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## Physician satisfaction and utilization about urgent care management pathways in primary health care

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### Abstract

**Background:** Emergency departments are the front lines of health-care systems, and they play a vital role in providing patients with efficient and high-quality care. Increased demand for emergency care, on the other hand, may diminish patient satisfaction (due to longer wait times), increase health-care professional burden, and negatively impact service quality.

**Methods:** This cross sectional study was conducted at Prince Sultan Military Medical City, Riyadh (PSMMC), data were collected from physicians (Consultant, Senior, Registrars and General Practitioners) who work in urgent care centres at PSMMC to measure the primary health care (PHC) physicians' satisfaction and utilization of urgent care management pathways.

**Results:** About 29 physicians who work in the centre were participated in this study, of whom 52% were male, 48% were female, majority of physicians were Saudi (83%), while non Saudi physicians were (17%) only; Overall level of satisfaction of physicians regarding to urgent care management pathways was 73%. The study also shown found that level of physicians satisfaction towards administration staff, equipment and facilities was 71%, and finally most of physicians (93%) highly recommended their other colleagues to use this centre as referral centre.

**Conclusion:** Critical pathway recommendations have emerged as one of the most prominent new efforts aimed to cut costs while preserving or even improving the quality of care in an era of increased competition in medical care.

**Keywords:** physicians, PHC, urgent care management pathways, PSMMC, Riyadh, Saudi Arabia

### Introduction

Emergency departments (EDs) are highly visible and important services that frequently serve as the first line of defense in health-care systems for patients in distress.

Increased ED use could have a negative impact on patient outcomes, raise health-care expenditures, and add to health-care personnel' workloads. Saudi Arabia has had to deal with a large number of people who went to emergency rooms with conditions that did not require immediate attention. These conditions could be addressed in primary and community care settings, implying that there may be opportunities to minimize emergency care demand and divert non-urgent visits away from EDs <sup>[1]</sup>. Urgent care clinics (UCCs) are defined as "the provision of immediate medical service offering outpatient care for the treatment of acute illness and injury" by the American Academy of Urgent Care Medicine (AAUCM). This type of service, in general, provides fast and reliable medical attention without a previously scheduled appointment to a variety of diseases and injuries which are not severe enough that require Emergency department visit <sup>[2]</sup>.

Urgent Care Clinics (UCCs) provide unarranged appointments with a "treat and release" patients visit not exceeding 1 hour. Furthermore, the future of clinics is pressurized by patients' need for better, speedy, reliable, and easy access to health care.

Understanding why patients make clinically unwarranted decisions is essential because it may inspire strategies to reduce requests for overburdened health care. It should be highlighted, however, that patient behavior is only one aspect of the picture, and the concept of clinically unnecessary health-care utilization is debatable <sup>[3]</sup>. Critical pathway recommendations have emerged as one of the most prominent new efforts aimed to cut costs while preserving or even improving the quality of care in an era of increased competition in medical care. Critical pathways, which were designed particularly for high-volume hospital diagnosis, show patient goals and the best sequence and timing of staff actions for accomplishing those goals as efficiently as possible <sup>[4]</sup>.

A clinical pathway is a mechanism for managing the patient care of a certain group of patients over a specific time period. By facilitating communication, coordinating roles, and sequencing the activities of the multidisciplinary care team, patients, and their relatives; documenting, monitoring, and evaluating variances; and providing the necessary resources and outcomes, a clinical pathway explicitly states the goals and key elements of care based on Evidence Based Medicine (EBM) guidelines, best practice, and patient expectations. A clinical pathway's goal is to improve the quality of care, reduce risks, boost patient happiness, and promote resource efficiency [5].

Because physicians are increasingly being expected to lead route projects, they should be aware of the possible benefits and problems connected with key pathways. Physicians and other health-care researchers should devise strategies for studying paths in changing health-care environments. Although the promise of lower costs and higher quality is appealing, there are significant gaps in our understanding of important routes. As with any new health-care technology, pathway programs should be thoroughly studied to determine the conditions under which that promise may be realized [6].

