

# A Year of Urgent Responsiveness

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## 2020 Annual Report



*St. Maarten Medical Center*





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## REPORT OF THE SUPERVISORY COUNCIL

Deviating from the normal report, the Supervisory Council (SC) would first and foremost like to recognize the entire SMMC team for the enormous resilience, spirit and courage shown and displayed in coping with the unprecedented COVID-19 crisis as experienced in 2020. It is acknowledged that the frontline staff, both medical and support, played a key role in dealing with the extraordinary situation, ensuring continued quality care during extremely difficult conditions; with some staff members being unable to go home to be with their families, instead remaining at SMMC to continue to care for their patients. **For this, we thank staff very much and we are extremely grateful.**

The Foundation St. Maarten General Hospital, operating as the St. Maarten Medical Center (SMMC) is a private foundation established on St. Maarten and registered with the St. Maarten Chamber of Commerce. The Foundation is governed by its (2018) statutes, which in article 18 confirms compliance with the St. Maarten Corporate Governance Code; the SC is responsible for oversight of the Board of Directors (BoD) as well as the general functioning and quality of care of the Foundation.

The SC met thirteen times during the course of 2020. In addition to the regular meetings, there were also dozens of committee meetings: Audit Committee, Quality and Safety Committee, New Hospital Project (SMGH) Committee, Recruitment Committee and meetings with the Medical Staff Board. The Supervisory Council Chairman hereby thanks and commends the Council Members for their time, commitment and dedication in all the regular meetings as well as the extensive committee

meetings. Attendance at all meetings was near perfect.

On August 31, 2021 the Supervisory Council of the St. Maarten Medical Center (SMMC) approved the Consolidated Financial Statements for 2020.

The external auditor BDO St. Maarten B.V. audited the Consolidated Financial Statement 2020.

Membership of the SC is in accordance to the SC retirement schedule, with terms lasting a maximum of four years. On December 31, 2020 the SC consisted of the following members:

- Mr. Robert-Jan James, Chairman
- Mr. Jim Rosen, Vice Chairman
- Ms. Luz-Marie Tuitt, Secretary
- Dr. Heidi Chumley
- Mr. Roger Lawrence
- Mr. Sherwin Casper

The recruitment for the seventh member took place in 2020 with this member appointed in early 2021.

In February 2020, the SC was informed that the General Director would be out for a period of one year due to illness and required treatment. Subsequently in June, a very unfortunate personnel situation developed within the SMMC, which led to the resignation of the Chief Financial Officer (CFO). This left a BoD of just one active member. To support the BoD, the SC recommended the contracting of an interim CFO, as it saw the need for support and oversight on financial matters. In August, the company Versant was hired for the period of one year to act as interim CFO, reporting to the BoD.

The SC immediately established a recruitment committee to start the recruitment process of a CFO as well as General Director. This process was guided by an external party which was selected







after a public tender process in line with the SMMC's procurement procedure. The objective of the committee was to ensure an open and transparent recruitment with the objective to find the best candidate for the vacant CFO/CEO positions. SMMC's preference always goes out to a finding a qualified local candidate, however, the qualification standards as described in the job descriptions will be of primary importance as these positions are not ones that can be filled with on the job training.

The SC is greatly concerned with the 2020 financial results. The results show a net loss of ANG 3.3 million caused by the island-wide COVID-19 crisis shutdown, eliminating all but the most urgent care. Liquidity support was requested from Government and is still pending.

In early 2020, a new tender for an external auditor was developed to cover the four-year period of 2020-2023. The tender was executed in line with SMMC's procurement procedure and guided by the Audit Committee (AC). The results of the tender and subsequent recommendation of the AC was to award the engagement to BDO: this advice was followed.

During the meeting of September 19, the BoD presented the 2020 year plan to the SC and on October 17 the 2020 budget was presented. Both of these were approved by the SC, and submitted to the Minister of VSA and to SZV in compliance with the November 1 deadline as established by the Statutes.

The 2020 financials showed improvements in terms of the disclaimer of opinion: the doubtful accuracy

of revenue remains, however the inability to produce accurate inventory counts has been resolved and no longer forms part of the disclaimer. The ultimate goal remains to receive a clean opinion on the financial statements. The 2020 audit resulted in a Management Letter which contains a number of recommendations. The Audit Committee has continued to stress the importance of following through on this Management Letter with the BoD to ensure the goal of financial reliability. The important role of the Internal Auditor was also highlighted



by the AC as a crucial function of good corporate governance.

On behalf of the Supervisory Council, I wish to again thank the entire organization for your continued dedication to caring for our clients. As we look to rebound from this crisis, we look forward to continued recovery in 2021 and beyond.

Robert-Jan James  
Chairman Supervisory Council SMMC





## A MESSAGE FROM THE BOARD OF DIRECTORS

### General

We started the year quite hopeful that we would build on the achievements of 2019 to attain and even exceed our projections for 2020.

For management, this was particularly important, and we were well on track to pursue and meet our 2020 goals with respect to the realization of the new hospital in 2024. According to the business case, Foundation Sint Maarten General Hospital (hereinafter “SMMC” or “the Foundation”) should have generated a profit of ANG 1 million in 2020. The COVID-19 pandemic that affected Sint Maarten in March 2020, changed our perspective, and we were forced to meet extraordinary demands on our organization as the only hospital care provider on Dutch Sint Maarten. Because of the uncertainty surrounding COVID-19 and the steady rise in the number of infected persons, the services of SMMC were restricted only to patients requiring critical care. This resulted in a sharp decline in our revenue. In addition, we were faced with the challenge to quickly ramp up specialist services to care for persons affected by the virus and for patients who, due to travel restrictions, were unable to travel abroad for medical care.

Through the World Bank and the Dutch Government, we were successful in securing a grant to the tune of ANG 6.4 million. These funds were used to cover the costs of extra medical equipment, PPE, the cost of making the Hospitainer tents and medical pavilion operational, which was replaced with the Auxiliary Care Facility (ACF), to offer medium and critical care to COVID-19 patients, and to cover other operational costs related thereto. The grant also was allotted to cover the cost of patient consumables and pharmaceuticals. The Ministry of VWS of the Netherlands (hereinafter VWS) recruited and

covered the cost of Medical Staff from AMI to man the Hospitainer tents and ACF. At any given point, we were able to count on the reinforcement of some 30-40 medical staff and specialists to provide hospital care for COVID-19 patients.

All this was realized in record time, testifying to the wholehearted dedication of our staff and the responsiveness of our Governments, the World Bank, and other partners that assisted SMMC during these unprecedented times.

The developments surrounding COVID-19 forced us to revisit our SMMC budget for 2020 which was reduced to ANG 69 million out of precaution. After the initial impact of COVID-19, revenues began to bounce back to the 2019 levels. In the end, I am pleased to report that SMMC's revenues for 2020 reached the ANG 72.5 million mark, while that of the Cayhill Pharmacy increased to ANG 10.4 million, from ANG 9.8 million in 2019.

Although we did not realize the profit projected for 2020, the loss realized turned out to be significantly lower than the revised budget at the start of the pandemic.

We would like to take this opportunity to thank and commend all stakeholders, and not in the least our SMMC and CHP staff, our specialists and the AMI team for their invaluable contribution and involvement during this unusual year. We also take note, with appreciation, of the good collaboration and cooperation of the members of the Tri-partite, the World Bank, the medical institutions on our sister island territories and countries, the Dutch Government, the St. Maarten Government, our counterparts on the French side and all others who in one way or the other contributed to us arriving at this point and realizing the results achieved despite the many setbacks. Finally, our condolences to all who in one way or the other have been affected by the loss of family members during this pandemic. As a medical



institution, we look forward to continued cooperation as we meet the challenges coming our way in 2021 and beyond.

## Medical Income and Other Income

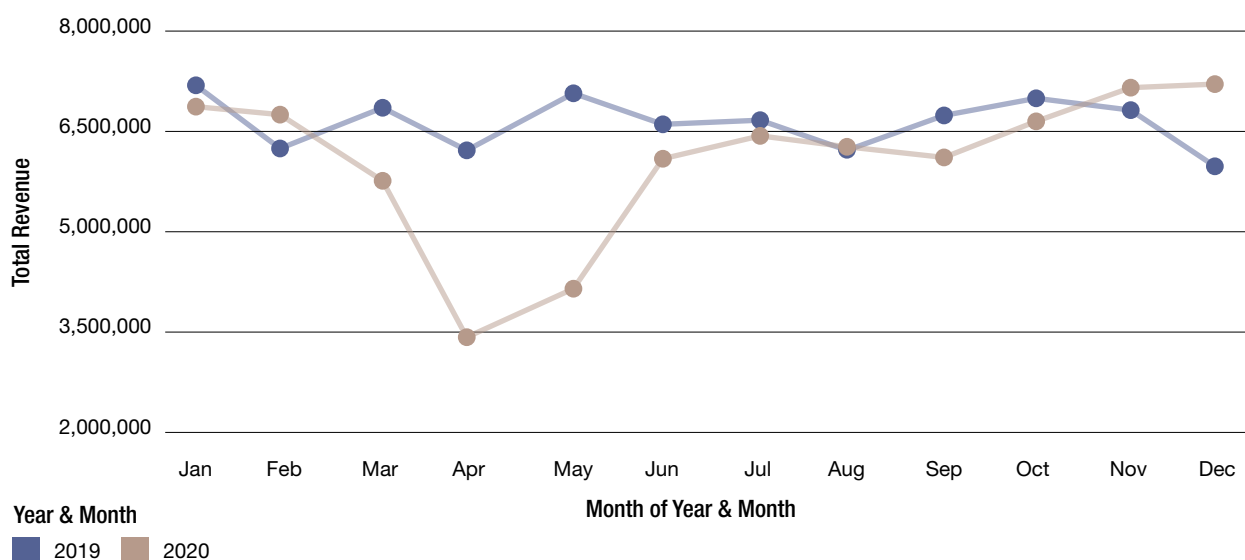
As with all medical institutions around the world, the SMGH was not spared the consequences of COVID-19. Operations across all departments were affected to some extent or the other. This is visible in the financial results realized for 2020.

Consolidated revenue for 2020 amounted to ANG 82.9 million compared to ANG 88.9 million in 2019. This represents a 7% decline. On one hand, our Pharmacy (CHP) did quite well in 2020, showing a 6% increase in revenues (ANG 10.4 million) and a positive bottom-line result of ANG 213,000 by the end of 2020.

SMMC, on the other hand, recognized a decline in medical income of ANG 6.6 million, down from ANG 79.1 million in 2019 to ANG 72.5 million in 2020. At the bottom line, SMMC realized a net loss of ANG 3.3 million by the end of 2020 (ANG 0.9 million profit in 2019).

For several months after the initial occurrence of COVID-19 on St. Maarten, services were limited only to those patients requiring critical care. A noticeable drop in revenue is therefore witnessed in the period between March 2020 and June 2020. From July 2020, the situation began to normalize following the prior year performance.

## Revenue



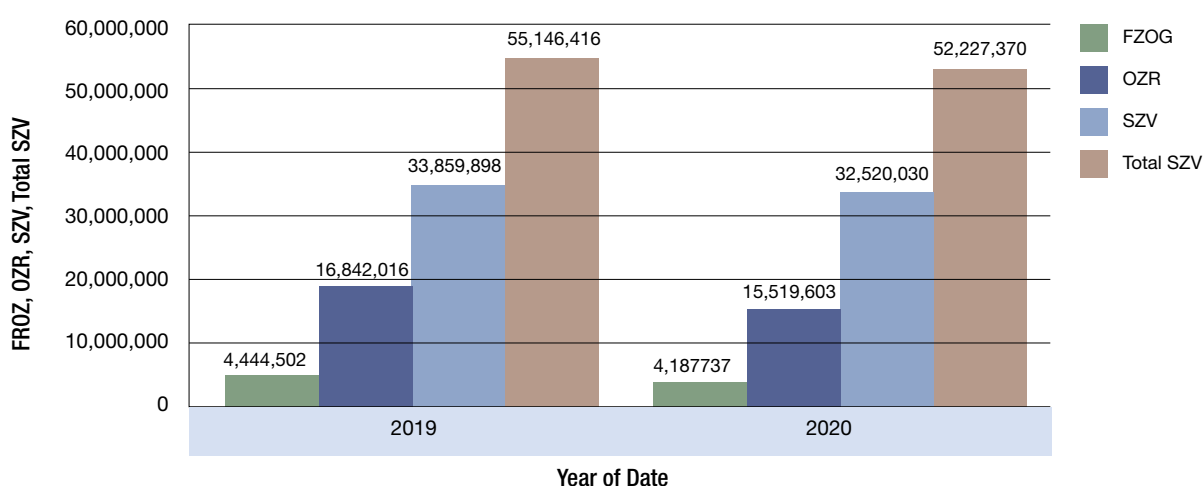
Overall, the final result shows an improvement in comparison with the adjusted forecast prepared at the beginning of the second quarter of 2020 where the budgeted medical income was adjusted downward to



ANG 69 million with an estimated net loss at the level of ANG 10 million. The main contributors to the favorable variance in comparison with the revised budget are the following benefits enjoyed from two incidental income streams, not previously budgeted: (i) SMMC received a COVID-19 grant from the World Bank in amount of ANG 6.5 million, of which ANG 2.5 million was utilized during 2020 to cover extra costs incurred in connection with COVID-19. Also in 2020, SMMC benefited from the 10% threshold clause as stated in the existing care contract with Social and Health Insurances Implementing Body of Sint Maarten (“SZV”) to the amount of ANG 5.5 million.

