



جامعة الجميع الذكية
EVERYONE'S SMART UNIVERSITY



Establishment and Operation of a Specialized Medical Center (Dermatology and Cosmetology Center)

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1442هـ - 2021 م





3D Video of the Clear Reflection Clinics Project

In the link below:

https://drive.google.com/file/d/1MHlNh53pdE8OCn_jlgOFMtCczHxg-JpQ/view?usp=drive_web

OR

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Project brief

Dermatology and beauty units are trending in the current world. Several factors have contributed to the increasing rise in demand for dermatology and beauty procedures. They include the increased desire for people to enhance their images and youthfulness, media hype in advertising, professional compulsions, and technological advances, making it possible to conduct and treat cosmetic disorders with minimal complications (Ganceviciene, Liakou, Theodoridis, Makrantonaki, and Zouboulis, 2012). Statistics from the American Society for Aesthetic Plastic Surgery (A.S.A.P.S.) show nearly 11.5 million dermatological surgical and non-surgical procedures between 1997 and 2013 (Sansone and Sansone, 2007). The cosmetic surgery rises in America got stimulated by media personality' provocations on the miracle of skin rejuvenation. With the upward trend, many people are indulging in developing these specialized dermatology and beauty centers. The typical cosmetic surgical procedure entails blepharoplasty. The rhytidectomy and rhinoplasty procedures are also standard in America (Zarringam, Decates, Slijper, and Velthuis, 2020). Other cosmic procedures entail lip augmentation, forehead lifts, hair transplantation, breast enhancements, and laser resurfacing.

This project seeks to provide adequate steps to establish the specialized Dermatology and Beauty medical Centre, integrating perspective, people, and practice competency areas. During the project development, its management is crucial as the project seeks integrations defining vast areas of work and focusing on the long-term benefits of the establishment and operations of the unit. Tiny errors in the commissioning of its implementation may result in massive financial implications—strategic execution results in the achievement of the short-term and long-term benefits (IPMA, 2015). Since skincare is a competitive field, the center's operation will use various strategies to gain a competitive advantage. Firstly, it will partner with the locals tapping on their talents via internship programs. Second, it will partner with local hospitals to make their referrals to the center. Also, it will partner with celebrities to enhance the skin rejuvenation they get from the center.

The dermatology and beauty unit will get established in the city of Riyadh. The team will provide all dermatology and beauty services employing the use of highly technical modern

equipment. The techniques in use consider all aspects of emerging technology to ensure safe procedures with minimal side effects and complications. With the rapid growth in the city, the project has intentionally placed to tap into the changing perspectives of beauty and provide essential services for the people

Mission and vision statements for the project

The vision of the project is to be a world-class unit for high-quality, innovative dermatological care. The mission of the establishment and operation of the dermatological and beauty team is to create a vibrant community that strives to provide patients with affordable, inclusive, excellent, and innovative care in compassionate and humane environments.

Establishing and operating a dermatological and beauty unit is to provide quality services to the people. It aims to provide dermatological services sensitive to the needs of the people, foster partnerships to provide innovative, high-quality dermatological care, recognize local and other specialties in the dermatology and beauty fields, and promote integrity and ethical respect for the people.

SMART model Project Scope Statement

The number of individuals seeking dermatological and beauty treatments has risen over the years. Different options such as dermal fillers and botulinum toxins enhance the skin restoring its youthful radiance. With the media ideals of beauty, most people have been motivated to take non-surgical aesthetic treatments. The 2018 survey conducted by the American Academy of Facial Plastic and Reconstructive Surgery survey indicated that people under 30 years take cosmetic surgery and injectable by 72% from 2013.

Project Goals and Objective

The objectives of the establishment of the project include:

- To establish and operate a dermatology and beauty Centre that employs modern and safe techniques to conduct dermatological procedures

- To treat dermatological issues with minimal complications and side effects.
- To meet the community's skincare needs, inhumane and hospitable environments.
- To increase dermatological needs awareness of people using media influences.

Performance measurement indicators

In the assessment of the performance analysis for the project, five dimensions got considered. They encompass financial performance, time, people, growth, and quality. The project considers these aspects to understand the balance between clients and business perspective, understanding how others see the organization and how it sees itself and the needs of the business with changes over time. The approach is instrumental for holistic organizational breakdown , translating set objectives into daily activities and translating strategy into measurable goals. Lag performance measurement got used in the project. Return on investment achievement evaluation is by the number of people successfully treated or attended to their skin needs, the number of successful procedures that occurred, and expenses incurred.

operational plan

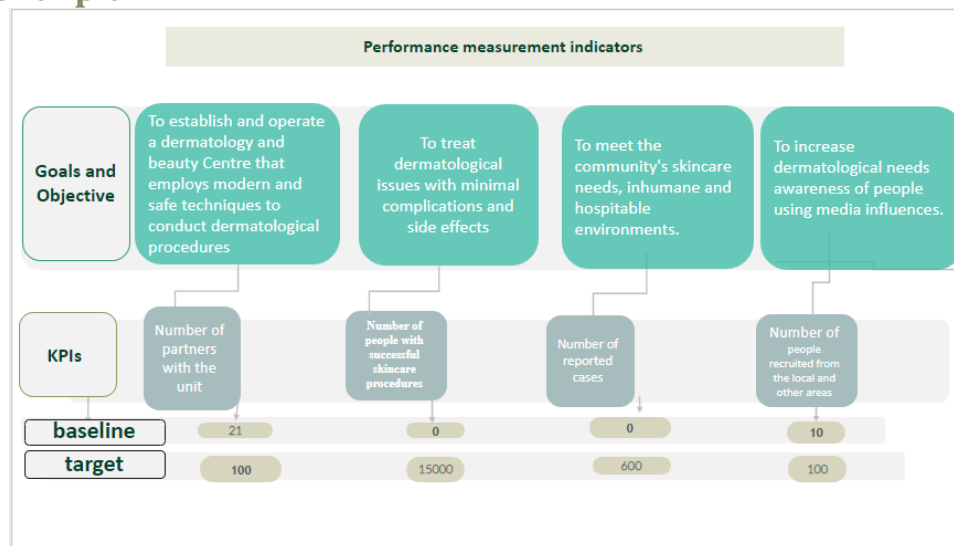


Figure 1: Performance Measurements Indicators

Objective	Lag measure
to provide dermatological services sensitive to the needs of the people	Number of people with successful skincare procedures
To foster partnerships to provide innovative, high-quality dermatological care,	Number of partners with the unit
To recognize local and other specialties in the dermatology and beauty fields,	Number of people recruited from the local and other areas
To promote integrity and ethical respect for the people.	Number of reported cases

Table 1 : Objective & Lag Measure

Lag & Lead Indicator's Identification Methodology:

Performance can be measured by use of Lag and Lead indicators which portray the past and future of the business respectively. The strategy of using both works best because the business is able to look at how far it has come and how far it can go given the existing conditions.

Lag Indicator Analysis:

1. Profit margin; will be calculated as a percentage of the total revenue and will show the general health of the business and show accountability for every cent used. Profit margin will help understand the flow of service delivery in order to predict future prospects.
2. Labour cost per unit of output; every dermatologist will be liable for the service delivered. This will be paired up by customer satisfaction which will portray how well we deliver our services by getting feedback from our clients
3. Revenue; initial revenue will be studied to see how much the business makes in terms of its contribution to the economy.

Lead Indicator Analysis:

1. Revenue growth; this will show the growth trend in service delivery and portray our success in delivery of dermatological services.
2. Revenue per client will indicate the number of patients served at a particular point in time and eventually lead to a good customer retention rate that will indicate our loyal customers.

Project charter

<i>A. General information</i>	
Project title	Clear Reflection Clinics
Project description	Establishment and Operation of a Specialized Medical Center (Dermatology and Cosmetology Medical Center)
Prepared by	Group No. 5172
Date	27/10/2021

B. Project objectives

- To establish and operate a dermatology and beauty Centre that employs modern and safe techniques to conduct dermatological procedures
- To treat dermatological issues with minimal complications and side effects.
- To meet the community's skincare needs, inhume and hospitable environments.
- To increase dermatological needs awareness of people using media influences.

C. Assumptions

- Availability of a professional construction office.
- Sticking to an appropriate project plan.
- Considering holidays and national days in the plan.
- Availability of a high-quality medical tools and devices from good suppliers.
- Availability of multiple hiring companies.
- Availability of enough Human resources.

D. Project scope

The number of individuals seeking dermatological and beauty treatments has risen over the years. Different options such as dermal fillers and botulinum toxins enhance the skin restoring its youthful radiance. With the media ideals of beauty, most people have been motivated to take non-surgical aesthetic treatments. The 2018 survey conducted by the American Academy of Facial Plastic and Reconstructive Surgery survey indicated that people under 30 years take cosmetic surgery and injectable by 72% from 2013

E. Project milestones

Milestones	Deliverables	Date
Clear Reflection Clinics Complex Project Receives Governmental Acceptance Documents	Acceptance Documents	15/10/2021
Site Preparation Begins for the Clear Reflection Clinics Complex	Finished land preparation	15/12/2021

Excavation is Substantially Complete for the Clear Reflection Clinics Complex	Land ready for constructions	20/04/2022
Foundation Complete	Building foundation	18/09/2022
Glass exterior complete	External glass	12/10/2022
Interiors are Built	Interiors	25/01/2023
Medical Equipment Delivered and installed	Medical equipment	13/02/2023
Clear Reflections Clinics Complex Lighting and Furnished	Lights and furniture	20/06/2023

Table 2 : Project Milestones

F. Impact statement

Potential impact	Systems/units impacted
------------------	------------------------

G. Roles and responsibilities

Name	Roles	Email/ phone no.
PMO Director		
Project manager		

H. Project resources

Setting governance, structure, and process

The chain of command for the project entailed management from the first level having the project manager to the fourth level head office. The essence of the organizational structure for the project was to lay decision-making power, accountability, and outline authority lines. Therefore, each task and department had its head responsible for ensuring tasks and performance.

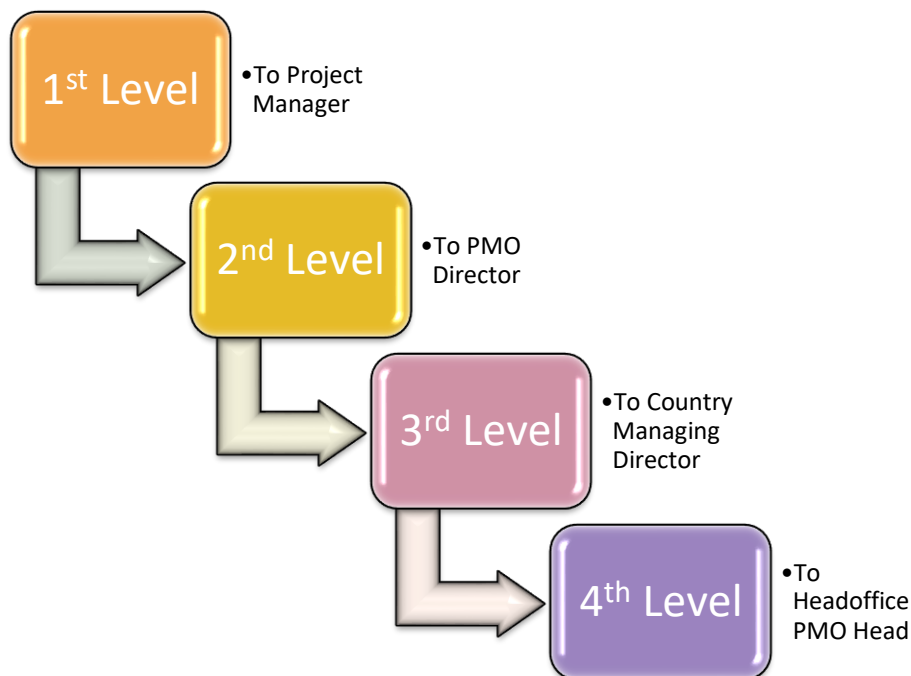


Figure 2 : Governance, structure, and process

Organizational structure Compliance, standards, and regulations

The project must comply with all the relevant legislation and regulations for environmental, safety, health, and security and follows the due process for successful implementation. The checklist entails the principles of dermatological care, public and patient involvement in the project, training requirements for staff, and care models. It links them to other options, information governance, clinical governance, and diagnostic services.

Projects Office Model

most appropriate to manage the project, in addition to mentioning the reason

We all know that the main goal of project management is to achieve and implement the project within the required time, cost and quality standards. As stated in the project management institute (PMI), the project management office (PMO) defines as “an organizational structure or entity in the organization that works to standardize project-related governance processes and its function to facilitate the sharing of resources, methodologies, tools, and techniques, improve project performance and outputs, and assist project owners in achieving project goals” [1].

Although all the three types of PMO are common in many points such as the followings:

1. Evaluate, control & follow-up the project.
2. Provide support and direction to the project team

3. Information store (Data Center) for projects
4. A unified reference for managing all projects
5. Planning and implementing the team's needs for training and skills development

Choosing the type of PMO depends on the culture of the organization. Therefore, as our project goals goes beyond controlling the project by providing project management expertise, resources and high level of management and implementation to manage the project. In addition, focusing on a very high level of consistency in work by letting each director writes a periodic report and submit it to the office, we choose to be a directive PMO.

The Project Management Office

The Project Management Office (PMO) is the pillar of the project. The team ensures management of all processes, creating plans and ensuring delivery on time. They are thus responsible for maintaining a benchmark for the direction of the entire process. The team provides efficient management of the quality of deliverables, processes, and operation of all functions. Thus, the PMO defines objectives and goals, streamlines processes, enhances project quality, and estimations and planning strategies for the project. The project management tools designed by the office include a Gantt Chart showcasing the project durations and timelines. Therefore, the office is responsible for:

Culture and Values management

The development of the dermatological unit acquired guidance from integrity, efficiency, sustainability, resilience, collaboration, respect, accountability, and impact. The value of integrity ensures that all processes and undertakings at the center employ doing the right thing. Fostering partnerships with other health institutions provides open, honest communication built on trust, facilitating collective sharing of ideas. Respect is the bedrock of the core values seeking diversity and inclusivity to incorporate all aspects of cultural differences reflected in the teams.

Sustainability drives the project to use resources in an economical way preserving for future generations. Efficiency forms part of the plans to enhance creative technology that minimizes wastages, creating value for the patients and the unit. We also employ accountability, taking responsibility for all the actions taken in the project. The processes of the department operate impact accommodating sharp changes for better outcomes.

Resources management

Resources are what we can use to get maximum benefits and achieve profits. They are fundamental facets of an entity and encompass human, technical, and robotic resources. Some of the resources employed in the project include physical infrastructure, human resources, equipment, and support services.

Space requirements entail reception and consultation areas for clients. Human resources are instrumental for the operation of the dermatology and beauty Centre. Nurses and doctors are the primary performers of the duty. Other non-staff and technical teams are instrumental for the center's smooth operation and fulfill other periodic requirements like health checkups.

Equipment refers to the specialized items required to perform aesthetic procedures. They include radiofrequency, phototherapy units, wood lamps, and cryotherapy. In addition to the tools, other technical equipment serves crucial roles for many cosmetology procedures and dermatological treatments highlighted in the table below. Different other devices serve purposes of recording results and analysis of changes termed as photo documentation devices.

Basic Equipment	Specialized Equipment
Cryotherapy	Low-Level lights and Lasers for hair restoration
Jet Peel or HydraFacial	Low-level laser therapy, radiofrequency, ultrasound cavitation, cryo lipolysis for body contouring
Microdermabrasion	Micro-needling Radiofrequency and LASERS and Radiofrequency for skin tightening
Mesotherapy	
Electroporation	Long Pulsed ND YAG, Diode, Long Pulse Alexandrite for hair reduction
Radiofrequency and cautery	Intense Pulse Light
Phototherapy Units	Q Switched ND YAG for pigmentation

Table 3 : Basic and Specialized Equipment

Work Breakdown Structure

ID	Task
1.0	Project initiation
1.1	Determine project manager
1.2	Identify stakeholders
1.3	Determine alternatives
1.4	Create project charter
1.5	Prepare business case for the dermatology unit
2.0	Project planning
2.1	Hold a project kick-off meeting
2.2	Create team contract for the team members
2.3	Prepare scope statement
2.4	Create WBS
2.5	Estimate time and budget required
2.5.1	Determine required material
2.5.2	Determine required resources
2.5.3	Assign dependencies
2.5.4	Create project plan and Gantt chart for the entire project
2.6	List potential risks encountered
3.0	Project execution
3.1	Conduct location search
3.2	Assess different options
3.3	Select desired location
3.4	Collect design plans
3.5	Contract engineering office
3.6	Design facility
3.7	Define requirement
3.8	Create bill of quantity (BOQ)
3.9	Create request for proposal

3.10	Float tender
3.10.1	Evaluate technical proposals
3.10.2	Evaluate commercial proposals
3.10.3	Assign contractor
3.11	Kick off execution
3.12	Identify required licenses
3.13	Obtain licenses and approvals
4.0	Project Monitoring and controlling
4.1	Update project plan
4.2	Prepare status report
4.3	Manage change request
4.3.1	Log change request
4.3.2	Obtain change request approval
4.3.3	Update project according to change request
5.0	Project closure
5.1	Prepare final report
5.2	Prepare handover list
5.3	Obtain project sign off
5.4	Register lessons learned

Table 4 : Work Breakdown Structure

Power and Interest

The major stakeholders in the project were patients, nurses, pharmaceutical companies, key opinion leaders, physicians, and dermatologists. The stakeholders have different interests and influences on the project. Some were in the high-power high-interest group, some in the high-power low-interest group, some low power high interest, and others low power common interest in the project. Nurses and dermatologists form the high-power high-interest category for their much influence and interests associated with the project. Patients have high interest with low power. Key opinion leaders have low interest with high power influencing the project.