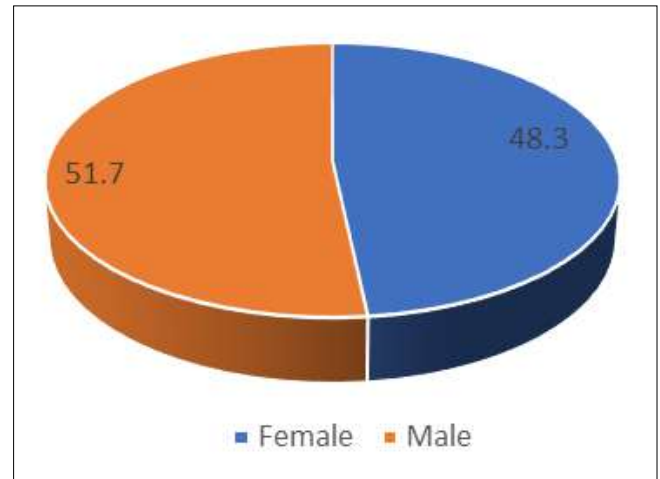
Clinical pathway implementation's major goal is to connect clinical practice with guideline (CPWs) guidelines so that high-quality treatment can be provided within an institution. CPWs could be valuable instruments for reducing variances in clinical practice, resulting in better patient outcomes and clinical efficiency. They have the ability to promote safe, evidence-based care by giving locally tailored suggestions for the treatment of a specific illness, disease, or cause for seeking medical attention. Complications and treatment errors are also reduced with the help of CPWs [7].

CPWs organize the flow of services for a group of patients with a specific diagnosis or who are undergoing a specific surgery, and they help the patient navigate the treatment process. They also advocate for the translation of clinical guideline recommendations or other types of evidence into local protocols and clinical practice. CPWs institutionalize best practices to bring evidence to the bedside for all health providers involved, whereas clinical guidelines provide generic advice [8].

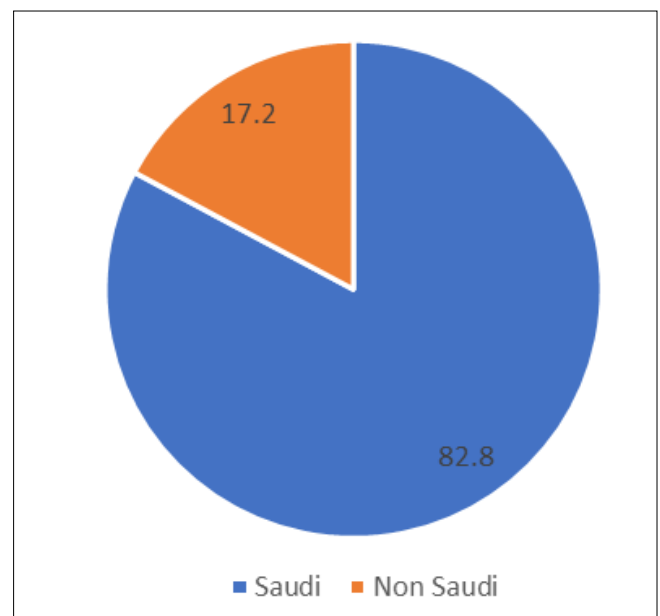
**Materials and Methods**

This cross sectional study was conducted at Prince Sultan Military Medical City, Riyadh (PSMMC), data were collected from physicians (Consultant, Senior, Registrars and General Practitioners) who work in urgent care centers at PSMMC to measure the primary health care physicians' satisfaction and utilization of urgent care management pathways. Data was collected by using well developed online questionnaire, The questionnaire covered variables related to demographic characteristics and other variables by using 5-Point Likert Scale to measure physicians satisfaction level, collected data was analysed using SPSS version 24, where applicable statistical tests were used.. All physicians who willing to participate in this study filled the consent form and all ethical issues were considered.