The SZV remains the largest contributor to the revenue of the Foundation. From SMMC’s medical income of ANG 72.5 million, 74% was contributed by the funds managed by SZV in 2020. Recognizing the challenges, the Fund has itself been facing, we are appreciative of the consistency of their contribution.

### All Total SZV Year Comparison 2019 vs 2020



Other significant contributors to SMMC medical income are ZJCN 7%, and private insurances 4%. Despite the fact that our ZJCN patients had to be redirected to other foreign health care providers, we are pleased to recognize the commitment of this insurer on our sister islands of Saba and St. Eustatius, to continue to work with us in the fact that the care contract was extended in 2021.

Revenue from self-insured and non-insured (the so-called “self-responsibles”) represented 11% of our revenues in 2020 up from 8% in 2019.

### Expenses

As a group, housing, office and general administrative expenses were steady in comparison with 2019. At the same time, significant cost increases were realized in the categories direct medical expenses, salaries & wages and depreciation.

The increase in direct medical expenses can be ascribed to higher costs related to COVID-19, due to, among others, the need to purchase a greater amount of PPE than usual, in response to COVID-19, an



increase in medical supply prices and an increase in the cost of delivery (freight). The increase in direct medical expenses contributed to a lower gross margin compared to the prior year; 2020 - 68% vs 2019 - 73%.

ANG 2.5 of the ANG 6.5 million grant received from the World Bank, was used in 2020 to cover the extra costs incurred due to the COVID-19 pandemic. This amount is reflected in 'other income' in the accompanying financial statements.

The increase in personnel costs is driven primarily by salaries and wages (14%) because of an increase in the number of FTE's. As at December 31, 2020 there were 411 persons on the payroll versus 389 in 2019. As per the CLA cost of living adjustment, salaries were increased by 1% in 2020. CLA negotiations were delayed due to COVID-19 and were not finalized until mid-2021. In 2020, we were also able to furnish the staff with new uniforms, as per the uniform cycle and policy.

The increase in depreciation costs relates to increased investments in general and to investments in Essential Upgrade assets in particular, which assets are to be depreciated in an accelerated manner, as they are intended to be retired when the new hospital becomes operational in 2024.

The results in bad debt have improved compared to last year, as a 22% decline was realized. However, this item remains too high (8.5% of revenue) and will continue to have management's attention towards its reduction.

### **Construction in Progress**

The Foundation has embarked on the construction of a new, state of the art, well equipped, St. Maarten General Hospital (SMGH) with 110 beds, at a projected investment of ANG 182 million.

In 2020, preparatory work on the new hospital continued, notwithstanding delays caused by

COVID-19, including a delay between March and June when the main contractor could not continue the construction work due to Government enforced COVID-19 restrictions. This delay brings the new formal date of completion to February 2024, barring any further delays.

The construction in progress increased by ANG 17.3 million to ANG 36.7 million as per December 31, 2020. Most of this amount refers to investments in the new hospital. As at balance sheet date, ANG 15,4 million had been contributed through Component 1 of the Grant from the World Bank, approximately ANG 12.0 million through the first drawdown from the consortium of Lenders, and approximately ANG 7.4 million by SMMC's own contribution to the project so far. Some ANG 682,000 of capitalized interest is also included.

The increase in the Foundation's total assets by 27%, despite the decline in its net assets because of the consolidated loss realized, is in for the most part attributable to this ongoing development.

By the end of December 2020, the contractor was in the stage of finalizing the final design, while certain fast track activities were underway, including site preparation for the retaining wall. Construction on the main building was projected to commence by mid-2021.

In 2020, pursuant to the receivership of INSO, the primary contractor, INSO's assets were acquired by Fincantieri Group, a duly established Italian company. INSO now goes by the name FINSO, which has also incorporated a local branch with the same name. The transfer of the contractual rights and obligations existing between INSO and SMMC was in the final stage at the time of this report. Meanwhile, FINSO has been executing on the agreement as planned and construction is moving ahead. Management has every indication that FINSO will carry out and complete the work as per agreement.

## Risks

From a risk perspective, the Foundation has many items to consider. Evidently, we must continue to brace for instances of natural disasters and a vulnerable, one-pillar economy, which is highly dependent on tourism. The 2020 pandemic which still faces us, is another evidence of this vulnerability. Management recognizes these risks. Through the programs such as the Essential Upgrades, discussed further in this report, attention has been given to upgrading of the existing building and facilities to ensure resilience in the transitory period leading up to the new hospital.

The building of a new hospital comes with inherent risks mitigated by a framework of controls which includes a system of oversight and regular reporting, the involvement of experts (consultants) with expertise in multiple disciplines, including finance, legal, quality control, project management and construction. In addition, there is the role of arbiter, and oversight by management and their Supervisory Council.

The reality of the COVID-19 pandemic presents a major risk. Up until now, the facilities made available by the Dutch government through the World Bank have helped to curb this risk. When this program is terminated within short, the Foundation will have no further recourse than to call on the local Government for subsidies and support, as SMMC does not have the carrying capacity, neither physical nor financial, to carry this risk. Considering the strategic position of the Foundation as the only hospital in St. Maarten, management expects that, ultimately, the Foundation would be insulated from this risk by mitigating measures of the Government of St. Maarten.

The income of the Foundation is highly dependent on the state of the economy and the ability of insurance companies to pay for care provided. There is an inherent risk that the insurance companies, including the major insurance provider

SZV, are not able to collect its premiums from Government, corporate institutions, or private businesses.

We are appreciative of the lenders' consortium's continued confidence in the new hospital project and their commitment to sustain this to its completion. With this commitment the risk of a shortfall in financing of the new hospital is mitigated.

## Beyond 2020

In 2021, SMMC remains focused on several tracks of progress. For one, SMMC remains in a state of preparedness for eventuality of spikes in the number of COVID-19 cases requiring hospital care. Further, SMMC remains focused on making the necessary investments to secure the realization of the new hospital in 2024, while expanding on its services, in the interim, to meet the local medical care demand.

At the time of this report, SMMC is still benefiting of the presence of AMI staff and their keeping the ACF operational. However, the financing of AMI staff to man this facility is expected to end in September 2021. As mentioned earlier, this poses a significant risk to the Foundation. Consequently, management will continue to pursue a subsidy from the Government of St. Maarten to finance the extra costs directly related to COVID-19 care, which up until now have been covered by the World Bank grant and VWS. The facilities such as the ACF, will remain in place in support of the COVID-19 hospital care as needed.

As per agreement signed on August 20, 2018, and continuing in 2021, SMMC will continue to utilize a World Bank grant provided to realize Essential Upgrades to the existing building which has shown its vulnerabilities during the passing of Hurricane Irma in 2017. In addition, the funds will be used to improve emergency preparedness, to support the initiative towards Joint Commission International



(JCI) Accreditation, to finance the Operating Room (OR) renovation and expansion project and the Dialysis and Oncology expansion initiative. A part of the funds will also be used to enable quality improvements and training of staff. This grant, which approximates to ANG 14 million, is to be used in the transition period up to the completion of the new hospital.

Management has submitted a request for liquidity support following the decline in revenues caused by COVID-19 pandemic. A restoration of lost liquidity is important to ensure the Foundation's ability to meet its commitments with respect to investments in the new hospital. At the time of this report, this request has not yet been honored.

In 2021, management continues to seek ways to expand its services. Thereby contributing, on one hand, to an increase in revenue and broadening of its income base and on the other hand, contributing to a reduction of the number of required medical referrals to foreign countries. In this context, additional specialists for both in-patient treatment and out-patient consultations are being hired.

In 2020, management signed a contract to lease an MRI machine which would allow SMMC to expand the services offered by its Radiology department. In the meantime, the MRI machine has been installed and is operational as of May 2021.

The Hemodialysis ward is being expanded and the purchase of additional medical equipment for the ward is ongoing. Management has recently completed negotiations with ZJCN for the extension of their Care Contract, to acquire up to 5 additional Certified Dialysis Nurses for this department, at their expense for the duration of the contract starting from July 1, 2021.

During 2021, negotiations for a new Collective Labor Agreement (CLA) were completed. Despite

the challenging times, the CLA encompasses a modest increase in salaries and benefits, some benefits retroactive to July 2020. The CLA signed is for a period of three years.

Management continues to pursue improvement of the internal control environment, the finance function and the financial reporting, in accordance with recommendations received from the external auditor. In this regard we are very pleased to recognize that the auditor's previous qualification with respect to the accuracy of the inventory balances, has now been removed. This shows that the trajectory of continuous improvement is gradually paying off. The ultimate goal is to work toward achieving the removal of the last item of qualification, which refers to the state of internal controls around the completeness of revenue. Our goal is to achieve a clean audit opinion in the shortest time possible. For this purpose, management continues to invest time and resources in this direction.

Management will continue to pursue the 'Fit for The Future' program in all its aspects. Inherent to this, is the goal to achieve JCI accreditation over time. The progress of the program is monitored using a system of monthly 'Smartified Objectives' reporting.

To successfully achieve its strategic goals, with respect to the overall organization, it is imperative that the staff is equipped to deliver on the expected services and improved operational effectiveness. Hence, adequate training continues to be a focal point in ensuring that our personnel is equipped with the knowledge and skills necessary to attaining the organization wide objectives.

Respectfully,  
Board of Directors

## INDEPENDENT AUDITORS REPORT

### A. Report on the Abbreviated 2020 Consolidated Financial Statements

#### *Our Opinion*

The summary (hereafter: 'abbreviated') 2020 consolidated financial statements of Foundation Sint Maarten General Hospital (hereinafter "SMMC" or "the foundation"), based in St. Maarten, are derived from the audited consolidated financial statements of Foundation St. Maarten General Hospital for the year ended December 31, 2020.

In our opinion the accompanying abbreviated 2020 consolidated financial statements are consistent, in all material respects, with the audited consolidated financial statements of Foundation St. Maarten General Hospital for the year ended December 31, 2020, in accordance with the principles described in the notes.

The summary consolidated financial statements comprise:

1. the summary consolidated balance sheet as at 31 December 2020;
2. the summary consolidated income statement for the year then ended; and
3. the notes comprising a summary of the applicable accounting policies and other explanatory information.

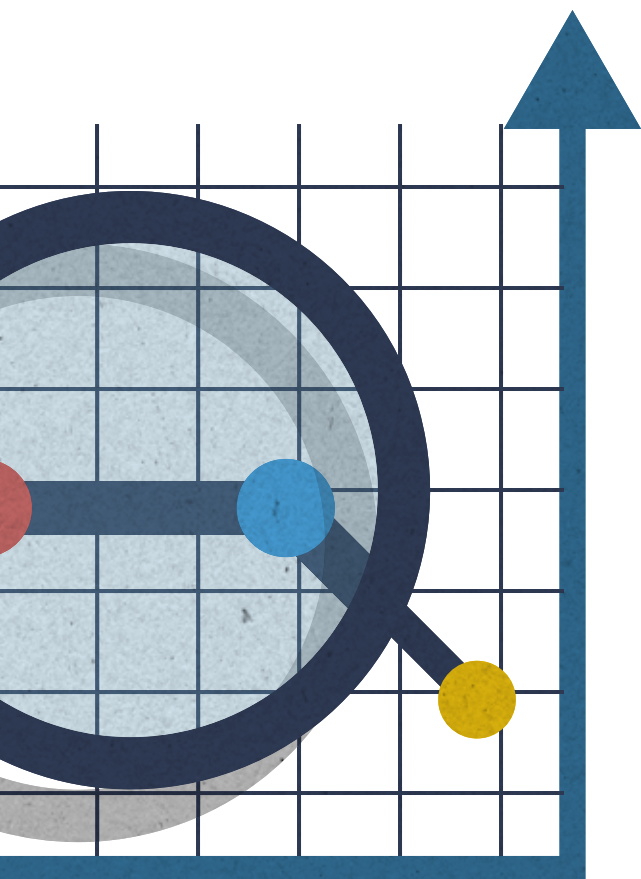
#### *Abbreviated Consolidated Financial Statements*

The abbreviated consolidated financial statements do not contain all the disclosures required by Generally Accepted Accounting Principles in the Netherlands. Reading the abbreviated consolidated financial statements, therefore, is not a substitute for reading the audited consolidated

financial statements of Foundation Sint Maarten General Hospital including our auditor's report thereon. The abbreviated consolidated financial statements and the audited consolidated financial statements do not reflect the effects of events that occurred subsequent to the date of our report on those consolidated financial statements.







