

نحن نهتم
We Care



Case Study 03: ENDOSCOPY

Endoscopy waiting times cut from months to weeks



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

Project Champion
Dr. Nassir Hayaf



مرکز جونز هوبكنز
أرامكو الطبي
Johns Hopkins
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Project Details



The Objective

- To prepare for significant growth in demand, particularly from population health screening programs.

The Priorities

- To optimize consultant productivity.
- To enhance efficiency and quality including the management of start times and turnaround times.
- To improve patient scheduling.

The Timeline

- **Project kick-off:** January 2023.
- **Project closure:** August 2023.

The Project Team

Champion:

- Dr. Nassir Hayaf

Team members:

- Manal Ghazouli
- Heba Matrook
- Dr. Faud Maufa
- Dalal Mohaisen
- Narmeen Talawah
- Malgorzata Wakefield

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 at various clinics. 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).

'Endoscopy' was included under Objective #3 in the CSP.

Project Background



Endoscopy – examining the interior of the body – has become an increasingly important element in patient pathways due to recent advances in, for example, magnification and tissue sampling. With each year that passes, physicians are better able to use endoscopic tools to understand symptoms (such as bleeding, nausea, or vomiting) and identify underlying causes (such as ulcers, inflammation, or tumors). This advancement allows for earlier diagnosis and treatment, ultimately saving lives.

For this reason, patients referred for endoscopy are understandably anxious if waiting times are excessive. As Saudi Arabia emerged from the Covid lockdown,

waiting times at JHAH sometimes stretched to months. An early priority for the CSP was to correct this adverse trend, improving operational efficiency and access for patients. Dr. Nassir Hayaf, Chief of Medicine Endoscopy, was tasked to lead a project team of four gastroenterologists, nursing staff and administrators to gather data, assess options and implement an improvement program.

Project Delivery



The team's first action was to address the rate of late patient appointment cancellations and no-shows, often as high as 40 percent. The team tackled this through proactive reminders – seven days out, three days out, and 24 hours prior. There was also a policy change, with the published cancellation window raised from three to seven days.

Dr. Hayaf commented: "Reminders were essential. We found that a phone call rather than a simple email makes a big difference – especially when followed up with a text confirmation. We had earlier knowledge if the patient was likely to miss their appointment, meaning it could be offered to someone else on the waiting list rather than wasted."

The result of these measures was a fall in the patient cancellation and no-show rate to about five percent.

The second action was to improve the efficiency of the service, especially the turnaround times between procedures. The turnaround process flow was drafted and then rigorously reviewed internally to ensure it was as streamlined as possible. Once finalized, the new processes were communicated to all those affected (with training as appropriate), and embedded into how the team operated, resulting in a fall of around 25 percent from a baseline 22 minutes in the typical turnaround time.

Active caseload management was a complementary theme of the program. The team was particularly keen to identify any opportunities for combined procedures, for example, where patients require both a gastroscopy and colonoscopy. This change had the dual outcome of improving operational metrics while benefiting patient convenience. "At the start, physicians typically completed five procedures each session," noted Dr. Hayaf. "These reforms lifted the total to around eight."

As the project progressed, a number of other changes were implemented to benefit endoscopy efficiency, including:

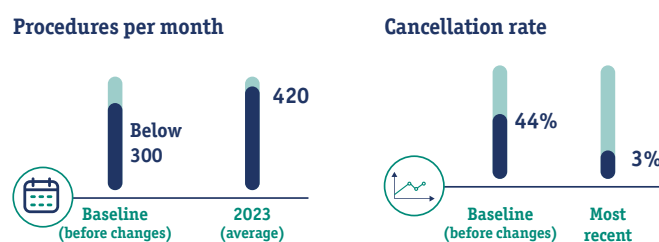
- Monitoring and management of how much time was deployed on new cases versus follow-up appointments.
- Optimization of how space was being utilized in the endoscopy rooms.
- Dynamic management of physician schedules through daily and weekly review of patient volumes.
- Better planning of physician leave arrangements.
- Creation of new roles (Care Coordinator / Scheduler) to reduce the administration burden on physicians and maximize their patient-facing time.
- Wellbeing measures to ensure the endoscopy workforce felt valued and engaged.
- Clearer communication around 'preparing for your procedure' so that every patient arriving for an endoscopy had complied with preparation requirements.

The Outcome



With minimal cancellations, faster turnaround times, and better physician utilization, there was a sustainable increase of around 25 percent, to around 500 procedures per month, in endoscopy volumes (see Figure One). Patient satisfaction has increased to 96 percent.

Figure One: Benefits realization



Looking back, Dr. Hayaf is proud of the team's achievements but views it as just the beginning. He sees endoscopy playing an increasingly central role in enhancing patient experience through accurate diagnoses and improved outcomes. He says: "The taste of success is an excellent driver for people to continue making positive changes, fostering a sense of fulfilment, motivation and higher expectations."



About the Project Champion



Dr. Nassir Hayaf

Dr. Hayaf is an Internal Medicine and Gastroenterology Consultant at Johns Hopkins Aramco Healthcare.

He was educated at the King Saud University, Riyadh (Bachelor of Medicine and Bachelor of Surgery), Gastroenterology University (Vancouver), at the Gastroenterology University of Alberta (Edmonton) and the Endoscopic Ultrasound University (Montreal).

Before taking his current role, he was a Gastroenterology Consultant at the Saudi Aramco Medical Services Organization, and at JHAH has been Gastroenterology Unit Head and Chief of Medical Specialty.

Also Available



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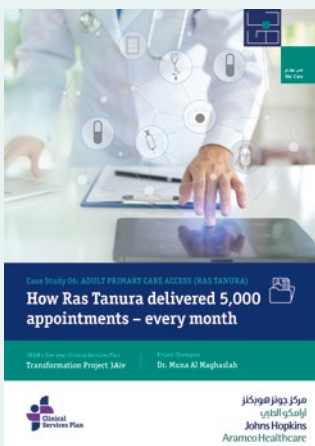
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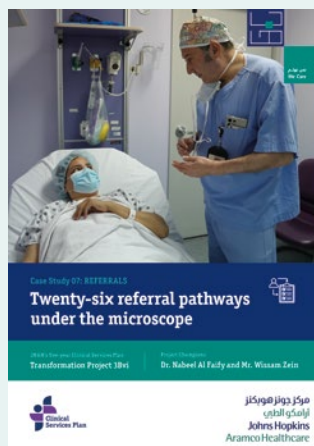
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- every month



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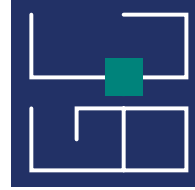


**Case Study #08:
CATH LAB**
Tackling the bed crunch

Note: Additional CSP case studies are constantly under development. Please email or call your JHAH contact for information on future editions.

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This case study is one in a series that showcases stories from implementation of the JHAH Clinical Services Plan (CSP). The JHAH Board approved the CSP in June 2022. It is an ambitious multiyear program to enhance and modernize a wide range of clinical activities. For more information about the CSP or any projects included in the program, contact the CSP Program Management Office: pmo@jha.com.



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