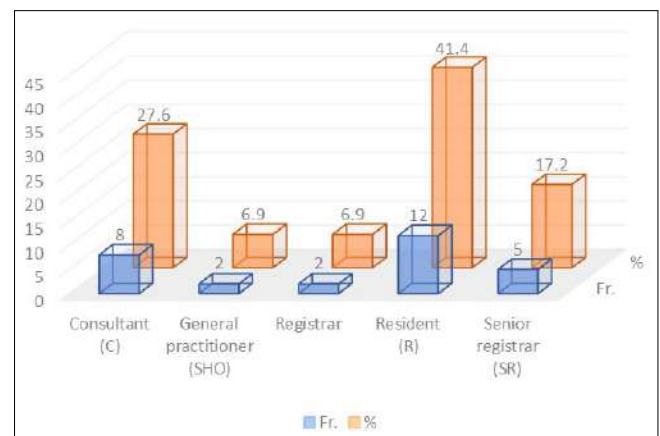
**Results**



**Fig 1:** Distribution of physicians according to gender



**Fig 2:** Distribution of physicians according to nationality



**Fig 3:** Distribution of physicians according to Professional Title

**Table 1:** Demographic characteristics

Variable	Value	Frequency	Percentage
Gender	Female	14	48.3
	Male	15	51.7
Nationality	Saudi	24	82.8
	Non Saudi	5	17.2
Graduation University	Western	3	10.3
	Saudi	23	79.3
	North America, North Europe, Australia or Japan	3	10.3
Professional Title	Consultant (C)	8	27.6
	General practitioner (SHO)	2	6.9
	Registrar	2	6.9
	Resident (R)	12	41.4
	Senior registrar (SR)	5	17.2

About 29 physicians who work in the center were participated in this study, of whom 52% were male, 48% were female, majority of physicians were Saudi (83%), while non Saudi physicians were (17%) only, Most of physicians (79%) were graduated from Saudi Arabia universities while the rest were from Western countries,

(10%), or North America, North Europe, Australia and Japan (10%), the participants physicians were either Consultant (C), Senior registrar (SR), Registrar, Resident (R), or General practitioner (SHO), 28%, 17%, 7%, 41% or 7% respectively

**Table 2:** Physicians’ level of satisfaction about the urgent care management pathways

	Very poor		poor		Fair		Good		Very Good		Mean
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	
Efficiency and effectiveness of using urgent care management pathways	0	0	2	6.9	5	17.2	13	44.8	9	31.0	4.00 (80%)
Ability of using urgent care management pathways for all patients	0	0	4	13.8	13	44.8	5	17.2	7	24.1	3.52(70%)
Timely and coordinated discharge planning	2	6.9	3	10.3	8	27.6	10	34.5	6	20.7	3.52(70%)
Ability to schedule procedure , test ,and special orders within reasonable time	4	13.8	3	10.3	11	37.9	8	27.6	3	10.3	3.66(73%)
Scope of support services offered	1	3.4	4	13.8	5	17.2	16	55.2	3	10.3	3.55(71%)
Timeline and accuracy of medical record service	2	6.9	3	10.3	11	37.9	7	24.1	6	20.7	3.69(74%)
Nursing staff	1	3.4	4	13.8	8	27.6	11	37.9	5	17.2	3.52(70%)
Laboratory services (promptness and accuracy in processing and reporting laboratory test result)	0	0	4	13.8	8	27.6	10	34.5	7	24.1	3.69(74%)
Pathology services (promptness and accuracy)	0	0			13	44.8	9	31.0	7	24.1	3.79(76%)
Processing and reporting pathology test results	0	0	3	10.3	6	20.7	12	41.4	8	27.6	3.86(78%)
Radiology services (promptness and accuracy in)	0	0	4	13.8	10	34.5	11	37.9	4	13.8	3.52(70%)
Processing and reporting radiology results	1	3.4	6	20.7	10	34.5	9	31.0	3	10.3	3.24(65%)
Overall level of satisfaction											3.63 (73%)

