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Case Study 05: ADULT PRIMARY CARE ACCESS (DHAHRAN)

The doctor will see you now



JHAH's five-year Clinical Services Plan
Transformation Project 3Ai

Project Champions

Dr. Kanaan Kanaani, Dr. Abdullah Al Hadhira
and Dr. Hussain Al Khadra



مركز جونز هوبكنز
أرامكو الطبي
Johns Hopkins
Aramco Healthcare



Case Study 05: ADULT PRIMARY CARE ACCESS (DHAHRAN)

The doctor will see you now

Project Details



The Objective

- To optimize physician productivity, increase capacity and establish new performance standards in adult primary care at Dhahran.

The Priorities

- Introduce a new operating model.
- Extend the opening hours.
- Provide additional capacity through new hires.
- Switch walk-in to same-day appointments.

The Timeline

Project kick-off: January 2023.

Project closure: Ongoing.

The Project Team

Champions:

- Dr. Kanaan Kanaani (Jan – March, 2023)
- Dr. Abdullah Al Hadhira (April – Sept, 2023)
- Dr. Hussain Al Khadra (Oct 2023 – present)

Sponsor:

- Dr. J.J. de Gorter

Team members:

- | | |
|--------------------------|-------------------------|
| • Abdulaziz AlAbdulkarim | • Russel Isaiah |
| • Dr. Areej AlDossary | • Rasiel Kabli |
| • Rania Alghamdi | • Mohammed Keresh |
| • Dr. Bayan AlAjaji | • Salma Matrook |
| • Abdulaziz AlDugaimhi | • Tatiana Mezerhane |
| • Rawan AlJehairan | • Dr. Abdul
Mohammed |
| • Eman AlKhater | • Sinead Morrissey |
| • Mohammed Almatooq | • Claire Paterson |
| • Yusuf Almubarak | • Alber Paules |
| • Dr. Aseel Assimi | • Marijke Richards |
| • Samirah Fardan | • Dr. Amar Sattar |
| • Dr. Kawthar Hussain | |

For more information

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About the Clinical Services Plan



Johns Hopkins Aramco Healthcare (JHAH) serves more than 140,000 Aramco employees, their relatives and retirees with a comprehensive range of inpatient and outpatient services. JHAH has carried forward the legacy set by Saudi Aramco of healthcare for all, putting caring for its community at the heart of everything it does.

In 2023, JHAH launched its five-year Clinical Services Plan (CSP). The CSP was developed in response to changing patient expectations and the realization that JHAH must evolve if it is to survive and thrive. The Plan's vision is that JHAH will become the Kingdom's first choice for outstanding integrated healthcare.

The CSP contains 16 strategic objectives to deliver against five goals (service excellence, access, people, sustainability and reliability), and is supported by four delivery principles (accountability, pace, pragmatism and outcomes).

Adult Primary Care (Dhahran) Access was included as Objective #3A(i) in the CSP.

Three Priorities



Primary care at JHAH is an essential element in delivering high-quality healthcare. Primary care physicians are ideally placed to take a holistic view of a patient's healthcare needs and, should a referral to specialty be required, they have the expertise to navigate the appropriate pathways, while deciding on appropriate investigations or tests.

Prior to 2023, patients seeking to book a scheduled appointment with one of JHAH's primary care physicians often had to wait an unreasonable length of time. Patients increasingly relied on the Walk-In Clinic as a convenient alternative, making the service heavily dependent on this option to meet short-term demand.

This was not a sustainable capacity planning solution, and did not align with JHAH’s vision of making primary care the valued ‘entry point’ to its range of healthcare services. Patient complaints about their inability get a timely appointment were on the rise, with a general view that primary care was a ‘bottleneck’.

Greybeard Healthcare was invited to work with the Primary Care leadership team, to diagnose the extent of the problem, examine the root causes, quantify the opportunity and make practical recommendations.

