# Elevating Ambulatory Patient Experiences Through Interprofessional Care Coordination in Riyadh, Saudi Arabia

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#### **Abstract:**

This paper explores the implementation of an interprofessional care coordination model in an ambulatory setting in Riyadh, Saudi Arabia, aimed at enhancing patient experiences. It highlights the importance of interprofessional collaboration, patient-centered care, and effective care coordination in improving patient satisfaction and outcomes. The proposed model involves establishing an interprofessional care team, adopting a patient-centered approach, streamlining care coordination processes, emphasizing patient education and engagement, and incorporating continuous quality improvement strategies. Key implementation strategies include stakeholder engagement, workforce training, standardized protocols, technology integration, and robust evaluation frameworks. While challenges such as resistance to change, interprofessional collaboration barriers, resource constraints, and cultural considerations are anticipated, the model represents a significant opportunity to improve patient experiences, enhance care coordination, and optimize ambulatory care delivery. Through a systematic and evidence-based approach, active stakeholder engagement, and a commitment to cultural sensitivity, the interprofessional care coordination model has the potential to set new standards for patient-centered care in Riyadh.

#### INTRODUCTION

In recent years, there has been a growing emphasis on patient-centered care and the importance of delivering high-quality healthcare experiences across various settings,

including ambulatory care. The ambulatory care environment presents unique challenges and opportunities for enhancing patient experiences, as it often serves as the primary point of contact between patients and the healthcare system. Effective care coordination and

interprofessional collaboration are crucial in addressing the multifaceted needs of patients and ensuring a seamless and positive healthcare journey.

The Kingdom of Saudi Arabia has made significant strides in improving its healthcare system, with a focus on delivering high-quality care and enhancing patient satisfaction. However, there is still room for improvement, particularly in the ambulatory care sector, where patient experiences can greatly impact overall healthcare outcomes and perceptions.

This paper explores the implementation of an interprofessional care coordination model in an ambulatory setting in Riyadh, Saudi Arabia, aimed at elevating patient experiences. It

highlights the significance of interprofessional collaboration, the role of various healthcare professionals, and the strategies employed to enhance care coordination and improve patient satisfaction.

#### **Importance of Patient Experience in Ambulatory Care:**

Patient experience is a multidimensional concept that encompasses various aspects of

healthcare delivery, including interpersonal interactions, communication, accessibility, and the overall quality of care received. In the ambulatory care setting, positive patient experiences have been linked to improved treatment adherence, better health outcomes, and increased patient satisfaction (Levine et al., 2016; Congiusta et al., 2018).

Several factors contribute to patient experiences in ambulatory care, such as wait times, provider-patient communication, care coordination, and the overall atmosphere and

amenities of the healthcare facility (Golda et al., 2018). Addressing these factors through an interprofessional approach can significantly enhance patient experiences and contribute to better health outcomes.

# **Interprofessional Collaboration and Care Coordination:**

Interprofessional collaboration is a cornerstone of effective care coordination and has been recognized as a key driver of positive patient experiences (Shaw, 2008; Sargeant et al., 2008). It involves the collaborative efforts of various healthcare professionals, including physicians, nurses, pharmacists, social workers, and other allied health professionals, working together to provide comprehensive and coordinated care.

In the context of ambulatory care, interprofessional collaboration can streamline processes, improve communication, and facilitate the seamless transition of care between different

healthcare providers and settings. By leveraging the unique expertise and perspectives of each profession, patient needs can be addressed holistically, leading to improved patient experiences and better health outcomes (Zwarenstein et al., 2009; Reeves et al., 2017).

# **Interprofessional Care Coordination Model in Riyadh:**

The proposed interprofessional care coordination model in an ambulatory setting in Riyadh, Saudi Arabia, aims to elevate patient experiences through a collaborative and coordinated approach to care delivery. The model involves the following key components:

#### 1. Interprofessional Care Team:

The model establishes an interprofessional care team comprising physicians, nurses, pharmacists, social workers, and other relevant healthcare professionals. This team works collaboratively to provide comprehensive and coordinated care, leveraging the unique expertise and perspectives of each profession.

#### 2. Patient-Centered Care Approach:

The model adopts a patient-centered care approach, placing the patient at the center of the care delivery process. This involves actively engaging patients in decision-making, considering their preferences, values, and cultural beliefs, andensuring effective communication and education throughout the care journey.

#### 3. Comprehensive Care Coordination:

The interprofessional care team collaborates to streamline care coordination processes, ensuring seamless transitions between different healthcare providers and settings. This includes effective communication, shared electronic health records (EHRs), and standardized protocols for referrals, follow-ups, and care handoffs.