About 80% of physicians were satisfied related to efficiency and effectiveness of using urgent care management pathways, 70% of physicians were satisfied related to their ability of using urgent care management pathways for all patients, 70% of physicians were satisfied related to Nursing staff, 74% of physicians were satisfied related to Laboratory services, 76% of physicians were satisfied related to

Pathology services, 78% of physicians were satisfied related to Processing and reporting pathology test results, 70% of physicians were satisfied related to Radiology services, 65% of physicians were satisfied related to Processing and reporting radiology results, while Overall level of satisfaction of physicians regarding to urgent care management pathways was 73%

**Table 3:** Physicians’ level of satisfaction towards administration staff, equipment and facilities

	Very poor		poor		Fair		Good		Very Good		Mean
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	
All staff: courtesy and respect shown to patient	0	0	1	3.4	9	31.0	10	34.5	9	31.0	3.72(74%)
PHC administration and facilities, Cooperation and responsiveness of PHC	0	0	1	3.4	12	41.4	10	34.5	6	20.7	3.59(72%)
Administration	0	0	0	0	16	55.2	9	31.0	4	13.8	3.38(68%)
Equipment that is available and functioning	0	0	2	6.9	13	44.8	7	24.1	5	17.2	3.59(72%)
Facility that is clean and well-maintained	1	3.4	0	0	15	51.7	7	24.1	6	20.7	3.45(69%)
Overall level of satisfaction towards administration staff, equipment and facilities											3.54(71%)

The overall level of physicians satisfaction towards administration staff, equipment and facilities was 71%.

**Table 4:** physician recommendations to this centre to other physicians

	Fr.	%
No	2	6.9
Yes	27	93.1
Total	29	100.0

Most of physicians (93%) highly recommended their other colleagues to use this centre.

**Discussion**

This descriptive cross-sectional study was conducted to measure the primary health care physicians’ satisfaction and

utilization of urgent care management pathways. About 29 physicians who work in the centre were participated in this study, of whom 52% were male, 48% were female, majority of physicians were Saudi (83%), while non Saudi physicians were (17%) only, Most of physicians (79%) were graduated from Saudi Arabia universities while the rest were from Western countries, (10%), or North America, North Europe, Australia and Japan (10%), the participants physicians were either Consultant (C), Senior registrar (SR), Registrar, Resident (R), or General practitioner (SHO), 28%, 17%, 7%, 41% or 7% respectively.

The findings of this study seek to focus on important points relevant to improving pathways of urgent care management. This present study found that; About 80% of physicians were satisfied related to efficiency and effectiveness of using urgent care management pathways, 70% of physicians were satisfied related to their ability of using urgent care management pathways for all patients, 70% of physicians were satisfied related to Nursing staff, 74% of physicians were satisfied related to Laboratory services, 76% of physicians were satisfied related to Pathology services, 78% of physicians were satisfied related to Processing and reporting pathology test results, 70% of physicians were satisfied related to Radiology services, 65% of physicians were satisfied related to Processing and reporting radiology results, while Overall level of satisfaction of physicians regarding to urgent care management pathways was 73%. The study also shown the overall level of physicians satisfaction towards administration staff, equipment and facilities was 71%, and finally most of physicians (93%) highly recommended their other colleagues to use this centre.

A clinical pathway is a mechanism for managing the patient care of a certain group of patients over a specific time period. By facilitating communication, coordinating roles, and sequencing the activities of the multidisciplinary care team, patients, and their relatives; documenting, monitoring, and evaluating variances; and providing the necessary resources and outcomes, a clinical pathway explicitly states the goals and key elements of care based on Evidence Based Medicine (EBM) guidelines, best practice, and patient expectations. A clinical pathway's goal is to improve the quality of care, reduce risks, boost patient happiness, and promote resource efficiency<sup>[5]</sup>.

