

Transforming Healthcare: Integrating Clinical, Administrative, and Emergency Services

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Abstract

Most of the agencies involved in the process of healthcare services and the respective stakeholders are looking for the positive changes in the processes and policies to update the current services and provide funds and equipment to deal with the chronic ailments at present and in future. In a developing country like Saudi Arabia this is somewhat difficult as the government has just started to look after the service in recent past i.e. since 2010 and onward. This shows that there is great scope of improvement in the healthcare related services. At the same time the policy makers have taken corrective actions and measures to take the system to a new level. In the present time choice of patient and competition among the health care providers have shifted the overall system to a new level, this called for the increasing importance of integration in the field of healthcare services. However, such a scenario is hidden in the layers of future sky and may emerge at a given point of time, also the stakeholders may find ways and means to deal with the same. This Present study will focus on the integration of healthcare services in the country and present a details review of the process. some part of the study is based on primary data as well to get the better insight of the scenario.

Keywords: Healthcare services, Integration, Saudi Arabia

Introduction

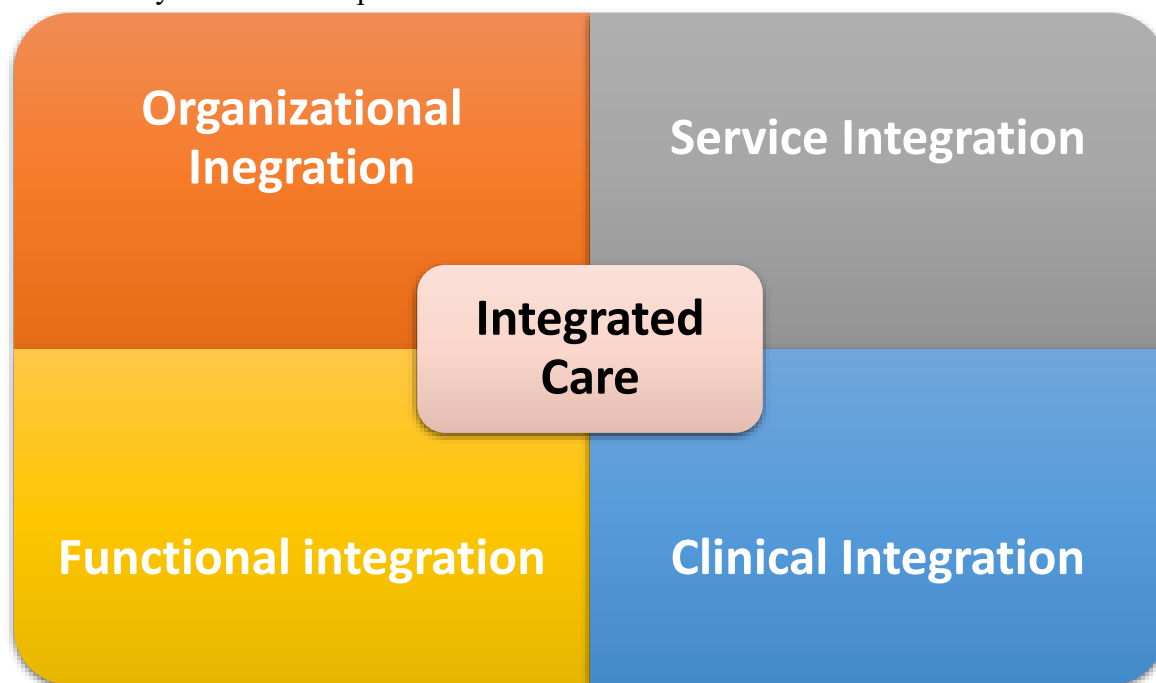
The term in case of healthcare integration refers to the close knitted web of various methods and models related to administration, finance, service delivery at the operational level and at the same time, support sought at clinical level connectivity, alignment and collaboration in the system of delivering care to the patient in all respects. Such an integrated care of the patients can take the healthcare services to the next level and promote a system where a given patient may not feel fear for entering and also may not regret while leaving the system. In the early years of 21st century, many of the researchers like **Wagner; Mac Adam (2009)** named the system of healthcare as 'framework of care' where the chances of professional mockery, fragmentation and even lack of services were the proverbs used in relation to health care system. With the advent of technology,

medical inventions, acceptance of healthcare workers in the society and even the acceptance of healthcare related courses promoted the medical and healthcare services to a next level.

