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We Care



Case Study 06: ADULT PRIMARY CARE ACCESS (RAS TANURA)

How Ras Tanura delivered 5,000 appointments – every month



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

Project Champion
Dr. Muna Al Maghaslah



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Aramco Healthcare



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Project Details



The Objective

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

The Priorities

- Analyze supply and demand over time.
- Analyze capacity and metrics.
- Develop evidence-based recommendations.
- Implement and enhance service.

The Timeline

- **Project kick-off:** July 2023.
- **Project closure:** May 2024.

The Project Team

Champions

- Dr. Muna Al Maghaslah
- Dr. Ahmed Jameel (overall 'access' champion)

Team members

- Abdullah Al Bhijan
- Fatimah AlHellali
- Hamed Ghamdi
- Rawan Jerhairan
- Marijke Richards

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 (Ras Tanura) Access was included as Objective #3A(iv) in the CSP.

Project Background



Ras Tanura is considered one of the most important industrial cities in Saudi Arabia's Eastern Province. It is home to the Kingdom's largest oil-exporting terminal and oldest refineries as well as a remarkable white sandy beach adorned with spectacular palm trees. With 20,000 Aramco employees and dependents, it is also the site of JHAH's Ras Tanura healthcare facility, located just outside the entrance to the Aramco housing compound.

The Ras Tanura facility offers a range of integrated healthcare services including primary care, screening, immunizations, pediatric care, general gynecology and obstetrics care, physical therapy, emergency medical and dentistry with referral back to JHAH's main Dhahran facility if required. It operates with a positive culture and agreed working practices (see Figure One).

When the CSP was launched, the 'Access Workstream' Project Team gathered data to highlight where the greatest opportunities for improvement existed and identified potential in the Ras Tanura Primary Care Clinic.

While the nine primary care physicians in Ras Tanura were delivering high-quality, attentive care, patients were increasingly dissatisfied with their ability to get a desired appointment. As a result, there was an overreliance on the site's walk-in service, which was struggling to meet demand.

The 'Access Workstream' Project Team established a project team to address these issues and scope a number of alternative service delivery models from the perspective of cost, patient impact, operational feasibility and timeline.

Project Delivery



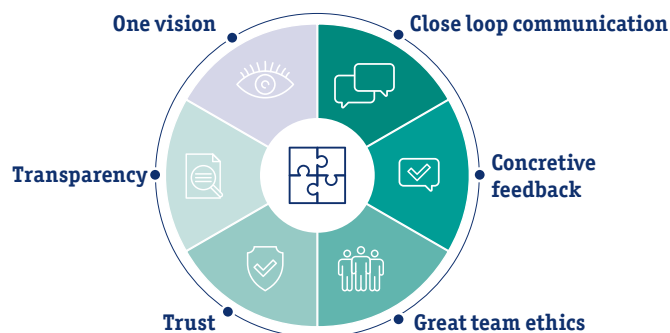
Dr. Muna Al Maghaslah, Head of Primary Care at the Ras Tanura Health Center, was appointed to lead the project.

Her first task was to assemble a team of subject matter experts from Ras Tanura and Dhahran to establish the facts about the existing service.

In the first month of close monitoring, one of the most striking findings was the number of patients using walk-in and emergency instead of scheduled appointments. 2,015 patients were seen as Category 4 and 5 cases in emergency and walk-in, compared to 1,732 in scheduled appointments. This was reinforced through patient engagement interviews; patients were going to walk-in as a last resort after trying, and failing, to find an available same-day bookable slot. As Dr. Al Maghaslah comments: "This was causing burnout among our people. It was also making it almost impossible to plan our schedules in a way that matched patient and operational requirements."

Before embarking on any changes, the team modelled different scenarios as part of a comprehensive operational evaluation. The aim of this work was to gauge the potential impact of each scenario on performance metrics such as the number of patients seen, patient satisfaction, the no-shows ratio, and the balance between planned and unplanned visits.

Figure One: Ras Tanura team values and working practices



The elements of this assessment included:

- Supply trends by type and over time (slots used, excess slots, walk-in, cancelled, LWBS, no-show).
- Capacity analysis (rota v template, capacity of different roles – physicians, nurses, labs, pharmacy).
- Financial analysis (main cost elements v where value is being created).
- Patient perceptions (in-person interviews with patients, deep dive into survey data).
- Other key access metrics (referral rates, physician turnover, experience level of physicians).
- Scenario definition.

