospitals and other health care stakeholders within the Kingdom.

These patients returned to St. Maarten after six weeks. The polyclinic services were already resumed on September 13. The CT scan was out of order because of electrical damage and could only be restored after ten weeks because parts and technical support were not available due to logistical problems in the region.

In the first week after the hurricane, the performance was around 30% of the level right before it struck. The effects of the hurricane however did not hold us back in pursuing our mission to provide quality hospital care close to home: gradually the performance figures increased to approximately 65% in the beginning of November, growing to the forecasted weekly figures by the end of the year.



## EXECUTIVE SUMMARY

In 2017, the biggest challenge for SMMC was getting general operations up and normalized as fast as possible after the passing of Hurricane Irma followed by Hurricane Maria two weeks later. SMMC is proud to say that due to the enormous efforts and sacrifices made by our magnificent team and help from external parties such as the Dutch Marine Corps of Engineers, Emergency Room operations were not disrupted before, during or after the passing of these major storms and normal operations ensued in ten days' time. This is an amazing accomplishment and the Board of Directors and Management recognizes this and sincerely thanks all staff for their amazing efforts.

Significant effects on the performance numbers was a direct result of Hurricane Irma and Maria which resulted in a cease in specialty consultations and treatments. In spite of a decreased performance after an impactful third quarter, the positive results realized in the last quarter, were due directly due to the final budget amendments with SZV/Ministry of Health and the increase acknowledgement of tariff structure which impacted the overall results.

A surplus of NafL 2.0M was still achieved although faced with a devastating operational struggle after the catastrophic events of Hurricanes Irma and Maria. The forecasted projections for 2017 were ANG 243K, thus an overall increase of ANG 1.7M was realized in 2017.

Despite the overall increase in revenues, it still remains that operational and medical related cost are ever increasing and by which effects the direct capital expenditures required to maintain reserves. At present

this is being analyzed to reduce these areas without affecting quality care. SMMC has however managed to increase the overall financial outlook compared to the financial years 2016 and prior.

On the utilization side, SMMC is maintaining (and investing in) all that is possible within its means to be able to facilitate the demand of hospital care, continuity and quality of services. SMMC is also focused on excluding inaccuracies and inefficiencies out of the business processes. Improvements in managing, negotiating (cost savings) and registering the cost of sales for medical supplies, is a significant part of this focus.



## MISSION & VISION

### St. Maarten Medical Center's Mission

SMMC provides high quality, accessible and affordable hospital care in the best interest of the patient, by closely cooperating with strategic partners, within a safe environment with motivated, qualified and competent staff.

### St. Maarten Medical Center's Mission

SMMC is *the* general hospital that guarantees high quality hospital care based on patients' needs, to residents and visitors of St. Maarten and her surrounding islands, close to home.

## LEADERSHIP

SMMC is an autonomous non-governmental organization. The foundation consists of two bodies, the Board of Directors and the Supervisory Council. The responsibility for the daily management lies upon the Board of Directors, who are supported by the Management Team, while the responsibility of the Supervisory Council spans supervising the organization strategy and general developments of the hospital.

### Supervisory Council



**Robert-Jan James**  
Chairman



**Luz Marie Tuitt**  
Vice Chairman



**Ahmed Bell**  
Treasurer



**Rakesh Jethani**  
Council Member



## Board of Directors



**Kees Klarenbeek**  
General Director



**Dr. Felix Holiday**  
Medical Director

## Management Team



**Antonio Pantophlet**  
Manager Patient Care  
& Education



**Sheila Hodge**  
Manager ICT, HR,  
Archives



**Shanda Halley**  
Manager Finance



**Erika van der Horst**  
Manager Facilities



**Bonnie Dekker**  
Manager Strategy  
& Policy



**Lydian Baneke**  
Legal Counsel

# INDEPENDENT AUDITOR'S REPORT

## A. Report on The Audit of The 2017 Financial Statements

### OUR DISCLAIMER OF OPINION

We were engaged to audit the accompanying consolidated 2017 financial statements of the Foundation Sint Maarten General Hospital (formerly known as St. Maarten Medical Center Foundation, see page 11 for details), based in St. Maarten. We have audited the consolidated financial statements which comprise:

1. The consolidated balance sheet as at 31 December 2017;
2. The consolidated income statement for the year then ended; and
3. The notes comprising a summary of the significant accounting policies and other explanatory information.

We do not express an opinion on the enclosed consolidated 2017 financial statements of the foundation. Because of the significance of the matters described in the 'Basis for our disclaimer of opinion' paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### BASIS FOR OUR DISCLAIMER OF OPINION

The following matters were noted during the audit:

1. We could not determine the accuracy, including valuation, of the inventory balances, based on the internal control system in place during 2017. We were unable to obtain sufficient audit evidence by alternative means concerning the inventory quantities and value as held at December 31, 2017 as well as the accurate recording of the related cost of sales during 2017.

2. The internal control system regarding the completeness of invoicing of medical treatments and related income sources was inadequate during 2017. We were unable to obtain sufficient audit evidence by alternative means concerning the completeness of revenue and the related accounts receivable. We therefore did not obtain sufficient evidence to determine whether recorded revenues and related accounts receivable are completely recorded.

As a result of these matters, we were unable to determine whether any adjustments might have been necessary in respect of recorded or unrecorded inventories, accounts receivable and the elements making up the consolidated income statement.

We are independent of the Foundation Sint Maarten General Hospital in accordance with the 'Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten' (ViO) and other relevant independence regulations in the Netherlands. Furthermore we have complied with the 'Verordening gedrags- en beroepsregels accountants' (VGBA).

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## B. Report on Other Information Included In The Financial Statements

Next to the consolidated financial statements and our opinion thereon, the annual report consists of other information as included on page 23.

Based on the procedures as mentioned below, we are of the opinion that the other information:

- is consistent with the consolidated financial statements and contains no material deficiencies;
- includes all information as required by Book 2 of the Civil Code applicable in St. Maarten.



We have read the other information and based on our knowledge and understanding obtained from the audit of the consolidated financial statements or otherwise, we have considered if the other information contains material deficiencies.

With these procedures, we have complied with the requirements of the Dutch Auditing Standard 720. These procedures do not have the same scope as our audit procedures on the consolidated financial statements.

Management is responsible for the preparation of the other information listed above in accordance with Dutch Accounting Principles.

## **B. Report on Other Information Included In The Financial Statements**

### **RESPONSIBILITIES OF MANAGEMENT AND THE SUPERVISORY COUNCIL FOR THE CONSOLIDATED FINANCIAL STATEMENTS**

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with Book 2 of the Civil Code applicable in St. Maarten and the Generally Accepted Accounting Principles in the Netherlands (Dutch Accounting Principles), excluding specific guidelines for care institutions applicable in the Netherlands. Furthermore, management is responsible for such internal control as management determines is necessary to enable the preparation of the consolidated financial statements that are free from material misstatement, whether due to errors or fraud.

As part of the preparation of the consolidated financial statements, management is responsible for assessing the foundation's ability to continue as a going concern. Based on the financial reporting framework mentioned, management should prepare the consolidated financial statements using the going

concern basis of accounting unless management either intends to liquidate the foundation or to cease operations, or has no realistic alternative but to do so. Management should disclose events and circumstances that may cast significant doubt on the foundation's ability to continue as a going concern in the consolidated financial statements.

The Supervisory Council is responsible for overseeing the entity's financial reporting process.

### **OUR RESPONSIBILITIES FOR THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS**

Our responsibility is to express an opinion on the consolidated financial statements based on conducting the audit in accordance with Dutch Standards on Auditing. However, because of the matters described in the 'Basis for our disclaimer of opinion' paragraph, we were not able to obtain sufficient and appropriate audit evidence to provide a basis for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

St. Maarten, September 16th 2019

For and on behalf of BDO St. Maarten B.V.,

Signed by M.J. Illidge CPA Annual

## 1.1 ABBREVIATED CONSOLIDATED BALANCE SHEET AS AT 31 DECEMBER 2017

Before result appropriation

ASSETS	31 December 2017		31 December 2016	
	ANG	ANG	ANG	ANG
Fixed Assets				
Intangible Fixed Assets		999,258		1,032,569
Tangible Fixed Assets		19,672,481		19,304,777
Current Assets				
Inventory		3,127,858		5,658,700
Receivables		28,025,633		22,407,302
Cash and Cash Equivalents		3,424,250		1,599,977
<b>Total Assets</b>		<b>51,827,598</b>		<b>51,116,178</b>
<b>EQUITY &amp; LIABILITIES</b>				
Foundations' Equity		36,657,180		34,564,928
Provisions		4,350,778		4,041,337
Short-term Liabilities		15,673,692		13,221,333
<b>Total Equity &amp; Liabilities</b>		<b>56,681,650</b>		<b>51,827,598</b>

## 1.2 ABBREVIATED CONSOLIDATED INCOME STATEMENT FOR THE YEAR 2017

ASSETS	2017		2016	
	ANG	ANG	ANG	ANG
<b>Revenues</b>	54,531,545		49,159,768	
Cost of Sales	-17,179,949		-15,478,753	
<b>Gross Margin</b>	37,351,596		33,681,015	
Other Operating Income	10,743,599		11,895,469	
<b>Gross Margin</b>		<b>48,095,195</b>		<b>45,576,484</b>
Salaries and Wages	33,193,066		31,492,761	
Depreciation	4,532,231		4,575,243	
Other Operating Expenses	7,968,900		7,272,176	
<b>Total Operating Expenses</b>		<b>45,694,197</b>		<b>43,340,180</b>
<b>Operating Result</b>		2,400,998		2,236,304
Financial Income and Expense		-308,746		-304,606
<b>Result on Ordinary Activities before taxation</b>		2,092,252		1,931,698
Profit Tax		-		-277,859
<b>Result After Taxation</b>		<b>2,092,252</b>		<b>1,653,839</b>

## 1.3 NOTES TO THE ABBREVIATED CONSOLIDATED FINANCIAL STATEMENTS

### General

The general principle for the valuation of assets and liabilities, as well as the determination of results, is the historical purchase price. Unless otherwise stated, assets and liabilities are stated at the values at which they were acquired. Revenues and expenses are recorded in the period to which they relate.