The Greybeard report highlighted a number of issues. Perhaps the most urgent priority was determining the appropriate size of the workforce. In the aftermath of the pandemic, recruitment and retention had risen up the management agenda across many functional areas; physicians, nursing and support services such as lab, pharmacy and schedulers were all affected. Workforce constraints often limited capacity, allowing scheduled appointments for only 30 percent of primary care patients.

This caused operational issues for primary care management; more importantly, it made it more difficult to provide person-centered continuity of care, particularly for people suffering from chronic health conditions.

Another impediment to access was the limited availability of the service during the working day, exacerbating the pressure on car parking. Many patients would miss scheduled appointments because they had been unable to find a car parking space in time.

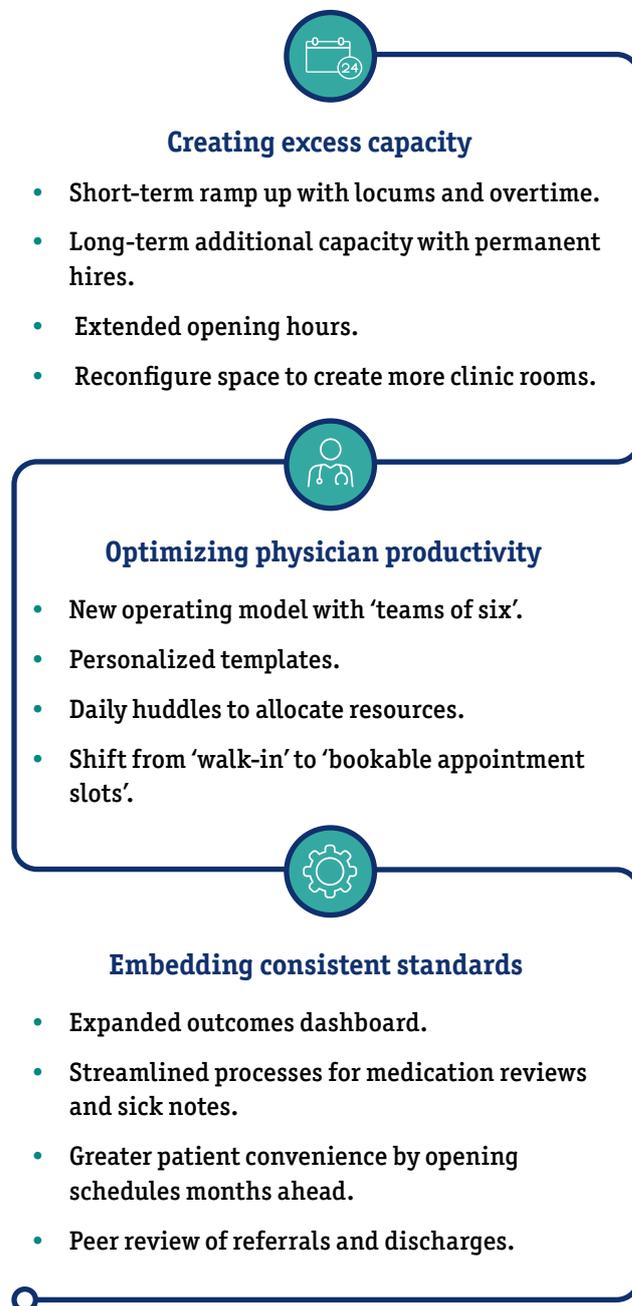
In patient interviews, it became quickly apparent that there was a lack of confidence among many patients with the MyChart app. JHAH had shifted appointment bookings to the app as the ‘preferred method’, and yet despite the many benefits it offered, adoption was slow due to lack of familiarity, and greater comfort with making a ‘traditional’ phone call.

Based upon this fieldwork, the Greybeard report highlighted three priorities (see Figure One):

- **Creating excess capacity:** This capacity must enhance access including same-day, through a major investment in greater slot availability – to create sufficient redundancy to enable immediate access.
- **Optimizing physician productivity:** Focus on templates, reduced administration, management of leave.