As a matter of fact, discussions on the integration of health care and related services started in the final years of 20th century where the researchers like **Leutz (1999)** stated that there are many level of integration i.e. organization of services, integration of the same with concurrent development in the field and finally knitting all of them into a single organization. At the same time **Lewis (2010)** stated that if the integration is done for sake of providing best healthcare service to the patient in place of earning profit, then certainly the said form of integration may reach new heights and profit/revenue may follow. He also put a great thrust on the cost-effectiveness of healthcare services, obviously at the end of patients.

Most of the stakeholders involved in the process of integration advocated an array of health care reforms in the last 20 years, at the same time the policy makers have taken corrective actions and measures to take the system to a new level. In the present time choice of patient and competition among the health care providers have shifted the overall system to a new level, this called for the increasing importance of integration in the field of healthcare services. The researchers have also put question mark on the level and dimensions of integration if the percentage of market monopoly increases in the long run, as this may certainly harm the true spirit of integration and defeat the purpose of the same i.e., providing best health care services to the patients. However, such a scenario is hidden in the layers of future sky and may emerge at a given point of time, also the stakeholders may find ways and means to deal with the same.

Now coming to the present state of integration in the field of healthcare, many of the researchers have given their views on the same, but most of them are limited to the temporal and spatial boundaries. But the system of integration as explained by **Lewis et al (2010)** is still relevant even after the 15 years of its inception.



Reference: Curry and Ham (2010)

Figure 1: Integrated Care Typology

a. Organizational Integration

This refers to the system where the organizations collate with each other in the form of mergers, acquisitions, etc. or may work on collective basis to organized by a single agency. In any of the case, motive is to bring about positive changes in the stream of health care services and improve the experience of patient while undergoing a medical procedure.

b. Functional Integration

This specifically refer to the non-clinical support provided by various agencies, here the support of back-office activities also plays a crucial role in the over all system. All these are integrated to keep the record of patients and tracking the prolonged illness. In the present times the functional integration refers to the electronic record keeping of the patient, this is done with a view to serve the patient in any part of the world and provide best suited services.

c. Service integration

This refers to the clinical services i.e., various types of clinical services are clubbed together and offered by a single agency or organization. Like there are many of the specialist in medical field but for taking the required service from them the patient has to visit them separately, it will be good enough for the patients if some of such interdisciplinary specialists are available at one place. Such a team of specialist may be very crucial for a lot of patients in cases of chronic diseases.

d. Clinical Integration

Here the care provided by various professionals and specialists is integrated in a unitary coherent process and the same is provided to the patients, as and when required. This may take some time to process, but then again if processed properly then it becomes very useful and beneficial for the patients.

Scenario of Healthcare system in Saudi Arabia

In the recent past, government of Saudi Arabia had directed a good number of finances in the development of health care services. In 2020 the government pumped around USD 39.2 billion for healthcare and this was 17% increase from the previous year. Also, the government is determined to increase the same from 20-25% in next five years. Apart from the services, government has also focused on the infrastructure development in the field of healthcare i.e. the number of hospitals and PHCs (Primary Health Centers), in 2021, 460 hospitals and 2000 primary health centers were opened all across the country.

Then on the other hand, many of the programs and policies were introduced for improvement in the quality of healthcare services. National Accreditation Program for Healthcare Organizations (NAHCO) and the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) are the live example of the same. the above stated NAP is engaged in the assessment of accreditation of healthcare services, this mainly include safety, security and quality of healthcare services. To improve the scenario of health care in the country more than 50% of the healthcare services were assessed and accredited. Also, the Vision 2030 announced by government is another bold step towards the development of healthcare services in the country.

The initiatives taken by the government in the recent past have started to show many of the positive effects, like WHO (World Health Organization) has established the life expectancy of 74 years in Saudi Arabia in 2019, this was only 68 in 1990. Also, the infant mortality rated has decreased from 32.5 out of 1000 in 1990 to 5.3 out of 1000 in 2019.