High power, high interest - Sponsor - Dermatologists	High power, low interest Key opinion leaders
Low power, high interest Patients	Low power, low interest Pharmaceutical companies

Stakeholder Analysis

Matrix of responsibilities

ID	ROLES	ROLES	ROLES	ROLES	ROLES	ROLES	ROLES
Role On Project	PMO Director	Project Manager	Project Coordinator	Managing Director	Facility Manager	M.E.P. Contractor	Dermatology expert
Unique Fact	Very Active	Active in all project cycle	Smooth project flow on budget and time	Actively controls and directs all operations	Oversees and agrees on contracts and services	Management of all systems in the projects	Assess the right equipment have incorporations into the project

Level of Interest	Very High	Very High	Very high planning and coordination	Very high to ensure strategic approaches	Very high on compliance standards	Checks on quality of installed systems.	Checks all project activities assert to the dermatology expectations
Level of influence	Very High	Very High	Knows the flow of the project	High on the direction of the project	Very high on services and contacts	High on the systems to be installed in the project	Very high on activities for project completion
Suggestion on managing the relation	Updated on a timely basis	Ensures timelines are on schedule	Regular updates on the project	Updated frequently to give strategic guidance	Gets updated on the services and contracts on the project to ensure compliance with standards	checks on the quality of mechanical, plumbing, and electrical aspects frequently	Updated on the project activities, especially on the operation of the project

Table 5 : Responsibility Matrix

Authority Matrix

The Authority matrix specifies the authority of stakeholders have to modify budgets and their responsibilities. The project manager serves as the overall authority to approve changes within the project scope. However, the matrix highlights the management of team members; thus, it highlights individuals responsible for examining, recommending, and approving or disapproving change.

The Dermatological and beauty Centre Analysis (Culture and Values)

As the human body undergoes aging and frequent pollution, skin is the first sign of the oblivious process. Both intrinsic and extrinsic processes influence the complex biological process. The inherent processes get influenced by hormones, cellular metabolism, metabolic processes, and genetics. Pollution, toxins, ionizing radiations, chemicals, and chronic light exposure factors affect the skin externally. The effect of aging presents through diminishing deep and superficial fats in the skin, loss of bony skeletons, gravity impacts, and muscle actions leading to changes in shape and contour and sagging of the skin. Cutaneous disorders like skin cancer can also destroy the skin. These factors make people want to minimize their skin aging processes. The nurses and doctors employ various strategies to supplement aging and prevent and treat some cutaneous disorders to achieve smooth, resilient, blemish-free, healthy skin.

The established dermatological center understands and orients its patients to treatment techniques to provide the most satisfying results. The factors of general health status, age, lifestyle, skin types, and previous procedures inform the unit's operation when delivering services to patients. The skin dermatological approaches will encompass tropical agents use, invasive procedures, and cosmological care. Topical agents involve the use of antioxidants and cell regulators and cosmological care involving aesthetic non-invasive procedures, sun protection, and daily skincare routines. The invasive procedures entail the use of Injectable skin rejuvenation and bio stimulation, visible light devices, chemical peelings, Radiofrequency, and intense pulsed light for enhanced skin outcomes.

The Strategy

The establishment and operation of a dermatology and beauty medical center aim to strategically promote innovative, high-quality dermatological care for all people. The center met beauty and dermatological needs through compassionate, responsive, affordable, and respectful care.

Therefore, the project seeks to meet the holistic dermatological and beauty needs of the people using both surgical and non-surgical procedures. The holistic approach achievement was by using doctors and nurses with specialized expertise from local communities and other areas, partnering with influencers to market the unit, and partnering with other health facilities. Partnering with specialized doctors and nurses: this will draw from both the local and other areas. The technical team guarantees offering of quality treatments to the clients seeking the services. Getting individuals from the local community encourages community members to seek the services in the unit.

We are partnering with influencers. Influencers entail media personalities, artists, and other people whose voices have establishments in society. Partnering with them goes a long way to reach more people as they influence them to seek services at the medical unit.

We are partnering with other health facilities. The different health facilities have many patients who seek their services. Some of their patients may need dermatological health services.

Partnering with these facilities gives room for making referrals to the unit. It also establishes a diplomatic association between the workers in the centers. Therefore, exchange and share information on emerging technologies and techniques in health care for effective service delivery.

Factors for success

Different factors ensure the success of an aesthetic facility. The place is a critical determinant determining patients' demography (Sachdev and Britto, 2014). The project location is the city of Riyadh. The other factors influencing success include practice and personnel, patients, procedures, purposes, professional skills, promotion strategies, performance, and patient records. The factors contribute to patient flow into the facility and rates of patients coming to seek the services. All the elements are essential in ensuring the profitable operation of the facility.

S. W. O. T. Analysis

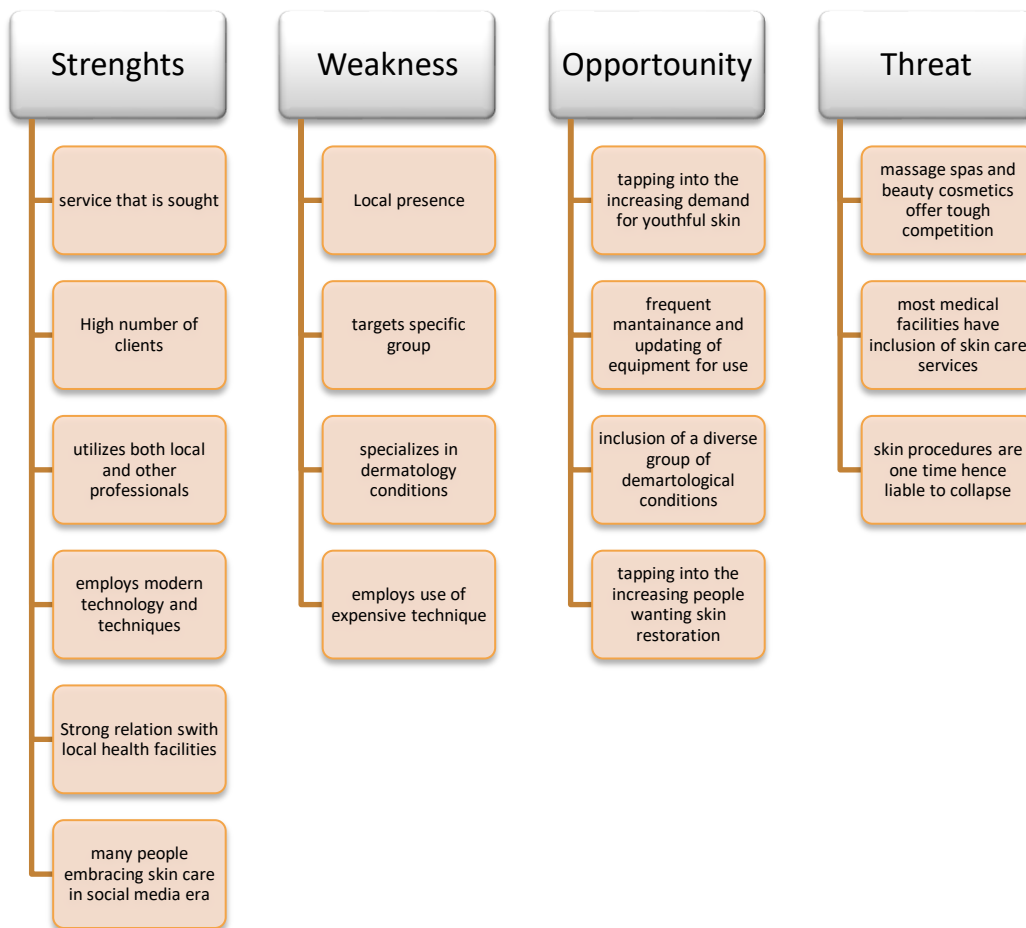


Figure 3 : S.W.O.T Analysis

From the SWOT analysis, the dermatological and beauty center faces weaknesses of being on the local presence, targeting specific health issues, and employing expensive technology that is costly. The local presence implicates the customers to the center are from the local area. The population might not be enough to achieve maximum profit and benefits for the industry. Also, the center specializing in beauty and cosmetic health services limits the number of people they reach to provide services. They will attract only a few individuals with maximum investments, thus not an economically feasible technique.

Solutions to the challenges

To enhance profitability, the center will need to expand its outlook to reach many people on national, regional, and global scales. The expansion will ensure that more people seek services at

the facility at any given time. Also, the facility can incorporate other health procedures to diversify its reach. Also, to ensure sustainability, they should educate the people on the importance of skincare treatments to attract more people to the center.

Self-reflection and self-management

Throughout the project, my behavior influence is evident. Some behaviors that affect the project include dealing with personal distractions, controlling emotions, especially when proked to focus on tasks ahead, and personal preferences on specific work styles and preferences. These behaviors are emotions based, and their elimination focuses on the project to ensure I align with the project needs.

S.W.O.T Self -professional assessment

Strengths • Frequent checks on the results and progress • Easy learning from failures and mistakes	Weakness • Personal distractions • Preference to specific work styles
Opportunity • Delegate tasks effectively • Set up meaningful individual goals • Learn from mistakes	Threat • Provocations on sluggish team members short on deadlines

Personal integrity and reliability

Personal integrity and reliability are critical to ensuring commitment and building relationships throughout the project. Three contradictory behaviors encompass rush decision-making without applying personal values, completing tasks on impulse without consideration of ethical procedures, and conducting morally wrong actions. These behaviors strain the relationships I have with others in the project, restraining project progress and success. Also, substantial financial implications get encountered with rush decisions stretching the project budget further.

Communication plan

A communication plan is instrumental for information sharing with all stakeholders. It contains information flow in terms of communication channels for conveying information, who receives the specific information, and when. The communication channels can include presentations, emails, websites, and printed reports. Authorization of information sharing had a clear stipulation in the plan foreseeing the audience to be disseminated the information with the times. Also, feedback methodologies had them encompassed in the plan specifying the methods for use.

The communication plan below was adopted for the project

Description	Frequency	Method	Audience	Owner
Morning briefs	Daily	Meeting	Project Team	Project Manager
Evening briefs	Daily	Meeting	Project Team	Project Manager
Weekly project progress report	Weekly	Emails	Project management office	Project Manager
Steering committee meeting	Bi-weekly	Web conferencing	Stakeholders	Project Manager

Table 6 : Communication Plan

Stakeholder management

Proper project implementation entails different stakeholders. A detailed project outline got drafted outlining the responsibilities and duties of each stakeholder to ensure all aspects of the project are covered.

Stakeholder register

Role	Contact	Category	Interest	Influence	Expectations	Communication requirements
Sponsor	Email/phone	Internal	● ● ●	● ● ●	Responsive and user friendly	Emails / conferencing
Project lead coordinator	Email/phone	Internal	● ● ●	● ● ●	Project to be delivered on time	Email/telephone
PMO	Email/phone	Internal	● ● ●	● ● ●	Project delivery within schedule Approvals delivery on time	Email/telephone
Contract manager	Email/phone	Internal	● ● ●	● ● ●	Oversee project contracts and agreements	Email/telephone
Facility manager	Email/phone	Internal	● ● ●	● ● ●	Check on project progress, ensuring it is on schedule	Email/telephone
Infrastructure team lead	Email/phone	Internal	● ● ●	● ● ●	Ensure infrastructural quality	Email/telephone
Dermatology expert	Email/phone	Internal	● ● ●	● ● ●	Asserts compliance to standards and right equipment availed	Email/telephone

Table 7 : Stakeholder Register

(Strength/Interest) and (Influence/ Strength) Networks

Stakeholder analysis has been described as below mentioned tables & matrixes. Table#1 shows the stakeholder (strength / interest) based on the classification of matrix#1. Table#2 shows the stakeholder (influence / strength) based on the classification of matrix#2.

➤ Stakeholder (strength / interest)

Project Stakeholder (Strength / Interest)			
Stakeholder Name	Stakeholder Analysis Group	Strength of stakeholder	Interest of stakeholder
<i>Full name of the stakeholder</i>	<i>Key Player / Least Important/ Meet their needs / show consideration etc</i>	<i>High strength or Low strength</i>	<i>High interest or Low interest</i>
Mohammed Ramadan	Key Player	High	High
Khuloud Alshahrani	Key Player	High	High
Humood Alrajeh	Show Consideration	Low	High
Anas Alnoishi	Meet their needs	High	Low
Yaqoob Musa	Meet their needs	High	Low
Abdulaziz Aldosari	Show Consideration	Low	High
Tahani Alharbi	Show Consideration	Low	High
Mohammed Alzaid	least Important	Low	Low

Table 8 : Stakeholder (strength / interest)

➤ Stakeholder (strength / interest) Classification

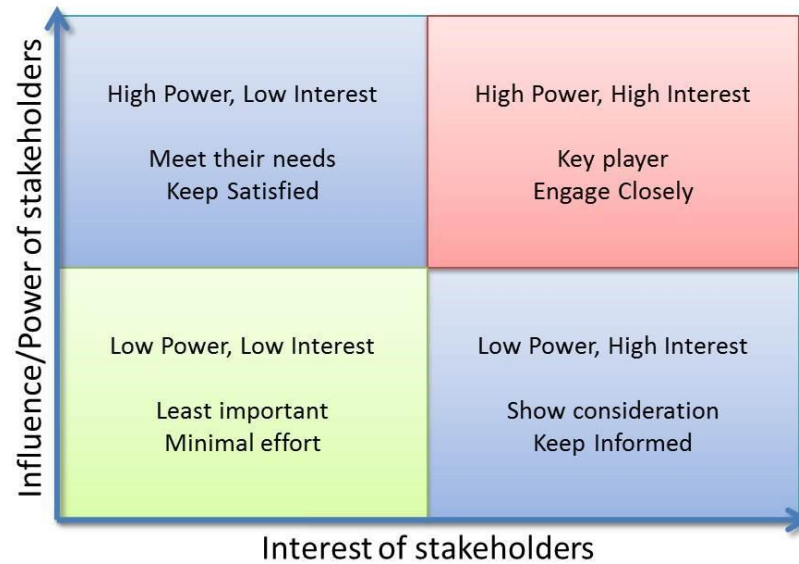


Figure 4 : Stakeholder (strength / interest)

➤ Stakeholder (influence / strength)

Project Stakeholder (Influence / Strength)			
Stakeholder Name	Stakeholder Analysis Group	Influence of stakeholder	Strength of stakeholder
<i>Full name of the stakeholder</i>	<i>Key Player / Least Important/ Meet their needs / show consideration etc</i>	<i>High influence or Low influence</i>	<i>High strength or Low strength</i>
Mohammed Ramadan	Key Player		B
Khuloud Alshahrani	Key Player		B
Humood Alrajeh	Show Consideration		C
Anas Alnoishi	Meet their needs		A
Yaqoob Musa	Meet their needs		A
Abdulaziz Aldosari	Show Consideration		C
Tahani Alharbi	Show Consideration		C
Mohammed Alzaid	least Important		D

Table 9 : Stakeholder (influence / strength)

➤ Stakeholder (influence / strength) Classification

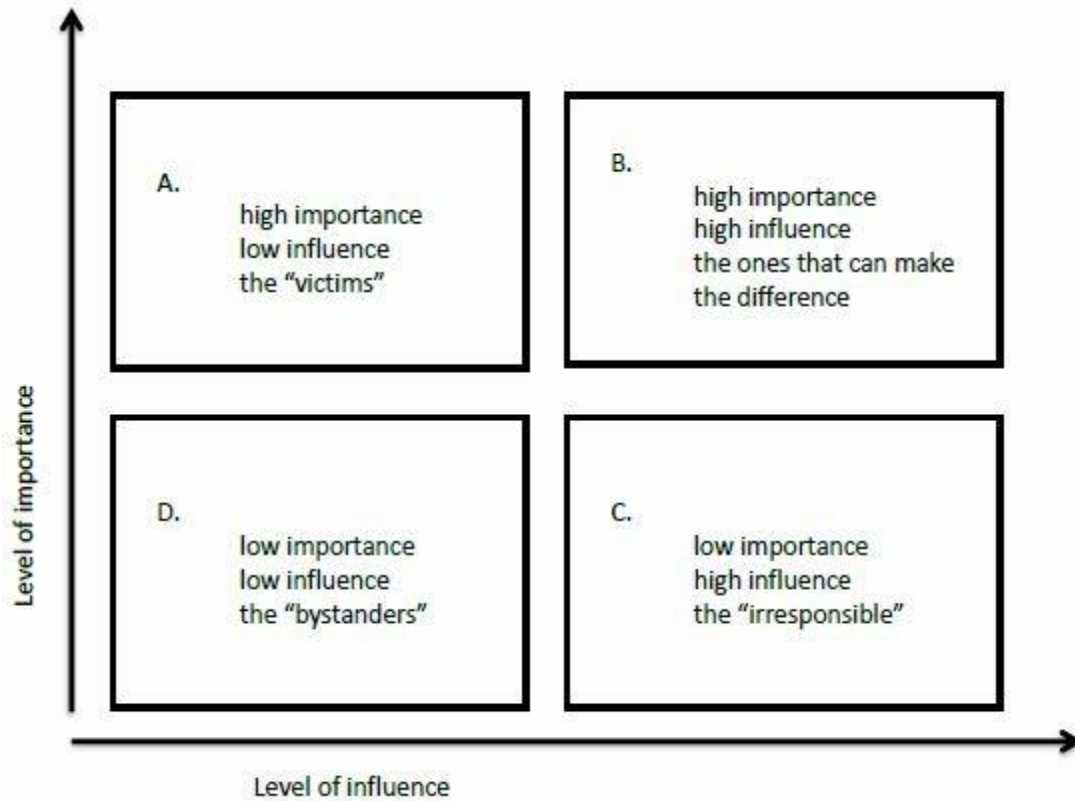


Figure 5 : Stakeholder (influence / strength) Classification

Provisions of Leadership

Leadership is the cornerstone for the smooth operation of the project. For this project, the transformational leadership model is preferable. The model is beneficial for the project as its process works to change the system. The challenges encountered when leading with transformational leadership are solved by finding patterns that are not working and changing them. Also, the leadership model employs teams to maximize their capacities and capabilities; hence, got recommended for efficient change management and team enhancement during the project.