- **Embedding consistent performance standards:** These standards must align with what matters to Saudi Aramco employees and their dependents.

Figure One: Three priorities and 12 recommendations



The report set out 12 recommendations which, fully implemented, would enable 240,000 scheduled appointments per annum to be delivered, compared with a baseline of 156,000 (of which a minority were scheduled). This, the report proposed, was an appropriate target to meet the growing underlying demand of JHAH patients.



Mobilizing to Deliver



Having received and endorsed the recommendations, the CSP Steering Committee (chaired by Chief Executive Officer Dr. Michael Walsh), established a multidisciplinary Delivery Team to translate the 12 recommendations into deliverable actions.

It was clear that the primary care operating model needed to change. However, this would be impossible without a parallel culture change, nurturing enthusiasm and excitement about the initiatives that were about to be launched.

Regular and open communication were at the heart of the new culture. The Delivery Team introduced a daily morning ‘huddle’ for physicians, nurses and scheduling staff to resolve any pressing issues before the clinic opened. The Chair of Primary Care attended the huddle to give senior endorsement to any decisions which emerged and to ensure full alignment.

This approach meant that staff felt a sense of involvement in a collaborative journey, and allowed any false rumors and misunderstandings to be addressed openly and directly.

More widely, the project team mobilized a taskforce to identify creative ways to improve staff engagement. Some of the ideas rolled out included events, celebrations, a suggestion box and a more welcoming induction process for new staff.

Space and Capacity

The first step to increasing capacity was to improve the utilization of physical space (see Figure Two). The team audited how each room was being used, and – with better

planning – improved room utilization from 60 to 90 percent. However, even this did not go far enough to meet rising demand. As a result, many areas that were not used for patient-facing purposes (storerooms, vacant areas, coffee rooms, offices) were assessed for suitability to repurpose into an additional clinic room.

Once the space was available, the team’s focus turned to the size of the workforce, with a goal of ramping up until the target of 5,500 bookable patient slots every week was met.

Of course, hiring additional staff is not like flicking a switch. “Recruiting for a full-time position can take up to a year due to factors such as credentialing and compliance,” explains Dr. Al Hadhira, Interim Chair of Primary Care.

While the recruitment process was ongoing, the project team used a range of tools to expedite workforce expansion in the short term. These included:

- The use of contractors.
- Internal locums.
- Overtime arrangements – for existing primary care physicians, and for other qualified staff within JHAH.

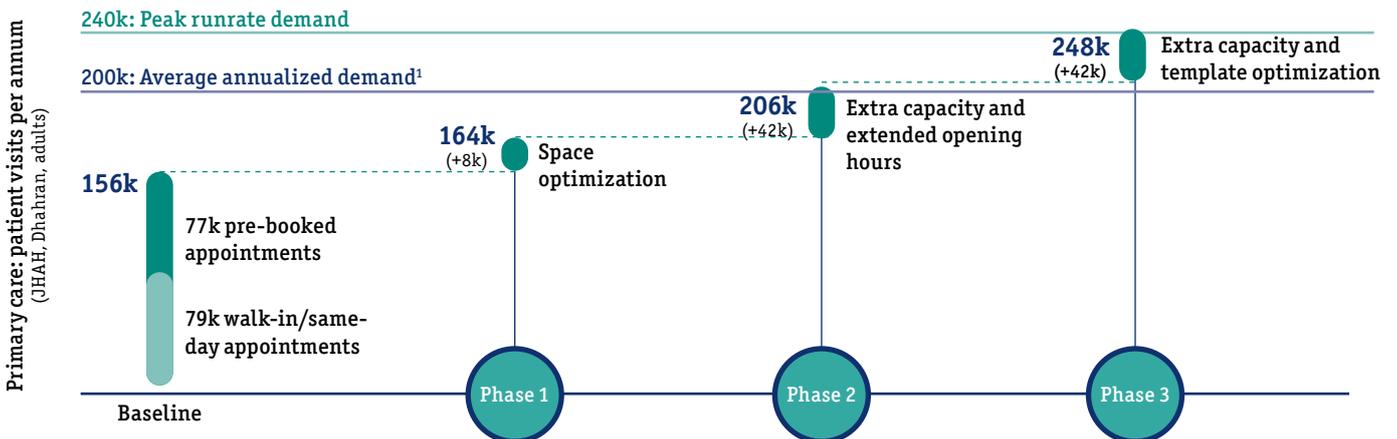
Capacity was monitored on a daily basis to ensure it aligned with fluctuating demand.