### ***The Audited Consolidated Financial Statements and our Disclaimer of Opinion***

We did not express an opinion on the consolidated 2020 financial statements of the foundation in our report dated August 31, 2021. Because of the significance of the matter described in the 'Basis for our disclaimer of opinion' paragraph, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for our Disclaimer of Opinion***

The internal control system regarding the completeness of invoicing of medical treatments and related income sources

was inadequate during 2020. We were unable to obtain sufficient audit evidence by alternative means concerning the completeness of medical income and the related accounts receivable. In addition, the accuracy of the individual accounts receivable balances could not be established due to the fact that the advance payments recorded through suspense accounts were not reconciled to individual trade receivable accounts during 2020.

As a result of this matter, we were unable to determine whether any adjustments might have been necessary in respect of medical income and related accounts receivable for the year ended December 31, 2020.

### ***Responsibilities of Management and the Supervisory Council for the Abbreviated Consolidated Financial Statements***

Management is responsible for the preparation of the abbreviated consolidated financial statements in accordance with the principles described in the notes.

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

### ***Our Responsibilities***

Our responsibility is to provide an opinion if the abbreviated consolidated 2020 financial statements are consistent, in all material respects, with the audited consolidated financial statements of Foundation Sint Maarten General Hospital for the year ended December 31, 2020, based on our audit, in accordance with Dutch Standard on Auditing 810, 'Engagements to report on summarized consolidated financial statements'.

### ***St. Maarten, 31 August 2021***

For and on behalf of BDO St. Maarten B.V.,  
Signed by P.C. Lungu ACCA

## Abbreviated Consolidated Balance Sheet as at 31 December 2020

(Before appropriation of result)

	31 December 2020	31 December 2019
	ANG	ANG
<b>ASSETS</b>		
<i>Fixed Assets</i>		
Intangible Fixed Assets	246,029	321,249
Tangible Fixed Assets	57,915,689	40,262,586
<i>Current Assets</i>		
Inventory	5,339,433	5,169,019
Receivables	13,522,797	14,043,932
Cash and Cash Equivalents	13,768,277	11,588,245
<b>Total Assets</b>	<b>90,792,225</b>	<b>71,385,031</b>
<b>EQUITY &amp; LIABILITIES</b>		
<i>Foundation's Equity</i>		
Equalization Reserve	35,783,114	39,100,553
Provisions	19,572,328	4,014,721
Long-term Liabilities	5,697,714	5,614,874
Short-term Liabilities	12,983,925	11,627,411
	16,755,144	11,027,472
<b>Total Equity &amp; Liabilities</b>	<b>90,792,225</b>	<b>71,385,031</b>

## Abbreviated Consolidated Income Statement for the Year 2020

	2020	2019
	ANG	ANG
<b>Medical Income</b>	82,891,969	88,911,648
Direct Medical Expenses	-26,762,273	-24,178,581
<b>Gross Margin</b>	56,129,696	64,733,067
Other Operating Income	9,057,628	830,059
<b>Gross Margin</b>	<b>65,187,324</b>	<b>65,563,126</b>
Salaries and Wages	45,113,990	40,670,250
Depreciation of intangible and tangible fixed assets	5,391,460	4,629,767
Other Operating Expenses	17,340,552	19,012,773
<b>Total Operating Expenses</b>	<b>67,846,002</b>	<b>64,312,790</b>
<b>Operating Result</b>	-2,658,678	1,250,336
Financial Expense	-658,984	-304,374
<b>Result on Ordinary Activities Before Taxation</b>	-3,317,662	945,962
Profit Tax	-	-
<b>Result After Taxation</b>	<b>-3,317,662</b>	<b>945,962</b>



## Notes to the Abbreviated Consolidated Financial Statements

### General

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

### Corporate Governance Code

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

### Basis of Preparation

According to Book 2, article 58 and article 119 of the Sint Maarten Civil Code, SMMC qualifies as a large Foundation. This implies that the Foundation meets the following criteria:

- Exceeding criterion of 20 full time employees;
- Exceeding the value of assets criterion of ANG 5 million;
- Exceeding the Income criterion of ANG 10 million.

According to article 120.3 of the Sint Maarten Civil Code SMMC needs to report its Financial Statements in accordance with International Financial Reporting Standards issued by the International Accounting Standards Board. However, this article also gives SMMC the opportunity to compile its financial statements according to other internationally accepted

accounting principles in case the board of directors has given reasons to do so. The board of directors has made use of this possibility to report according to Dutch Generally Accepted Accounting Principles (Dutch GAAP), amongst others, because of the following reasons:

#### For comparisons purposes:

- In previous years SMMC has reported according to Dutch GAAP, therefore makes it more useful to compare with previous reporting periods;
- In Sint Maarten, according to general use, most health care organizations on Sint Maarten and in the Dutch Caribbean, as well in the Netherlands, report according to Dutch GAAP.

#### For economic reasons:

- SMMC's bookkeeping systems and sub ledgers have been developed in line with Dutch GAAP;
- Implementing IFRS based reporting will lead to significant additional expenses regarding redefining systems and additional education of finance department.

### Going Concern and Financial Position of the Foundation

The outbreak of the COVID-19 pandemic has impacted the Foundation in 2020. The Foundation prepared for the worst-case scenario of potentially having to care for a massive inflow of patients. The Foundation secured a grant in amount of ANG 6.4 million (USD 3.6 million) from the Trust Fund managed by the World Bank. A portion of the Trust Fund contribution was used for the increased COVID-19 operational costs, while the second portion was used for the building of new facilities for ICU and mild care which were realized in a short period of time.

During the year, management made a request to the Government of Sint Maarten in accordance with their program offering liquidity support to entities in need. In the last quarter of 2020, management also made a request for COVID-19 support to cover the cost of providing specialized services to COVID-19 patients for the year 2021, after the contributions by the Dutch Ministry of Health would have been suspended. Both requests are still in process.

In the first and second quarter of 2020, a significant decline in revenue was realized. However, from the third quarter of 2020, a gradual improvement was noted, resulting in a lower loss in revenue than expected. The Care Contract with SZV proved to be another benefit for the Foundation in 2020. This contract provides a 10% buffer for underproduction, which resulted in additional revenue.

Thus, despite the initial outlook earlier in the year, the Foundation was able to contain its losses to some extent. By the end of 2020, a net loss after tax of ANG 3.3 million was recognized. As at that date, current assets exceed current liabilities by ANG 15.9 million. However, the liquidity position remains marginal. Therefore, the Foundation still hopes to receive the requested liquidity and COVID-19 support, this is still an ongoing process.

During the preparation of these financial statements, management evaluated the impact of the crisis to the entity and has concluded that despite the developments, the going concern assumption of the entity is not affected. Consequently, these consolidated financial statements have been prepared on a going concern basis, which assumes that the Foundation will be able to meet the mandatory repayments required in the foreseeable future.

### **Consolidation**

SMMC owns 100% of the shares of St. Maarten Medical Center Pharmacy N.V. (the company) and therefore the balance sheet, the income statement have been consolidated. Intercompany transactions and balances between the company and SMMC are eliminated upon consolidation.

St. Maarten Medical Center Pharmacy N.V. also known as Cayhill Pharmacy (CHP) was incorporated on September 27, 1991 in St. Maarten. The entity's main objective is to conduct and sell pharmaceutical supplies operating as a public pharmacy on the Dutch side of St. Maarten. The entity commenced its operations in March 1991.

### **General Accounting Principles**

#### **Use of Judgment and Estimates**

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





Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to estimates are recognized prospectively. Information about assumptions and estimation uncertainties at 31 December 2020 that have a significant risk of resulting in a material adjustment to the carrying amount of assets and liabilities in the next financial year is included in the following notes:

Note 2 – useful life determination and including accelerated depreciation of tangible assets;

Note 3 – obsolescence of medical supplies

Note 4 – measurement of allowance for trade receivables: key assumptions in determining the likelihood of non compliance with the payment terms;

Note 9 & 10 – measurement of post-employment benefits obligation: key actuarial assumptions;

Page 26 – recognition and measurement of provision and contingencies: key considerations.

During the preparation of the consolidated financial statements, the country of Sint Maarten is affected by measures taken in response to the COVID-19 virus. Management evaluated the impact of the virus on the entity and concluded that the estimations are not affected by it.

## **Borrowing Costs**

Borrowing costs that are directly attributable to the acquisition, construction or production of a qualifying asset form part of the cost of that asset and, therefore, should be capitalized. Other borrowing costs are recognized as an expense.

## **Comparative Figures**

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

## **Translation of Foreign Currency**

Monetary assets and liabilities denominated in foreign currencies have been converted to Antillean Guilders (ANG) at the rates of exchange prevailing at balance sheet date. Income and expense transactions have been converted at the rates prevailing on the date of the transaction.

Any gain or loss on foreign currency translation is credited or charged to the income statement which is referred to as Translation Exchange Rate Differences. The foundation converts all transactions at the currency exchange rate of:  
USD 1 ANG 1.78;  
EUR 1 ANG 2.20.

## **Accounting Principles**

### **General**

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

### **Intangible Fixed Assets**

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

### **Tangible Fixed Assets**

Tangible fixed assets are stated at cost, net of accumulated depreciation. Depreciation is computed based on the estimated useful lives of the assets using the straight line method, except, if applicable, adjusted for changes in the economic life of the assets. When assets are retired or otherwise disposed of, the cost and

related accumulated depreciation is removed from the accounts and any resulting gain or loss is reflected in the income for the period. The cost of maintenance and repairs is provided for in a maintenance provision. Significant improvements are capitalized and depreciated over its economic lifetime. Work in progress will start depreciating after completion. Interest costs that are directly attributable to qualifying assets under construction are capitalized.

### **Inventories**

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

### **Accounts Receivables**

Accounts receivables are carried at anticipated realizable value. Accounts receivable are shown after deduction of a provision for bad and doubtful debts where appropriate. An estimate is made for doubtful receivables based on a review of all outstanding amounts at year end. Bad debts are written off during the year in which they are identified.

The accounts receivable have a maturity date due within one year.

### **Cash and Cash Equivalents**

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

### **Equity**

The equity comprise the nominal capital account, accumulated gains/losses and the result of the period accounts.

### **Equalization Reserves**

SMMC has formed an equalization reserve for certain designated monetary donations. These

monetary donations received will remain reserved until the equipment has been purchased and received. The amounts are amortized in line with the straight line depreciation of the related assets. The amortization of the equalization reserve is recognized on other income.

### **Pension Plan**

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

### **Provisions for Other Post Employment Benefits**

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

### **Current Liabilities**

The short term liabilities are due within one year.

### **Accruals and Deferred Income**

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

### **Accounting Principles in Respect to the Income Statement**

The net result is determined as the difference between the recognized income and the expenses relating to the reporting period. Costs are determined in accordance with the accounting policies applied to the balance sheet.

Income is realized in the year in which the services rendered are recognized. Losses are taken upon recognition. Other income and expenses are allocated to the periods to which they relate.

### Medical Income

Medical income comprises of fees for medical treatments chargeable to patients, USZV, other insurance companies and social security institutions. Income also includes sales of pharmaceutical products to customers.

In 2017, the Foundation entered into a contractual agreement ("USZV Care Contract") with USZV for the period January 1, 2017 – December 31, 2031, of which the budget is based on an anticipated contractually fixed production. SMMC receives monthly, an annual agreed upon 'advance' to the budget which is determined annually and is paid as budget advances monthly based on the production pre-calculated (estimated). The annual settlement method states the following: (i) if an

overproduction exceeds 2% of the budget, USZV will pay SMMC the exceeding part based on the tariffs as agreed between SMMC and USZV, and (ii) if an underproduction exceeds 10% of the budget, SMMC will repay the exceeding part to USZV. The 10% is needed to safeguard the minimal required services (24/7/365) including the minimum level of qualified staff and the agreed quality of care.

### Other Operating Income

Other operating income includes: (a) other income recognized in the event of an underproduction based on the annual budget concluded with USZV and in accordance with the annual settlement agreement between USZV and SMMC; and (b) other income recognized in the period.

### Profit Tax

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





## MISSION AND VISION

Since our last mission and vision statements were determined in 2015 and we have successfully accomplished the vision of becoming ‘the general hospital’ after that, we felt that determining a new aspirational vision and supporting mission was due for review throughout the organization. Additionally, SMMC proposed to shift its vision towards a new aspirational level to be achieved by 2025, with a supporting mission statement and newly defined core values, while SMMC’s previous core values will become our new supporting pillars.