The project's motivation methods include diverse groups, public involvement, consultations, information, and responsibility. With various groups, individuals tap into the expertise of each individual to bring the best outcomes for the project. Involving the public motivates people to participate in the project by giving their views. Consultations also allow more many specialties to voice their opinions on the project. The information ensures that members are informed and understand where the project is. On the other side, responsibility pins everyone to consider what is needed, motivating them to participate in the project actively.

Teamwork

Teams have individuals who have different roles. A RACI chart is the instrumental tool for outlining the responsibility of each team member. The chart is denoted with R, A, C, and I, indicating responsible, accountability, consulted, and informed. The roles of each team member in the project are defined. The assigned roles had them attributed to their roles throughout the project implementation phase. The project team entails the project manager, project coordinator, dermatology experts, facility manager, and contractor

Project Tasks	Project manager	Project Coordinator	Facility Manager	M.E.P. Contractor	Dermatology expert
Prepare a business case for the dermatology unit	R	R	C	I	A
Determine required material and resources	A	A	C	C	C
List potential risks encountered	I	I	A	R	C
Conduct location search	R	A	I	I	R
Assess different options	R	R	I	I	C
Designing of facility	I	I	R	R	C
Identification of required licenses	R	R	I	I	A
Preparation of status report	R	R	A	A	I
Obtain project sign off	A	A	R	R	I

Table 10 : RACI Chart

Conflicts and Conflict Resolution

Conflicts are bound to arise during the project development and implementation. The disputes can result from resources, perceptions, roles, personal values, policies, and pressures. Conflicting scenarios include team members' preferences for different resources in assessing them and the technology for use. Another scenario is the conflicting roles among the members when their roles overlap or are not clearly defined. Some people will tend to overstep or avoid their roles, which can cause a clash between the members. Also, when the project's goals are not adequately defined and aligned, different team members and stakeholders may have differential opinions concerning the project's goals and hence have conflicts of what the plans should entail.

The root causes of the conflicts are clear. They often arise from undetermined resource distribution, failure to define roles of individuals, undefined project roles, and other categories having unclear policies. The result is often people who are dissatisfied with the results and seek ways of creating conflicts and class of ideas.

The project was dependent on the five general techniques of conflict resolution. They included accommodation, avoidance, compromise, force, and collaboration to solve challenges.

- Accommodation entailed consideration of different views to get an area of agreement.
- Avoidance allows individuals to retain their distance from a conflict scenario.
- Compromise resolution is where the individuals in the conflict forsake their views and have some level of satisfaction.
- Forcing are where one individual expresses their opinions to solve the problem.
- Collaborations to solve problems take account of all sides and draw a solution through agreement and commitment.

Meeting guidelines

Technology served to facilitate the meeting of all team members and the development of guidelines established to enable utilization of meeting allocated times. The members received the meeting agenda in advance to understand the desired intentions. During the meetings, role distribution got carried to allow facilitation, and the members strictly followed the schedule. All members were required to participate and focus on the meetings' objectives, purpose, and agenda. At the end of the meetings, recaps insurance to understand accomplishments, review plans and decisions. The sessions were recorded and provided to members soon after the panels to keep track of all project activities.

Resourcefulness

The project has a contribution from various members and each with their specific task. In the project, the project manager coordinates all the project activities from project initiation to closure. The facility manager oversees quality when establishing the dermatology unit. The dermatologist ensures that the right equipment gets availed to implement the services the project aims for successfully. The contractor is responsible for providing that all establishments are on schedule.

Influence conducting crashing and fast-tracking

Fast-tracking and crashing programs enable the speedy acceleration to complete a project. In crashing, one is brought earlier before the timeline and in fast-tracking additional resources are input to speed up the project. For instance, in this project, crashing is possible in the fostering of partnerships while treating patients.

Timeframe	Goal	Activities	Expected outcome (s)	Measure (s) of success
Jan 2021-May 2021	Establish a dermatological and beauty medical center	Construct the dermatology center Equip the center with adequate resources for operation	A well-equipped functional facility created	The number of available units at the center
Sep 2021-Nov 2021	To treat dermatological issues with minimal complications	Invite patients to attend the facility Offer different dermatology procedures	Conduct many dermatology procedures Many patients receive treatments with minimal complications	Number of successful dermatological procedures carried Number of people with no complications
Nov 2021	To foster many partnerships			

Table 11 : Influence conducting crashing and fast-tracking

Negotiations

Negotiations involve parties to reach favorable terms. Negotiation plans are either formal or informal. Negotiations aim to close the deal with the most minimal financial implications and get the needed services.

Examples of negotiation plans

Negotiations for conditions

Contract clause	Contractor's position	Our desired position and why
If the error rate exceeds the contract standards by 10%	Execution	The contractor is obligated to bear the costs of the modification and the reason is to comply with the contract budget
When submitting change requests from the project manager	Execution	The contractor is not obligated to bear the costs of the modification because it has been calculated among the risks
Maintaining the safety of the workforce	The contractor will bear the costs of treatment in the event of injuries	

Table 12 : Negotiation

Negotiations for partnerships

ID	Ours	Theirs
Goals	✓	✓
Interests	✓	
Assumptions	✓	
Don't know		✓
Probes	✓	✓

Table 13 : Negotiations for partnerships

Project Design

Triple constraints of the project

Triple constraint is an essential aspect of any given project. It contains the project triangle based on project management time, scope, and cost. It gives the managers an idea of the work. It involves financial constraints of the project (cost), scope entails the tasks required to be completed at the end of the project, and time involves the scheduled period of the project to reach completion. They state the project budget, the features, and deadlines which is very important to project managers because altering with one constraint leads to effect to others. They provide restrictions that lead to creativity hence driving forward the project. However, they allow adjustments when the need arises.

Cost

It involves all financial processes to complete the project; it depends on various factors such as labor cost, among others. The cost processes enhance project financial estimation and the necessary resources to complete the project

Project Success Factors

1.Experienced Project Managers & Professional Project Team Leaders

You can understand the theory and methods of project management, but experience is one of the key factors of success in the end. The more experienced a project manager, the more likely he/she will be able to overcome the daily project challenges. To avoid misunderstandings, keep clear roles and responsibilities in mind. Successful project managers are known not only by technical knowledge but also by leadership.

Ensure that the team members have the necessary skills to deliver the results required and bring a positive attitude to the project. Also, as a whole, the team must function. So, it is essential to build a team that is motivated to work towards a common goal together.

Name	Experienced in related project	Skills required in the project
Mohammed Ramadan (Leader)	X	X
Khuloud Alshahrani		X
Humod Alrajeh	X	X
Anas Alnowaishi		X
Yaqob Musa		X
Abdulaziz Aldosari		X
Tahani Alharbi	X	X
Mohammed Alzaisd		X

Table 14 : Team Experience & Skills

2.Proper Planning

Effective planning is a key ingredient for success. The dreams and goals that each of us has cannot be achieved if not for proper planning so our team Invest sufficient time and resources in thorough scheduling.

3.Adhere to the Best Practices

We use frameworks and best practices wherever possible. Instead of constructing everything from the ground up, we draw from the experience of past successes and adapt proven strategies to our case.

4.Monitoring & Control

The project manager checks the progress regularly and evaluate the results. To quickly understand if the project is on track, monitoring the key performance indicators (KPI), write and submit reports. This help to recognize early on when things go sideways and can take countermeasures before greater harm is done.

5.Careful Management of Risks

Team produced a risk log with an action plan for the project's risks during the planning process. And ensure risk log is known by all key stakeholders and know where they can find it. If something happens, with the management plan that has already been set up, the team can quickly resolve the problem.

Develop and Identify WBS

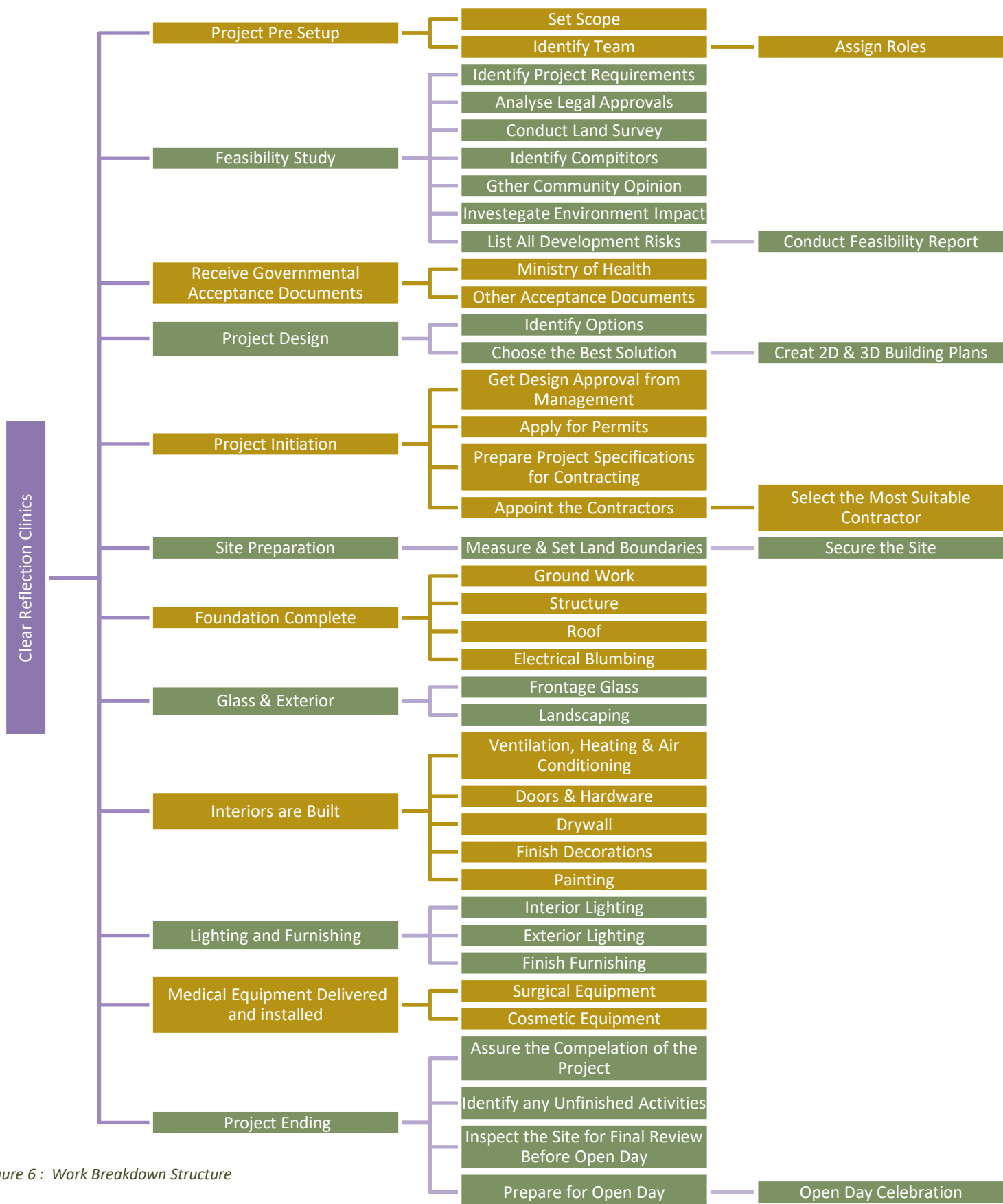


Figure 6 : Work Breakdown Structure

Requirements Traceability Matrix

Requirements Traceability Matrix								
Project Manager:	Anas			Project ID:	AX-000302			
Project Sponsor:	Ministry of Health			Project Title:	Dermatology and Cosmetology Center			
Requirement Information					Relationship Traceability			
ID	Category	Requirement	Priority	Source	Business Objective	Deliverable(s)	Verification	Validation
REQ-001	Project Design							
REQ-002	Identify Options 4.1							
REQ-003	Creat 2D & 3D Building Plans							
REQ-004	Get Design Approval from Management							
REQ-005	Prepare Project Specifications for Contracting							

REQ-006	Appoint the Contractors							
REQ-007	Select the Most Suitable Contractor							
REQ-008	Ground Work							
REQ-009	Structure							
REQ-010	Roof							
REQ-011	Electrical Blumbing							
REQ-012	Frontage Glass							
REQ-013	Landscaping							
REQ-014	Ventilation, Heating & Air Conditioning							
REQ-015	Doors & Hardware							
REQ-016	Drywall							
REQ-017	Finish Decorations							
REQ-018	Painting							
REQ-019	Interior Lighting							
REQ-020	Exterior Lighting							
REQ-021	Finish Furnishing							
REQ-022	Surgical Equipment							
REQ-023	Cosmetic Equipment							

Table 15 : Requirements Traceability Matrix

Requirements and objectives

The stakeholder, transition, quality, requirements are important for every project as they are the foundation of the work breakdown structure. Documentation and managing the needs of stakeholders in this project are important to meet the project's project objectives. This project is the main t treat dermatological issues with minimal complications and side effects.

Methods used in collecting requirements

About 30%of project failure is attributed to methods of requirement collection because while the project was meeting the time and budget schedules, it failed to reach the stakeholder requirement, which is essential to every project. Therefore, it is majorly observed in the final stage of the project, which negatively impacts its success.

Interpersonal and team skills are the technique we shall use to collect requirements. The nominal group technique prioritizes the existing ideas rather than developing new ones. Our project is based on customer interaction and the processes and needs to create value and enhance teams to focus on essential concepts of projects requirements.

Observations involve viewing business experts performing their jobs in various fields to learn the customers' actual requirements and other stakeholders.

Facilitation brings key stakeholders together to enhance their perspectives and empress their requirements workshops are considered to bring together the stakeholders' differences.

The hierarchical structure of the objects connected to the strategy

Project management hierarchy enhances the possibility to determine the sequence of tasks and determine the expectations of every project level. The project involves different professionals to improve the project's performance to align with the objectives.

- The project owner is the creator of the project, and he oversees the overall operations of the project s
- The project sponsor provides resources concerning project needs and prepares financial reports.
- A project manager takes into account daily operations involved in the project. In addition, he manages the various strategies necessary for the project's completion.
- The team leader leads and assists all team members by giving the directions necessary to ensure the project has achieved the objectives.

Scope

Project scope is the final product of the project. The range includes the scope statement and work breakdown structure approved by the project sponsor. A scope creep is an unwanted event when the project scope expands without adjustment on time and budget. All projects encounter change, and therefore change needs to be part of the project because it leads to undesirable characteristics. The creeps include market changes, tastes, preferences, and available technology, leading to missed deadlines, overworking, or undesirable final project outputs.

Scope statement involves the entire project outline on who, what, when, where, and why the project is.

- Justification, projects start with a reason, such as response to customer needs and uncompetitive markets.
- Scope description, the important steps for the project existence
- Business objectives, defining targets and goals, for instance, ensuring skin treatment with no side effects
- Project deliverables the marketing materials, employees, advertising
- Project executions, our boundaries within the project include
- Constraints, managing the risks associated with the project such as markets, resource
- Assumptions usually revolve around the things which turn to be constraints on time, scope, and cost.

Gantt chart and milestone model represent tasks progress in conjunction with the time consumption. It enhances managers to conclude if the tasks were completed in time.

Project scope deals with the specific requirements or tasks to be completed. It isn't easy to control the size of the project; hence it requires prioritizing your functions as the scope cannot be managed under time or budget. Through setting priorities, it enhances the allocation of resources effectively. Moreover, it improves sorting and delegating of tasks to the personnel with expertise and strengthens the task level's collaboration. Furthermore, the requirements should meet the stakeholder's needs and expectations. For instance, dermatology is a long-term project. New stakeholders such as suppliers may pop up in the middle of the project; hence managers need to manage change to accommodate the unique demands necessary to achieve projects goals and deliverables.

Time

Time allocated for project completion is important; it determines the time to complete deliverables and move tasks from the start to the project's finish.

A work breakdown structure

It breaks down the large project objectives into smaller, manageable tasks. It enhances the prioritization of functions and posting them to timeliness. It includes

Planning of schedule management by creating policies and procedures to be used

- Define activities, clear identification the activities need to produce deliverables.
- Sequence activities produce the order of the activities from the most efficient.
- Estimate activity resources. It includes the equipment, materials, supplies.
- Estimate activity durations the time needed to complete each activity.
- Developing schedule by analyzing duration, resources, and timeline
- Control and planning of the schedule

Gantt chart and milestone model represent tasks progress in conjunction with the time consumption. Therefore, it enhances managers to conclude if the tasks were completed.