### COMPARATIVE FIGURES

The comparative figures have been reclassified where necessary in order to easily compare with the financial statements of this year.

### STANDARDS APPLIED

The consolidated financial statements have been prepared in accordance with the Civil code applicable on St. Maarten and accounting principles generally accepted in the Netherlands, excluding specific guidelines for care institutions applicable in the Netherlands. The consolidated financial statements are denominated in Netherlands Antillean Guilders (ANG).

### ACTIVITIES

Foundation Sint Maarten General Hospital formerly known as Sint Maarten Medical Center Foundation (hereinafter 'SMMC') was incorporated on March 26, 1990. SMMC operates as a general hospital located at Welgelegen Road #30, Unit #1, Cay Hill, St. Maarten. SMMC is a non-profit organization with the goal to manage and operate a financially viable general hospital on St. Maarten in the broadest sense. It is increasing the number of specialties in order to reduce the cost of health care on the island.

The supervisory council and the board of directors in agreement with the Minister of VSA (Minister of Public Health, Social Development and Labor) have decided that the name of the foundation will be changed to Stichting Algemeen Ziekenhuis Sint Maarten or in english Foundation Sint Maarten General Hospital. This was agreed on February 23, 2018 and notarized on November 30, 2018 in the amended articles of incorporation. This name will be used for the new hospital that will be built next to the current premises.

### GOING CONCERN AND FINANCIAL POSITION OF THE FOUNDATION

The consolidated financial statements have been prepared on a going concern basis, which assumes that the Foundation will be able to meet the mandatory repayments required in the foreseeable future. The Foundation has recognized a net profit after tax of ANG 2 million for the year ended 31 December 2017 and, as at that date, current assets exceed current liabilities by ANG 16 million.

### CONSOLIDATION

SMMC owns 100% of the shares of St. Maarten Medical Center Pharmacy N.V. also known as Cayhill Pharmacy and therefore the balance sheet and income statement have been consolidated. Intercompany transactions and balances between the company and SMMC are eliminated upon consolidation. St. Maarten Medical Center Pharmacy N.V. was incorporated on September 27, 1991 in St. Maarten. The entity's main objective is to conduct and sell pharmaceutical supplies operating as a public pharmacy on the Dutch side of St. Maarten. The entity commenced its operations in March 1991.

### CORPORATE GOVERNANCE CODE

The Corporate Governance Code is applicable to the Foundation. The organization is currently in the process of implementing the requirements of the Corporate Governance Code. Once this has been completed a compliance report will be prepared using the comply or explain principle.

## USE OF JUDGMENT AND ESTIMATES

In preparing the consolidated financial statements, the Supervisory Council and Board of directors of SMMC, in accordance with accounting principles generally accepted in the Netherlands, have to make certain judgments and estimates that affect the application of the Foundation's accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results can deviate from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to estimates are recognized prospectively. Information about assumptions and estimation uncertainties at 31 December 2017 that have a significant risk of resulting in a material adjustment to the carrying amount of assets and liabilities in the next financial year is included in the following notes:

- Note 2 – impairment test of tangible assets: key assumptions underlying recoverable amounts;
- Note 4 – measurement of allowance for trade receivables: key assumptions in determining the likelihood of default;
- Note 8 – measurement of post-employment benefits obligation: key actuarial assumptions;
- Note 12 – recognition and measurement of provision and contingencies: key assumptions about the likelihood and magnitude of an outflow of resources.

## TRANSLATION OF FOREIGN CURRENCY

Monetary assets and liabilities denominated in foreign currencies have been converted to Antillean Guilders (ANG) at the rates of exchange prevailing at balance sheet date. Revenue and expense transactions have been converted at the rates prevailing on the date of the transaction. Any gain or loss on foreign currency translation is credited or charged to the income statement which is referred to as Translation Exchange Rate Differences.

## Accounting Policies In Respect of The Valuation of Assets and Liabilities

### INTANGIBLE FIXED ASSETS

Intangible fixed assets are stated at cost less accumulated amortization and, if applicable, less impairments in value. Amortization is charged as a fixed percentage of cost, as specified in more detail in the notes of the balance sheet.

### TANGIBLE FIXED ASSETS

Tangible fixed assets are stated at cost, net of accumulated depreciation. Depreciation is computed based on the estimated useful lives of the assets using the straight line method. When assets are retired or otherwise disposed of, the cost and related accumulated depreciation is removed from the accounts and any resulting gain or loss is reflected in the income for the period. The cost of maintenance and repairs is provided for in a maintenance provision. Significant improvements are capitalized and depreciated over its economic lifetime. Information Technology and Hospital Information Systems are further abbreviated in these financial statements as IT and HIS. Capitalized fixed assets are tested for impairment periodically or upon identification of impairment triggers. A fixed asset is impaired when the recoverable amount is lower than the carrying value.

### INVENTORY

Inventory is stated at FEFO method (first-expired, first-out), taking into account a provision for obsolete inventory for SMMC.

## ACCOUNTS RECEIVABLE

Accounts receivable are shown after deduction of a provision for bad and doubtful debts where appropriate. *The accounts receivable have a maturity date due within one year.*

## PROVISIONS FOR OTHER POST-EMPLOYMENT BENEFITS

The foundation provides for payments in addition to pension payments of retired employees. The provision is calculated by an actuary under the actuarial cost method using the projected unit credit method and specific assumptions.

## CASH AT BANK

Cash and bank balances are freely disposable, unless stated otherwise.

## Equity

### EQUALIZATION RESERVE DONATIONS

SMMC has formed an equalization reserve for donated equipment and certain designated monetary donations. These monetary donations received will remain reserved until the equipment has been purchased and received. The amounts are amortized in line with the straight line depreciation of the related assets.

### PENSION PLAN

The employees of the foundation are entitled to a pension which is insured with an insurance company. The pension plan is a so-called defined contribution plan. The foundation's liability is limited to the employers' part of the pension premium.

### CURRENT LIABILITIES

The short term liabilities are due within one year.

### ACCRUALS AND DEFERRED INCOME

The accrual method of accounting is used in recording liabilities with respect to accounts payable. Current year's costs or purchases for which invoices were received in the subsequent year are booked to accrued expenses.

## Accounting policies in respect of result determination

### GENERAL

The net result is determined as the difference between the recognized revenue and the expenses relating to the reporting period. Costs are determined in accordance with the accounting policies applied to the balance sheet. Revenue is realized in the year in which the services rendered are recognized. Losses are taken upon recognition. Other income and expenses are allocated to the periods to which they relate.

### REVENUE

Revenue comprises of fees for medical treatments chargeable to patients and insurance companies and other social security institutions. Revenue also includes sales of pharmaceutical products to customers.

### PROFIT TAX

SMMC is a non-profit foundation, therefore no profit tax is due. St. Maarten Medical Center Pharmacy N.V. is subject to profit tax at the standard 34.5% rate.



## CORPORATE SOCIAL RESPONSIBILITY



SMMC plays an important, exemplary role to the community of St. Maarten and neighboring islands. As part of the public domain and healthcare ecosystem, corporate social responsibility is a requisite for the hospital.