The Universal Healthcare Coverage program is determined to provide free healthcare services to all the citizens of Saudi Arabia. Then the electronic record keeping of the patients has started and

this is a great initiative to track the health record of the patients, this initiative may help the patients to get a better cure, even if they are out of the country.

Major Limitation of the system

- Of the major challenges in the healthcare sector of Saudi Arabia in the shortage of healthcare service in the country. As a matter of fact most of the healthcare workers are centered in the urban areas of the country, and this creates a dearth of healthcare workers in the rural areas, such a scenario leaves the rural areas as ‘unattended’ for a longer period of time, SAGIA (Saudi Arabian General Investment Authority), 2018 stated that the probable lack of around 15,000 doctors and 20,000 nurses. This lack of healthcare workers leaves many of the patients, suffering for chronic diseases, unattended. There are many directives and policies from the side of government like making it compulsory for the doctors to serve in rural areas for a particular period of time. Even in some of the cases healthcare workers are recruited from outside the country.
- The healthcare system in Saudi Arabia focuses more on curative care than preventive care. This has resulted
- The rate of some of the NCDs (Non-Communicable Diseases) (NCDs) like diabetes, cardiovascular, obesity, etc. are increasing in the country and adding up to the rise in mortality rate of the country. Although many of the preventive measures the are taken to control the situation, but then again, the conditions are not adding up and some more thrust should be given to such a scenario.
- Healthcare system and related facilities are being financed by the government, but it seems that the arrangements are not sufficient enough to support the healthcare services. It is required that some alternate sources should be touched to arrange for the funds.

Integration: Present Scenario and Future Prospects

Many governments have introduced structural and financial reforms to move away from fragmented, provider-centered models of care and towards principles of inclusion, so that everyone has access to a continuum of care that is responsive, coordinated and coordinated to the needs of those around them. Their. Peace. Their lives. Successful integration also ensures that health services across this continuum of care are of acceptable quality, that is, effective, safe and person-centered. Integrated health services that build on the strengths of primary care and public health directly contribute to better distribution of health outcomes and improved well-being and quality of life, which in turn has significant economic, social and individual benefits. Integrated care has been shown to improve access to services, reduce unnecessary hospitalizations and readmissions, improve adherence to treatment regimens, increase patient satisfaction, health literacy and self-management skills, and increase health care provider job satisfaction, as well as improve overall health outcomes. There is also growing evidence for the effectiveness of integrated care, particularly in the management of noncommunicable diseases and chronic conditions. There is also evidence from evaluations of individual interventions for the cost-effectiveness of integrated care. However, evidence for the cost-effectiveness of integrated interventions remains inconclusive, and clear evidence for the effectiveness of diverse and complex changes has proven difficult due to methodological challenges in defining, measuring and evaluating integrated care. However, there is reasonable reason to expect that effective resource allocation will be accompanied by increased efficiency through better coordination of available resources, reduction in duplication of procedures and reduction in waiting times. Integrated care is intentionally designed to promote equity. They facilitate service choices based on the complex needs of the population and provide diverse types of health care across the lifespan, from health promotion and

disease prevention to diagnosis, treatment, disease management, long-term care, rehabilitation and palliative care. This continuum of care is coordinated across multiple levels and locations within and across health sectors. This integrated approach to service delivery is necessary to achieve universal health coverage.

Core Characteristics of Integrated Healthcare

- **Comprehension**– Universal healthcare needs a great amount of commitment and even the aspiration of people engaged in the same. This even needs a great amount of coverage in all sections of the society.
- **Equity**– This is one of the most important characteristics, as there has to be no discrimination in offering the healthcare services i.e., equitable distribution may bring about confidence among the beneficiaries.
- **Sustainability**– Sustainability is something attached very closely to the healthcare services as the comprehension and equity of the healthcare services are dependent on the clause of sustainability.
- **Coordination**– This is related to the coordination of all the agencies and people involved in the same, as a matter-of-fact finances, medical education and proper administration should go hand in hand so that all the sections of the society are benefitted in the long run.
- **Continuation**– For example if the electronic record of the patients is kept then a given patient may be served anytime anywhere in and outside the country.
- **Empowerment**– this relates to the empowering of healthcare workers, the agencies, governments, etc. to cater better the patients.
- **Goal-oriented**– A system which is goal oriented is supposed to go further in right direction and support the patient in a better manner.
- **Ethical** – this is one of the most important characteristics as if the system of integration is not ethical then it can do a great harm to the people associated with it, because the personal corruption can ruin the overall system.
- **Reference for Primary Data**