As a result of the analysis, Ras Tanura has introduced a series of enhancements including:

- Extension of primary care opening hours (previously 7 a.m. to 4 p.m., now 7 a.m. to 7 p.m.).
- Recruitment of additional physicians (the team now stands at 13 – comprised of one new permanent hire and three locums).
- Communication activity has increased to nudge patient behaviour away from walk-in reliance, emphasizing the availability and benefits of same-day booked appointments.
- Awareness raising of JHAH's MyChart app and how it is used to book a same-day appointments quickly and conveniently.
- Closure of walk-in as demand subsided.



The Outcome

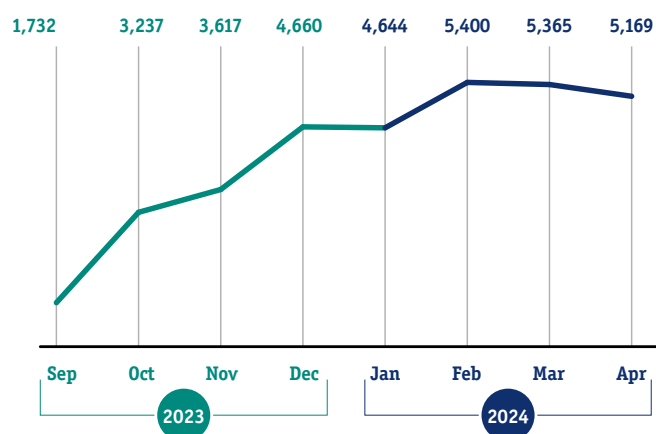


Since the introduction of the changes, there has been a decisive impact on the center’s performance metrics. For example:

- Patient satisfaction with access has risen from 81 percent when the project commenced to around 90 percent.
- The number of scheduled appointments per month increased from less than 2,000 to more than 5,000 (see Figure Two).
- The number of unplanned attendances decreased from 54 percent to below 20 percent. Previously, this included both walk-in and emergency visits, but now, with the closure of walk-in services, it reflects emergency visits alone.

The main challenge set for the project, based upon the analysis, was to achieve the target of offering 5,000 scheduled appointments for three consecutive months. This was achieved during the period February to March 2024, enabling the project to be formally closed after approval by the CSP Steering Committee, chaired by JHAH Chief Executive Dr. Michael Walsh in May 2024, with any remaining activity transitioned to ongoing operational responsibilities.

Figure Two: Benefits realization



Lessons Learned



In reflecting on the project experience, Dr. Al Maghaslah pays tribute to the importance of an ambitious and easy-to-understand goal, communicated to all primary care physicians and used to mobilize resources, overcome obstacles and maintain momentum. She comments: “Everyone knew the aim was to achieve 5,000 slots for three consecutive months. There was no ambiguity about it. When we celebrated the outcome, everyone knew the success was genuine.”

Dr. Al Maghaslah also acknowledges that change on this scale requires colleagues with many different areas of expertise working collaboratively. Phase One (assessment) and Phase Two (implementation) required contributions from clinical, financial, operational, workforce and process management perspectives. “I express special gratitude to the project team and the Ras Tanura primary care team for their unwavering support. I’m thrilled at our journey,” states Dr. Al Maghaslah.

Finally, Dr. Al Maghaslah reflects on how the Ras Tanura patient community responded to the changes.

“The communication was carefully designed around the benefits to them; there would have been resistance if we’d announced the change with no context. Sometimes, as healthcare practitioners, we can be a bit blunt with our messages,” says Dr. Al Maghaslah. “In this case, we all appreciated the importance of bringing our patients on the journey with us.”

About the Project Champion



Dr. Muna Al Maghaslah

Dr. Al Maghaslah is a Family Medicine and Geriatrics Consultant at Johns Hopkins Aramco Healthcare, and she is the Ras Tanura primary care physician manager.

She was educated at Baylor College of Medicine (residency) and the University of Texas Medical Branch (fellowship).

Before joining JHAH, she was Geriatric Director of the Qatif Primary Care Sector in the Eastern Province.

She is a co-founder of DaleelFM, the resource for Saudi family physicians, and is currently completing her MBA (Master of Business Administration) at the Swiss Business School.



Also Available



Case Study #01: HORIZON SCAN

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 #05: ADULT PRIMARY CARE ACCESS (DHAHRAN)

The doctor will see you now



Case Study #07: REFERRALS

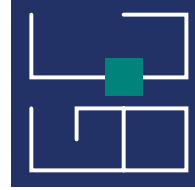
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Case Study #08: CATH LAB

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