This also in light of our transition towards SMGH and in order for our adjusted vision and mission to be carried throughout the entire organization, we propose to simplify it while not changing its context and general objectives.

### Core Values

We are committed to the following core values:

**Cooperation** - SMMC is a place where we can only achieve our common goals by cooperating with each other and understanding our common purpose as an organization.

**Respect** - SMMC is a place where respect is continuously given on multiple levels: between colleagues and between staff, patients and visitors.

**Helpfulness** - SMMC is a place where we are always willing to help each other, our patients and visitors.

**Professionalism** - SMMC is a place that excels through its staff being professional at all times.

### Pillars

In addition to the core values, we have had a set of supporting pillars of which we acknowledge that our staff relates to them since more than a decade.

**Safety** - A safe environment for both the patient as well as staff means optimal quality of care can be provided. The safety standards applied at SMMC are based on legislation, well developed policies and local and international standards.

**Health** - Only a (financially) healthy organization is able to provide high quality hospital care. Among others, this relates to proper corporate governance, transparency and social responsibility. SMMC recognizes its role and exemplary function within society. Corporate social responsibility is therefore not only a wish but a requirement. This is taken into account with regard to procurement. Examples include the use of sustainable materials and efficient use of energy and water.

**Satisfaction** - A high level of patient and staff satisfaction contributes to the performance of the whole organization.

### Vision

The most successful vision statements are short and directly to the point, hence SMMC’s new vision statement, which we aspire to achieve together by 2025, is as follows:

***To be the regional leader in providing high quality hospital care, with compassion and friendly service.***

Important elements of the vision are:

- **Regional Leader:** SMMC aspires to be the best general hospital in the region (JCI accredited).
- **High Quality Hospital Care:** SMMC will provide high quality basic specialized care (secondary care).
- **With Compassion:** All SMMC staff members always show compassion for a patient’s predicament.

- **Friendly Service:** All SMMC staff members are always friendly in providing service to residents and visitors of St. Maarten and her surrounding islands.

## Mission

SMMC provides high quality, accessible, affordable and friendly hospital care in the best interest of the patient, close to home.

Important elements of the mission are:

- **High quality, Accessible and Affordable Hospital Care:** The care provided by SMMC is of high quality, accessible to the residents and visitors of St. Maarten and surrounding islands and needs to remain affordable to the country as a whole.
- **Best Interest of the Patient:** Every decision that is made by SMMC is in the best interest of the patient. The patient is and remains the most important stakeholder.
- **Close to Home:** The aim of SMMC is to provide care close to home and to as such reduce the level of medical travels.
- **Residents and Visitors of St. Maarten and Her Surrounding Islands:** Accessibility of hospital care to the target group is one of the main priorities of SMMC.



## Supervisory Council



**Robert-Jan James**  
Chairman



**Jim Rosen**  
Vice Chairman



**Luz Marie Tuitt**  
Member



**Roger Lawrence**  
Member



**Dr. Heidi Chumley**  
Member



**Sherwin Casper**  
Member

## Board of Directors



**Kees Klarenbeek**  
General Director



**Dr. Felix Holiday**  
Medical Director



**Dr. Marco Meuleman**  
Chief Financial Officer  
(Until July 2020)





## Management Team



**Antonio Pantophlet**  
Manager Patient Care  
& Education



**Christina Jacobs**  
Jr. Manager Patient Care  
(Per March 1st, 2020)



**Sheila Hodge**  
Manager Support  
Services



**Erika van der Horst**  
Project Manager St.  
Maarten General Hospital



**Michael Sargeant**  
Head Maintenance  
& Facilities



**Bonnie Dekker**  
Manager Strategy &  
Business Development



**Janneke Lok**  
Legal Counsel



**Amanda Gumbs-Weijmer**  
Concern Controller



**Harlec Doran**  
Manager HR  
(per Sept 1, 2020)



## CORPORATE SOCIAL RESPONSIBILITY

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

To SMMC, corporate social responsibility is about acting with due care and performing with respect for patients, employees, environment and resources. This goes hand in hand with our strife for transparency through clear reporting on activities and their consequences. Additionally, SMMC makes it a point to work closely with partners within the health system and other health-related institutions on St. Maarten.

Together the flow of care services is consolidated and solutions are found on all domains (i.e. patients, employees, environment and resources) completely and accurately recorded.

## PATIENT CARE

This chapter outlines the developments in patient care during 2020.

### Medical Care

#### **COVID-19 Pandemic**

During 2020, like the rest of the world, the COVID-19 pandemic reached the shores of St. Maarten and dominated patient and medical care efforts throughout the year.

Our expansion of medical care facilities where COVID-19 care is being administered was quite a heroic effort. From expanding isolation room capacity inside SMMC to installing an emergency ICU tent on the tennis courts at Raoul Illidge Sports Complex (located opposite SMMC) at the start of the pandemic to erecting a Mobile Medical Pavilion

(MMP) with assistance of the Government of St. Maarten, to placing the ICU tent in the gym hall of the Asha Stevens Christian Hillside School, to ultimately constructing a permanent, storm resilient Auxiliary Care Facility (ACF): it all was done in record time and in place before the peak of the 2020 hurricane season.

#### **AMI Team**

A team consisting of 30-40 healthcare professionals from AMI, a global provider of innovative healthcare solutions, has been on St. Maarten since April 2020 with the objective to assist St. Maarten Medical Center (SMMC) in its COVID-19 response. The AMI team operated the ICU tent, the MMP and currently the ACF facility under the medical guidance and according to SMMC's protocols. The Department of Health (VWS) in the Netherlands has financed the bulk of the cost associated with the team's stay on St. Maarten with additional support received by the Government of St. Maarten.

### Adding Capacity and Staff

#### **Expansion OR Complex**

Repairs and renovations of the current OR complex and plans for construction of a new 2 theatre OR complex with recovery room and supporting offices were further advanced. More on this can be read in the PMU chapter.

#### **Expansion Dialysis Clinic**

With the increase in Dialysis care demand the current 14 positions will no longer suffice, hence plans have been progressed for the expansion of the Dialysis clinic to 21 positions to be able to treat more Dialysis patients. More on this can be read in the PMU chapter.

#### **Anesthesiology**

The Pain Management Clinic was launched in 2020 as a subspecialty of Anesthesiology, with a permanent Anesthesiologist/Pain Specialist.





### **Cardiology**

A new permanent Cardiologist was added to the Cardiology team.

### **Neurology**

Neurological services have been expanded in 2020 with the addition of a new permanent neurologist and a new, fully functional state of the art neurological diagnostic machine for electroencephalogram (EEG) and electromyography (EMG) testing.

### **Ophthalmology**

An Ophthalmologist, who provides a large spectrum of Ophthalmology services together with a group of 9 rotational specialists, was added to SMMC's roster of permanent medical specialists.

### **Orthopedics**

In 2020, SMMC has signed a three-year contract with Medisch Staff Bedrijf Gouda for the rotation of seven Orthopedic surgeons throughout the year.

### **Plastic and Aesthetic Surgery**

A plastic and aesthetic surgeon was added in rotational service expanding this specific field of medical specialty.

### **Mammography Machine**

A new GE Pristina Mammography Machine that features superior diagnostic accuracy, 3D imaging and an FDA seal of approval was purchased and installed. In addition to its innovative features, the new machine offers a more pleasant and less intense experience for patients.

### **Mobile X-Ray**

A new General Electric Optima Digital Portable X-Ray Machine was purchased to help broaden the scope of medical care given. The portable X-Ray is used to take images of critical patients on the wards who cannot be transported to the Radiology Department for various reasons.

### **Doctor Volunteers**

In 2020, two doctors with affinity to St. Maarten volunteered to work at SMMC seeing the pressure on medical care due to the pandemic: one volunteered at the Ob/Gyn Department while the other functioned as a House Officer.

### **Nursing Care**

#### **Improving Care**

As 2020 was dominated by the COVID-19 pandemic and our nursing staff impacted accordingly, our continuous aim to improve care was shifted to providing optimal COVID-19 care, which made it different from a regular (non-pandemic) year. However, several steps forward have been made such as upgrading courses for Endoscopy and Oncology nurses and implementation of the SBAR communication tool (situation, background, assessment and recommendation).

At the start of the pandemic, a COVID-19 screening system was implemented at all entrances, (including at the Care Complex) to ensure that SMMC's patients and visitors are screened for COVID-19 related symptoms via a questionnaire, temperature checks and a hand sanitizing protocol. The screenings are conducted by our Service Desk Assistants who were trained to do so.

SMMC hosted a public lecture session at the University of St. Martin in observance of World Kidney Day which was before the pandemic took effect. Also, SMMC attended the Immigration Fair in the Netherlands in the ongoing recruitment drive.

The HIC department held a train-the-trainer course for healthcare professionals from local healthcare agencies including the Collective Prevention Services, the Department of Public Health, Port of St. Maarten, Princess Juliana International Airport, the Department of Immigration and Ambulance Services on procedures and precautions pertinent to COVID-19.



## Social Work

With regards to social work, what stood out for 2020 is that although the number of cases declined because of the reduced admissions associated with less mobility of the residents within the community - a direct result of closures and lockdowns-, and operations, the complexity of the 2020 cases increased, along with the number of undocumented and uninsured persons. The gaps within the immigration/border control system and St. Maarten's largest medical insurer created hardships for several patients and had subsequent financial implications for SMMC.

Throughout 2020 COVID-19 became the focus. Several sessions were created for staff in order to educate them on how to deal with anxieties and fears, and aid in boosting employee morale and effectiveness to ensure patient care did not falter. SMMC's Social Worker provided guidance to AMI's team of caseworkers on hand aiding with the ACF and incoming COVID-19 patients, they in turn provided the necessary support to SMMC. Note that the bulk of referrals still remain within the Med/Surge Department, however the Outpatient Department was most active in 2020.

## Performance Figures

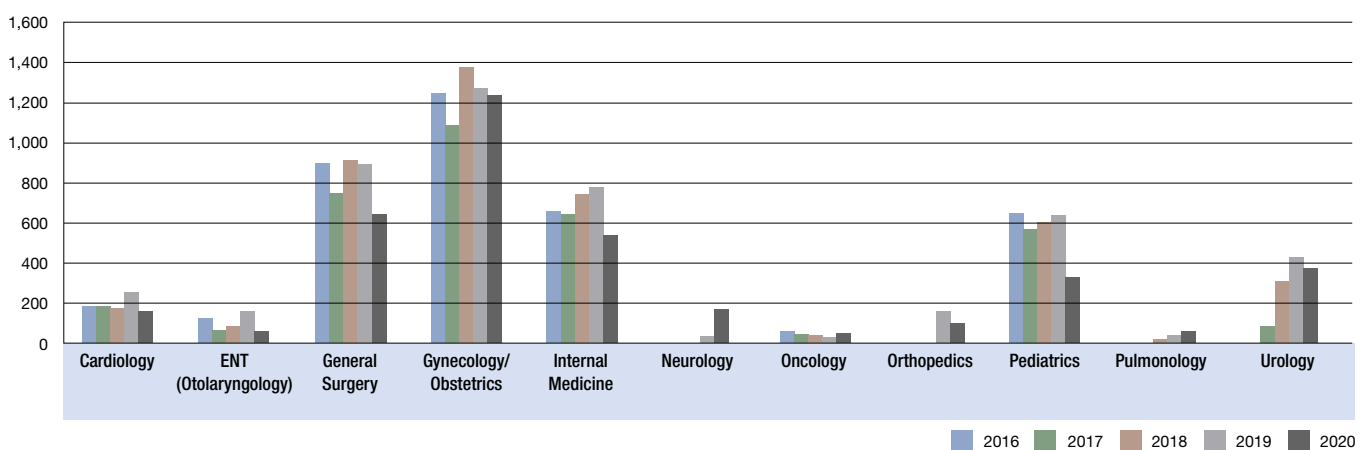
The following sections describe the performance figures of SMMC realized for 2020.

As mentioned previously, 2020 saw the COVID-19 pandemic arrive on St. Maarten which resulted in various waves of infections and caused a disruption of general non-essential patient care and polyclinic procedures twice: once in March and once in August 2020. Subsequently, SMMC's production numbers suffered significantly and thus trend numbers (e.g. comparisons with previous, non-hurricane impacted, years) are skewed.