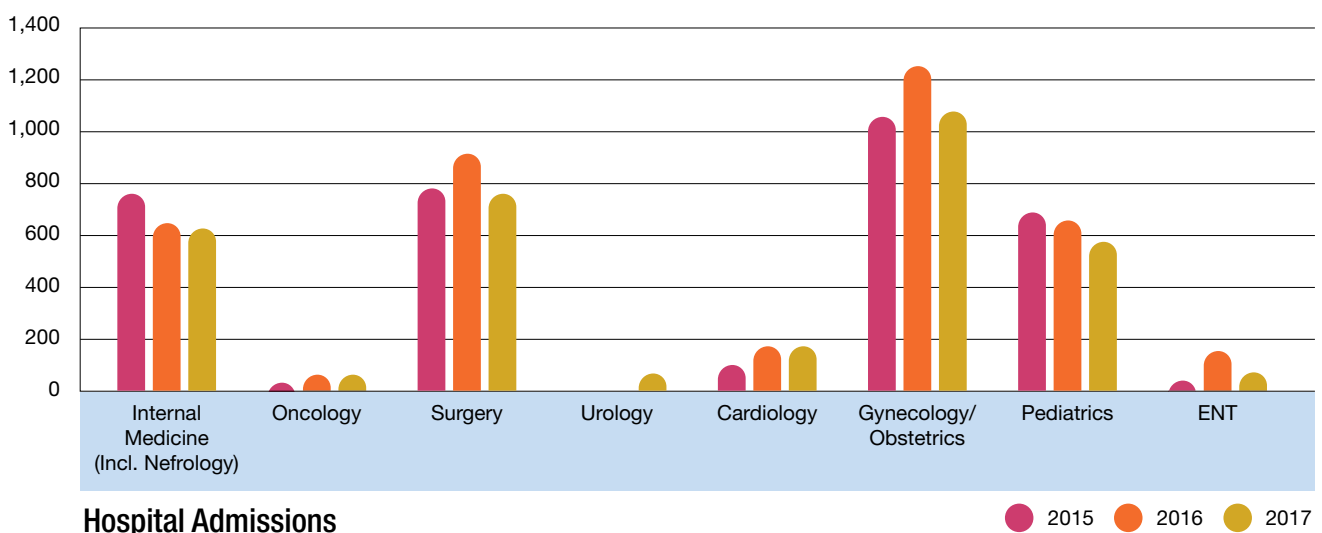
To SMMC, corporate social responsibility is about acting with due care and performing with respect for patients, employees, environment and resources. This goes hand in hand with our strife for transparency through clear reporting on activities and their consequences. Additionally, SMMC makes it a point to work closely with partners within the health system, and other health-related institutions on St. Maarten. Together the flow of care services is consolidated and solutions are found on all domains (i.e. patients, employees, environment and resources). completely and accurately recorded.

## PERFORMANCE FIGURES

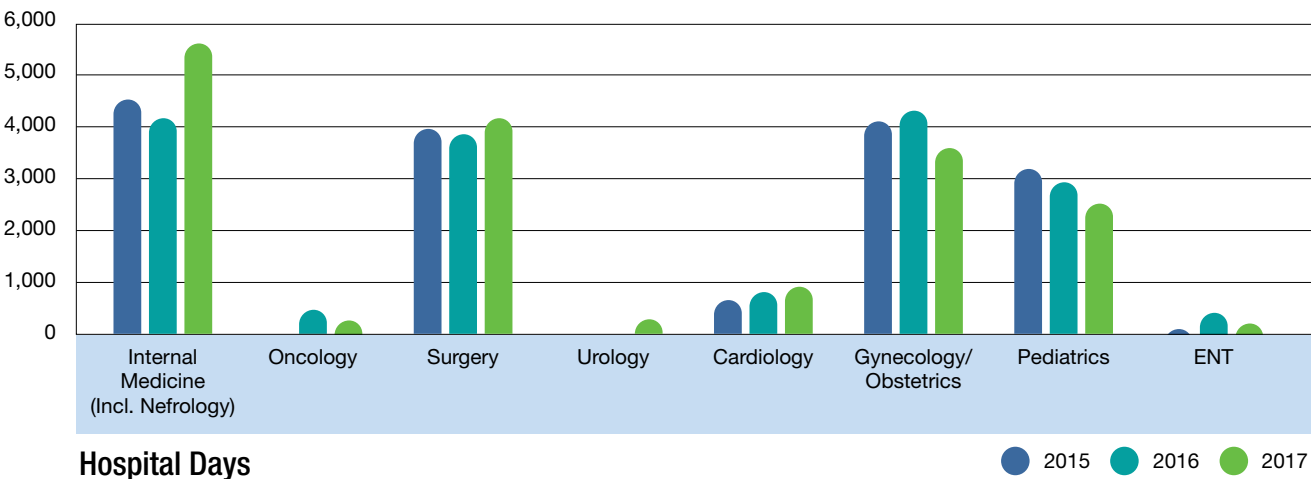
The following sections describe the total performance figures of SMMC in 2017.

### INPATIENT

The number of admissions (3.410) in 2017 decreased compared to the number of admissions in 2016 (3.797) which represents a decrease of 10.2%, although an increase in admissions was projected for 2017 (3.965) in line with the projected expansion of specialist care. The lower number of admissions is mainly caused by a decrease in admissions for Surgery (-126) and Gynecology (-166) compared to last year. Obvious factor contributing to the drop in numbers of admissions is Hurricane Irma in September, during and after which elective operations had to be postponed.

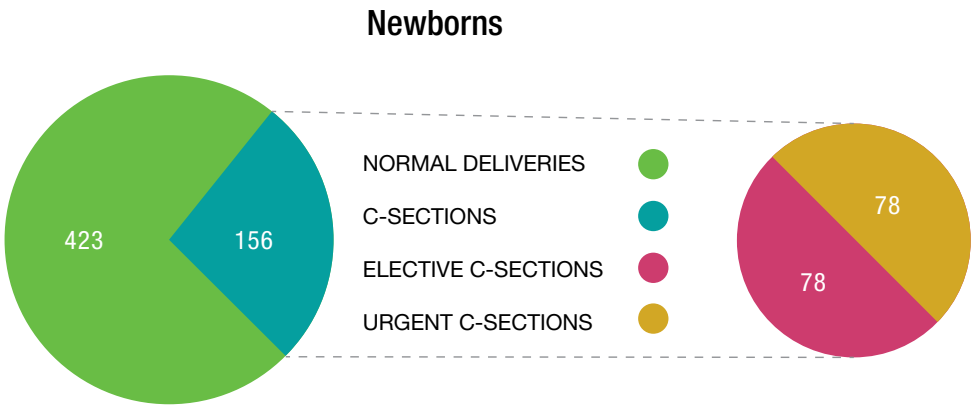


Unlike the admission figures, the overall number of hospital days in 2017 (17,264) shows an increase of 4.1% compared to 2016 (16,592), largely due to increases in patients admitted for Internal Medicine (including Nephrology) and Surgery. The effect that is shown here, is due to some specific cases where patients could not be sent home because their homes were damaged and/or uninhabitable due to the hurricane, nor family members could house them. This small group of patients caused a non-projected increase in hospitals days and length of stay.



### NEWBORNS

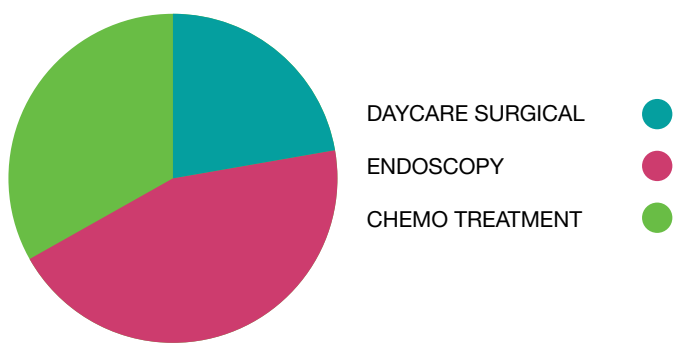
The total number of newborns in 2017 (423) shows a decrease of 2.8% compared to the same period last year (435). There is a notable increase in hospital days for unhealthy babies in 2017 (852) comparison to last year (716), a 19% increase, which is caused by stress related issues during and after Hurricane Irma.



DAYCARE ACTIVITIES

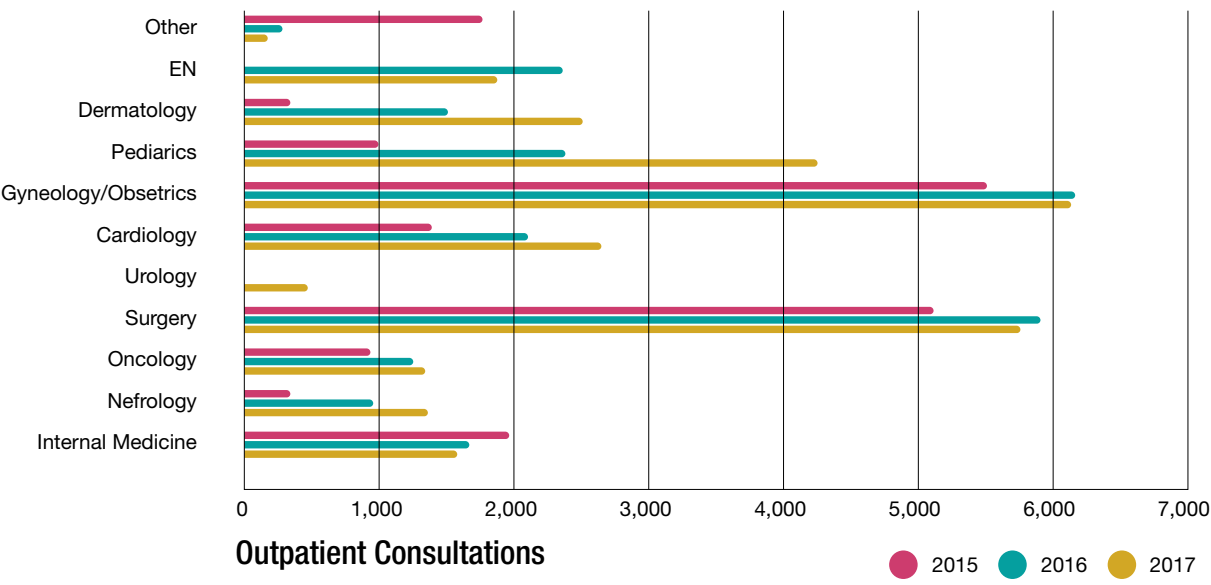
The total number of daycare activities in 2017 (1.885) shows a decrease of 10.3% compared to the year before (2.080). The decrease can be attributed to the number of Daycare treatments and Endoscopies and is partly due to less planned treatments in the hurricane period in September.