Taking the reference from the above given matter the researcher has conducted a small survey on about 150 health workers and run some of the statistical tests to verify the statements and announcements made by certain healthcare agencies of the country.

For this purpose, the researcher prepared a small questionnaire consisting of scale-based questions and this was exercised with the selected healthcare workers to get their opinion on the conditions of healthcare services in Saudi Arabia.

Chi Square test was conducted on the data collected via above said questionnaire the results of the same are given below:

Data Analysis and Interpretation

Table 2: Summary of χ^2 test

	Collaboration of Services							
	Experience				Age			
	Diagnos is services are fair	Medical Attention is good	Manag ement is positiv e	Basic Services are intact	Diagnos is services are fair	Medical Attentio n is good	Manage ment is positive	Basic Services are intact

Test Statistic	.219	1.315	1.144	2.675	.673	.780	2.679	1.788
Table Value	3.415	3.699	4.019	1.590	1.707	2.105	4.506	3.107
	Empowerment							
	Experience				Age			
	Govt. Hospitals are working as separate entity	Private hospitals are allowed to take crucial decisions	Education sector is given adequate autonomy	Health center are given adequate autonomy	Govt. Hospitals are working as separate entity	Private hospitals are allowed to take crucial decisions	Education sector is given adequate autonomy	Health center are given adequate autonomy
Test Statistic	2.456	1.507	2.122	1.108	1.787	2.008	2.566	1.679
Table Value	5.626	2.108	5.126	3.716	3.153	4.603	4.618	3.506
	Ethical Parameters							
	Experience				Age			
	No discrimination	Proper Care of Patients	Genuine expenditures	Free service for deprived	No discrimination	Proper Care of Patients	Genuine expenditures	Free service for deprived
Test Statistic	1.659	1.613	2.409	2.673	2.183	2.414	2.707	1.515
Table Value	3.818	6.708	5.604	4.709	6.093	4.408	4.106	3.401
	Level of Satisfaction							
	Experience				Age			
	Patients are satisfied	Feedback is positive	Minimum Grievances	Emergency Services	Patients are satisfied	Feedback is positive	Minimum Grievances	Emergency Services
Test Statistic	1.806	2.528	1.307	2.108	1.571	1.416	2.109	2.508
Table Value	4.608	3.512	3.142	4.603	3.433	5.312	3.127	3.408
	Pre and In-process Service							
	Experience				Age			

	Pharmacy Services	Role of Physio Therapy	Role of Attendants	Hassle free process	Pharmacy Services	Role of Physio Therapy	Role of Attendants	Hassle free process
Test Statistic	.372	1.973	.882	1.702	1.743	.690	1.440	1.842
Table Value	1.662	2.786	2.092	2.901	1.991	1.567	1.551	1.962

Interpretation

The growth of healthcare service in Saudi Arabia is still in the stage of growth and development, many positive measures are taken by the Ministry of Health and even by World health organization to improve the services. Still there is a scope of great improvement.

Researcher has considered some of the important parameters for the integration of healthcare service at various avenues, like:

- Collaboration of services
- Empowerment of Agencies
- Ethical Parameters
- Satisfaction level

In order to evaluate these components, experience and age of the respondents is considered.

Collaboration of services

Here the term collaboration is used for the integration of diagnostic services, medical attendants, pharmacies, Intensive care, etc. for most of the cases the table value is higher than the test statistics which shows that the respondents are favorable about the type and kind of services provided at different levels. On the other hand, many of the respondents stated that in Saudi Arabia, rural areas are still thriving for medical attention and the same has to be attended as soon as possible.