### Inpatient

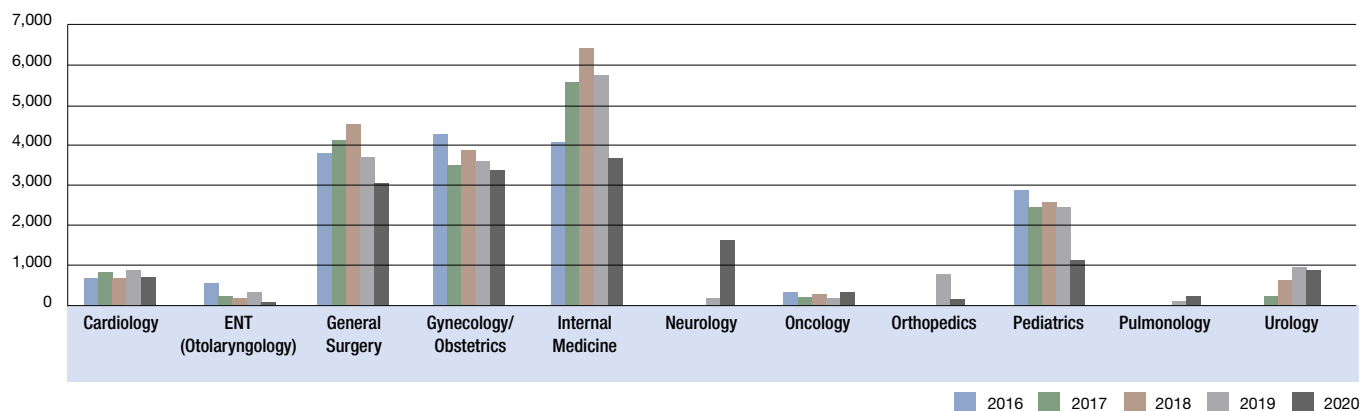
The total number of admissions (3,663) in 2020 decreased with 21.4% compared to year before (4,661). The decrease is a result of the interruptions of care services due to the pandemic.

### Hospital Admissions



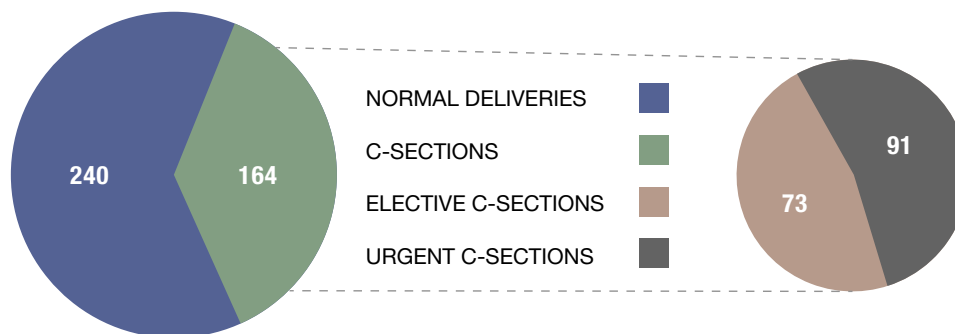
In 2020, the number of hospital days (15,324) has decreased with 19.6% compared to the year before (19,059). The decrease is a result of the interruptions of care services due to the pandemic. The hospital days per specialty are listed in the graph below.

## Hospital Days



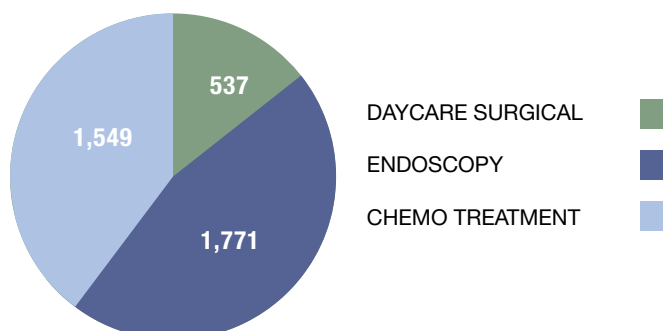
## Newborns

After several years of showing a downward trend, the total number of newborns has increased with 4.3% to 404 from the year before (387).



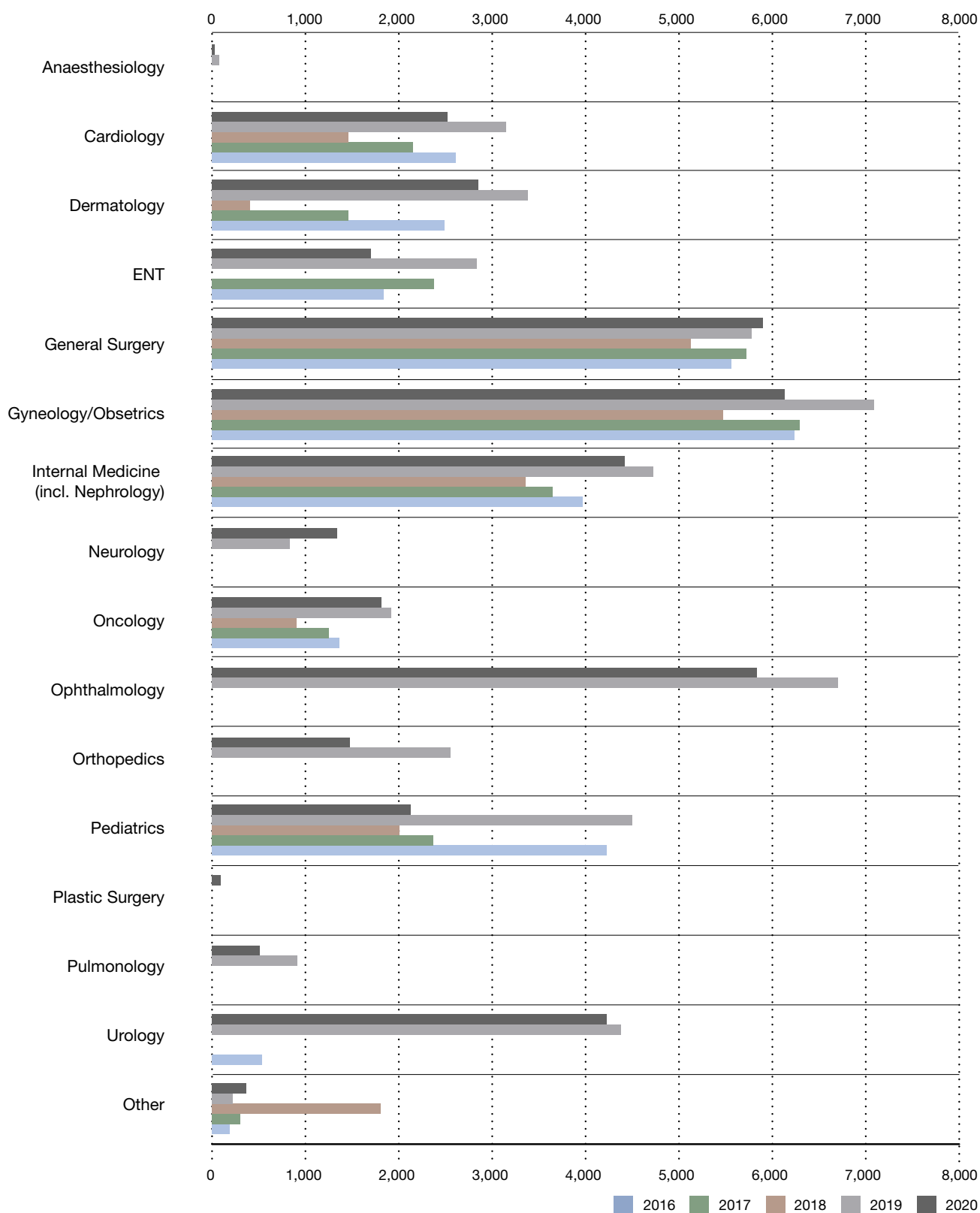
## Daycare Activities

The total daycare activities in 2020 (3,857) show a 4.6% decrease from the year before (4,035) which is a result of the interruptions of care services due to the pandemic.



## Outpatient Consultations

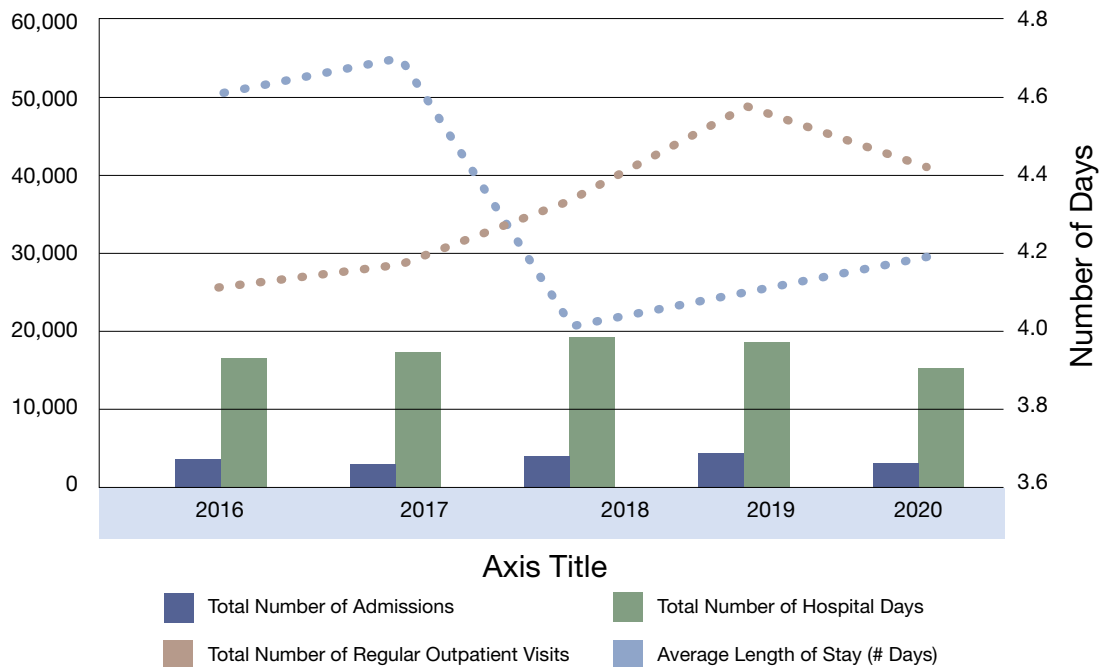
The trend of the growth in regular outpatient (policlinic) consultations discontinued in 2020 (41,198) as a result of the pandemic and decreased with 15.8% from the year before (48,916).





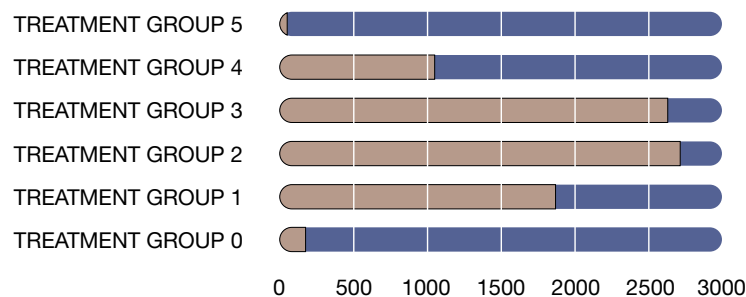
## Annual Development

The annual development of the total number of outpatient consultations, hospital days, admissions and length of stay is shown in the graph below.



## Emergency Room Visits

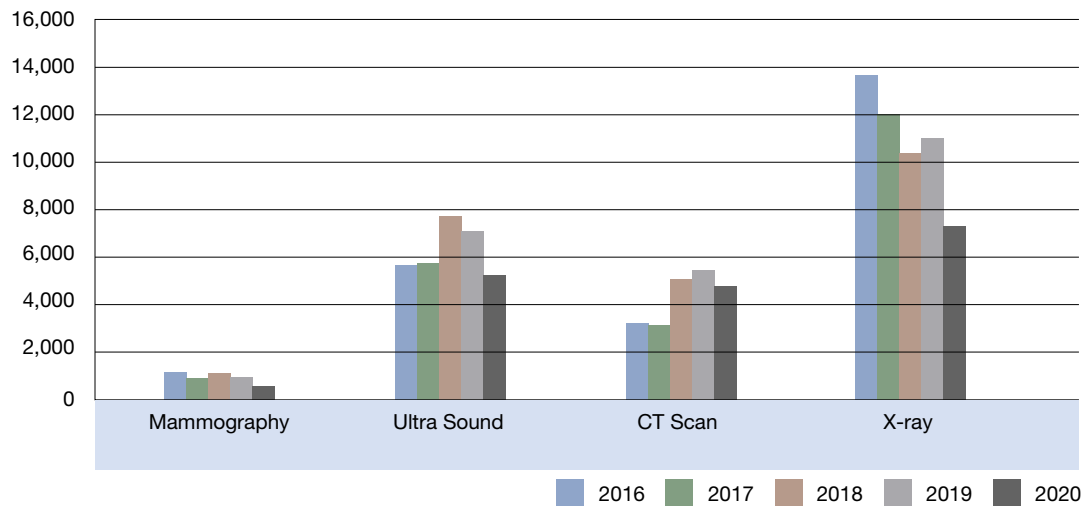
The total number of Emergency Room (ER) visits in 2020 (8,603) sharply decreased with 32.9% compared to the previous year (12,830) which most likely is contributed with the restrictive and lockdown measures imposed by Government in an effort to contain the spreading of COVID-19. More people stayed and worked from home diminishing the chance of ER visits.