Schedule Changes

The next route to greater capacity was to address physician schedules. The objective was that at least 90 percent of physician time should be spent on patient facing activities, maximizing the hours spent with patients.

“The primary care schedule was one of the most complicated matters to address,” explains Rawan

Figure Two: Capacity ramp-up ladder



AlJehairan, Primary Care Clinical Administrator, who worked closely with Aseel Assimi, Physician Manager, in designing and rolling out ambitious and practical new clinical schedules.

One of the side effects of the new schedules was greater standardization: each physician was assigned five regular visit sessions, four same-day sessions and one flexible session.

Alongside the template changes, physicians were assigned to one of eight teams. This optimized the planning of leave during the calendar year. Leave was encouraged during known periods of low demands and a strict rule was adopted that no more than 15 percent of team members should be on leave during regular working days.

Extended Opening Hours

In the summer of 2023, weekday opening hours for scheduled appointments were extended by three hours – from 7 a.m. to 4 p.m., to 7 a.m. to 7 p.m., (closing time has since been extended further, to 9 p.m.).

This offered patients the opportunity to schedule appointments with minimal disruption to any work and family commitments. It also helped to overcome the pressure on the car park during peak hours.

Quality Metrics and 2023 KPIs

With so many changes being rolled out in quick succession, it was important to ensure there was no detrimental impact on service quality.

A team of Primary Care Quality and Governance Leads worked with the Risk Management Team to establish 30 quality metrics to measure progress, conducting twice-weekly reviews until the changes were fully implemented and embedded in business as usual. Months later, quality reviews are an integral part of the management of the service. The senior team has access to a real-time dashboard and meets formally once a week to assess the data and take action if required.

Patient Experience

The project scope also included a review of aspects of the patient journey, and whether ‘quick wins’ could be implemented to improve the patient experience. An example of an obstacle that was resolved related to the MyChart app, which patients could use to book and manage their appointments. Among certain patient groups, there was a lack of awareness of the app; even

when awareness existed, patients were unfamiliar with its benefits. As a result, a team of Patient Experience Representatives was recruited, whose role was to sit with patients in the Primary Care waiting area, and walk them through its features and convenience.

Lessons Learned

In its post-project review, the Delivery Team concluded that the changes could not have been achieved at such pace without regular communication, collaborative working and a ‘no-complacency’ mindset.

Communication, Communication and Communication

Dr. Al Khadra, who took over from Dr. Al Hadhira as Primary Care chief, explains: “It was vital to get everyone on board at an early stage – not just physicians, but also representatives from all the other areas. Particular attention was paid to the most outspoken influencers.” From the beginning, communication was regular and open (see Figure Three).

Figure Three: Raising patient awareness



Collaborative Working

Rawan Al Jehairan was struck by the determination to succeed throughout the service – not just within the project team.

“This was a team effort in the widest sense, and I am very proud of what we have accomplished,” she says.

No Complacency

Dr. Mohammed Mohammed, incoming Chair of Primary Care, is determined to maintain the momentum. He says: “This initial access improvement was just the beginning. There are many other levers we can pull to deliver a world-class service; that’s our task in 2024.”



The Outcome



The target of 5,500 bookable patient slots per week was successfully met in September 2023 (see Figure Four).