Gantt chart and Milestone's mode

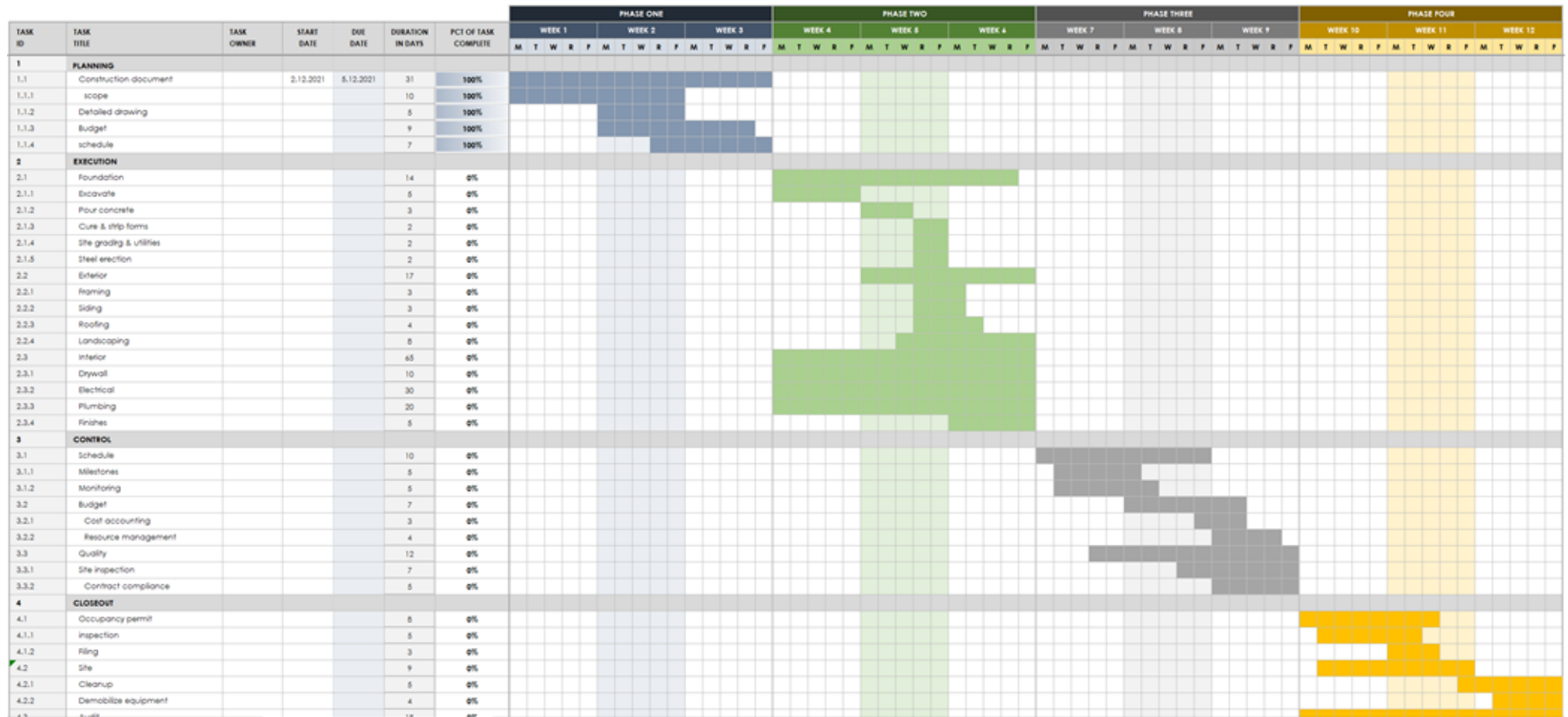


Figure 7 : Gantt chart & Milestone's mode

Quality

Deming cycle Plan-do-check-act (PDCA) is a four-step cycle that allows you to implement change, solve problems, and continuously improve processes. Its cyclical nature allows it to be utilized in a continuous manner for ongoing improvement.

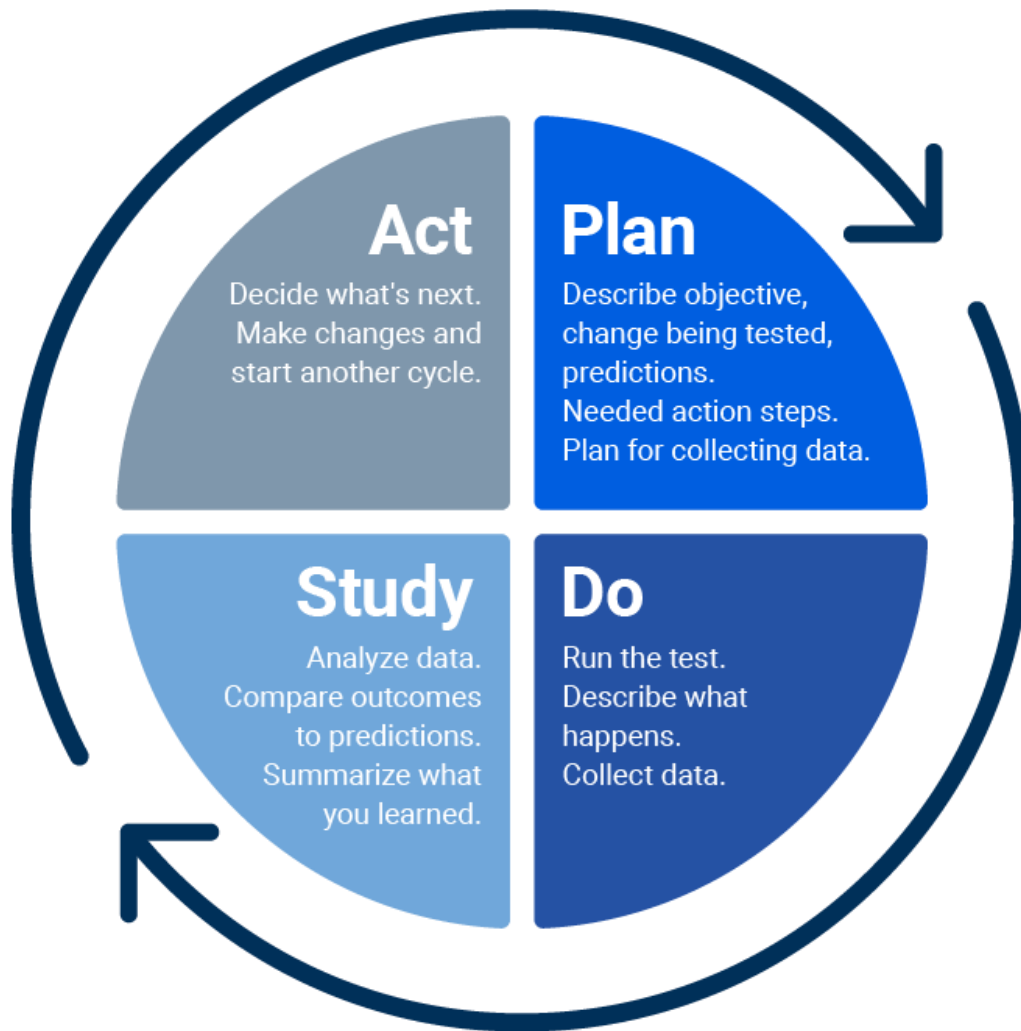


Figure 8 : PDCA Cycle

Nursing quality is an integral part of health care quality and one of key performance indicators (KPIs) for health care management. The Plan-Do-Check-Act (PDCA) cycle is a management tool for continuous improvement of a business's products or processes.

Healthcare is often a messy working environment, prone to human error and resource waste. It's also a field that relies on continuous improvement and a constant reevaluation of the practices applied in day-to-day work, meaning that a system like the PDCA cycle can be very effective in ensuring that the work schedule followed by employees is always up to date with current patient demands and other relevant factors. **PDCA** is going to be around for a long time, and it's a system with a huge potential that can work wonders in healthcare environments specifically. It's not a one-size-fits-all solution, despite its high degree of flexibility, but it's also easily adaptable and it can be integrated into your own facility with a little effort. And once the groundwork is complete, it's very easy to benefit from the system in the long run.

SIPOC Diagram

SIPOC Diagram				
Suppliers	Inputs	Processes	Outputs	Customers
Who supplies the process inputs?	What inputs are required?	What are the major steps in the process?	What are the process outputs?	Who receives the outputs?
Statics General Service	Daily Programming Nurse Auxiliary	Start ↓ Appointment Request schedule	Served Patient	Patient
Billing	Clinic records	↓ Billing		Billing
Medicine store	Service bills	↓ Consulting		
Human resource	Doctors	↓ Medicine Delivery		
General Support	Material and equipment	↓		
User support	Consulting rooms	End		

Table 16 : SIPOC Diagram

Fishbone diagram

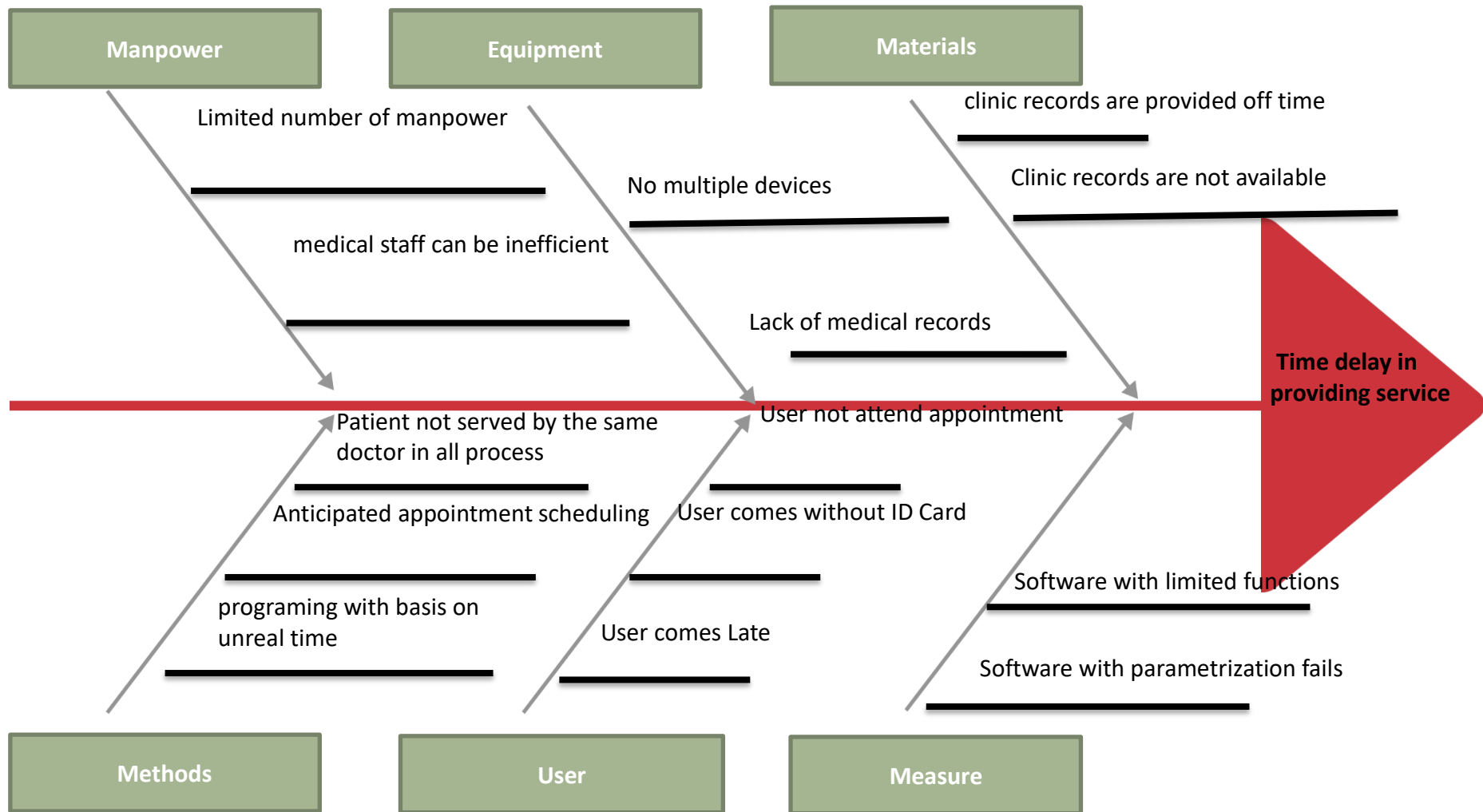


Figure 9 : Fishbone diagram for time delay in providing service

Project quality

The quality includes processes, procedures, and policies for project success. According to the deeming model of quality, it emphasizes the logical sequence of the plan, does, studies, and acts to improve the quality of the project. The theory creates continuous improvement to people and the entire organization because it gives the leaders the framework to interact with their team members and organizations as systems. Moreover, it leads to solutions within working, .for instance, the employees should not be reprimanded of the mistakes without fixing the course of the problem because as the business is the system, the same problem will affect other people. Understanding the system is core in dermatology and beauty projects to enhance improvement and management of the system; this project involves a lot of processes that lead to variation; hence improvement on knowledge of interpretation is essential to enhance quality. Moreover, experience knowledge and information are interdependent; accordingly, we shall promote leadership and training to the employees and managers.

Sipco model enhances team members to take into account crucial processes .it is a type of six sigma model and its components involve customer -outputs- process- inputs -suppliers .in this project our customers for beauty therapies and skin issues will request for service, we offer them outputs (treatments), and it Is facilitated through the process, inputs, and suppliers. The model keeps members on inboard by understanding the approach used in different stages. It offers a clear picture and follows up the process hence improving the process outcome. In this project, our output issue is the side effects of the chemicals used and the Sipco model, and we shall significantly improve customer service.

Financial

Financial Planning

The Dermatology and Cosmetology center will seek to determine project costs as well as create the project's budget (Todd, 2021). The benefits the company gets will include profit estimation, reducing financial risks on the business, and planning for unexpected costs throughout the business continuity.

Project Cost Management

While cost management is viewed as a consistent interaction, it is worth dividing capacity into four phases: asset management, evaluation, planning, and control (Todd, 2021). They are mostly

consistent, but there may be some asset changes throughout the project which will result in a change in the spending plan. Alternatively, changes observed during the control cycle might require the view to be updated.

Project Resource Planning

- Resource planning is a method of identifying the assets needed to complete a business and close it. Examples of assets include individuals (such as contractors and hired workers) and equipment (such as foundations, bulky construction trucks, and other specialized hardware in limited supply).
- Resource planning occurs early in the project before the actual work begins.
- Initially, the project manager must make a work breakdown structure (PSP) first.
- You should review each subtask in the WBS and ask how many people with what skills should fulfill this responsibility and what kind of hardware or materials are needed to do this job
- Applying this method at the job level makes it applicable for the project administrator to think of accurate and complete availability, all the same, which is then used as a contribution to the next level of cost estimation (Todd, 2021).

Cost Estimation

Cost estimation is the most common way of measuring the expenses related to everything needed to execute the venture. To perform cost computations, the following information is needed (Todd, 2021):

- Resource necessities (output from the past phase)
- Cost of every asset (for instance, operating cost each hour, seller employing costs, server acquirement costs, the rates of material per unit, and so forth)
- The duration that every asset is needed
- List of suppositions
- Possible dangers
- Past project expenses and industry benchmarks, assuming any
- Insight into the organization's monetary wellbeing and detailing structures

- Estimation is the most troublesome of the means engaged with cost the executives as precision is the key here.
- Additionally, project supervisors need to consider factors like fixed and variable expenses, overheads, expansion, and the time worth of cash.

The more prominent the deviation among assessment and real expenses, the more uncertain it is for a task to succeed. Be that as it may, there are numerous assessment models to browse. Comparable to assessment is a decent decision assuming you have a lot of verifiable expense information from comparable ventures (Borrego, 2017). A few associations favor numerical methodologies, for example, parametric demonstrating or program assessment and audit procedure. Then there is the decision between utilizing a hierarchical versus granular perspective. Top-down ordinarily works when past costing information is free (Borrego, 2017). In this, project administrators as a rule have experience executing comparable ventures and can thusly accept a decent call. Base up works for projects in which associations have relatively little involvement, and, accordingly, it's a good idea to ascertain a quote at an assignment level and afterward roll it up to the top.

Estimation of Future Cashflow

The Establishment and Operation of a Specialized Medical Center seek to utilize one of the cash flow estimations techniques. The principle thought behind a discounting cash flow model is moderately straightforward: A stock's worth is equivalent to the current worth of all its assessed future incomes. Numerous factors go into assessing those incomes, yet among the most significant are the organization's future deals development and net revenues (Oneshko and Ilchenko, 2017). Decisions about the future utility of an organization's work require comparative work by an analyst. Investigating organizational costs is an important first step. Synthetic companies that rely heavily on oil and gas, for example, could see a decline in net sales if we assume that these materials become more expensive and these cost increases cannot be passed on to customers. On the other hand, some organizations benefit from job influence (Todd, 2021). The workforce impact shows that as the company grows, its actual costs can spread across a wider base. It is calculated using the formula:

Operating Cash Flow = (**Operating Income + Depreciation – Taxes + Change in Working Capital**)

Cash Flow Forecast = (**Beginning Cash + Projected Inflows – Projected Outflows = Ending Cash**)

Example:

Let's say Dermatology and Cosmetology Center runs its medical business. For the year, it accumulated a total of \$4000,000 in total payments from the customers. It then spent \$700,000 on payments (operating expenses). It also made a capital investment in a new therapy machine for \$100,000.

Your financials for the year would look like this:

- **Total sales:** \$4000,000
- **Operating expenses:** \$700,000
- **Capital expenditures (CAPEX):** \$100,000

Using the FCF formula, the calculation would go like this:

Free cash flow = operating cash flow - capital expenditures

To calculate the operating cash flow (OCF), we need to subtract operating expenses from total sales. In this case, it'd go as follows:

OCF = total sales - operating expenses

OCF = \$4000,000 - \$700,000

OCF = \$3,300,000

Now we're ready to calculate the FCF.