Many studies have found that many practicing health care professionals and health care trainees lack knowledge, comfort, and cultural competency while dealing with a wide range of health conditions. There is substantial uncertainty over what defines a CPW in daily practice and research, and there is no universal agreement on a CPW definition. In fact, according to a recent study, a CPW can be referred to by 84 distinct words, including (among others) care map, crucial pathway, protocol, and integrated care pathway. Furthermore, recent study has revealed that many practicing health care professionals and trainees typically lack expertise, comfort, or cultural competency while dealing with a variety of health conditions<sup>[9, 10, 11]</sup>.

## Conclusion

Critical pathway recommendations have emerged as one of the most prominent new efforts aimed to cut costs while preserving or even improving the quality of care in an era of increased competition in medical care. Only a few studies in Saudi Arabia have addressed the importance and necessity

of establishing UCCs. Because physicians are increasingly being expected to lead route projects, they should be aware of the possible benefits and problems connected with key pathways. Physicians and other health-care researchers should devise strategies for studying paths in changing health-care environments. Although the promise of lower costs and higher quality is appealing, there are significant gaps in our understanding of essential routes; as a result, pathway programs, like any new health-care technology, must be approached with caution.

The purpose of this study is to find out how satisfied primary health care physicians are with urgent care management pathways and how they use them. Physicians and other health-care researchers should devise strategies for studying paths in changing health-care environments. Although the promise of lower costs and higher quality is appealing, there are significant gaps in our understanding of important routes. As with any new health-care technology, pathway programs should be thoroughly studied to determine the conditions under which that promise may be realized.

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## References

- Berchet C. "Emergency Care Services: Trends, Drivers and Interventions to Manage the Demand", OECD Health Working Papers, No. 83, OECD Publishing, Paris, 2015. <http://dx.doi.org/10.1787/5jrts344crns-en>
- Krause TM, Ganduglia-Cazaban C, Piller L, Venkataraman V. Comparison of utilization of urgent care and primary care 2011-2015. *Family Med Care* 2018;1. doi: 10.15761/FMC.1000102.
- Booker M, Purdy S, Shaw A. Seeking ambulance treatment for 'primary care' problems: A qualitative systematic review of patient, carer and professional perspectives. *BMJ Open*. 2017;7:e016832.
- Pearson SD, Goulart-Fisher D, Lee TH. Critical pathways as a strategy for improving care: problems and potential. *Annals of internal medicine*. 1995;123(12):941-948. <https://doi.org/10.7326/0003-4819-123-12-199512150-00008>
- Busse R, Klazinga N, Panteli D, *et al*. Improving healthcare quality in Europe: Characteristics, effectiveness and implementation of different strategies [Internet]. Health Policy Series, No. 53. Copenhagen (Denmark): European Observatory on Health Systems and Policies, 2019.
- Gahagan J, Subirana-Malaret M. Improving pathways to primary health care among LGBTQ populations and health care providers: key findings from Nova Scotia, Canada. *International journal for equity in health*. 2018;17(1):76. <https://doi.org/10.1186/s12939-018-0786-0>
- Rotter T, *et al*. Clinical pathways: effects on professional practice, patient outcomes, length of stay and hospital costs. *Cochrane Database of Systematic Reviews*. 2010;17(3):CD006632. [PubMed] [Reference list]
- Kinsman L, *et al*. What is a clinical pathway? Development of a definition to inform the debate. *BMC Medicine*. 2010;8(31). [PMC free article]

- [PubMed] [Reference list] Methods and Subjects
9. De Bleser L, *et al.* Defining pathways. *Journal of Nursing Management.* 2006;14:553-63.  
[PubMed] [Reference list]
  10. Bradford J, Reisner SL, Honnold JA, Xavier J. Experiences of transgenderrelated discrimination and implications for health: results from the Virginia transgender health initiative study. *Am J Public Health.* 2013;103(10):1820.
  11. Andermann A. Taking action on the social determinants of health in clinical practice: A framework for health professionals. *CMAJ.* 2016;188(17-18):E474.