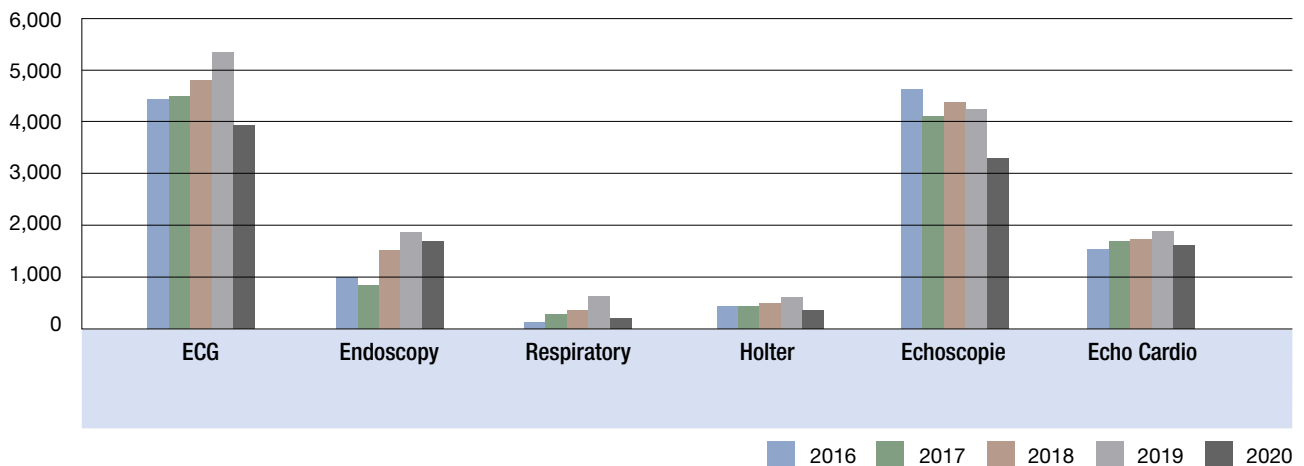
## Radiology and Diagnostics Per Year

The number of radiology procedures in 2020 (18,359) decreased with 27.8% compared to the previous year (25,425) and the number of diagnostics (10,768) decreased with 24.2% compared to the previous year (14,222). Both are attributed to the disruptions in polyclinic procedures due to the pandemic.

### Radiology Procedures

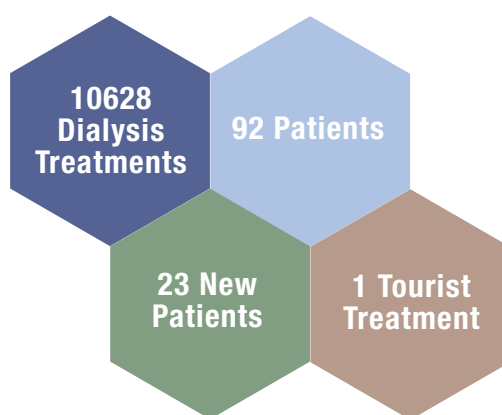


### Diagnostic Procedures



## Dialysis

The Dialysis department serviced 92 patients in 2020, of which 23 were new patients. A total of 10,628 dialysis treatments were conducted this year, which is a 3.6% increase compared to the previous year (10,262). Due to their essential nature, Dialysis procedures were not impacted by the disruption of serviced caused by the pandemic.



## FINANCE

The year 2020 started out on the right path for SMMC, exceeding 2019 and its projections for 2020. Unfortunately, by March 2020, the pandemic hit and drastically changed the outlook for 2020 as elective care had to be put on hold.

The new CFO which SMMC welcomed to its team in 2019, later parted ways mid-2020. As the CFO function is critical to SMMC, it was decided to have it filled in the interim by a team from Versant Accountants & Consultants (Versant), while the recruitment of a CFO is ongoing. Versant joined SMMC mid-August 2020 and continues to date to offer its services as the interim CFO of SMMC.

The Finance department continues to undergo a transformation phase towards achieving sound financial management of the hospital. As SMMC moves from sight to insight, one of the items achieved herein was a budget for 2021 at departmental level. The departmental budget allows for more insight into what takes place financially per department.

## Revenue & Result

As with all medical institutions around the world, the SMGH was not spared the consequences of the pandemic. Operations across all departments were affected to some extent or the other. This is visible in the financial results realized for 2020.

Consolidated revenue for 2020 amounted to ANG 82.9 million compared to ANG 88.9 million in 2019. This represents a 7% decline. On one hand, our Pharmacy (CHP) did quite well in 2020, showing a 6% increase in revenues (ANG 10.4 million) and a positive bottom-line result of ANG 213 thousand by the end of 2020.



SMMC, on the other hand, recognized a decline in medical income of ANG 6.6 million, down from ANG 79.1 million in 2019 to ANG 72.5 million in 2020. At the bottom line, SMMC realized a net loss of ANG 3.3 million by the end of 2020 (ANG 0.9 million profit in 2019).

For several months after the initial occurrence of COVID-19 on St. Maarten, services were limited to only those patients requiring critical care. A noticeable drop in revenue is therefore witnessed in the period between March 2020 and June 2020. From July 2020, the situation began to normalize following the prior year performance.

## Expenses

As a group, housing, office, and general administrative expenses were steady in comparison with 2019. At the same time, significant cost increases were realized in the categories direct medical expenses, salaries and wages, and depreciation.

The increase in direct medical expenses can be ascribed to higher costs related to COVID-19, due to, among others, the need to purchase a greater amount of personal protective equipment (PPE) than usual, in response to COVID-19, an increase medical supply prices and an increase in the cost of delivery (freight). The increase in direct medical expenses contributed to a lower gross margin compared to the prior year; 2020 - 68% vs 2019 - 73%.

ANG 2.5 of the ANG 6.5 million grant received from the Trust Fund managed by the World Bank, was used in 2020 to cover the extra costs incurred due to the COVID-19 pandemic. This amount is reflected in 'other income' in the accompanying financial statements.

The increase in personnel costs is driven primarily by salaries and wages (14%) because of an increase in the number of FTE's. As at December 31, 2020 there were 411 persons on the payroll vs 389 in 2019. As per the CLA cost of living adjustment salaries were increased by 1% in 2020. CLA negotiations were delayed due to COVID-19 and were not finalized until mid-2021. In 2020, we were also able to furnish the staff with new uniforms, as per the uniform cycle and policy.

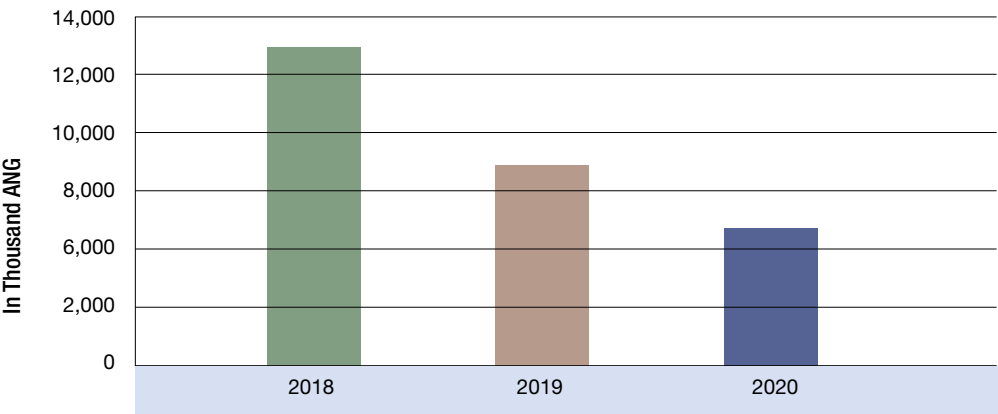
The increase in depreciation costs relates to increased investments in general and to investments in Essential Upgrade assets in particular, which assets are to be depreciated in an accelerated manner, as they are intended to be retired when the new hospital becomes operational in 2024.

The result in bad debt have improved compared to last year, as a 22% decline was realized. However, this item remains too high (8.5% of revenue) and will continue to have management's attention towards its reduction. The larger part of the dotation to provisions is contributed by the non-collectible receivables for Self-Responsible (non-insured) patients. For the other income lines (SZV, private insurance companies and ZJCN) no major dotations were required.

For the collection of the self-responsible patients more actions are being implemented by tightening the procedures for payment arrangements and by the introduction of external collection agencies to pursue non-compliant customers. However, the reality on Sint Maarten is that part of the population is not entitled to a PP-card and are consequently not insured. As a medical institution, SMMC is obliged to provide care to

all persons in need, irrespective of their ability to pay. Nevertheless, the medical bills for the uninsured often remain uncollected and is ultimately being borne by the Foundation itself. Management has been seeking and will continue its effort to work with the Government of St. Maarten to find a sustainable solution for supporting the costs related to the medical care for the uninsured and undocumented persons on Sint Maarten.

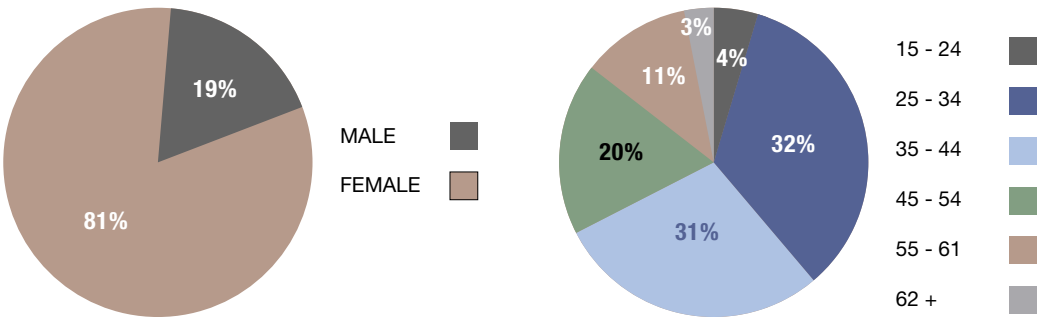
Changes in Provisions



HUMAN RESOURCES

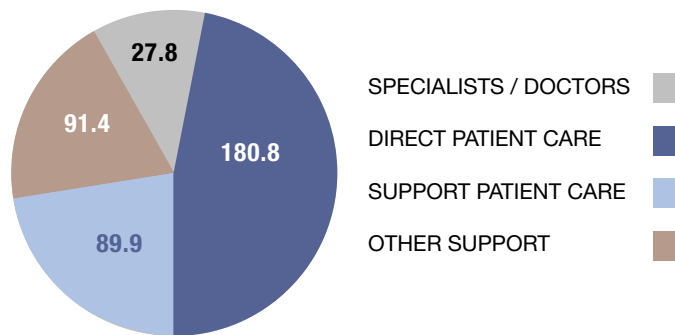
Human Resources Dashboard and Highlights

Per the end of 2020, SMMC staff was at 81% females and 19% males of which the 35-44 year old age bracket saw the largest increase (3%) in 2020 compared to the previous year. The female/male ratio showed an 2% increase in female staff ratio compared to the year before.



By the end of 2020, SMMC had a total number of 411 FTE, up from 389 in 2019. This increase in number employees is essential in supporting the ongoing expansion of medical services as we transition to the new hospital.

### Workforce in FTE



## QUALITY AND SAFETY

### Patient Safety

In continuing efforts to create a *Culture of Safety* in SMMC, the Quality and Safety (Q&S) Department finalized the Hospital Safety Plan in 2020 and included goals, a framework and sub-projects to be executed in order to provide Quality and Safe Care.

In addition, a Culture of Safety assessment was conducted by the Q&S Project Manager with the Supervisory Council's Q&S Committee and SMMC's Management Team to assess their level of understanding around *Culture of Safety* within SMMC and a 5 plan was developed for further implementation. For the Hospital Safety FONA Committee, the Q&S Department implemented an event tracking form to track, analyze and trend the events.

### Patient Satisfaction Surveys (PSS)

Due to the pandemic, the PSS halted in March 2020 and resumed again in June 2020, which resulted in a low response rate. In order to still try to capture more responses, a consent form was given to all patients on which they can indicate if they want to fill in a patient satisfaction survey by phone or by email.

In addition to the various patient satisfaction surveys, in May 2020 a PSS was created and implemented for the Maternity ward.