FCF = OCF - CAPEX

FCF = \$3,300,000 - \$100,000

$$\text{FCF} = \$3,200,000$$

Therefore, the company's FCF becomes \$3,200,000.

As a result, the utility of an organization's work must grow faster than income. The two major concerns are:

Operating Revenues and Costs

The success of the business depends on the revenue it generated from its primary business activities hence operating revenue (Todd, 2021). The Establishment and Operation of a Specialized Medical Center operating revenue will vary from one entity to the other and comparisons are carried out over years to assess the business health and its operations. Operating costs are operational costs that are caused by the day-to-day business. Labor costs include two costs of goods sold and other labor costs - often referred to as selling costs, general and administrative costs. This calculation involves three separate steps:

- Operating income = Total Revenue – Direct Costs – Indirect Costs
- Operating income = Gross Profit – Operating Expenses – Depreciation – Amortization
- Operating income = Net Earnings + Interest Expense + Taxes

Cost Breakdown Structure

The Establishment and Operation of a Specialized Medical Center for Dermatology and Cosmetology will include a progression of cycles, from plan to arranging, development, support, and removal. The expense breakdown structure (CBS) recognizes all significant expense classes in all venture life cycle stages (Todd, 2021). Thus, the CBS establishes a useful breakdown of task costs. The CBS groups a wide range of expenses (e.g., hardware, planning, compensation, government aides, upkeep, energy utilization, deterioration, charges, expenses, and so on) The progressive design plummets from the venture to the errand as displayed in Figure 1:



Figure 10 : Hierarchical Structure of the Cost

The task identifies with the development type, while the stage does it to its life cycle stage. Also, classifications and components allude to the sort of cost by the venture life cycle. At last, the expense of an errand (as a mix of its sub-exercises) is the all-out cost of all assets expected to wrap up such a responsibility, including immediate and aberrant expenses. It should be noted, however, that global guidelines for life cycle costs (LCC), propose somewhat unique expense classes and cost breakdown structures. The progressive design of the expense.

This review is centered around the administration at the preparation (counting plan) and development phases of ventures. During arranging, the undertaking plan can't be done until assets have been distributed to WPs and their exercises. Assets incorporate assets, pay rates, hardware, apparatus, and materials needed to accomplish the venture expectations.

Notwithstanding the expense of assets, project consumption envelops different expenses like overheads, costs, and offices. Assuming the general quotes are exact and dependable, fewer varieties and healing activities will be normal. At the point when the development stage starts, the project worker does the work as per the arranged timetable and cost (Oneshko and Ilchenko, 2017). In this stage, the appraisals have been communicated as a financial plan. This financial plan goes about as the pattern for the partners' later control errands. During the development stage, critical contrasts among arranged and real costs will most likely happen. Many causes can be credited (Oneshko and Ilchenko, 2017): Poor plan, the value rises, scope changes, fragmented evaluations, and insufficient preparation, extra or substitution work, hopefulness inclination, and so forth Henceforth, at the preparation and development arrange, the CBS empowers expenses to be gathered, dissected and detailed for any expense producing thing.

These expenses are additionally united likewise to the WBS. The codes of the two frameworks might even be comparative. In any case, the lower level of the CBS is by and large known as the expense account (CA). The CA is the partner of the WP in the WBS. The CA is a characteristic and sensible administration place in which the expenses of the work to be performed are

incorporated. For the most part, it likewise contains the costs comparative with the authoritative design supporting its turn of events, and the singular responsibility and obligation to embrace it (Borrego, 2017). This includes the board capacities like preparation, control, work definition, cost definition, assessing, change control, consumption, data examination, and announcing, and so forth in this unique circumstance, the utilization of cosmology innovation computerizes the method involved with looking for the most fitting things coding (Borrego, 2017). By recognizing the expense driving elements of the development errands, manual coding can be limited. Instances of quotes led by the utilization of self-loader configuration models dependent on open Industry Foundation Classes (IFC) guidelines have likewise been grown as of late.

Equity Returns

Cash flow calculation integrates with return on equity for investors. As Bierman and Smidt (2014) elaborate models that the Dermatology and Cosmetology Center can embrace include the Payback model and the Net Present Value (NPV) model.

The Payback Model

Roughly the Dermatology and Cosmetology Center owners may want to contribute amounts as: The initial investment of \$4000,000 as of its cash outflows and cash inflows is projected as \$3000,000 for 3 years.

Then,

On evaluating the time, the company will take to recover its investment (using the payback method)

Payback period (years) for the project = Estimated Project Cost/Annual Savings

Rate of return for the project = annual Savings/estimated project Cost *100%

Therefore,

Payback period (yrs.) for the project = $4000000/3000000 = 1.3$ years.

Rate of return for the project = $3000000/4000000 * 100\% = 75\%$

Supposing that the project experiences a lengthy payback period, Dermatology and Cosmetology Center managers need to resettle on the viability of the model and ensure that the elimination is done to allow for successful project initiation (Bierman and Smidt, 2014). The payback model integration in a business environment requires a thorough analysis. This action is based on what

the profitability will look like in the end. The project is acceptable in that the initial investment is returned in less than the projected 3 years having a return on investment of 75 percent.

The Net Present Value (NPV) model

Bierman and Smidt's (2014) referred to NPV as a method Dermatology and Cosmetology Center project. This action will seek to employ while calculating returns on investment based on the present value of all net cash inflows. The project must yield a positive result to be accepted. For this project, there is no room for negative results. The higher the positivity rate on NPV is desirable.

$$\text{Project NPV} = I_0 + \sum_{t=1}^n \frac{F_t}{(1+k)^t} \quad \text{where}$$

$$\sum_{t=1}^n \frac{F_t}{(1+k)^t} = \frac{F_1}{(1+k)^1} + \frac{F_2}{(1+k)^2} + \frac{F_3}{(1+k)^3} + \dots + \frac{F_t}{(1+k)^t}$$

I_0 = initial investment (since it is an outflow, the number will be negative)

F_t = Net Cash inflow for period t

k = Required rate of return (nominal)

Assuming that the agreed percentage on share is 20,

Then,

$$\begin{aligned} \text{NPV for this project} &= -4000000 + ((3000000/(1+0.2)^1) + (3000000/(1+0.2)^2) + (3000000/(1+0.2)^3)) \\ &= -4000000 + 2500000 + 2083330.30 + 1726110.10 \\ &= \$ 2,300,944.40 \end{aligned}$$

Hence it is acceptable since it has positive NPV.

If the project is based on uneven cash flows, management will apply the method of the nominal rate of returns as follows:

$$\text{Payback Period} = A + B/C$$

Where A = last period number having negative cumulative cash flow

B = cumulative net cash flow at the end of period A

C = total cash inflow during the period following A

Internal Return Rate (IRR)

Colla, Hellowell, Vecchi, and Gatti (2015) defined IRR as the percentage decline that sets a company's net present value (NPV) to zero. In general, this is the normal accumulation of annual income generated by a company or corporation. In the figure below, the \$50 main bet has an IRR of 22%. This action corresponds to an annual growth rate of 22%.

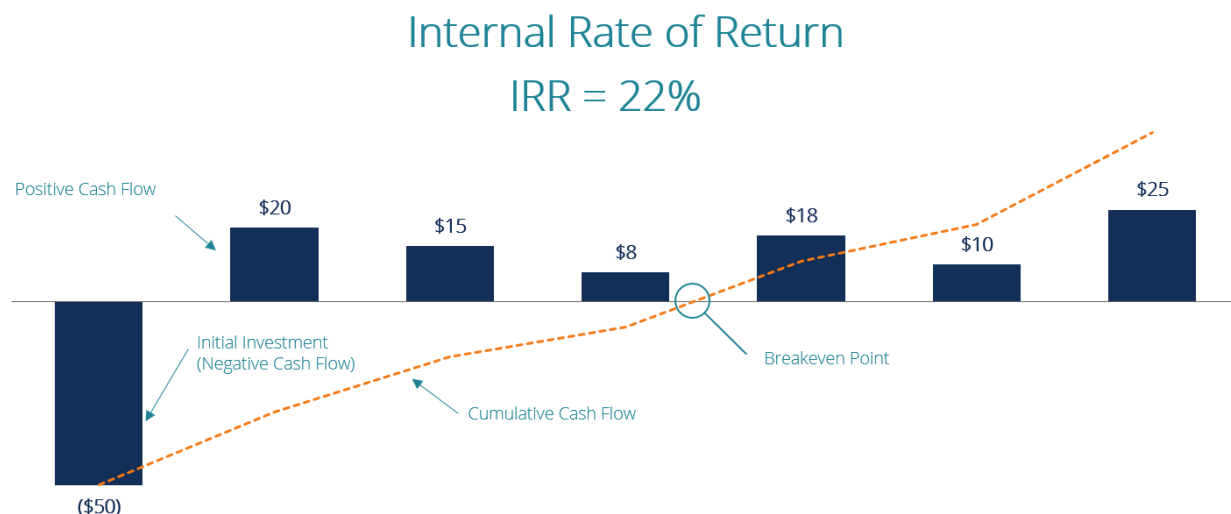


Figure 11 : Internal Return Rate

Source: (Colla, Hellowell, Vecchi, and Gatti, 2015).

When calculating the IRR, the expected revenue for the project is given, and the NPV is close to zero. Additionally, the main speculation with money for the first time frame is the current value of the future earnings of that company. (Expenses paid = present value of future income and thus net present value = 0). When internal speed is not specified, it is usually contrasted with measures of organizational bottlenecks or costs of capital. Assuming the IRR is more visible or equal to the cost of capital, the organization will recognize the assignment as prudent speculation (Colla, Hellowell, Vecchi, and Gatti, 2015). (This, of course, is the hope that this will be the only reason to vote. There are many other quantitative and subjective elements to consider when choosing speculation) If the IRR is lower than the resistance percentage it will be rejected at this point. The main functionality of all the calculations previewed above is to gauge where the proposed Dermatology and Cosmetology lies in the next financial year.

Cost Budgeting

For the case of Dermatology and Cosmetology Center, creating a financial plan has been a challenging task. This is something the company should start with (Rosanas, 2016). The company should regularly compare its actual consumption with the planned one. Most organizations do every three months; an ongoing audit may raise unnecessary concerns about typical transitional irregularities. Cost planning can be viewed as part of an evaluation or as a separate cycle. Planning is the most common method for allocating costs to specific parts of the company, such as individual tasks or modules, over a certain period. The spending plan includes savings possibilities that target extraordinary costs (Rosanas, 2016). Assuming that the estimated total cost of tasks performed by the Dermatology and Cosmetology Center over the last three years is \$3 million. However, because part of cost planning is the time component, company managers decided to think about the first two quarters right now. You realize the things that need to be done and come up with a budget of, say, \$75,000 for the period and that stuff. The Task Supervisor uses the WBS and some of the scoring techniques discussed earlier to display this number. Planning creates cost standards against which Dermatology and Cosmetology Center can measure and evaluate task costs. Regardless of the budget, absolute cost estimates remain a theoretical value and are difficult to cut in half. Evaluation of project implementation offers an opportunity to examine the extent to which a cost plan should be provided for future periods of the project. Another motivation for strengthening financial plans is that clubs often rely on expected future income to subsidize them (Rosanas, 2016). During the main phase, the task director has a limited cash pool and must also set goals. It's like building some of the structure and history of the house over the next few months and doing the rest of the work later while saving more.

As Diefenbach, Wald, and Gleich (2018) assert organizations established opportunity savings to cover identified and unclear project risks. It is currently unknown when, where, and how much money will be spent until the dangerous incident occurs. Project owners are regularly hesitant to provide support for project opportunities, suggesting that business plans may be powerless. Some see storage options as an additional backup for mud. Others say that if that happens, they are at risk. Usually, such doubts in setting up a shop of opportunity can be overshadowed by archived

evidence of hazard identification, assessment, alternatives, and plans for when and how assistance will be provided. Gradually, as in previous projects, the probability within the project ranges from 1-15%. However, in well-known high-tech projects, odds in the 25% - 65% range are not uncommon. The use and speed of use of the store must be strictly controlled and controlled. Gradually, the retention facility is usually shared financially and the board of directors retains the assets for control purposes (Diefenbach, Wald, and Gleich, 2018). Dermatology and Cosmetology Center intended expenditure plan to cover the identified hazards. These memories are those assigned to an explicit part or expectation of a task. Retainers onboard are designed to cover unidentified and assigned hazards associated with the entire task.

Dermatology and Cosmetology Center Budget Reserves

These reserves are recognized by the company for explicit work packages or parts of tasks included in the cost measurement plan, or the structure of the division of labor (Diefenbach, Wald, and Gleich, 2018). For example, with PC coding, the amount of savings that can be added to cover the risk from testing shows a coding problem. Cost savings should be made available to the working group. This acceptance recommends trust and supports great things. In both cases, the distribution of budget memory should be the responsibility of the task administrator and Colleagues who are responsible for carrying out this part of the task. As long as there is no danger. Assets have been removed from the budget, except. In this way, the cost plan saves a decrease in the course of the project.

Company's Management Reserves

Dermatology and Cosmetology Center needs management reserves to cover unforeseen material risks and then apply to absolute companies. For example, a major change in an extension might seem significant in the middle of a task. Because this change was not expected or set properly, it is covered by the administration (Diefenbach, Wald and Gleich, 2018). On-board savings are made after the savings are recorded in the budget and provisions have been made. These deals are exempt from the fee plan and are limited by the manager and owner of the deal. The owner can be internal (top management) or outside the company group. Most of the administrative savings are achieved with the help of authentic information and decisions about the uniqueness and complexity of the business.

Cost Control

Diefenbach, Wald, and Gleich (2018) put that cost control has been the most common way for the case of Dermatology and Cosmetology to assess cost fluctuations against benchmarks and take appropriate steps, such as expanding the projected cost plan or reducing workloads to fill this gap. Cost control is a continuous interaction that occurs throughout the company's life cycle. The focus is on optimal and clear announcements and evaluations. In addition to standard costs, board plan costs make a significant contribution to cost control. These rules cover subtleties such as how project execution is assessed, where limits deviate, what activities are carried out if limits are deemed to be violated, and exhaustion of people and work over-decided by the authorities.

Debt Management

When faced with growing debt, the Dermatology and Cosmetology Center management team should take action instead of hoping for the best. Failure to timely debt payment, the consequences can often be disastrous. This action can include loss of employees, foreclosure of stock, and expensive lawsuits from creditors (Agrawal, 2011). The worse potential is the risk of government interference. Failing to pay the taxes the proposed project owes, the state will chase its money. Depending on where the business locates, governments have the right to get their money in specific ways. They can confiscate the business assets, find business bank accounts themselves, file for bankruptcy, and even take personal assets like your house or car. Sometimes this is done without trial.

Businesses need to be careful and pay attention to their situation. Use good quality accounting software to track its debts and monthly payments (Agrawal, 2011). This information must be available at all times. Business priorities then depend on the nature of business operations and the flexibility of its suppliers. The following payment priorities are suggestions, but the business managers can decide on which to solve first (Agrawal, 2011):

Payroll

Failure to pay its employees on time can result in penalties. Businesses may renegotiate contracts with some employees, but this can affect their work ethic.

Suppliers and business partners

Business needs to avoid losing valuable reputation with their most loyal suppliers and business partners.

Due Time

Failure to pay will interfere with the project's creditworthiness, which will affect its future loan ability.

Bills

Expenses like rent and utility bills have to be paid to keep the lights on! Again, suppose the business doesn't pay; it can affect its creditworthiness.

Guaranteed Debt

Operating a business as a sole proprietorship or partnership may be liable for debts, and creditors may seek to seize business assets.

Resources

Resource leveling and smoothing

In project management, resource-leveling is the technique of adjusting project start and finish dates due to resource constraints. The critical path is commonly used because it leads to identifying the longest and shortest time of the project hence enhancing resource allocation.

Resource smoothing leads to optimization of the project techniques; it ensures adjustment of the practices to ensure all project requirements are taken into account. Therefore, it leads to completing the project within the scheduled time but avoiding the unnecessary demands of the project, which could lead to increased resources due to unreasonable project timelines expansion.

Training on how to manage resources

The three types of resources are essential to the project: people, equipment, and materials. Training on the distribution of resources is important to enhance the balance buying, contracting external race achieving project objectives. Equipment is an important aspect of the project, but many people prioritize time and budget. The equipment provides the backup plan because their time is needed to work overtime, and the project needs to be completed. Many managers may ask for increased time and money, but they do not consider people. Therefore, there should be a proportional distribution of resources to enhance balancing of the project activities without causing strain.