It was also found in the process that many of the services are still in their infancy stage and can be developed with the help of external agencies like WHO initiatives, grants from concerned agencies, self-sustained funding system, etc.

Empowerment

Empowerment is very closely related to the empowerment of healthcare workers, agencies, partners, service providers, etc. this has to be a very closely knitted web of services and needed to be at par with the requirements. As can be seen in some of the cases that the table value and test statistics are at minimum level of variation and this shows that still there is a scope for development in this area and great amount of work can be done in this area.

Ethical Parameters

For any kind of public services, including medical services, ethics are very important. In medical and healthcare related services ethics are tremendously important i.e., equal treatment to all the patients, care of patients without any discrimination, no extra cost from patients, free services to rural and deprived section of the society, etc. this all add up to major ethical practices. In Saudi Arabia, as per the test statistics healthcare workers are very much engaged in the care of patients to the extent, they can but still much work is required to be done in the area.

Level of Satisfaction

Satisfaction is generally a vague term and have different meaning for different people. In case of healthcare services satisfaction is related to comfort of patient in pre and post treatment period, best medical attention in process and further treatment as per the respective case history.

Pre and In-process Service

As far as pre and in process services are concerned, it is visible from the test results, most of the respondents stated that the patients are satisfied with the allied services. Like the basic service of Pharmacy where most of the medicines and surgical instruments are available at a respective rate and the patients need not to panic about the same at the time of emergencies. Then on the other hand the patients undergoing operations and major surgeries are dependent on the physiotherapy department for timely recovery. The respondents stated that the patients are comfortable with the services of physiotherapy services as the same is helping them in faster recovery. Then there is positive response for the hassle free process and the role of attendants in helping the patient in their routine work while staying in hospital.

Avenues for Healthcare Integration

Public health provides an important target for improving health. Services, including primary care, must be designed and developed within the framework of population health priorities. Evidence shows the changes needed to support this partnership: improving health and resources to reach the most vulnerable areas and social groups; providing a wide range of services, including health promotion and prevention, diagnosis, disease management, treatment, rehabilitation and early admission, to prevent the increase in people's health and needs and to develop recommendations to protect the health of the population as a whole. Relationships. This integration helps address lifestyle and environmental risks and other risk and health decision issues. Full integration of ambulatory care and primary care with hospitals is a critical part of ensuring continuity of care for patients.

Hospitals are undergoing major changes to integrate with health services and provide support, prevention, diagnosis, treatment, disease management, rehabilitation and palliative care for special populations. To be more efficient, hospitals need to move beyond the definition of brick-and-mortar buildings (with walls and beds). Instead, they need to see themselves as flexible organizations with limited resources and excellent public services. They need to focus on an integrated approach to care that goes beyond acute pain and focuses more broadly and effectively, leading to more connected and humane care. Improving health outcomes and health equity requires changing the direction of health decision-making in society and ensuring that all policies address health issues, supported by strong leaders.

Multisectoral actions and policies are the second component of primary health care and must be integrated across sectors to address the social, cultural, environmental, political and commercial determinants of health and well-being. They also use resources to enable health services in the development sector to develop themselves. Action and collaboration on health and well-being can improve planning, coordination and service delivery across sectors, such as the healthy drinking water sector, the home, education and the workplace. Integrated policies with a variety of features protect relationships and maximize health equity.

Conclusion

As far as the healthcare services in Saudi Arabia is concerned, many of the government and private agencies are working hand in hand to improve the scenario of healthcare in the area of patient care, medication, pharmacy, etc. the major contributions made are in the areas of funding the services,

increase in hospitals and primary health care center, electronic record keeping and many other allied areas.

Still, most of the arrangements are made for the patients in urban areas and rural areas are still deprived of the main stream medical and healthcare services. Various tools, techniques, policies, etc. are required to level up the scenario in the long run. WHO is also taking necessary steps in this regard. Researcher found that there is a lack of integration among the related services of healthcare i.e. the clinical services, hospital administration and even the per and post care services are having a great scope of improvement. Although the agencies are taking necessary steps but then again scope of improvement is always there.

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