The Senior Q&S Officer reports bi-yearly the Outpatient patient satisfaction rates, overall satisfaction % and female satisfaction % as part of the World Bank PDO's. In the Outpatient department a total of 601 responses were captured from January until December 2020. The overall patient satisfaction rate was an 8.23. The Outpatient overall satisfaction was 75.54% (601 responses) and the Outpatient female satisfaction was 77.38% (420 responses).



## JCI Accreditation

In 2020, the Q&S Department continued with installing chapter teams for the FMS (Facility Management and Safety) Chapter, PCI (Prevention and Control Infection) chapter, PFR (Patient Family Rights) chapter and MMU (Medication Management and Use) chapter. For these chapters baseline assessments were conducted and from that point on the teams were working on policies for all the standards and measurable elements. In order to create awareness and get staff onboard for the JCI accreditation, the Q&S Department gave presentations on the 'Path to Accreditation' to the Supervisory Council, department supervisors and assistant supervisors. Due to the pandemic, the team members of these chapters had to prioritize other COVID-19 related tasks.



The Q&S Department recommended a JCI consultant to review the floor plans of the SMGH project. This was carried out in early 2020 with suggestions and recommendations.

After evaluation of the current approach for the JCI chapters and with the Q&S Project Manager's departure in November 2020, it was decided that for 2021 all JCI chapters will be assigned to the designated departments and will get chapter champions/owners appointed. The chapter champions will be responsible for the progress of

the chapters and the Q&S Department will assist with choosing templates for policies and procedures and to provide insights on the JCI process.

## Policy Management

The Policy and Procedure (P&P) Committee was installed in May 2020 with the Q&S Project Manager as chair. The Committee charter was developed, the policy of Management of P&P's and Clinical Guidelines was approved and a check list for P&P documents was approved.

## COVID-19 Activities

The Q&S Department served as active members of the Outbreak Management Team (OMT) starting March 2020. Q&S directly contributed to COVID-19 efforts by implementing the following:



- Staff sessions around coronavirus with the HIC Department starting February 2020.
- A COVID-19 Response, Management and Training Plan whereby the Pandemic Influenza triage toolkit was converted to COVID-19 and an extensive document was created to support SMMC's COVID-19 plan. This plan was updated frequently and presented to the OMT as well as SC, BoD, the Inspectorate and World Bank.
- Q&S Project Manager and Sr. Q&S officer along with PMU Manager secured \$3.6M in World Bank funds to support the SMMC Response, Management and Training Plan activities.
- Participation in ESF-6 country meetings regarding the pandemic.

## FACILITIES

### COVID-19 Facilities

Due to the pandemic, the Facilities department was stretched to its limits. From expanding isolation room capacity inside SMMC to installing an emergency ICU tent on the tennis courts at Raoul Illidge Sports Complex (located opposite SMMC) at the start of the pandemic to erecting a Mobile Medical Pavilion (MMP) with assistance of the Government of St. Maarten, to placing the ICU tent in the gym hall of the Asha Stevens Christian Hillside School, to ultimately constructing a permanent, storm resilient Auxiliary Care Facility (ACF): it all was done in record time and in place before the peak of the 2020 hurricane season.

The Facilities Department assisted and carried out making the COVID-19 units operational via the installation of electrical wiring, plumbing, oxygen and other medical gasses distribution systems and ICT infrastructure including remote monitoring of patients via 2-way cameras.

### Medical Waste Processing

A medical waste processor called a Microwave-Grinder was installed in the latter part of 2019 on SMMC's premises in order to safely treat its medical waste for which the Facilities Department is responsible. Due to the considerable increase in waste volume as a direct result from the COVID-19 pandemic (e.g. Personal Protective Equipment (PPE) etc.), other avenues of waste disposal were called upon during the height of the pandemic as the Microwave-Grinder could not process the increased volume.

## CONTRACT MANAGEMENT BUREAU (SMGH CONSTRUCTION)

SMMC's Contract Management Bureau (CMB) is charged with the day-to-day supervision of the design and construction of the St. Maarten General Hospital (SMGH).

The SMGH project consists of the Design, Construction and Maintenance of the new hospital. The contractor (INSO) is responsible for the design and construction of the new hospital in accordance with the requirements set forth in the tender document. As per 2020, the main activities of the CMB included review of the final design of SMGH and the start of construction of the new hospital.

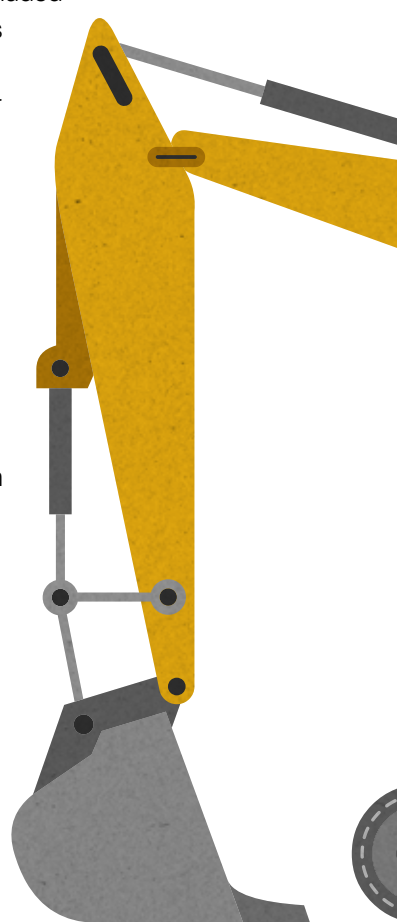
### Final Design

For the most part of 2020, the CMB worked together with the contractor to finalize the final design of SMGH. This included, amongst others, review of plans, technical meetings on different disciplines, and user participation sessions with all SMMC departments. These activities were impacted by the pandemic, which required most of the meetings to be held online which made it more challenging for all participants. A delay was therefore incurred and the final design submission subsequently rolled into 2021.

### Construction

As the final design was still in preparation during the largest part of 2020, the CMB agreed to a proposal to fast-track specific activities of the construction while completion of the final design was taking place. The fast-track activities included the construction of retaining walls along the SMMC boundary, construction of the foundation for the two tower cranes, reinforcing the SMMC building with underpinning works, relocating SMMC's sewage system, installing a new logistic ramp as an exit to the construction site and excavations needed for all foundations.

These activities officially started in the second half of 2020, as the lockdown impeded construction to start in the first half of the year. At the end of 2020, a trench with



utilities was found along the Link 1 boundary of SMMC. These utilities had to be relocated under the sidewalk of Link 1, which was planned for early 2021. These activities have delayed part of the fast-track activities described above.

As we move in to 2021, and the completion of the final design stage, the construction of SMGH will further progress which is slated to be operational in 2023.

## PROJECT MANAGEMENT UNIT (WORLD BANK PROJECTS)

After the first World Bank mission in 2018, the 'Hospital Resilience and Preparedness Project' was completed which consists of documents describing the 3 main components being:

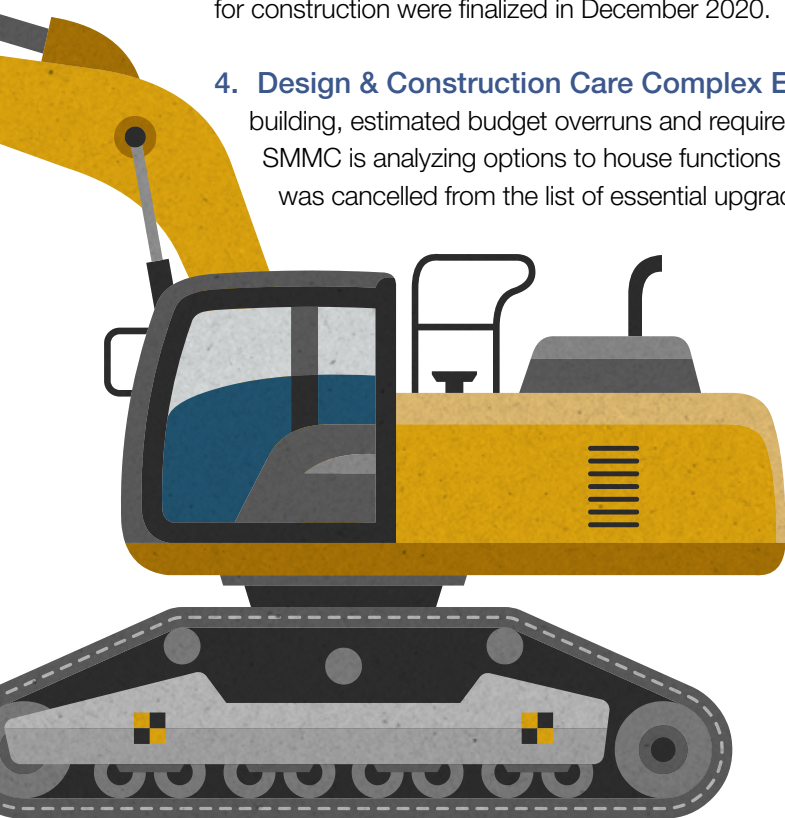
**Component 1** - Building and launching of the new hospital (US\$ 17M).

**Component 2** - Transition and Contingency Plan for Sint Maarten Medical Center (US\$ 7.7M)

**Component 3** - Project Management (US\$ 300K)

The Essential Upgrades to SMMC (main building, Care Complex) were agreed on as part of component 2 and are managed by the Project Management Unit (PMU) are listed in the status update below.

- 1. The Generator Project:** consists of the purchase and installation of new generators for SMMC's Main Building and Care Complex. The 100 KvA generator for the Care Complex building was installed in January 2020. The 500 KvA Main Building Generator was lifted into its (housing) building in March 2020.
- 2. The Medical Gas Distribution System Project:** consists of the renewal and expansion of our current system. Execution of the works started Q4 2020 which was delayed due to the pandemic.
- 3. The 5 Double Patient Room Building (5DPR) and Support Services Building (SSB):** In Mid 2020 the SSB project was dropped, as it was decided to have the OR upgrade project instead after which the project was renamed: "the construction of 5 Double Patient Rooms and OR Complex", consisting of 5 patient rooms and a new OR complex, built on the location and SSB footprint. Final contract negotiations for construction were finalized in December 2020.
- 4. Design & Construction Care Complex Expansions:** Due to the available footprint for the building, estimated budget overruns and required functions needed to support the SMGH Building, the SMMC is analyzing options to house functions in the additional wing of the new hospital. This project was cancelled from the list of essential upgrades.
- 5. Dialysis Expansion:** The scope of works was expanded by adding the construction of the Oncology department. Due to the pandemic, the bid evaluation was only finalized in December 2020.





## COVID-19 Projects

Due to the pandemic and its major impact on the care capacity of SMMC, a formal request for USD 3.61 million in financial support for all COVID-19 related expenses based on a 4-month projection was submitted to the St. Maarten Trust Fund, financed by The Netherlands through the World Bank, in March 2020 and was approved a few days later. The categories that were identified and budgeted for are:

1. Equipment & Oxygen / Respiratory equipment
2. Special COVID-19 facilities (Auxiliary Care Facility)
3. Communication materials to inform the public
4. New isolation rooms and expanding in-house isolation
5. Pharmacy
6. Patient Care - related consumables
7. Administrative - related consumables
8. Operational cost

In June 2020 the funds that were budgeted for category Medical Equipment & Oxygen/Respiratory equipment and Patient Consumables had overrun and the team stopped procuring these items via the Trust Fund and closed the gap by shifting budgeted



funds from the Pharmacy category.

The budget for the isolation construction category has been allocated to build a COVID-19 hurricane facility, the Auxiliary Care Facility (ACF), consisting of welding special shipping containers in 1 unit. The ACF holds 16 beds in total, whereof 6 ICU beds and 10 for medium care, 2 doctors/nurse stations, sanitary facilities, and storage. The two 40 ft Hospitainers donated by the Dutch government were integrated into the design and layout of the ACF. The ACF became operational in September 2020.

## ICT

### Hospital Information System

SMMC continued to utilize the Evident Hospital Information System for patient administration and documentation as well as for financial administration in 2020. After utilizing Evident for five years, we chose to focus on optimizing the various modules within Evident and retraining staff. Evident teams were brought in from the USA to conduct an analysis of use against best practices and retraining of the staff. Due to the pandemic these visits were stopped however the IT staff continued with what the Evident teams started and worked on optimizing the physician and nurses' notes. A new module 'Notes', a simplified and more user-friendly version of physicians' and nurses' documentation, was implemented in stages according to the needs of the medical specialists. This module, while well received by the users, continues to be of concern simply because it is cloud based and internet speed on the island is challenging leading to delays experienced by physicians when working with patients.

### Other ICT Projects

The objective of replacing aging servers, improve network communication equipment and expand data storage to accommodate the larger numbers of medical imaging, was approved and the purchase of the hardware took place towards the end of 2020. Implementation of these projects were delayed however due to staff shortages caused by COVID-19 restrictions. The CCTV project for expanded coverage in key areas was completed. The Avaya PBX telephone equipment had reached its end-of-life cycle for support resulting in many telephone connectivity issues.