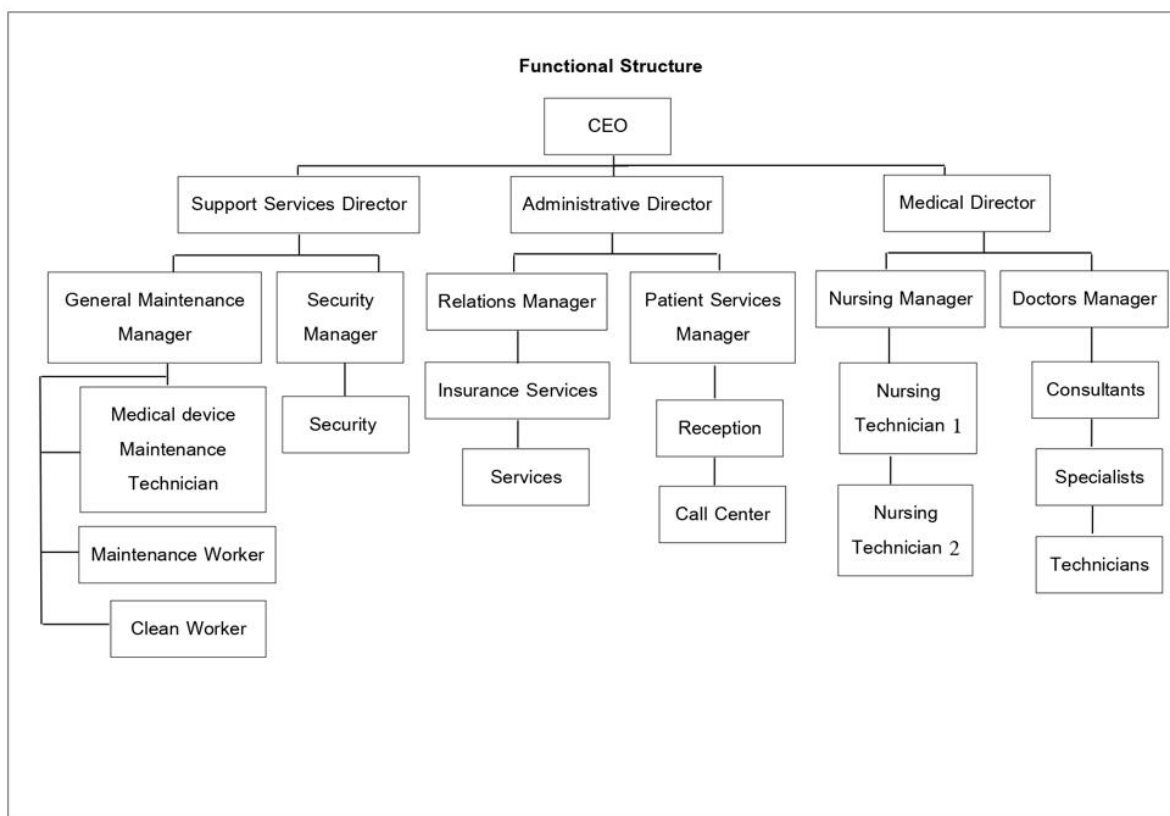


Figure 12 : Functional Structure

Distributing the project resources of equipment and tools

1. Consultant Dermatologist

General Information:

Job Title	Consultant Dermatologist
Department	Medical

Job Summary:

Provide consultations when needed and high quality of care to all patients in accordance with hospital policy and procedure. Highly trained in modern aspects of medical practice and utilize in the best advantage of Department function at all times and take the responsibilities of leadership with high clinical & administrative skills. The Consultant Dermatologist is responsible for the care of his patients in accordance with the ethics of the medical profession and the laws and customs of the Kingdom of Saudi Arabia within his experience and training.

Duties and Responsibilities:

The employee will:

1. Abiding the duties according to on-call rota and sharing workload / replace duties in case of vacation of other consultants and supervises the junior staff. I
2. Participate in quality assurance, infection control, professional education of interested parties, Postgraduate activities and any other assignments related to excellent patient care and education. This includes grand rounds, bedside teaching sessions, clinical lectures, demonstrations, morbidity and mortality conference.
3. Provide collaborative assistance in referrals of patients to appropriate facilities for further management if resources of SFHP are not adequate.
4. Reviews patient history, conducts physical examinations, requests and interprets necessary investigations as the patient's condition mandates, also for serious cases and formulate patient management plan.
5. Ensure smooth running of the dermatology out-patient clinics which will be run under his name. Help from a Registrar with a special interest in Dermatologist could be used in running these clinics. Residents, Interns and Students could be taken to these clinics only for teaching purposes.
6. Perform investigation and management of dermatology patients, even if under the primary care of other attending physicians but with prior permission and willingness of the primary physician concerned (under the care of or referred to this institution) using sub-specialty related invasive and non-invasive procedures if within the capabilities of institutional resources.
7. Ensure that Senior Registrars, Registrars, Residents and Interns assigned to him/her carry out their duties appropriately. Take action when such staff fails to carry out their duties. Maintain records of patterns of performance of all junior medical staff assigned to him/her.
8. Collaborate with Consultant in organizing and participating in Club meetings, Researches, Committees and Symposia related to his/her sub specialty, and advise the team regarding valuable breakthrough in diagnosis and management of major diseases, directly related to his/her sub specialty scope of practice and care.

9. Participate in any Training Program or Educational activity related to his speciality and organized within the hospital for training Junior Medical Staff regarding various examination boards and in service training classes for nursing service when available.
10. Ensure medical records and other medical reports timely completion and keeping in patients charts by Registrar, Residents & Interns in accordance with the hospital's standards for patient medical records.
11. Discuss and educate patient and families and provide all documents they need.
12. Exhibits appropriate personal and interpersonal professional behavior; practices medicine ethically and stays consistent with the obligations of a physician.
13. Aided by the policies and Procedures of the Department by-Laws, Rules and Regulations of the Medical Staff of the Security Forces Hospital.
14. Adhere to the granted privileges as per Medical Admin approved.
15. Complies with the standard laid down by the Accreditation.
16. Through the chain of command and/or occurrence variance report, identifies any occurrence not consistent with the operation of the Hospital or standard of service for patients, employees or visitors and situations that put patients, staffs or visitors at risk for injury or other harm.
17. Perform other applicable tasks and duties assigned within the realm of his/her knowledge, skills and abilities.

Requirements:

Education and Licensure	Mandatory	• Medical Degree (MBBS) from a recognized medical school. • Membership Degree (MRCP) and/or Degree in Saudi Board, Arab Board, American Board of Dermatology or its equivalent qualifications internationally recognized. • A subspecialty Dermatology Fellowship Certificate of at
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		least 1-year program in related specialty from a recognized institution is essential requirement that is accredited by the Saudi Commission for Health Specialties. • Current valid medical license as Consultant in Dermatology or its equivalent to practice the specialty by the Saudi Council for Health Specialties. • Valid professional licensure to practice medicine in Kingdom of Saudi Arabia. • Current valid certification of Basic Life support or obtaining that within 6 months of commencement of employment. • Fluent in written and spoken English, fluency in Arabic would be of advantage. • Good general health, able to work extended hours under stress, isolation and at high altitudes, mobility, near visual acuity and no uncorrected audiological problems. • Teaching: To demonstrate skills required for educational training to medical students, professions. • Research: To demonstrate a proven ability and track record
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		of engagement in research relating to the specialty.
Professional Experience	Mandatory	Five years of Dermatology training (including training at Registrar and Senior Registrar grades.)
	Preferred	Four years of practical experience as a Consultant in Dermatology.

2. Registered Nurse

General Information:

Job Title	Registered Nurse
Department	Medical

Job Summary:

Under the direction of the Head Nurse, assumes responsibility for providing quality care to patients according to established Policy, Procedures, and Standards of Nursing Practice.

Participates in Nursing Administration, Education and Quality improvement activities in support of the Hospital's Mission and the development of Nursing Services.

Supports the philosophy and objectives of the Department of Nursing and contributes to educational efforts.

Duties and Responsibilities:

The employee will:

1. Maintains high standards of patient care on the unit on a twenty-four hour basis.
2. Maintains concise and accurate nursing records.
3. Reports pertinent observations and reactions regarding patients to the appropriate person/ (s) and records those observations accurately.
4. Cooperates with medical and paramedical staff in implementing multi-disciplinary and nursing activities for patient care.

5. Keeps the Head Nurse, or their designee, informed about patient care problems and other issues.
6. Depending on the level of competency and experience the RN will use patient care needs analysis when in charge, to delegate nursing staff duties in line with staff capabilities and competency.
7. Participates in patient and family education and discharge planning.
8. Acts as a Shift Charge Nurse if required.
9. Assigns, directs and supervises other health team members in accordance to their experience and competency.
10. Assists with controlling and directing the unit to encourage quality patient care and staff satisfaction.
11. Maintains a safe, clean and secure environment for patients, visitors, and colleagues.

Requirements:

Education and Licensure	Bachelor of Science in Nursing from accredited National/International University or College. • Valid professional license from Saudi Commission for Health specialties as a specialist nurse (Essential) • Current valid certification of Basic Life Support or obtaining that within 6 months of commencement of employment.
Professional Experience	Newly graduate with Career Development plan / pathway.
Specialized Knowledge &c Skills	• English Capability • Flexible and Adaptable • Confident and Personable • Energetic • Positive Towards Change • Open and Honest • Good spoken English and Arabic

3. Receptionist

General Information:

Job Title	Receptionist
Department	Administration

Job Summary:

Assist the Director, Head, Managers, and all staff in the department by extending efficient administrative support as/when asked. They must be well behaved, courteous and polite in his communication and treat the matters in full confidence with diplomacy and tactfully.

Duties and Responsibilities:

The employee will:

1. Attend to telephone inquiries.
2. Assist in keeping records, statistics, and making reports.
3. Notify technical staff on patient's arrival.
4. Interact with technical staff regarding patient's needs.
5. Place, and receive orders into the computer to generate a computerized request form and ensure that all pertinent information are available.
6. Schedule patients requiring appointments and ensure that appropriate preparation instructions are understood.
7. List all the essential tasks, duties, and responsibilities of the job that employee is expected to perform daily, weekly monthly and yearly.
8. Deal with patients in a polite manner.
9. Participate in department staff meeting.
10. Cooperate with other colleagues inside/outside department.

11. Provide accurate and speedy English/Arabic/English interpretations in patient/staff interactions and maintain ethical and professional attitude when dealing with patients, their family and other hospital staff.

Requirements:

Education and Licensure	Mandatory	High school graduate.
	Preferred	Diploma in Administrative or any related fields.
Professional Experience	Mandatory	For High school: 2 years' experience in the same fields.
	Preferred	Four years of practical experience as a Consultant in Dermatology.
Specialized Knowledge &c Skills		• Fluent in written and spoken English • Good general health • able to work extended hours under stress • Computer skills • Communication skills

4. Biomedical Technician

General Information:

Job Title	Biomedical Technician
Department	Support Services

Job Summary:

To maintain all biomedical equipment in a safe and continuous operational state. Repairs, troubleshoots and test biomedical equipment.

Duties and Responsibilities:

The employee will:

1. Maintain all biomedical equipment to the required standard.
2. Repair, troubleshoot and test biomedical equipment and ensure safe usage of test equipment.

3. Carryout safety checks and preventive maintenance of all biomedical equipment.
4. Carryout installation and testing of new biomedical equipment.
5. Report to his immediate supervisor any variations from normal operational condition.
6. Work shift as and when required.
7. Through the chain of command and/or occurrence variance report, identifies any occurrence not consistent with the operation of the hospital or standard of service for patients, employees or visitors and situations that put patients staff or visitors at risk for injury or other harm
8. Perform other applicable tasks and duties assigned within the realm of his/her knowledge, skills and abilities.

Requirements:

Education and Licensure	• Technical College "2 years after high school" • Community college "2 years and half after high school"	Professional Experience	• Minimum one (1) year healthcare facility experience in Biomedical Engineering services at similar hospital. • Fluent spoken and good written English, Arabic is a bonus.
Specialized Knowledge & Skills	• Knowledgeable in repair of specific biomedical equipment • Anesthesia & Respiratory Therapy equipment. • Patient Monitoring equipment. • Planned Preventive Maintenance		

5. Housekeeping Worker

General Information:

Job Title	Housekeeping Worker
Department	Support Services

Job Summary:

Responsible for maintaining a high standard of cleanliness and tidiness in a designated area, and keeping equipment and machinery in those areas are clean and in good working order.

Duties and Responsibilities:

The employee will:

1. Hospital housekeepers routinely clean patient rooms, units, surgical areas, administrative offices, nursing, waiting areas, public restrooms and any other assigned area.
2. Responsible for the cleaning of floors, surfaces, furniture and non-medical fixtures and fittings in an assigned area, following the correct policy and procedure for each task.
3. Keep equipment and machinery cleaned, and stored safely, when not in use.
4. Replenish disposable items in bathrooms and other patient areas.
5. Keep waste bins empty and clean, disposing of all waste materials in the correct color-coded bag. Store sealed rubbish bags in the designated area ready for collection.
6. Take the proper precautions for the control of infection, ensuring that the correct color-coded cloths and bags are used for the correct purpose.
7. Perform other applicable tasks and duties assigned within the realm of his/her knowledge, skills and abilities.

Requirements:

Education and Licensure	Mandatory	High school certificate.
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	Preferred	Certificate from TESDA or any course in housekeeping.
Professional Experience	Mandatory	Minimum of One year experience as Housekeeping worker.
	Preferred	Previous experience in Hospital/Hotel.
Specialized Knowledge &c Skills		• Must be able to read and speak English. • Must have the ability to communicate effectively with all staff. • Work well unsupervised. • Must be capable of being trained in the use of floor machines. • Physically fit.

Procurement

In project management, procurement involves buying and contracting external resources to lead the project smoothly. The strategy requires sourcing, ordering, and reconciling procurement. Before reaching out to vendors, the team needs to consider whether to produce service in-house or outsource. In the process of contracting managers evaluate the time necessary to deliver the project, cost allocated, the total amount of work required to be completed, and the quality standards in planning, make a list o

Conduct procurement

The manager figures out where to get goods

Make a list of vendors to consider those capable of delivering the sources you request bids or direct contact to suppliers and contractors.

Choosing suppliers

From the identified list of the sources, we narrow the list with some vendors and build relationships. The process aims at checking the contractors if they are available for the new project and suppliers to ensure they can deliver materials within the scheduled time.

Negotiating contracts with new factors such as scope and payments terms

Control and evaluation

Checking in regularly with contractors enhances control and keeps everyone updated on the project progress; we make the sharing progress with them to ensure control and monitoring provides the project's progress to make sure deliverables meet expectations and deadlines to prevent the further cost. To ensure all involved stakeholders, running regular reviews of vendors is also important to ensure they are meeting the project requirements. It is done through a record-keeping system of management. The performance evaluation is essential to ensure vendors and contractors meet the established contracts' objectives.

Impact analysis

Impact analysis is an in the project. It provides an accurate understanding of the implications of a proposed interpretation, making informed decisions by identifying components that need to be created and discarded to enhance change. Impact analysis enhances quality and safety.

Plan and control

Virtual Meetings Agenda

1. Create the meeting agenda early

No one needs the stress of scrambling to put together an agenda minutes before the call — the later you send out an agenda, the less time people have to look at it. The earlier you get started on drafting a meeting agenda, the more time you have to edit and make it presentable for your colleagues.

2. Seek input from team members

To guarantee meeting engagement during the video call, make sure the agenda includes topics that they want to talk about. Ask meeting attendees to suggest what they want to add so everyone can be involved from start to finish and everyone has a speaking turn in the meeting.

3. Prioritize action items that need to be addressed

Once you have all your topics on paper, order them by importance so you talk about the meatiest material at the beginning of the meeting. Meetings often run overtime, so you don't want to be in a situation where you have to push important topics to the next meeting.

4. Set a reasonable time limit

Forty-five-minute meetings give you that extra time to talk about things you might not be able to in a 30-minute sync and seem less intense and intimidating than full hour-long meetings. If you're a Lifesize user, you can learn a lot about your company's average meeting time in the Admin Console.

5. Keep “brainstorming sessions” out of a time-sensitive meeting

Open-ended meetings like brainstorming or whiteboarding sessions don't usually have a time limit and can be held spur of the moment. Try to avoid those topics in meetings that have a strict time constraint for the sake of everyone else's time and schedules.

6. Determine whether a decision needs to be made for an agenda item

Highlight issues that need to be resolved or decisions that require a vote to make it clear that attendees will be asked to participate. Be sure to give your team members a reasonable amount of time to consider their choices.

7. Use the 2/3 rule

When you make that meeting agenda and start pulling together attendees, make sure every person in the meeting is involved in at least two of the three things that are being discussed. That way, people don't feel like they're sitting in on a meeting where they aren't needed. Tracking meeting minutes can make the next meeting better.

8. Keep to a schedule

It's hard to time how long each agenda topic will be addressed, but try to allow enough time for each agenda topic without getting off track. Be flexible, but also make sure each topic is effectively and thoroughly discussed.

9. Send your meeting agenda in advance

The earlier you can send your meeting agenda out, the more time you give your attendees to prepare. At the latest, make sure to share your team meeting agenda 24 hours before the meeting — it'll serve as a reminder that the meeting will be happening and give your colleagues an opportunity to make last-minute updates.

Virtual Meeting Agenda Template

This conference call agenda template is divided into 5 sections: meeting logistics, objective, meeting prep, agenda, and related information. You can use this meeting agenda template for any type of meeting. Simply fill out the template below:

Let's Meet!

Date: [Insert Date]

Time: [Insert Time]

Location: [Insert Location]

Attendees: [Insert Attendees]

Objective

Our objective is to brainstorm ways to increase productivity in our meetings. Please come to the meeting with a few ideas to share.

Meeting Prep

Read: Guide –

Bring: Examples of things you've tried in the past that worked and/or things you've heard of from other teams

Agenda

Our requirements – 10 minutes

Around the table – 30 minutes

Demo – 15 minutes

Vote – 5 minutes

Virtual Meeting Follow-Up

- Appoint someone to take notes at the beginning of the virtual meeting. Nothing is worse than getting halfway through a meeting and realizing that no one has been recording anything that has been discussed. Of course, while one person is the designated note-taker, all attendees should be taking their own notes.
- If your online meeting tool has the capability, record the meeting. This way, if someone needs to go back and reference a conversation in more detail, they can do so.
- Send the follow-up email in the same email thread as the original meeting invitation. This will ensure that all attendees will receive the follow-up and that no one will be excluded.
- In the follow-up email, call attention to specific individuals who have tasks to accomplish. Bold or italicize their names and provide specific instructions for their activities.