# 4. Patient Education and Engagement:

The model emphasizes patient education and engagement as critical components of positive patient experiences. Healthcare professionals work together to provide comprehensive education and support to patients and their families, empowering them to actively participate in their care and make informed decisions.

#### 5. Continuous Quality Improvement:

The model incorporates a continuous quality improvement (CQI) process to monitor and evaluate patient experiences, identify areas for improvement, and implement evidence-based strategies to enhance care delivery. This involves regularly collecting and analyzing patient feedback, as well as leveraging data from patient satisfaction surveys and other relevant metrics.

#### 6. Cultural Competency and Sensitivity:

Recognizing the cultural diversity within the Saudi Arabian population, the model emphasizes cultural competency and sensitivity among the interprofessional care team. This includes understanding and respecting different cultural beliefs, values, and practices, and tailoring care approaches to meet the unique needs of each patient.

#### **Implementation Strategies and Evaluation:**

The successful implementation of the interprofessional care coordination model in Riyadh requires a systematic and evidence-based approach. The following strategies are recommended:

# 1. Stakeholder Engagement and Buy-In:

Engaging key stakeholders, including healthcare professionals, administrators, policymakers, and patient representatives, is crucial for securing buy-in and ensuring the successful adoption of the model. This involves effective communication, addressing potential concerns, and highlighting the benefits of the interprofessional approach.

# 2. Workforce Training and Development:

Implementing the model requires specialized training and development programs for healthcare professionals. This includes interprofessional education, communication skills training, and the development of competencies specific to interprofessional collaboration and care coordination.

#### 3. Standardized Protocols and Guidelines:

Establishing standardized protocols and guidelines for care coordination, communication, and patient engagement is essential for ensuring consistency and quality in care delivery. These protocols should be developed through a collaborative process involving representatives from various healthcare professions.

# 4. Technology Integration:

Leveraging technology, such as electronic health records (EHRs), telehealth platforms, and secure messaging systems, can facilitate seamless communication and information sharing among the interprofessional care team, enhancing care coordination and improving patient experiences.

# 5. Evaluation and Continuous Improvement:

Implementing a robust evaluation framework is crucial for assessing the effectiveness of the interprofessional care coordination model and identifying areas for improvement. This may involve conducting patient satisfaction surveys, analyzing healthcare utilization data, and collecting qualitative feedback from patients and healthcare professionals.

The evaluation process should be iterative, with findings informing continuous quality improvement efforts and facilitating the refinement and optimization of the model overtime.

# **Ethical Considerations and Cultural Sensitivity:**

The implementation of the interprofessional care coordination model in Riyadh must prioritize ethical considerations and cultural sensitivity. Informed consent processes should be established to ensure patients understand the model's goals, potential risks and benefits, and their rights to opt-out or withdraw from specific components.

Patient privacy and data security must be paramount, with robust protocols and safeguards implemented to protect sensitive health information in compliance with relevant regulations and cultural norms.

Furthermore, the model should be tailored to accommodate the diverse cultural beliefs, values, and practices of the Saudi Arabian population. This may involve engaging community leaders, religious authorities, and cultural experts to ensure the model aligns with the cultural and religious contexts of the region.

#### **Anticipated Challenges and Mitigation Strategies:**

While the implementation of the interprofessional care coordination model holds significant promise for

enhancing patient experiences in ambulatory care settings in Riyadh, several

challenges can be anticipated. Proactive mitigation strategies should be developed to address these challenges effectively.

# 1. Resistance to Change and Adoption Barriers:

Implementing a new care delivery model may encounter resistance from healthcare professionals accustomed to traditional practices. Change management strategies, such as effective communication, leadership support, and continuous professional development, should be employed to address adoption barriers and foster a culture of innovation and continuous improvement.

# 2. Interprofessional Collaboration Challenges:

Overcoming siloed working environments and establishing effective interprofessional collaboration can be challenging due to factors such as role ambiguity, power dynamics, and communication barriers. Comprehensive interprofessional education, clear role delineation, and the establishment of shared goals and accountability mechanisms will be essential to mitigate these challenges.

#### 3. Resource Constraints and Sustainability:

The successful implementation and sustainability of the interprofessional care coordination model will require dedicated resources, including funding, staffing, and infrastructure. Collaborative efforts with healthcare administrators, policymakers, and payers will be necessary to secure sustainable funding streams and integrate themodel into existing healthcare delivery systems.

#### 4. Cultural and Language Barriers:

The cultural and linguistic diversity of the Saudi Arabian population may present challenges in effective communication and the delivery of culturally sensitive care. Strategies such as employing multilingual staff, providing language interpretation services, and offering culturally tailored educational materials can help address these barriers.