A new Sangoma PBX was installed next to the Avaya and transferring of the telephone units to the new PBX was done in segments to minimize interruptions.

The responsibilities of the Manager Support Services were divided up. An interim HR Manager was appointed and the search for an Information Manager was started. In spite of the many applications received, a viable candidate was not found. New vacancies were placed and the search for a suitable candidate continues into 2021.

## STRATEGY AND BUSINESS DEVELOPMENT

### KPI Dashboards

In order to become a quality driven organization, the development of KPI (Key Performance Indicator) dashboards help organizations with monthly target reviews per department. SMMC continued their engagement with Performance which is a data solution provider for the healthcare sector, to further develop KPI dashboards that can be used by the management team for periodic reporting and general performance review. In 2020 this was mainly focused on the dashboards on medical referrals abroad. SMMC also made use of KPI's related to production figures that were developed in cooperation with an external business analyst.

### Fit for the Future Program

As SMMC is transitioning as an organization from its current form towards the new St. Maarten General Hospital (SMGH), it is acknowledged that the construction of SMGH (the 'House' component) goes hand in hand with the 'Home' component. This component is formally called the 'Fit for the Future program' (FFTF). An important part of the FFTF program deals with assessing the future needs of the SMGH organization and providing staff training where needed as we become a new general hospital. In 2019, a transition program was developed in partnership with FWG Progressional People, a human resource analytical firm specialized in the healthcare sector. In line with that, several initiatives related to FFTF were taken in 2020: an organization wide customer service training, a leadership development program and the so-called 'On the Move' program. On the Move is a free of charge physical training program that was initiated by the Medical Director to give all employees the opportunity to get or stay in physical shape in our journey towards SMGH. All initiatives were postponed due to the COVID-19 pandemic.



## **Strategic Partnerships**

With the start of the COVID-19 pandemic, Strategy & Business Development became a key point of contact for COVID-19-related organizational and logistic matters and as such focused on transportation of health care professionals, medical supplies and the realization of the ICU-tent/Hospitainer to increase ICU capacity. This entailed a close cooperation with internal and external stakeholders (Ministry of VSA, Marines, Logistics Center, Marechaussee, Dutch Ministry of VWS, Dutch Representation, freight handlers etc.) to organize and obtain supplies and staff to assist SMMC.

### ***Dutch Ministry of Public Health, Wellbeing and Sports (VWS)***

The Dutch Ministry of VWS was of enormous support in acquiring the necessary staff, equipment and supplies to take care of the patients in need of COVID-19 care for the year 2020 and beyond. They provided the ICU tent/Hospitainer including equipment and contracted the USA-based company AMI Expeditionary Healthcare to supply SMMC with a team of approximately 30-40 doctors and nurses. In addition, a team of ICU nurses and dialysis nurses from the Netherlands was arranged when the demand for (COVID-19) care made this necessary.

### ***Ministry of Public Health, Social Development and Labor (VSA)***

The Ministry of VSA was pivotal in the realization of the Mobile Medical Pavilion, that was erected in the course of 2020 as a rapid solution for the isolation and treatment of COVID-19 patients. This facility was replaced later in the year by the hurricane proof Auxiliary Care Facility (ACF). Several pieces of equipment were obtained with the help of the Ministry of VSA who submitted requests for assistance ("bijstandsverzoeken") for this to the Dutch Government.

## **World Bank**

Due to the pandemic and its major impact on the care capacity of SMMC, a formal request for USD 3.61 million in financial support for all COVID-19 related expenses was approved by the St. Maarten Trust Fund, financed by the Netherlands through the World Bank. See further the Project Management Unit (PMU) chapter.

## **DCHA**

One of the consequences of the COVID-19 pandemic was the impossibility to send patients to hospitals outside the Dutch Caribbean for medical referrals due to border closures. It became clear how vulnerable hospital care was in the countries within the Dutch Kingdom. This prompted the set-up of the Dutch Caribbean Hospital Alliance (DCHA) in the legal structure of a cooperative with the following mission and vision:

Providing the best possible medical care locally and regionally through an anchored collaboration between the countries within the Kingdom and strategic partners, whereby the well-being of our patients, maintaining a financially - economically healthy situation and safeguarding our cultural values are key priorities.

While the legal structure was being worked on, weekly meetings continued between the hospital directors and their support teams under guidance of a quartermaster to further strengthen medical care within the Kingdom.

## **Social & Health Insurances (SZV)**

Structural meetings continued with SZV to discuss, among other subjects, the shared objective to decrease the number (and costs) of medical referrals abroad as well as the tender procedure on medical referrals abroad.

## **Zorg en Jeugd Caribisch Nederland (ZJCN)**

SMMC is the preferred provider for hospital care to the population of Saba and Sint Eustatius. As

such, structural meetings took place with Saba Health Care Foundation (SHCF), St. Eustatius Health Care Foundation (SEHCF) as well as with ZJCN, who manages the health insurance for the BES patients. Focus points in 2020 were the availability of SMMC's medical specialists on Saba and St. Eustatius, e-health developments and the referral of patients to SMMC, considering strict COVID-19 measures being in place.

## COMMUNICATIONS

### Pandemic PR

As the pandemic dominated our efforts in 2020, the Communications Department being a member of the Outbreak Management Team (OMT) drove its messaging through intensive press relation efforts throughout the year including the daily OMT bulletin update distributed to staff and stakeholders. The development of COVID-19 related signage around the hospital and creating COVID-19 brochures on safe practices also were part of this process. The overall objective was to inform the public and stakeholders on all developments relating to the COVID-19 health crisis.

### SMGH Brand Identity Development

Temporarily halted due to the pandemic, the creative agency assisted by a local creative consultant, continued with brand identity sessions with staff from all departments in SMMC gathering their input for the development of the SMGH brand. The input gathered ultimately would result in the final design of the SMGH logo and visual identity.

### Storytelling Videos

As SMMC worked to establish its emergency COVID-19 care units at the Raoul Illidge Sports Complex tennis and basketball courts located across from the hospital, these efforts were documented in several videos funded by the Netherlands through the Trust Fund managed by the World Bank. The videos were distributed via SMMC's social media pages and its own website and have been viewed substantially to date.



### RFP for Recruitment of Executive Level Recruitment Services

During 2020, a Request for Proposal (RFP) project was drawn up and driven by the Communications Department for the recruitment of executive level recruitment services on behalf of SMMC's Supervisory Council. The winner of this public bid eventually was hired to search for executive level personnel.





## SMGH Construction

As SMGH construction activities commenced again after being halted due to the pandemic, the Communications Department assisted in staff and stakeholder information sessions and publishing several press releases. Additionally, periodic social media postings and updating of the SMGH section on SMMC's website were part of this effort.



## LEGAL

### General

The Legal Department of SMMC deals with all legal matters of the hospital including the handling of complaints and claims. The Legal department consists of a legal counsel and a legal assistant. The legal counsel is the complaint officer of SMMC as well as the Secretary of the Board of Directors.

### COVID-19

In 2020, SMMC was confronted with the COVID-19 pandemic. The legal counsel, as part of the Outbreak Management Team, was involved in crisis management discussions with the governments of St. Maarten and the Netherlands, the hospitals in the Dutch Caribbean and the World Bank/National Recovery Program Bureau.

### Contracts

The Legal Department reviews all contracts regarding HR, consultants, medical specialists,

facilities etc. and advises management on contractual matters. The Legal Department updated the contract templates for the HR department and the Medical Staff Bureau in 2020. The department has researched software to establish a contract register in order to file the hospital's contracts in a central database: this project has not been finalized in 2020. A database of applicable laws was established in cooperation with the Inspectorate of Public Health.

## Corporate Governance

The legal counsel, as Secretary of the Board of Directors, continued to advise on and facilitate the decision-making process of the Board of Directors and ensured the compilation of management reports.

## SMGH

Since December 2018, the construction company for the new hospital building, INSO, has been involved in a so-called Extraordinary Administrative Procedure (EAP) in Italy, a procedure to protect a company with financial issues from its creditors. In November 2020, INSO announced the takeover of INSO assets, organization and the current projects, including the SMGH construction project, to the Fincantieri Group. The legal counsel has been and will be supporting in the discussions - between SMMC, the consortium of Lenders, INSO and Fincantieri - pertaining to this matter. Coordination takes place with lawyers from St. Maarten, Curacao and Italy. For the execution phase, the legal counsel advises on legal matters such as compliance to the grant agreement and reviewing contracts to be signed for the different projects. The new hospital project and signed agreements will be monitored on legal aspects.

### *Grievance Mechanism SMGH*

In 2018, the SMMC signed a grant agreement with the World Bank (WB) to receive a USD 25 million grant from the St. Maarten Recovery,

Reconstruction and Resilience Trust Fund that is funded by the Netherlands and managed by the World Bank. The funds are allocated to be spent on the new hospital, the transitional phase in the current hospital building and project management. Under this agreement, it was mandatory to establish a (separate) complaint handling policy (also called Grievance Mechanism) related to (construction) work done by WB funding. The policy and the SMGH Complaint Committee were introduced in 2018 and meant for neighbors that are affected by the construction work or companies that are affected by procurement procedures or with issues in execution of the works. The legal counsel/complaint officer is chairperson of the SMGH Complaint Committee for the duration of the World Bank projects. The SMGH Complaint Committee has a minimum of 2 meetings per year and more when needed. In the year 2020, 3 complaints about the construction were submitted to the complaint committee and have been answered in writing or have been discussed in a personal meeting with the complainant.

Furthermore, bi-yearly SMMC hosts a stakeholder meeting to inform stakeholders about the SMGH construction process and give them the opportunity to ask questions. The grievance mechanism is discussed during every meeting.

## Complaints and claims

In 2020, the legal counsel has continued to coordinate pending medical liability cases with SMMC's medical professional liability insurance company MediRisk. Three new cases were referred to MediRisk: in all cases liability was denied and the cases closed.

Complaints and claims from patients, visitors and/or health representatives are handled by the legal counsel/complaint officer. In 2020, the internal complaint handling policy was revised and implemented and a total of 39 new complaints were submitted to the complaint officer.

The complaints concerned the following topics (certain complaints addressed more than one topic):

- 19 complaints about medical treatment/patient care
- 12 complaints about attitude/communication by physicians, nurses or other staff
- 1 complaint about billing
- 1 about facilities
- 4 about patient privacy
- 1 about missing personal items

The complaints have been answered in writing or have been discussed in a personal meeting with the complainant.

## Inter-Island Complaint Committee

SMMC participates in the Inter Island Complaint Committee that was set up to handle the complaints of patients that are not satisfied with the outcome of the complaint handling within SMMC. The complaint officer will continue to join meetings of this committee when required, and will familiarize the patients with the existence of the committee. One complaint pertaining to SMMC was submitted to the committee in 2020.





## A PLACE TO LEARN

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

Due to the pandemic, the regular annual educational activities were impacted severely. The RN/LPN courses were not able to be conducted, also partly due to the regular class room being turned into temporary (PPE) storage.

In 2020, there were no overseas students interning at SMMC for obvious reasons. The hospital did cater to 4 RN students from the National Institute for Professional Advancement (NIPA).

In 2020, nurses from various wards successfully completed several (re)certification courses e.g. Basic Pacemaker Training, TOA, Critical Care, PALS, PEARS, BLS, Neonatal Care and MRI courses.

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













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## Not All Heroes Wear Capes

As we go through these trying times together, we at St. Maarten Medical Center want to thank and salute all of our hardworking staff, especially our frontline staff, the Ambulance Department, CPS and the SLS/HCLS labs, as it takes unimaginable courage, strength and dedication to continue to serve the people of St. Maarten, Saba and Statia.



The image shows a group of healthcare workers, including nurses and doctors, standing in front of the St. Maarten Medical Center building. They are all wearing face masks and waving their hands. They are holding a large red and blue banner that reads: "GOVERNMENT OF SINT MAARTEN APPRECIATES THE HARDWORK, DEDICATION, BRAVERY AND SELFLESSNESS OF ALL FRONT LINE WORKERS IN THE FIGHT AGAINST COVID-19". The banner also features the EOC logo, the hashtag #SXMSTRONG, and a heart graphic with "thank you" written in multiple languages.

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**GOVERNMENT OF SINT MAARTEN**  
APPRECIATES THE HARDWORK, DEDICATION, BRAVERY  
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**EOC**

**#SXMSTRONG**

A heart-shaped graphic containing various words of gratitude in multiple languages: gracias, shukran, mahalo, arigato, hvala, spasibo, danke, thank you, faleki, mahele, abrigado, tach, kyatka, milosrdje, poziivno blagovazhdeniya, terima kasih, faleki, mahele, faleki, mahele.

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