Daycare Activities



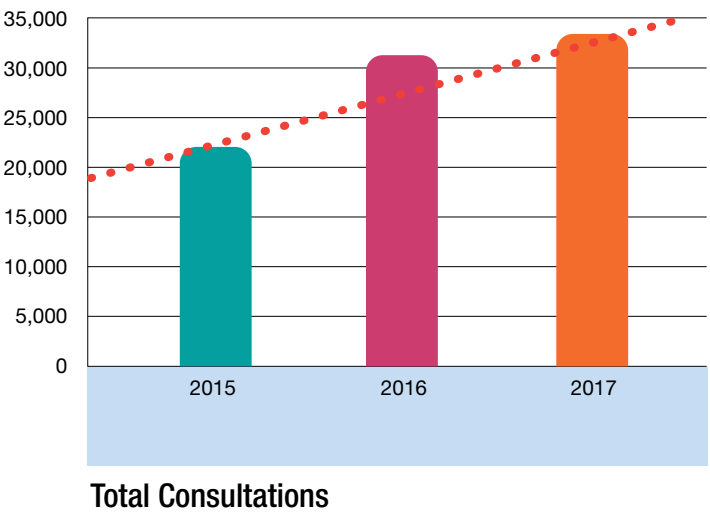
POLICLINIC CONSULTATIONS

The number of polyclinic consultations were obviously also affected by the hurricanes, however due to the steep rise in numbers of consultations in the period before the storms, the total number of consultations in 2017 (33.960) still increased with 8.7% compared to 2016 (31.230).



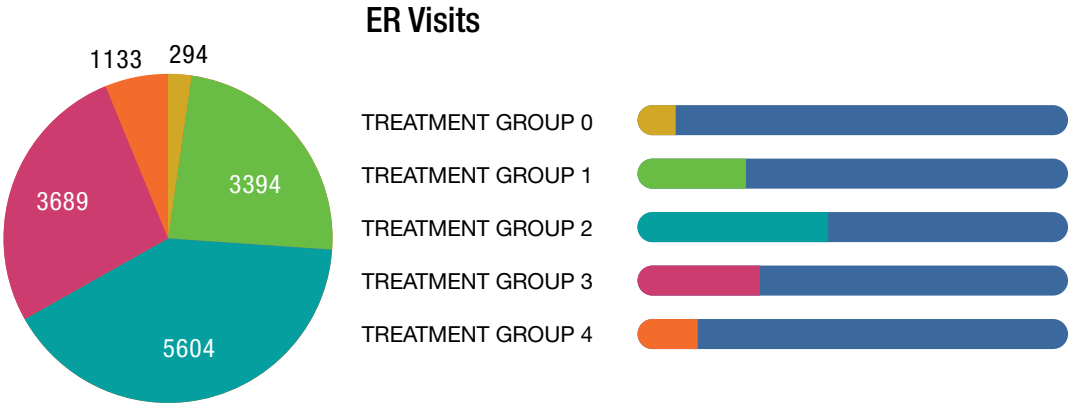
The reason of the rise in regular consultations compared to 2016 can mainly be attributed to the addition of a Surgeon, a Cardiologist, an Internist-Nephrologist and a Pediatrician who came into service of SMMC in 2016 after having an outside practice for many years. In addition, Urology started as a new specialty in August 2017, resulting in 550 extra consultations.

The development of the total number of consultations from 2015 through 2017 is shown in the graph below. The red trend line indicates a steady growth in the number of consultations, reflecting the gradual expansion of specialist care.



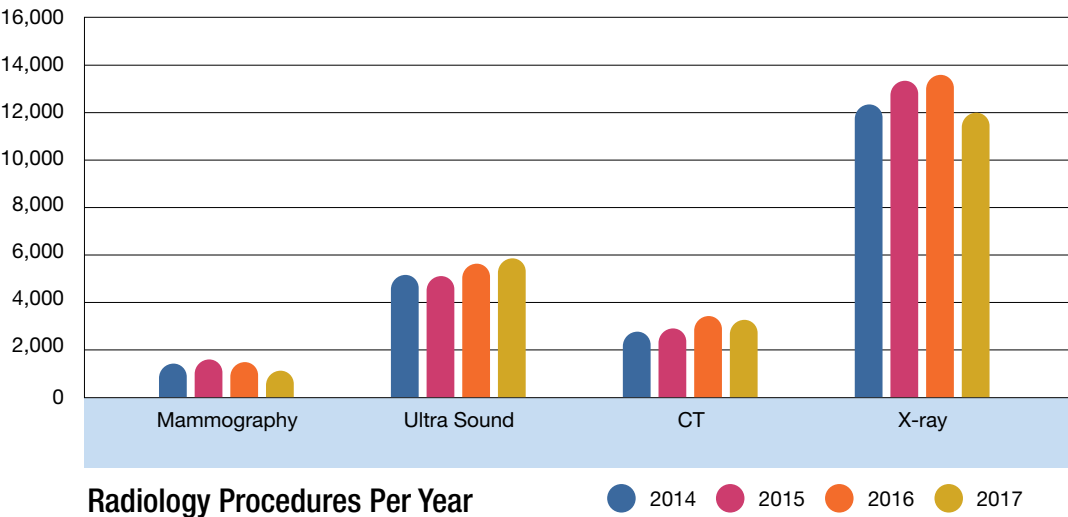
**EMERGENCY ROOM**

The total number of visits to the Emergency Room in 2017 (14,152) does not significantly differ from last year (14,607) which represents a 3.2% decrease. Over 2017, the trend is shown that the number of patients in the less or non-urgent and non-complex treatment groups (0 and 1) drop, whereas the complex treatment groups show slight increases.

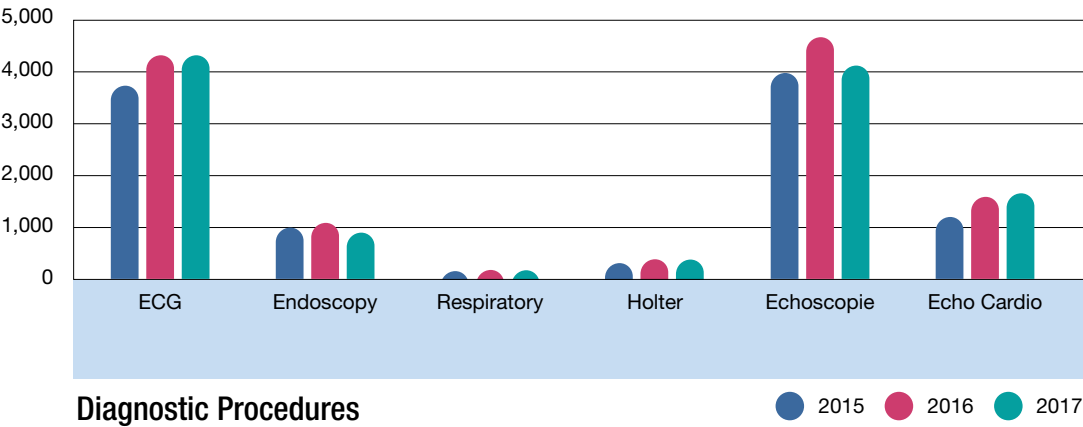


RADIOLOGY AND DIAGNOSTICS

The total number of radiology procedures in 2017 (22,414) shows a 7.8% decrease compared to 2016 (24,165). The most notable decline pertains to the number of X-rays. This is mainly attributable to a 13.5% decrease in requested X-rays by GP's in 2017 (11,999) compared to 2016 (13,620), which is caused by many GP offices having been closed during and after the hurricane.



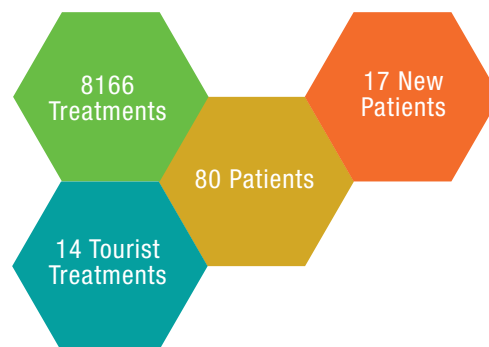
The total number of diagnostics in 2017 (11,613) shows a decrease of 4% compared to last year (12,078), which is due to the drop in service after the hurricanes.