Figure Four: Benefit realization



By the end of 2023, this improvement was reflected in patient satisfaction scores—overall satisfaction exceeded 90 percent, the highest on record. In addition, satisfaction with access to ‘timely appointments’ rose from a baseline of 62 percent (prior to the project commencement) to 88 percent in October 2023.

Patient engagement on MyChart increased significantly since the changes were rolled out, rising from 70 percent to 90 percent.

Scheduled appointments now constitute 80 percent of all patient encounters in primary care; this is at the high end of the ambition and is a testament to the commitment and versatility of all staff in primary care.

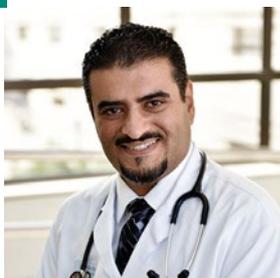
Space utilization has risen from 60 percent to 90 percent, with five more physician rooms and 15 nurse screening rooms created.

There have been improvements in workforce loyalty, retention and engagement.

Looking back, Dr. Al Hadhira comments: “We are proud of everyone who engaged and adapted to the changes over the period; throughout, it felt like we were all working together to a shared vision.”

Looking ahead, the team feels sufficiently confident in its operating model that it is planning the final steps in its transition to a ‘scheduled appointments only’ service, with any urgent or emergency patients routed to the department within JHAH that has the specialist expertise in handling such cases.

About the Project Champions



Dr. Kanaan Kanaani

Dr. Kanaani is a Family Medicine Consultant at Johns Hopkins Aramco Healthcare, where he has previously chaired the Primary Care Service Department.

He was educated at King Faisal University, Dammam, Saudi Arabia (Bachelor of Medicine and Bachelor of Surgery), the University of Toronto, and the American College of Healthcare Executives (Executive Leadership Certification).

Before joining JHAH, he was a Family Medicine Specialist at Saudi Aramco Medical Services Organization (SAMSO), and served as the Head of the SAMSO Learning and Development division.

He is a recognized board examiner at the Saudi Commission for Health Specialties (SCFHS) and holds a Clinical Teaching Certificate from the University of Toronto.



Dr. Abdullah Al Hadhira

Dr. Al Hadhira is Chair of Operational Medicine at Johns Hopkins Aramco Healthcare.

He was educated at King Faisal University Medical School (Medicine Bachelor and Bachelor of Surgery), and is a Fellow of the American Academy of Emergency Medicine, London Health Sciences Center, London Ontario, Canada. He is a graduate of Harvard University, and Fellow and Associate Faculty at Harvard Medical Faculty Physicians in Disaster Medicine, EMS and Crisis Leadership

Before joining JHAH, he was Chief of the Emergency Department at Saudi Aramco Medical Services Organization.



Dr. Hussain Al Khadra

Dr. Al Khadra is a Family Medicine Consultant at Johns Hopkins Aramco Healthcare.

He was educated at King Faisal University Medical School (Medicine Bachelor and Bachelor of Surgery), and his residency was at Mount Sinai School of Medicine, New York, and McGill University, Montreal, Canada.

Before joining JHAH, he was a Physician at Saudi Aramco Medical Services Organization.



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Scanning the horizon for healthcare innovations



Case Study #02: THE BACK REFERRAL PROGRAM
Enhancing access to JHAH for non-registered Saudi Aramco EMRs



Case Study #03: ENDOSCOPY
Endoscopy waiting times cut from months to weeks



Case Study #04: OPERATING ROOMS
Faster access to surgery



Case Study #06: ADULT PRIMARY CARE ACCESS (RAS TANURA)
How Ras Tanura delivered 5,000 appointments – every month

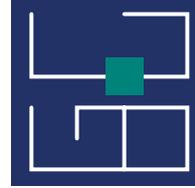


Case Study #07: REFERRALS
Twenty-six referral pathways under the microscope



Case Study #08: CATH LAB
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