VIRTUAL Meeting Minutes template

Minutes
Business Plan
Date

Opening

The first group meeting of Group 1 was called to conduct on 2 April 2021 at 10.00 a.m. via Zoom Meeting Applications.

Online Meeting Platforms

Virtual meeting via Zoom Meeting application.

Attendee's List

Absent list

Activities

Discussion

Notes

Action Items

Next Meeting

Submitted by

Approved by

Performance Measurement Course and Reports:

In this part we're going to relay on 3 factors:

- **Project Schedule**
- **Recourse Allocation**
- **Labor Cost**

Project Schedule:

We need to keep an eye on the schedule because we must know are we ahead of schedule, on schedule or behind it.

If we are ahead of schedule, we should also check on other factors as being ahead of schedule isn't necessarily means we are going to finish the project early. For example, maybe the tasks have been finished early, but have they been finished correctly? Have they been completed so that they fall within the scope of the project?

Completing few tasks in a rush may lead to more delay trying to fix issues or even redo the tasks again.

If we are behind schedule, then we have to focus on delay tasks, try to work with it simultaneously with current tasks or even get more temporary recourse to finish those.

If we are on schedule, then we need to make sure we still there by keep watching our performance and notify about any type of issue once it's arisen.

Recourse Allocation:

When we are looking to our resources, we need to check whether the resources are overutilized or underutilized.

If they are overutilized that means we are going to increase our cost significantly. Especially, if it isn't under supervision.

If it's underutilized, well maybe they are not doing enough to finish the tasks or there's a shortage in allocating the recourses to those tasks. In both cases we need to make sure we allocate enough recourses to our tasks and they are prepared and well-trained and getting support to complete the tasks efficiently.

But it also means that we can use those resources in other tasks that are overutilized which requires more effort.

Labor Cost:

This is also another important point we should keep close eye on. Labor cost must be within budget, but if it happened to be over budget, we must track the reason to that and resolve it as fast as possible, otherwise, it's going to affect the budget negatively.

Reports:

Reports are the most important thing when it's about trying to measure the performance. The key information there must show what have been done, how much finished of it (for example, using percentage) which will represent the current state of the task (whether it's done, under process or temporary suspended). It also should include data related to schedule (Task start date and due date), what are the struggles and notes about that task if any. This report is delivered on the agreed time (Daily, Weekly, monthly etc....) to Project Manager and presented to the Management/Sponsor to clarify the current performance state and update any required documents passed on that report.

Weekly report example:

Weekly Report Deliver to:			Prepared by:		
Task Name	How much done (%)	Current State	Notes	Start Date	Due Date

Table 17 : Weekly Report Example

The Reason why we prepare such reports is we must measure our performance and get to know what have been done successfully and what would stop tasks and affect the overall work performance in addition to providing a clear vision of the project state and what could be a struggle in the way which will help effectively to find a solution to those issue quickly to stay on track and keep working on schedule. These reports also enhance the communication between the team members from different departments, Project Manager and the Management/Sponsor.

Change Request Model

Change Request			
Organization:			
Department:			
Section:			
RFC Type:	☐ Normal/ ☐ Emergency		
Submit Date:		Required Date:	
Requester Name:		Manger Name:	
Phone no.:		Phone no.:	
Email:		Email:	
Request Title:			
Impacted Area:			
Request Details			
Current Solution	Alternative Solution	Recommendations	

Table 18 : Change Request

Risk Management

Risk analysis

IID	Risk	Impact	
Risk 1	Meeting licenses requirement	High	●
Risk 2	Material availability	High	●
Risk 3	Contractor meeting project timelines	High	●
Risk 4	Environmental risks	Low	●
Risk 5	Electricity availability	Low	●
Risk 6	Equipment availability	High	●
Risk 7	Expertise shortage	Medium	●

Table 19 : Risk Analysis

Risk Management

Risk Management has been the most common method that Dermatology and Cosmetology Center used in identifying, assessing, and controlling threats to the capital and earnings of the company. These threats come from several sources, including financial vulnerabilities, legal obligations, innovation problems, significant administrative errors, accidents, and catastrophic events. However, an Effective risk management program helps the organization consider the various threats during its operation. Additionally, Risk management also scrutinizes the relationship between threats and their diminishing impact on the company's strategic goals.

Risk Management Process

The risk management process is considered a subjective approach to critical thinking that uses various assessment tools to design and classify hazards to assess and resolve them (Hofmann and Scordis, 2018). The figure below shows risk management.



Figure 13 : Risk Management Process

Risk Management Process

Identify Risk

Much of the evidence for differentiating hazards involves conceptualization. The company gathers representatives to examine each of them for different sources of harm (Hofmann and Scordis, 2018). The next step is to sequence each identified risk as needed. Since hazard reduction is unthinkable, prioritization ensures that hazards that could damage the company's substance are dealt with more critically.

Establishment and Operation of a Specialized Medical Center Operational Risk Register -2021

#	Risk	Type	SUB TYPE	Likelihood	Impact	Grade	Preparedness	Mitigation
1	Mass Casualties Pilgrims Repulsion injuries.	External Disaster	ENVIRONMENT	5	5	25	policy FMS -014 External disaster plan	policy FMS -014 External disaster plan Page 12
2	Mass Casualties Road Traffic Accidents.	External Disaster	ENVIRONMENT	5	5	25	policy FMS -014 External disaster plan	policy FMS -014 External disaster plan Page 12
3	Mass Casualties Building collapse.	Internal Disaster	ENVIRONMENT	5	5	25	policy FMS-015 internal disaster plan	policy FMS-002 Building safety plan
4	Mass Casualties Community huge fire events.	External Disaster	ENVIRONMENT	5	5	25	policy FMS -014 External disaster plan	policy FMS -014 External disaster plan Page 12
5	Mass Casualties Wars	External Disaster	ENVIRONMENT	5	5	25	policy FMS -014 External disaster plan	policy FMS -014 page 12
6	Floods.	Internal Disaster and External Disaster	ENVIRONMENT	4	5	20	policy FMS-015 internal disaster plan	policy FMS-012 Patients Evacuation
7	Explosions.	Internal Disaster and External Disaster	ENVIRONMENT	1	5	5	policy FMS-013 security management plan	policy FMS-012 Patients Evacuation
8	Earth Quake.	Internal Disaster and	ENVIRONMENT	1	5	5	policy FMS-015 internal disaster plan	policy FMS-012 Patients Evacuation

		External Disaster						
9	Fire	Internal Disaster	ENVIRONMENT	5	5	25	policy FMS-015 internal disaster plan / FMS-003 Fire safety management plan / FMS -004 fire fighting	policy FMS-018 safety training program
10	hazard material incidents (Chemical /Radiation)	Internal Disaster	ENVIRONMENT	5	5	25	policy FMS-017 Hazmat spill management	policy FMS-009 Hazardous material and waste management plan
11	incidents of radioactive contamination	Internal Disaster	ENVIRONMENT	4	5	20	RSC-010 Radiation Emergency Plan	RSC-010 Radiation Emergency Plan
12	Chemical Pollution Incidents	Internal Disaster	ENVIRONMENT	4	5	20	policy FMS -014 External disaster plan /chemical incident and decontamination plan	policy FMS -014 External disaster plan Page 12
13	Bump threat	Internal Disaster	ENVIRONMENT	3	5	15	policy FMS-013 security management plan	policy FMS-005 emergency coding system
14	Work place violence	Staff-Patient Injuries - Harm	ENVIRONMENT	3	4	12	policy FMS-013 security management plan	policy FMS-005 emergency coding system
15	Utility System Failure	Internal Disaster	ENVIRONMENT	3	4	12	FMS-006_Utility Management Plan	FMS-006_Utility Management Plan

16	Blood and Blood Components out of stock	Interruption of Services - Patient Harm	Clinical	4	4	16	1- Local staff and people in neighborhood as the main target and support for blood donation campaigns. 2- Blood bank will arrange outside campaigns for blood donations as applicable. 3- Collaboration with other hospitals. 4- Conservative approach regarding transfusion (e.g. accept lower threshold for PRBCs and Platelets transfusion, use of cell salvage methods, cancel or postpone elective surgeries, use of blood derived factors as fibrin glue or factor concentrates, etc.) will be encourage.	
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17	Unavailability of Sterile Instruments and Operation Sets	Interruption of Services - Patient Harm	Clinical	3	5	15		Purchase pre-prepared instruments
18	Medical Supplies out stock	Interruption of Services - Patient Harm	Clinical	3	4	12		direct purchasing
19	Communication Failure	Interruption of Services - Patient Harm	ENVIRONMENT	4	3	12	PAD-HIMD-020_Health Records Management during Downtime System	Activation of Runners System as in External Disaster Plan
20	IT Failure	Interruption of Services - Patient Harm	Clinical	4	3	12	ICT-010_Management of ICT Data Centers Power Outage and Disruption	PAD-HIMD-020_Health Records Management during Downtime System
21	Staff Shortage	Interruption of Services - Patient Harm	Clinical	3	4	12	2. Cross training KAMC staff to cover other areas other than expertise area, were they could cover other needed areas in terms of disaster to ensure the continuity of the business	1. Consider calling other staff not in the shift to cover the deficiency in the work.
22	Exposure to hazardous chemicals or vapors	Staff-Patient Injuries - Harm	ENVIRONMENT	3	3	9	policy FMS-017 Hazmat spill management	policy FMS-009 Hazardous material and waste

								management plan (Page 2)
23	Medical technology service availability risk where technology failure lead to inability to deliver the clinical program	Interruption of Services - Patient Harm	Clinical	4	5	20	Emergency Procedures for Medical Equipment Failure Disruption policy #BME-019	Back up equipment, vendor contract , biomedical on call, moving the patient
24	Medical technology patient risk(clinical) where the technology not meeting its intended function(misuse, Inaccurate delivery, misdiagnosis)	Interruption of Services - Patient Harm	Clinical	4	4	16	Application and Operation Training for Users # BME-007, Planned Preventive Maintenance # BME-005	STAFF TRAINING, user manual
25	Medical technology Out of date (due) testing :	Interruption of Services - Patient Harm	Clinical	4	3	16	Planned Preventive Maintenance # BME-005	PREVENTIVE MAINTENANCE plan, CMMS computer system
26	Exposure to laser Medical technology Smoke and Vapor (plume) in surgical suites	Staff-Patient Injuries - Harm	ENVIRONMENT	3	5	15	Application and Operation Training for Users # BME-007, Laser Safety Program Policy #BME-015	Smoke evacuator, personal protective equipment eye protection, respiratory protection and other protective clothing

27	Medical technology infection due inadequately decontamination during Carrying out remedial/preventive maintenance equipment at work place Consequences	Patient Harm	Clinical	3	3	9	Infection Control in Biomedical Engineering policy #IC-044	_ guidelines to Biomedical staff to ensure that follow standard precautions _appropriate protective clothing and , isolated tools and air born masks
28	Medical technology Lack of warning signage/ tagging	Interruption of Services - Patient Harm	Clinical	4	3	12	Medical Technology Tagging policy # BME-013	Tagging System in place

29	Exposure to laser beams during laser surgical procedures (usually class 4)	Staff-Patient Injuries - Harm	ENVIRONMENT	4	5	20	Laser Safety Program Policy #BME-015 Application and Operation Training for Users # BME-007, _Ensure area has no reflective surfaces, Lock/key access for activation, interlock laser systems control(Key pad lock ,Door or laser equipment interlocks , room light, signage), _Worker education. Safe work procedures (including placing laser in standby mode when not in use, single-operator activation, activate laser only when tip is under direct observation by surgeon, etc.). _eye protection based on specific parameters of laser in use (wavelength, pulse versus continuous, wattage, laser class/type)
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30	Kidney Dialysis Water Treatment Plant Failure	Interruption of Services - Patient Harm	Clinical	3	5	15	Hemodialysis Water Quality Testing Policy #IMD-NPH - 006 Planned Preventive Maintenance # BME-005	Dual plant, microprocessor control, portable RO, Daily, monthly, semi annual water test,
31	Medical technology recall/alert	Interruption of Services - Patient Harm	Clinical	3	4	12	Medical Technology Recall and Alerts # BME-012_	Action plan in place
32	Medical technology contaminated items and surfaces,	Patient Harm	Clinical				Infection Control in Biomedical Engineering policy #IC-044	_accepting and dealing with disinfected medical equipment. Vaccines. Prevention and control practices related . _Compliance with medical technology infection Policy # .Disinfection procedures. Gloves, _ protective clothing, eye and face protection

33	Exposure to environmental biological contaminants from safety cabinets systems,	Staff Harm	ENVIRONMENT	5	5	25	Planned Preventive Maintenance # BME-005	Preventive maintenance of Medical systems with regular testing to ensure proper functioning. Early detection and remediation of mold. prevention and control practices related . Disinfection procedures. Protocols that reduce contamination. Worker education(Safety videos, user manuals), Use of proper PPE when cleaning contaminated environmental surfaces, including gloves, respiratory protection,
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34	Exposure to anesthetic gases through , leaks, or from off-gassing from patients	Staff-Patient Injuries - Harm	ENVIRONMENT	3	3	9	Planned Preventive Maintenance # BME-005	Control emissions with scavenging systems. Provide staff masks to reduce emissions. Safe work procedures. Perform preventative maintenance on equipment and systems.
35	Exposure to hydrogen peroxide used as a cold sterility	Staff Harm	ENVIRONMENT	3	4	12	Application and Operation Training for Users # BME-007,	Maintain adequate general ventilation, Purchase in ready to use concentrations to minimize handling. Safe work procedures, Gloves, eye protection and chemical-resistant protective clothing.
36	Electrical hazards arising from use of electrical cords and medical equipment's.	Staff-Patient Injuries - Harm	ENVIRONMENT	4	4	16	Use Of Adaptor And Extension Cords Policy # BME-017 Initial Test and Acceptance (ITA) # BME-003 Planned Preventive Maintenance # BME-005	_ electric overloading devices such as fuses or circuit breakers. _Grounding of electrical equipment Medical _electrical safety test

37	Over exposure for staff and public	Staff-Patient Injuries - Harm	ENVIRONMENT	3	3	9	RSC-006 _Radiation Exposure Limits in Radiation Area	RSC-006 _Radiation Exposure Limits in Radiation Area
38	Total yearly exposure exceeds practice dose investigation level.	Staff Harm	ENVIRONMENT	4	3	12	RSC-002 _ALARA Plan	RSC-002 _ALARA Plan
39	Fire in radiation area	Staff-Patient Injuries - Harm	ENVIRONMENT	5	5	25	RSC-009 Fire Safety in Radiation Areas	RSC-009 Fire Safety in Radiation Areas
40	Radioactive material spill	Staff-Patient Injuries - Harm	ENVIRONMENT	3	5	15	RSC-010 Radiation Emergency Plan	RSC-010 Radiation Emergency Plan
41	Failure equipment (Survey meters - Lead Aprons)	Staff Harm	ENVIRONMENT	3	3	9	RSC-012 Radiation Survey Instrument Quality Control Check - RSC-008 Quality Control	RSC-012 Radiation Survey Instrument Quality Control Check - RSC-008 Quality Control
42	Radiation leakage	Staff-Patient Injuries - Harm	ENVIRONMENT	3	3	9	RSC-012 Radiation Survey Instrument Quality Control Check- Refer to Radiology Risk Assessment	RSC-012 Radiation Survey Instrument Quality Control Check- Refer to Radiology Risk Assessment
43	Pregnant exposure by mistake	Staff-Patient Injuries - Harm	Clinical	4	3	12	RSC- 004_Pregnant Woman Working in Radiation(corrected)	RSC- 004_Pregnant Woman Working in Radiation(corrected)

							- Refer to Radiology Risk Assessment	- Refer to Radiology Risk Assessment
44	Electrical Failure	Interruption of Services - Patient Harm	ENVIRONMENT	5	5	25	Policy No.: GMO-014 Emergency Arrangements for Electrical, Water, Elevator, Air-conditioning , Sewer Lines Medical Gas Systems, and Boiler System	Electricity Backup. Provide standby generator for the hospital.
45	Water Supply Failure	Interruption of Services - Patient Harm	ENVIRONMENT	3	4	12	Policy No.: GMO-014 Emergency Arrangements for Electrical, Water, Elevator, Air-conditioning , Sewer Lines Medical Gas Systems, and Boiler System	emergency management plan, staff training, water backup provide by external water tank through subcontractor
46	Medical Gases Supply Failure	Interruption of Services - Patient Harm	ENVIRONMENT	2	5	10	Policy No.: GMO-014 Emergency Arrangements for Electrical, Water, Elevator, Air-conditioning , Sewer Lines	emergency management plan, staff training use the cylinders of medical gases backup , check the network

							Medical Gas Systems, and Boiler System	
47	air conditioning Failure	Interruption of Services - Patient Harm	ENVIRONMENT	3	4	12	Policy No.: GMO-014 Emergency Arrangements for Electrical, Water, Elevator, Air-conditioning , Sewer Lines Medical Gas Systems, and Boiler System	emergency management plan, staff training ,backup chiller system
48	chemical spill	Staff-Patient Injuries - Harm	ENVIRONMENT	3	4	12	FMS-015 Internal Disaster Plan	emergency management plan, staff training
49	Fire Alarm Systems OFF	Interruption of Services - Patient Harm	ENVIRONMENT	2	4	8	FMS-015 Internal Disaster Plan	electricity backup for he system generator standby and battery , check the system
50	fire pump Failure	Interruption of Services - Patient Harm	ENVIRONMENT	1	5	5	FMS-015 Internal Disaster Plan	use the fire extinguishers backup ,check the pump

51	public address Alarm Systems OFF	Interruption of Services - Patient Harm	ENVIRONMENT	1	5	5	Policy No.: GMO-014 Emergency Arrangements for Electrical, Water, Elevator, Air-conditioning , Sewer Lines Medical Gas Systems, and Boiler System	electricity backup for he system generator standby and battery , check the system
52	Electric shock	Staff- Patient Injuries - Harm	ENVIRONMENT	4	4	16	Staff safety training. Provide specified manufactured electrical gadgets.	Engineering to design comprehensive safety measure against electric shock and equipment damage.
53	Electrical cable trip hazard	Staff- Patient Injuries - Harm	ENVIRONMENT	3	3	9	Staff education on safe housekeeping	Safety and preventive maintenance to educate and maintain proper cable housekeeping
54	Electricity Shut Down	Interruption of Services - Patient Harm	ENVIRONMENT	3	4	12	Preventive Maintenance, Special Purpose Equipment / Supplies, Emergency Management Plan	Electricity Backup. Provide standby generator for the hospital.