## DIALYSIS

The Dialysis department serviced 80 patients in 2017, of which 17 were new patients. A total of 8,166 dialysis treatments were conducted this year (down from 9,240 treatments in 2016 due to Hurricane Irma), of which 14 were treatments given to tourists that visited the island. Due to Hurricane Irma, 65 (see introduction) dialysis patients had to be evacuated to Aruba for treatment there.



## FINANCE

The finance chapter highlights the financial changes that occurred in 2017 compared with 2016.

The increase in the 2017 forecasted income is part a result of increased Surgery, Pediatrics and Internal Medicine, where the sector has seen an overall increase compared to the same period last year.

Despite this data prognoses for the first half year, the revenue projected target was achieved based on the direct input of budget increase agreements with the BES, SZV, OZR and FZOG. This agreement was signed and agreed upon between parties based on SMMC's insistence in the third quarter of 2017. A surplus of Nafl. 2.0M was achieved although faced with a devastating operational struggle after the catastrophic events of Hurricanes Irma and Maria. The forecasted projections for 2017 were ANG (243K). Thus, an overall increase of ANG 1.7M was realized in 2017.

Budget Agreement SZV Fonds/SMMC	Actual Budget 2017	Revised Budget 2017	Net Increase Budget YTD	Net Increase Budget %
ZV/OV	14,799,996	27,082,075	12,282,079	83%
FZOG	1,452,000	2,669,468	1,217,468	84%
OZR	7,800,000	11,764,311	3,964,311	51%
	24,051,996	41,515,854	17,463,858	73%

### Revised Budget Agreement SZV



SMMC has also continued to see a significant reduction of certain group expenditures and reduction in write-off of inventory materials expenditure in the last quarter primarily due to enforced compliance on review of the min/max and grouped category fast movers necessary in departments. The direct review has seen an improvement however still lacks the necessary control which is anticipated in the module of material management from the MedIT system. Management input on cost allocation to department for the first time in recent years provided, reported underspending based on their plan of consumption usage.

Significant effects on performance was a direct result of hurricanes Irma and Maria in September 2017 which resulted in a cease in specialty consultations and treatments. In spite of a decreased performance after an impactful third quarter, the positive results realized in the last quarter, were directly due to the final budget amendments with SZV/Ministry of Health and the increase acknowledgement of tariff structure which impacted the overall results.

Despite the overall increase in revenues, it still remains that operational and medical related cost are ever increasing which effects the direct capital expenditures required to maintain reserves. At present this is being analyzed to reduce these areas without affecting quality care.

Some key strategic discussions are to include fast moving packages that cater to operational needs of specialists and medical/operational requirements. Other measures have been negotiating shared agreements with the Pharmacy for shared freight cost to reduce the freight and shipping cost by half. SMMC has however managed to increase the overall financial outlook compared to the financial years 2016 and prior.

On the utilization side, SMMC is maintaining (and investing in) all that is possible within our means to be able to facilitate the demand of hospital care, continuity and quality of services. We are also focused on excluding inaccuracies and inefficiencies out of the business processes. Improvements in managing, negotiating (cost savings) and registering the cost of sales for medical related supplies, is a significant part of this focus.

At the end of 2017, two new policies were recommended to the Finance Department by Internal Audit. Namely, the "Process Settlement Budget Policy" which entails the settlement of monthly advanced budgets to the target group in budget compliance and "Fixed Asset Policy". These policies commenced in the implementation process to reduce the annual depreciation cost allocated to certain investment on equipment which have a longer life span than originally recorded and to adapt certain principles of accounting within the policies to ensure and validate entries in a systematic structured environment.

DEVELOPMENT WITHIN THE BUDGET

External Budget

From the side of the private insurers the process to get there and the cooperation and agreement with the parties involved has taken longer than expected. During the third quarter of 2017 the budget was realized and signed off for the projected year 2018. Based on current agreements set in motion, SMMC continues to negotiate the tariff structure by following through with the executing of the LBHAM which is expected to be agreed upon in the first half of 2018.

Internal Budget

With the development of getting more and more up to par with the financial administration and the external audits of our financial statements, 2017 is the year where the Finance department was able to compile realistic budgets for the following financial and statistical items:

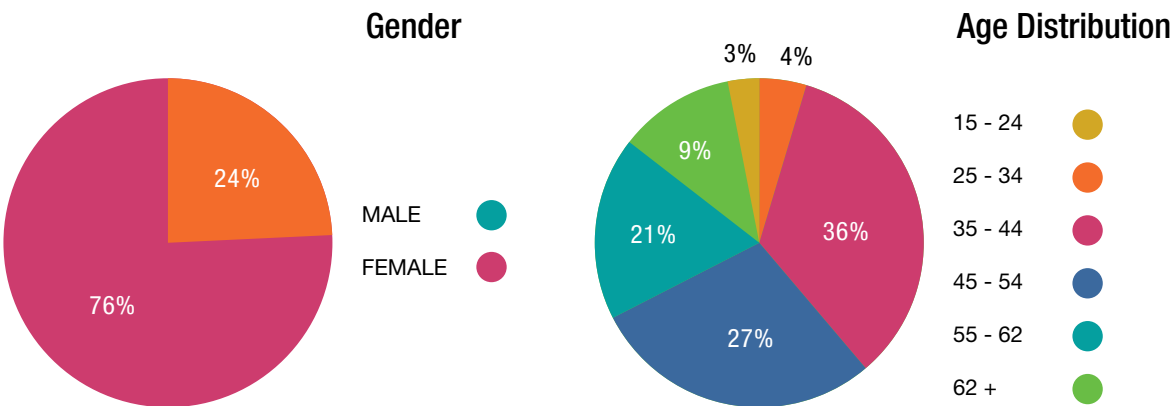
- Performance budget per parameter and specialty
- Performance budget in revenue amount
- FTE formation budget with calculation of the expense

HUMAN RESOURCES

The following chapter discusses the figures of the Human Resources (HR) Department during 2017.

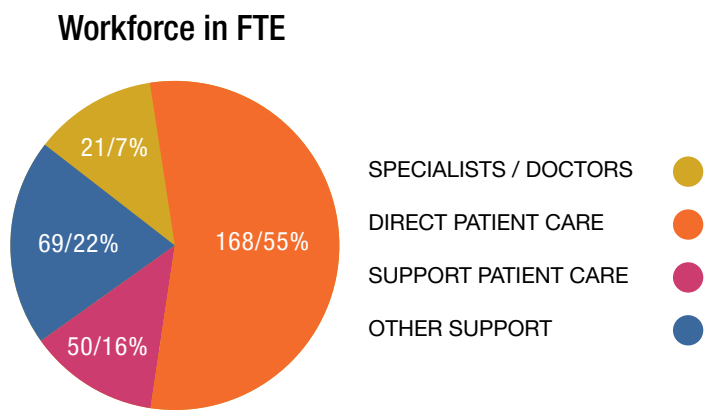
HUMAN RESOURCES DASHBOARD AND HIGHLIGHTS

Per the end of 2017, SMMC staff was divided between 76% females and 24% males from which 3% fall into the pension age.



A total of 30 employees were hired during 2017 while the total employees that left in 2017 also stood at 30.

The total workforce in 2017 measured in Full Time Employees (FTEs) stood at 308 and consisted of 168 employees (55%) providing Direct Patient Care, 50 employees (16%) Supporting Patient Care, 21 consisted of Specialists & Doctors (7%) and 69 consisted of other support staff (22%).



The percentage of sickness per FTE in 2017 (4.4%) decreased compared to 2016 (6.0%). This decrease occurred mainly by sick leaves greater than ten days. Contributing factor to this development is the implementation of a new sick leave policy in the second quarter of 2017 after enlisting the services of an occupational physician to further lower the sick leave percentage.

**HURRICANE IRMA AFFECTING STAFF**

Hurricane Irma brought along major challenges for our staff. An assessment was made among staff that indicated that no less than 43 employees lost their roofs as a consequence of the hurricane. Getting over Hurricane Irma was difficult and remained difficult especially for the staff who suffered tremendous losses. Some of the staff remained roofless after the year end and had kept living in with friends or relatives or even in shelters.

Many of the staff expressed to be thankful that they still have a job, unlike many others on the island, and that their job helped as a distraction to what they have to face when returning to whatever was left of their home. Some of the staff were given leave of absence (hurricane leave) in order to get their homes in order where possible. Some had to leave the island to take their children/babies abroad to live with families and/or attend school. This also resulted in situations where employees were not able to see their children for months.

The courage and resilience of the staff has been highly visible by showing up to work every day, sick leave not having increased. They continued to show determination and dedication to serve our patients with quality even through their own hard times.

About 20% of staff responded to psychological assistance. The hospital's psychiatrist kept individual and group sessions for the staff. All of the attendees shared positive feedback on these sessions and some have planned to follow up.