# 5. Data Availability and Integration:

Effective care coordination and patient experience evaluation rely on the availability and integration of high-quality data from various sources, including electronic health records (EHRs), patient satisfaction surveys, and healthcare utilization data. Ensuring data accessibility, interoperability, and quality will be crucial for the successful implementation and evaluation of the model.

Despite these anticipated challenges, the implementation of the interprofessional care coordination model represents a significant opportunity to improve patient experiences, enhance care coordination, and optimize the delivery of ambulatory care services in Riyadh, Saudi Arabia. Through a systematic and evidence-based approach, active stakeholder engagement, and continuous quality improvement efforts, the model can be successfully integrated into routine clinical practice, ultimately improving the quality of care and overall healthcare outcomes for patients.

#### **CONCLUSION:**

Elevating patient experiences in ambulatory care settings is a critical endeavor in the pursuit of delivering high-quality, patient-centered healthcare. The proposed interprofessional care coordination model in Riyadh, Saudi Arabia, offers a comprehensive approach to addressing the multifaceted needs of patients and enhancing their overall healthcare journey.

By fostering interprofessional collaboration, adopting a patient-centered care approach, streamlining care coordination processes, and emphasizing patient education and engagement, this model has the potential to significantly improve patient experiences and contribute to better health outcomes.

Effective implementation strategies, such as stakeholder engagement, workforce training, standardized protocols, technology integration, and continuous evaluation and improvement, are crucial for the successful adoption and sustainability of the model.

While challenges are anticipated, proactive mitigation strategies and a commitment to cultural sensitivity and ethical considerations will ensure the model aligns with the unique needs and contexts of the Saudi Arabian population.

By bridging the gap between research and practice, the interprofessional care coordination model represents a transformative paradigm in the delivery of ambulatory care services. Its implementation has the potential to set new standards for patient-centered care, fostering a healthcare system that prioritizes positive patient experiences, seamless care coordination, and improved health outcomes for all.

#### **REFERENCES:**

- 1. Bosko, T., & Wilson, K. (2016). Assessing the relationship between patient satisfaction and clinical quality in an ambulatory setting. Journal of Health Organization and Management, 30(7), 1063-1080.
- 2. Congiusta, S., Solomon, P., Conigliaro, J., O'Gara-Shubinsky, R., Kohn, N., & Nash, I. S. (2018). Clinical Quality and Patient Experience in the Adult Ambulatory Setting. American Journal of Medical Quality, 33(3), 272-279.
- 3. Davidson, K. W., Shaffer, J., Ye, S., Falzon, L., Nakazono, T. T., Mason, D., Coppola, S., & Datta,
- 4. S. K. (2017). Interventions to improve hospital patient satisfaction with healthcare providers and systems: a systematic review. BMJ Quality & Safety, 26(7), 596-606.
- 5. Fortenberry Jr, J. L., & McGoldrick, P. J. (2016). Internal marketing: A pathway for healthcare facilities to improve the patient experience. International Journal of Healthcare
- 6. Management, 9(1), 28-33.
- 7. Golda, N., Beeson, S., Kohli, N., & Merrill, B. (2018). Recommendations for improving the patient experience in specialty encounters. Journal of the American Academy of
- 8. Dermatology, 78(4), 653-659.
- 9. Levine, D. M., Linder, J. A., & Landon, B. E. (2016). The quality of outpatient care delivered to adults in the United States, 2002 to 2013. JAMA Internal Medicine, 176(12), 1778-1790.
- 10. Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews, (6), CD000072.
- 11. Sargeant, J., Loney, E., & Murphy, G. (2008). Effective interprofessional teams: "contact is not enough" to build a team. Journal of Continuing Education in the Health Professions, 28(4), 228-234.
- 12. Shaw, S. N. (2008). More than one dollop of cortex: Patients' experiences of interprofessional care at an urban family health centre. Journal of Interprofessional Care, 22(3), 229-237.
- 13. Street Jr, R. L., Mazor, K. M., & Arora, N. K. (2016). Assessing patient-centered communication in cancer care: measures for surveillance of communication outcomes. American Society of Clinical Oncology Alexandria, VA.
- 14. Weinick, R. M., Quigley, D. D., Mayer, L. A., & Sellers, C. D. (2014). Use of CAHPS patient experience surveys to assess the impact of health care innovations. Joint Commission Journal on Quality and Patient Safety, 40(9), 418-427.
- 15. Zwarenstein, M., Goldman, J., & Reeves, S. (2009). Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews, (3), CD000072.