55	Epidemic Diseases.	External Disaster	ENVIRONMENT	1	5	5	Infection Prevention & Control of MERS-CoV IC-056. Infection Control emergency Preparedness IC-052. FMS-014 External Disaster Plan. IC-047 Infection Control in Mortuary. IC-049 Outbreak Investigation.. MOH Guidelines.	Staff Education and Increase their awareness , IC notification, MOH Notification and Follow guidelines. Strict IC practices. Support from outbreak control committee & committee for medical disaster of infectious nature. Availability of required PPE, PAPRs, and others.
56	Bioterrorist attacks.	External Disaster	ENVIRONMENT	1	5	5	Infection Control emergency Preparedness IC-052. FMS-014 External Disaster Plan.	Staff Education and Increase their awareness , IC notification, MOH Notification and Follow guidelines. Strict IC practices. Support from outbreak control committee & committee for medical disaster of infectious nature. Availability of

								required PPE, PAPRs, and others.
57	Dust Exposure	Patient Harm	ENVIRONMENT	5	5	25	Infection Control Measures at Remodeling, Renovation, Demolition and Construction Sites IC-045. IC-045 AA: Infection Control Construction Permit, and IC-045 AB: Precautions for Construction & Renovation.	Staff education and training, contractors' oversight. IC regular visiting to the construction area. Regular F/U from the team who is responsible about new projects.

58	Environmental Risk of Infection		ENVIRONMENT	5	5	25	Environmental Control IC-016, Transmission-Based Precautions IC-012, IC-011 Standard Precautions, IC-10 Hand hygiene, Decontamination Guidelines IC-018, Infection Control in Housekeeping IC-046. IC-049 Outbreak Investigation. IC-034 Control of MRSA and Other MDROs. IC-031 Ectoparasitic and Environmental Infestations. IC-054 Pest Control	Staff & HK Education and Training. Increase HH compliance. IC immediate notification and F/U. Strict IC practices. Availability of required PPE, PAPRs, and others. Staff awareness about equipment cleaning and disinfection. Increase pest control activities. Frequent disposal of wastes. Adhere with pest control measure.
59	Exposure to blood and body fluids	Staff Harm	ENVIRONMENT	5	4	20	IC-011 Standard Precautions, IC-10 Hand hygiene, Decontamination Guidelines IC-018, Management Post Exposure to Blood, Body Fluids & Communicable Diseases IC-030. Care of Patients	Staff Education and Training. Increase HH compliance. IC immediate notification and F/U for the exposed staff by ER, EHC & Preventive clinic. Strict IC practices. Availability of required PPE, and

							Infected with Blood Bore Pathogens IC-033. IC-013 Sharps Management, and IC-014 Waste Management other items decrease the risk of blood exposure. Strict waste segregation, and sharp management.
60	Exposure to infectious diseases	Staff - Patient Injuries Harm	ENVIRONMENT	5	4	20	Refer to IC-012 Transmission-Based Isolation Precautions, IC-011 Standard Precautions, IC-10 Hand hygiene, and IC-033 Care of Hospitalized Patients with Blood-borne Pathogens, IC-013 Sharps Management, "Tuberculosis Exposure Plan" IC-23 and Attachment B (AB- IC-030) . Management Post Exposure to Blood, Body Fluids & Staff Education and Training. Increase HH compliance. IC immediate notification and F/U for the exposed staff by ER, EHC & Preventive clinic. Strict IC practices. Availability of required PPE, and other items decrease the risk of blood exposure. Strict waste segregation, and sharp management. Adhere with transmission precautions. Strict

							Communicable Diseases IC-030. Employee exposure to infectious diseases work restrictions (Attachment C (AC-IC-030)). IC-029 Employee Screening & Immunization Program, and Employee Health Program IC-028.	with work restriction recommendation.
61	Exposure to medical sharps	Staff - Patient Injuries Harm	ENVIRONMENT	3	4	12	IC-013 Sharps Management, Management Post Exposure to Blood, Body Fluids & Communicable Diseases IC-030.	Staff Education and Training. Increase HH compliance. IC immediate notification and F/U for the exposed staff by ER, EHC & Preventive clinic. Strict IC practices. Availability of required PPE, and

								other items decrease the risk of blood exposure. Strict waste segregation, and sharp management.
62	Failure or delay to notify critical result to health care worker	Patient Harm	Clinical	3	4	12	IC-038 Infection Control in Clinical Laboratory. IC-009 MOH Reportable Diseases. IC-049 Outbreak Investigation	Use of phones or/and emails. Immediate notification from MOH regarding to highly infectious diseases.
63	medical Equipment Related infections	Staff - Patient Injuries Harm	ENVIRONMENT	4	3	12	Infection Control in Biomedical Engineering IC- 044.	Frequent staff education and training; including IC staff.
64	Poor segregation of waste	Staff Harm	ENVIRONMENT	5	3	15	IC-014 Waste Management	Staff, Patients, and Visitors awareness. Availability of bags, and labeled bins.
65	antibiotic misuse	Patient Harm	Clinical	2	2	4	Antimicrobial stewardship Program. Prevention of Surgical Site	Restricted antibiotics are dispensed after ID approval.

							Infection IC-025. IC-AA: Preoperative Antibiotic Prophylaxis.????	
66	CAUTI	Patient Harm	Clinical	5	4	20	Prevention of Catheter Associated Urinary Tract Infection IC-024. Aseptic and Clean Techniques IC-017. IC-10 Hand hygiene. IC-020 Reducing the Risk of Health Care associated Infections.	Staff education, CUSP team update and recommendation F/U, IC team observing the insertion, compliance with bundle & justification form. Availability of the required supplies.
67	CLABSI	Patient Harm	Clinical	5	4	20	Care of Vascular Access Devices & Infusions Systems IC-026. IC-027 Care of Central Venous Catheters. Aseptic and Clean Techniques IC-017. IC-020 Reducing the Risk of Health Care associated Infections.	Staff education, CUSP team update and recommendation F/U, IC team observing the insertion, compliance with bundle & maintenance. Availability of the required supplies.

68	surgical infection	Patient Harm	Clinical	5	4	20	Prevention of Surgical Site Infection IC-025. IC-AA: Preoperative Antibiotic Prophylaxis. IC- 010 Hand Hygiene. IC- 018 Disinfection Procedures. IC- 019 Approval of Disinfectants & Sterilization Supplies. IC- 042 Cleaning, Disinfection and Sterilization in CSSD IC- 044 IC in Biomedical Engineering. AA- IC- 034 Guidelines for prudent Vancomycin use. IC- 020 Reducing the Risk of Health Care associated Infections.	Staff education, CUSP team update and recommendation F/U, IC team observing the procedure, compliance with bundle. Availability of the required supplies. Observing air quality & OR' rooms' parameters. Improve SSI survey by initiation of end-user IC notification form.
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69	VAP	Patient Harm	Clinical	5	4	20	Prevention & Control of Nosocomial Pneumonia IC-022. IC-021 Control of Respiratory Infections. IC-020 Reducing the Risk of Health Care associated Infections.	Staff education, CUSP team update and recommendation F/U, compliance with bundle. Availability of the required supplies.
70	Hand Hygiene Non-Compliance	Patient Harm	Clinical	5	5	25	Policy No. IC - 010 (Hand Hygiene)	1. Communication
							Policy No. IC - 020 (Reducing The Risks of Healthcare-Associated Infections)	2. Education and Training
								3. Monitoring and Auditing
71	Wrong Identification	Patient Harm	Clinical	5	5	25	Policy No. PSG - 001 (Patient Identification)	1. Communication
								2. Education and Training
								3. Monitoring and Auditing
72	Wrong Medication Administration	Patient Harm	Clinical	5	4	20	Policy No. NUR - 044 (Administration of Medication)	1. Communication 2. Education and Training

								3. Monitoring and Auditing
							Policy No. IC - 013 (IC-013-Sharps Management)	1. Communication
73	Needle Stick	Staff Harm	Clinical	5	4	20	Policy No. IC - 030 (Management Post Exposure to Blood, Body Fluids & Communicable Diseases)	2. Education and Training
								3. Monitoring and Auditing
74	Falling Down	Patient Harm	Clinical	5	4	20	Policy No. PSG - 006 (Patient Fall Prevention and Management)	1. Communication
								2. Education and Training
								3. Monitoring and Auditing
75	Pressure Ulcer Formation	Patient Harm	Clinical	5	4	20	Policy No. COP - 007 (Pressure Ulcer Prevention and Management)	1. Communication
								2. Education and Training
								3. Monitoring and Auditing
76	Turnover	Interruption of Service - Patient Harm	Clinical	4	3	12	Policy No. NUR - 007 (Nursing Staffing Plan and Staff Schedule)	1. Communication
								2. Education and Training
								3. Monitoring and Auditing

Table 20 : Establishment & Operation

13.4 Risk Grading – Risk Acceptability Framework

	<u>IMPACT</u>				
LIKELIHOOD	Negligible /none	Low/ Minor	Medium/ Moderate	Very High/ Major	Extreme/ Catastrophic
Rare	1	2	3	4	5
Unlikely	2	4	6	8	10
Possible	3	6	9	12	15
Likely	4	8	12	16	20
Almost certain	5	10	15	20	25

GRADING BANDS

1 – 3 = LOW	4 – 6 = MODERATE	8 – 12 = SIGNIFICANT	15 – 25 = HIGH
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Figure 14 : Risk Grading Matrix

Description		Likelihood
Risk factor not present in area evaluated		1
Injury reported >5 years		2
Injury reported >2 years <5 years		3
Injury reported >1 year <2 years		4
Injury reported <1 year		5

Impact Severity Index
1 = negligible / No Risk.
2 = Low / Minor
3 = moderate
4 = major
5 =catastrophic

Table 21 : Risk Description & Likelihood & Impact Index

Measures/Assess Risks

The purpose of the output is usually to distinguish problems and then trace the correct sequence (Hofmann and Scordis, 2018). However, before deciding how best to deal with a hazard, organizations need to identify the source of the risk by asking, “what caused the hazard and how could it affect the business?”

Review Control

When the business object is determined to investigate possible solutions to moderately identified hazards and prevent their recurrence, the accompanying question should be asked (Hofmann and Scordis, 2018): What actions can management take to prevent the identified risks from recurring? And what’s the best thing to do if it doesn’t happen again?

Control Risk

Thoughts are formed here in various attempts and then in contingency actions which have been found helpful in limiting the harm that lenders could later pass on (Hofmann and Scordis, 2018). In case of danger, plans can be implemented by the management team.

Qualitative risk analysis

Qualitative risk analysis is involved in the identification of possible threats, their likelihood of happening, and the impact imposed by them if they occur. Risks involved in cosmetology and dermatology include; strategic risks, financial risks, operational risks, property hazard risks, liability hazard risks, personnel hazard risks, and net income hazard risks.

Strategic risks

these are concerned with the SWOT analysis based on society and economic trends. For a dermatological clinic, location is key since it influences patient demand, volume, and competition.

Patient demand and volume are associated with how saturated a place is while the competition, on the other hand, depends on the quality of service offered, for instance, the purchase of current technology equipment and adoption of new dermatological safe solutions.

Financial risks

these refer to how expensive a service is concerning the cost of inputs used. Market forces can also pose a risk to the firm if it takes a different trajectory from what was expected. Another financial risk can be attributed to law changes which may attract fines or even lead to the close of business. In the dermatological field, a good example of financial risk is a reduction in reimbursement by health insurance companies.

Operational risks

this refers to the failure in the working of equipment, system failure, and people absconding from work. In the clinical field, failure of electronic medical record (EMR) system can lead to chaos especially in a clinic that has embraced the system fully and transitioned from using paper charts.

Property hazard risk

issues of theft or damage of equipment are inevitable in a firm, this can either be tangible or intangible. Tangible property includes structures while intangible property includes legal interests such as patents, reputation, and brand. Destruction of property can easily lead to the closure of a firm.

Liability hazard risk

these risks are associated with legal issues and court awards for personal injury and property damage to others. All these require expenditure and cause business interruptions, especially through court-ordered injunctions.

Personnel hazard risk

this is concerned with the human capital of a company such as retirement, resignation, disability, or loss of key employees. In the clinical field, sharp object injuries are common therefore strategies should be put in place to minimize such risks.

Net income hazard

this involves the indirect losses caused by other risks that lead to interruption in business.

RISK RESPONSE STRATEGIES

A risk response strategy involves what will be done to prevent the risk involved. Concerning the risks involved in dermatological clinics, the following strategies can be adapted;

Avoidance

risks are common in any firm but the ability to avoid them helps a lot in saving the firm. In the dermatological field, risks such as liability hazards and property hazards can be avoided by abiding by the law and installation of top security respectively.

Reduction of occurrence

some risks are inevitable therefore the only logical solution is to reduce their occurrence. Risk such as staff injury can be reduced by educating the staff on proper ways to keep themselves safe. For instance, in the clinical field, staff may be advised to put on double gloves to reduce the injuries caused by sharp objects.

Transfer the risk

this refers to being insured. An insurance contract will transfer the risk from one party to the other with payment in return. Risks such as property risk that may be caused by fire can be taken care of by the insurance company.

Acceptance of the risk

accepting a risk comes with missing out on potential benefits. In all the above, one has to accept the risk to know how to deal with it such as how to avoid it, reduce it or transfer it.

Stakeholder

Stakeholder assessment

It involves identifying stakeholder groups, interests, and amount of power they. The project managers ensure all the representatives from all key stakeholders such as decision-makers, change sponsors, employees, customers. In addition, the assessment should seek out and integrate input from supporters and rivals. Must build relationships with key stakeholders to ensure collection of data through interviews, focus groups. Stakeholders are critical and have a significant impact on the transformation initiatives of the projects; therefore, there is a need to establish a credible process of analysis from planning and gathering, data presentation, and findings.

Stakeholder Engagement Assessment Matrix

Stakeholder involvement determines how an organization is being ran, but vary according to the type of project or industry. A stakeholder engagement matrix consists of rows showing the stakeholders and columns showing their level of engagement. It shows the level of engagement that the stakeholders have in a certain project as shown below. The columns are filled by the current level of engagement denoted by 'C' and desired level of engagement denoted by 'D'

STAKEHOLDER	UNAWARE	RESISTANT	NEUTRAL	SUPPORTIVE	LEADING
Stakeholder 1		C			
Stakeholder 2			D		
Stakeholder 3	C			C,D	
Stakeholder 4					D

Table 22 : Stakeholder Engagement Matrix

Lessons learned

Lessons Learned for the Project Manager

Lack of Support: If your team believes you might be more supportive in client-related issues, you should make yourself more available and assume leadership.

Lack of Communication: Some issues might arise because of your lack of communication. Be proactive and ensure that all stakeholders are well communicated and informed.

Lessons Learned for the Team

A Lack of Team Spirit: This phenomenon is common for newly formed teams. Planning an informal gathering will help team members get to know each other and thus address this issue.

Knowledge Sharing: When junior team members do not receive support from seniors, knowledge sharing becomes an issue. The problem can be solved by designating senior team members to mentor new team members.

A Lack of Specialized Knowledge: Assume you're working on an IT project in the oil and gas sector but don't have any experts from the industry. Communicate with your organization to provide subject matter experts to support and help solve this issue.

Lessons Learned for the clinics

Lack of Organizational Alignment: Every department has its own goals; they don't appear to be aligned with each other. This lack of alignment should be addressed from the top level.

Weak Organization Culture: Any difficulties generated by a weak corporate culture, such as one that criticizes and instills fear in employees. Management must support an environment that fosters an atmosphere where team members can take responsibility without fear.

Corporate Travel Policy: A corporation's travel policy may be very restrictive. Such limitations might make an already difficult and unpleasant work trip even more difficult. Loosen such tight policies.

Conclusion

we can make the conclusion that the Clear Reflection Clinics (CRC) is the inevitable part of the lifecycle of the modern medical institution. It has numerous daily operations and enables smooth interactions of the patients.

Developing a modern skin clinic is a great opportunity to create a distinct, efficient, and fast-delivering healthcare model.

Implementation of the CRC project helps to help patients all best and modern care with high-quality service, the kinds of records, provide coordination and user communication, implement policies, improve day-to-day operations, arrange the supply chain, manage financial and human resources, and market clinics services.

This beneficial decision covers the needs of the patients, staff, and clinics authorities and simplifies their interactions. It has become the usual approach to managing the hospital.

In short term, In CRC we don't provide medical institution only, we also as we said in our Motto **The beauty of the community consciously.**

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