### **CLA**

The new Collective Labour Agreement (CLA) went into effect on July 1st, 2017. Due to good relations between the Union and the SMMC there were many improvements compared to the previous CLA.

## **M E D I C A L   C A R E**

This chapter highlights the developments in Medical care at SMMC during 2017.

### **STRENGTHENING SMMC MEDICAL CARE ORGANIZATION AND COMMUNICATION STRUCTURE**

The Medical staff has continued to work on improving communication in the benefit of quality care. This is demonstrated in the expansion of multidisciplinary patient discussions from two times a week to daily. Besides this, departmental daily meetings with nurse, physical therapist, social worker and other stakeholders continued. The monthly specialty meetings are chaired by the Medical Director which has contributed to transparency throughout the organization allowing management to further develop the level of care.

### **EXPANDING MEDICAL SPECIALTY SERVICES**

Plans to extend medical specialty services bore fruit whereby a Urologist commenced as of August 2017. SMMC has seen a tremendous influx of patients consisting of new patients who were scheduled to go abroad for this service. SMMC has managed to decrease urological referrals abroad to a minimum with the initiation of this service. The quest for the other specialties that were planned to be implemented in 2017, namely Ophthalmology, Neurology and Orthopedics continued. SMMC visited the Ophthalmology group of the Academic Hospital in Suriname during this period. An agreement with this group, with the addition of two to three eye specialists based in The Netherlands was concluded. The details of setting up eye care at SMMC have become a matter of formality.

Orthopedic Surgeon recruitment has not been very forthcoming, nevertheless seeing the tremendous number of referrals abroad it is imperative to acquire a resident Orthopedic Surgeon in SMMC.

SMMC continues to encounter thresholds by Government for establishment of specialists not originating from the Netherlands. Multiple stakeholder meetings consisting of Education department, department of Public Health, Cabinet of the Ministry of VSA and SMMC, were held in the past to clarify the process for the establishment of medical professionals on St. Maarten, yet to no avail.



## STRENGTHENING SPECIALTY DEPARTMENT STRUCTURE AND FUNCTIONING

Specialty department meetings have increased, which has shown improved transparency with regard to treatment methods as well as handling of calamities/complaints. Continuity of care has proven to be stable with minimal staffing gaps.

The small number of specialists per department still poses challenges in performing the vast amount of administrative tasks besides the clinical work, which is required. Therefore, talks are ongoing with the Ministry of VSA and Department of Public Health to propose installing House Officers in the specialist medical care chain in SMMC like the majority of hospitals have internationally.

## IMPROVING CAPACITY AND UPGRADING OF EMERGENCY ROOM STAFF

SMMC's goal is to improve the emergency room physician staff available for services seeing the growing number of visitors to the ER. A request to government to allow more ER doctors (from 5.5 FTE to 8.5 FTE) to be licensed on St. Maarten was made.

The complete manpower planning for medical professionals in 2017 and the projection for 2018 is outlined in the table below.

Medical Professionals	Government Policy 2008 (FTE)	Government Policy 2012 (FTE)	Needed in SMMC 2018 (FTE)			Situation SMMC end 2017 (FTE)			Vacancies SMMC (FTE)
			Permanent	Rotation	Total	Permanent*	Rotation	Total	
Anesthesiologist	4	4	2	0.5	2.5	1	1.3	2.3	0.2
Cardiologist	1.3	1.58	2	0.5	2.5	1	1.3	2.3	-
Dermatologist	0.6	0.78	1	0.3	1.3	1	0.3	1.3	-
General Surgeon	3	3.61	3	-	3.0	1.5	0.3	1.8	1.3
Gynecologist	3.4	3.6	4	-	4.0	3.6	-	3.6	0.4
Internist***	3	3.2	3	-	3.0	3	-	3.0	-
Midwife (clinical)	1.7	1.16	2.6	-	2.6	1.6	-	1.6	1.0
Nephrologist**	-	-	2	-	2.0	2	-	2.0	-
Neurologist	1.4	1.37	1	0.3	1.3	-	-	-	1.3
Oncologist**	-	-	1	0.3	1.3	0.6	0.2	0.8	0.5
Ophthalmologist	2.3	2.23	1	0.3	1.3	-	-	-	1.3
Orthopedic Surgeon	1.2	1.51	1	0.3	1.3	0.3	-	0.3	1.0
Otolaryngologist (ENT)	1	1.21	1	0.3	1.3	0.5	-	0.5	0.8
Pediatrician	2.8	4.54	2.5	0.5	3.0	2.6	-	2.6	0.4
Psychiatrist	2.5	3.12	1	-	1.0	1	-	1.0	0.0
Pulmonologist	1.1	1.09	0.5	-	0.5	-	-	-	0.5
Radiologist	1.5	2	2	0.5	2.5	1	1.0	2.0	0.5
Urologist	0.7	0.73	1.5	0.3	1.8	1	-	1.0	0.8
<b>TOTAL</b>	<b>31.5</b>	<b>31.5</b>	<b>32.1</b>	<b>3.8</b>	<b>35.9</b>	<b>21.7</b>	<b>4.3</b>	<b>26.0</b>	<b>9.8</b>

\* Including Private Practices

\*\* Internal Medicine in Government's Manpower Planning

\*\*\* General and Gastroenterologist

# PATIENT CARE

This chapter will highlight the changes in the patient care division as occurred in 2017.

## IMPROVING CARE PER DEPARTMENT

### Operation Room (OR)

In preparation of the incoming Urology specialty, several instruments and disposables were purchased. A video laryngoscope was purchased to guarantee safer and quicker intubations to patients with difficult airway management.

### Emergency Room (ER)

Extra laptops and a printer were installed in the trauma room to facilitate nursing and medical registration and care documentation.

### Intensive Care Unit (ICU)

ICU received four new cardiac monitors and a central monitor. Five telemetries were also purchased and installed. These telemetries have an extended range to the Outpatient department as well as to the Ob/Gyn area. The ICU staff received training on how to operate the monitors.

### Medical/Surgical ward (Med/Surg)

The ward is still being challenged with lack of space due to the increase of isolation cases. These isolation cases have increased mainly with the screening of patients who supposedly could be infected with MRSA. The ward has been upgraded with two extra rooms, of which one is fully equipped to serve as an isolation room.

### Dialysis

Five dialysis nurses accompanied the 65 dialysis patients to Aruba, where their treatment was taken over right after Hurricane Irma. The dialysis nurses worked along with the Aruban nurses caring for the St. Maarten dialysis patients.

## HURRICANE IRMA AFFECTING PATIENT CARE

### Patients

The hospital was not able to send home or evacuate all patients. Just before the hurricane the “real admissions” were on the rise. SMMC was severely hit by admissions whereby the hospital was used as a shelter. This resulted in a rise in social indication cases waiting to go to the White and Yellow Cross foundation for nursing care, because they did not have a home or their families could not or would not take them in. Even after the storm the elderly kept being admitted with no surety of returning to a home. Placement of these patients was challenging, due to the fact that not all the rooms were considered completely safe (see below).

### **Lack of space and patient safety**

The lack of space due to damaged rooms and the isolation patients made it difficult for the care department to accommodate all patients according to hygiene standards. Extra beds had to be placed in rooms, in order to ensure admission and care to all patients. Evacuation abroad was not possible and patients could not go to the French side for that hospital was in worse condition. Their patients were evacuated to Guadeloupe. Some surgeries had to be cancelled due to the lack of space on the wards. Several rooms were closed and could not be used for safety and hygiene purposes.

### **Leakage**

Rooms with leakage were partially repaired and used temporarily even though some ceiling tiles were missing. To ensure safety to staff and patients the housekeeping department worked around the clock ensuring dry areas for staff, visitors and patients to walk on. The nursing staff also had to help mop and remove water during and after the pouring of rain. The areas hit the most with leakage that was an extra burden to staff, whereby staff were interrupted in their duties to mop and dry the areas in the units were the Kitchen, Med/Surg, Ob/Gyn, ICU, Sterilization and Outpatient.

The clinical lab had to be relocated across the street in the main building. The clinical lab in the hospital was totally damaged and could not be used for operations. This was challenging for the continuity of care. SMMC ensured that all lab specimens were transported in a timely fashion to the main building. This was done by care assistants on the wards and in the evening by the ER care assistants.

## **SOCIAL WORK**

As part of Patient Care, the Social Work (SW) Department assists patients, families and staff members in achieving their full potential, by restoring independence and linking to necessary exterior resources within the community, for a holistic approach to the continuum of care from a social perspective.

### **Consultations**

There were 170 documented consultations recorded in 2017. Of that total there were:

- 6 undocumented persons.
- 79 cases fell under Med/Surg
- 11 case under Pediatric,
- 16 cases within OB/GYN
- 9 cases in Intensive Care Unit (ICU)
- 12 cases in Dialysis
- 30 cases uninsured

The remaining cases fell within Outpatient, Staff and Family and ER departments.



### **Social Cases**

Of the total, 76 cases were tagged as having social issues, problems or indications within the range of categories identified. Of the cases dealt with by the Social Worker, the most prevalent relate to the lack of insurance coverage, followed by cases related to locating next of kin. Families often need assistance in being linked to outside resources to aid with the care of the ill and the Social Worker is then brought in to be the liaison between the families and the organizations. For 2017, the categories of the cases were: Child Neglect, Domestic Abuse, Abandonment, un- and underinsured, Psychosocial Indications, Intimidation and control within families.

## **QUALITY AND SAFETY**

This chapter will highlight the quality and safety projects done over 2017.

### **SETTING AND SECURING QUALITY AND SAFETY STANDARDS**

During 2017, the Quality and Safety Department started with the employee satisfaction survey program. Additionally, a survey and a report were made for the Food Services Department. The Quality and Safety department continued working on the action plan from the Inspectorate list and started collecting “proof of evidence”. Also a document was made up for the identification of calamities, complications and incidents.

Furthermore, the department established a Medication Committee, Antibiotic Committee and a Protocol Committee. The Protocol committee has been working on a protocol program to update and maintain all hospital protocols. Lastly, the department started introducing Quality Tools and Risk Analysis to the Retrospectus Committee.

### **WORKING TOWARD JCI ACCREDITATION**

The Quality and Safety Department has focused on getting familiar with the JCI (Joint Commission International) standards.

Joint Commission International (JCI) accreditation is considered the gold standard in global health care. JCI accredited organizations are rigorously evaluated and must demonstrate committed compliance to quality care delivery based on the most current evidence-based practice standards. This means SMMC is working to improve and implement high quality care initiatives, patient-safe policies, practices, and procedures required to meet those standards.

A start is planned with the first JCI chapter: GLD Governance Leadership and Direction, as a pilot project. An inventory is going to be made on all the standards and measurables and an assessment will be made to what extent SMMC complies with them. After this stage the improvements will start to fill in all the gaps.

The Pharmacist and the Quality department worked together and made a plan for working on the JCI chapter

Medication Management and Use. A plan was drafted to approach Pharmaceutical students to help us with this project. However, due to the hurricanes it has been challenging to recruit students. The Pharmacist attended a JCI training that is being used in this project.

### **PATIENT SATISFACTION**

In 2017 a new online survey program was installed. With the use of this tool, SMMC developed patient satisfaction surveys for:

- The inpatient departments
- New specialists
- Specialists
- ER doctors
- Rotating specialists



SMMC will be continuously conducting surveys for the above groups and based on the results, take action and use the results as part of specialist assessments.

### **SETTING HEALTHCARE STANDARDS FOR HOSPITAL CARE ON ST. MAARTEN**

Since it will take some time to introduce and meet all the JCI standards, with one of the reasons being that the current hospital building is not suited for JCI accreditation, SMMC decided to start with the development of healthcare standards and measurables that apply for St. Maarten. With these 'field norms', SMMC aims to set a clear set of standards in line with local legislation on adequate, quality and safe hospital care.

### **HYGIENE AND INFECTION CONTROL**

Reducing and preventing infections remains a high priority for SMMC. The Hygiene and Infection Control (HIC) department's goal is to prevent and combat hospital infections by implementing quality guidelines for Infection Prevention and Control in the hospital. These guidelines are established by the Dutch Society of Infection Control (VIHC) and the Dutch Society of Medical Microbiologist (NVMM).

The Infection Committee continued to meet on a structural basis in 2017 and has ratified surveillance figures, outbreak reports and new Infection Prevention and Control policies and procedures. Several Surveillance programs were conducted such as PREZIES, HRMO and MRSA surveillance on wards and staff.



# FACILITIES

The following sections illustrate the affairs relating to SMMC facilities in 2017.

## BUILDING MAINTENANCE

### Improvements

Various projects have been executed throughout the hospital with involvement from the Maintenance/Facility Department during 2017. Highlights are listed below:

- Outpatient renovation: By relocating the Cardio Ultrasound and Diagnostics Department completion of the Cardiology cluster at Outpatient was realized.
- Access control: Installation of access control on the entrance to the Central Sterilization Department (CSD) was done.
- Treatment room: Renovation of this room on Med/Surg into a two-bed patient room.
- Changing rooms: Part of the Laundry was made available to create three staff changing rooms.
- Nurse Call system: replacing the system at Ob/Gyn ward.
- Kitchen renovation: whereby the dishwashing area, distribution area and cooking area are separated from each other.
- Sewage Treatment Plant: improvement was made to the functionality of the waste water process.
- Water system: Improvements have been made by installing additional filters points and replacing part of the water pipes.
- Generator: upgrading of our Automatic Transfer Switch (ATS) generator.
- Parking: Installation of speed bumps and signage were made to improve safety on hospital premises.
- General: by replacing items which got damaged due to the hurricane, quality improvements are taken in consideration by selecting materials or products which fit better in the hospital environment. For example, ceilings tiles were selected which are designed for hospitals and lights fixtures were replaced for LED light fixtures.

### Construction & Renovation Plans

- Support Services Building (SSB): a building permit request for a 'temporary' building on the parking next to the Kitchen was submitted. This building will facilitate the sterile storeroom including a receiving area and offices, Education Department, ICT offices and HR offices. Completion date was delayed to 2018 due to Hurricane Irma.
- Outpatient Department (OPD): the building permit request for additional doctor offices and support offices at the Outpatient Department was submitted. Those offices will be created between the Gynecology and our Blood bank and are realized to facilitate the expected new Specialties Urology, Neurology and Orthopedics. A small two-level building will be realized in the patio for supporting functions like central archive, supervisor office and back office for specialists. Completion date is shifted to 2018 due to Hurricane Irma.

- Dialysis Expansion: after completion of the SSB, the sterile storage can be relocated and then this area can be renovated into additional Dialysis locations, including a doctor office for the nephrologist. Completion date is related to the patient growth at the Dialysis Department, but it is expected that by end 2018, the dialysis expansion needs to be completed.

### **Hurricane Irma & Maria**

Hurricane Irma hit St. Maarten on September 6, 2017 as a Category 5 hurricane and caused severe damages to SMMC, mainly concerning:

- Roof and lighting protection
- Cladding
- Doors, windows and railings
- Water leakage damages like suspended ceilings, light fixtures, etc.
- Exterior components like light poles, Air-conditioning installations, flag poles, etc.
- UPS of the CT-scan

On September 19, 2017 Hurricane Maria passed St. Maarten and caused some additional damages, mainly due to rainfall.



Royal Haskoning-DHV was requested to perform a technical damage assessment of the building structure, building installations and equipment. Their report gives a detailed result of the inspection and is also used for submitting the insurance claim.

SMMC's Maintenance team put a lot of effort in the repair works which had to take place directly after the hurricane. Also it was decided that for certain works no contractors would be hired, but materials were purchased by SMMC and repair work was done by the Maintenance team. Directly after the storm, SMMC got assistance from the Military for the execution of several quick fixes which made sure the building was safe to continue our daily operations. At the end of 2017, the first preparations were started in consultation with an external engineer to prepare tender documents for the roof and façade repair work as these are critical components.

## **ICT**

For the ICT Department the activities in 2017 are presented below.

### **HOSPITAL INFORMATION SYSTEM**

After the implementation of "Evident's Inpatient Physician documentation" in the Obstetrics/Gynecology department and the Pediatrics department in the first half of 2017, the ICT software staff began preparations for the third phase whereby physician documentation would be implemented on the Medical Surgical ward and the ICU in September.

Unfortunately, due to the hurricane the go-live date had to be postponed to 2018. Focus for the remainder of the year was on improving nursing documentation and improvements on the medication item master which would make it easier for physicians to prescribe medications digitally through Evident.

### **OTHER ICT PROJECTS AND ACTIVITIES**

The new PACS server went live in 2017 and complaints from the physicians accessing radiology images vastly decreased. Unfortunately, the site visit planned to visit a US based hospital to view the Evident Radiology system in a live environment was postponed due to the hurricane. Internet and telephone services on the island were badly damaged and this continues to affect SMMC. For example: internet providers went offline several times or internet service was very slow, affecting email as well as access to the “Problem List” in Evident, accessible only through internet, thus negatively affecting physician documentation.

The C3 communication radios that are part of the ICT disaster equipment proved highly valuable during the hurricane. Additional radios were borrowed from the provider in order to accommodate the increased number of specialists and the on-call staff. With the continued expansion of staff and specialties, additional expansion of network switches at the X-ray and Care Complex became necessary.

Nefrosoft, a software program specifically developed for dialysis and nephrology, was purchased and implemented and trainings of the dialysis staff completed and software turned over to the dialysis team.

## **STRATEGY AND BUSINESS DEVELOPMENT**

This chapter highlights the developments in the SMMC’s strategy and business development during 2017.

### **TRIPARTITE**

Tripartite Steering Group meetings continued over the course of 2017. The main subject was the financing for the new St. Maarten General Hospital (SMGH) project, which was expected to be finalized by mid 2017. However, discussions with the financing parties were continued, where significant steps were taken towards completion of the Facility agreement pending to be finalized.

In line with the Tripartite objectives to provide ‘affordable, accessible, quality care close to home’, several meetings took place with SZV during 2017 to decrease the number of and costs related to medical referrals abroad. One of the measures that is being worked out, is that all referrals are handled through SMMC instead of the general practitioners referring patients abroad directly. Implementation of this measure is set for early 2018.

A meeting with the Ministry of VSA and the Inspectorate of Health took place to present SMMC's proposal to develop and implement local standards for hospital care as a starting point to work towards JCI (Joint Accreditation International) standards.

### **WE CARE TOGETHER PROGRAM (BES ISLANDS)**

A new budget agreement between the Zorgverzekeringskantoor (ZVK) and SMMC was signed. The agreement contains the terms and conditions of the new budget agreement for the coming years, which enables SMMC to start-up new medical specialties (Ophthalmology, Urology, Neurology and Orthopedics) and to expand services like Dialysis. A start was made to use the funds for the purchase of several Urology items.

Meetings started with ZVK to discuss the process of referrals from Saba and St. Eustatius to SMMC and how this could be improved by SMMC taking over the coordination of doctor's appointments and appointments for diagnostics. A 'ZVK office' will be realized within SMMC for this purpose.

### **STRATEGIC PARTNERSHIPS**

SMMC's Medical Director, Legal Counsel and Strategy and Business Development manager participated in a conference on Cooperation in Health Care and Medical Care between Curacao, Aruba and St. Maarten, organized by the respective Ministers of Health. Representatives of the Ministries, Social Health insurances, Inspectorates and Hospitals of the three islands were present, where areas of cooperation were identified and elaborated on. One of the results was that all hospitals involved agreed to entering into the JCI trajectory to be able to work closely together in the field of quality and safety.

Meetings were held with the Louis Constant Fleming Hospital (French side) to discuss the possibility of leasing their Operation Room for total hip and knee orthopedic surgery. A draft agreement was set up and discussed, which is aimed to be finalized in the first quarter of 2018.

SMMC's General Director and Strategy and Business Development manager visited Erasmus Medisch Centrum Rotterdam in October to discuss possible support post Irma and to continue the discussions about the strategic partnership. The pilot project for rotating specialists from Erasmus MC to support SMMC was discussed and a work visit to Curacao was planned to meet with several specialty group heads from Erasmus MC to get acquainted and to assess which specialties have possibilities for rotation. During the visit, constructive discussions took place for example with the Ear Nose Throat (ENT) group to be further worked out in the coming period.

After a visit from FCV (Fundación Cardiovascular de Colombia) in the beginning of the year to discuss a strategic partnership, SMMC's Cardiologist Dr. Bird-Lake visited their facility in Bucaramanga, Colombia. FCV is a highly ranked academic hospital within Latin America and, although they are focused mainly on cardiology care, would be able to support SMMC in several areas, including the trajectory of working towards JCI accreditation. Agreements were made for FCV to visit SMMC in September specifically with regards to the JCI accreditation trajectory, which visit was postponed to 2018 due to Hurricane Irma.

# COMMUNICATIONS

This chapter highlights the activities of the Communications Department during 2017.

## IMPROVING EFFORTS AND PRODUCTIVITY

### Expanding the internal communication

During 2017, a new (internal) communication plan was created. In response to the audit conducted during the first quarter, the plan is intended to improve the communication and the shared knowledge of the organization, particularly internally.

### Tripartite communication workgroup

2017 marked the start of the communication workgroup project involving the various communication experts from the Tripartite. Representatives from SMMC, SZV and the Ministry of VSA have been working on a communication plan to support the transition to the new hospital being developed for St. Maarten. Together the various representatives create synergetic opportunities in preparation for the future. The workgroup determined the needs of the project and developed an understanding of the target groups.



Focus groups were interviewed to understand the different perspectives surrounding the current and future hospital. The groups interviewed were patients (non-medical stakeholders) and healthcare providers (medical stakeholders). The assumption is that the groups would have different experiences and perspectives of the hospital, due to their specific relationships with it. The results identified current concerns and expectations of the state of healthcare on the island as well as expectations for the future.

## CREATING NEW DONATIONS PROGRAM

A donation drive campaign was started through SMMC's Facebook page and website (for which a special donations page was created) to help facilitate contributions and relief from the public after Hurricane Irma. This included a direct link from the homepage and a 'donate now' button which allowed persons of interest to make a direct donation via credit card.



## LEGAL

This chapter presents legitimate matters of the organization during 2017. The Legal Department of the medical center deals with all legal matters of the hospital as well as the handling of complaints.

### LEGAL COUNSELING

Registration of our medical professionals remained to be an agenda point of the Legal Department during 2017. Deliberations with the Ministry of VSA were held with the purpose of further improvement and shortening the duration of the establishment processes. A change in the procedure was agreed upon: for 'non-Dutch BIG registered professionals', where 'equivalency' with the Dutch specialist program could not be established, a Ministerial Decree was given with the condition of a 3-month evaluation period in the hospital. SMMC provided input to VSA for the draft Ministerial policy on establishment of 'non-Dutch BIG registered professionals'.

SMMC received a draft proposal from the Inspectorate of Health regarding the implementation of the BIG legislation. This proposal has been reviewed and discussed with SMMC's medical specialists. The Legal Counsel has been working on a document with comments from SMMC side on the draft BIG legislation, to be finalized early 2018.

The Legal Counsel remained involved in the preparations of the New Hospital Project and the surrounding documentation and advices for decision making by The Board of Directors and Supervisory Council.

The Legal Counsel has also been involved in the finalizations of the insurance claims relating to Hurricane Irma (building damage and business interruption). Reviewing all (draft) agreements and contracts for SMMC, e.g. collaborations, rental agreements, supplier agreements, employment and consultancy agreements, continued throughout 2017 within the Legal Department. The Legal Counsel continued to coordinate pending medical liability cases with Insurance Company Medirisk.

### COMPLAINT HANDLING

All complaints received by SMMC are handled by the Legal Counsel/Complaint Officer. There is an Inter- Island Complaint Committee for complaints that have not been resolved to the satisfaction of the complainant by the Complaint Officer.

In 2017, a total of 22 complaints have been received by the Complaint Officer. The complaints - diverse in nature ranging from a billing issue, communication/treatment by the nurses or a specialist, a complaint about a medical treatment, waiting times at the ER amongst others - have been answered in writing or have been discussed in a personal meeting with the Complaint Officer, where necessary together with the Medical Director and/or the Manager Patient Care. Where a complaint indicates any room for improvement within SMMC, the complaint is addressed by the Manager Patient Care or the Medical Director with the relevant staff. SMMC includes into its letters to complainants that there is always the possibility to forward the complaint to the Inter-Island Complaint Committee – in case the complainant is not satisfied with the written reply.

## A PLACE TO LEARN

SMMC is a learning environment that keeps the community abreast of medical developments and encourages staff to remain up-to-date and educated in their field.

In 2017, there were 18 students who interned from the Instituto pa Formashon den Enfermeria (IFE) in Curacao, 20 students interning from the Netherlands and 14 Licensed Practical Nursing (LPN) students. In addition, in 2017 there were 11 interns originating from Peters College (MPC), Learning Unlimited (LU) and Academy PSVE. The hospital also catered to 24 LPN students from the National Institute for Professional Advancement (NIPA).

The Education Department also organized external educational opportunities for the community. In 2017, a total of 14 lectures for schools in the community were hosted. In-house the department offered 46 lectures and courses to SMMC staff (e.g. CPR, ACLS, Critical Care, PALS, Neonatal Care courses) and 16 orientation visits were made by secondary school students to the hospital.

Through the Education Department, SMMC seeks to contribute to the advancement of the community and of SMMC staff. This advancement leads the future to a better, higher quality of care.

## DONATIONS

Right after the hurricane a group of medical specialists in The Netherlands spearheaded a generous donation of different pieces of medical equipment and medical materials which were sent to St. Maarten with the navy ship HNLMS Karel Doorman together with other (relief) goods.

This group was supported by a Foundation 'Stichting Vrienden van St. Maarten Medical Center' that was set up specifically to (financially) support SMMC in order to resume normal operations as soon as possible. A visit was paid to the founder, who also organized a benefit concert where representatives of SMMC were present.

The donated items consisted of medical equipment such as:

- |                                   |                         |                   |
|-----------------------------------|-------------------------|-------------------|
| • 3 Ultrasound machines           | • 3 Ultrasound machines | • 4 Incubators    |
| • 1 Electrical Surgical Generator | • 2 Anesthesia machines | • 1 OR Table      |
| • 1 ECG machine                   | • 2 Stretchers          | • 1 Mobile Xray   |
| • 1 ESR tester                    | • 1 Babytherm           | • 1 Mobile Vacuum |

The giving spirit of the community adds communal value to the work done at SMMC. Donations are always appreciated by the SMMC and can be made through <http://smmc.sx/Family-Visitors/Donate> section of the SMMC website where more information is available about giving to SMMC and the medical equipment needed most.





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