
AMERICAN UNIVERSITY OF BEIRUT

NURSE LED CLINIC FOR INTERNATIONAL PATIENTS AT
AUBMC

by
ELYSE ASSAF EL GHARIB

A project
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for the degree of Master of Science in Nursing
to the Hariri School of Nursing
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at the American University of Beirut

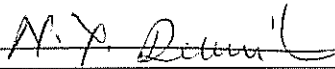
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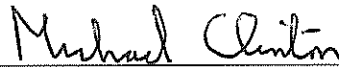
by
ELYSE ASSAF EL GHARIB

Approved by:



Dr. Nuhad Yazbek Dumit, Assistant Professor
Hariri School of Nursing

First Reader



Dr. Michael Edward Clinton, Professor
Hariri School of Nursing

Second Reader

Date of project presentation: April 29, 2015

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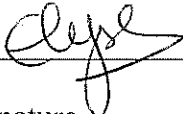
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AN ABSTRACT OF THE PROJECT OF

Elyse El Gharib for Master of Science
Major: Nursing Administration

Title: Nurse Led Clinic for International Patients at AUBMC

Nurse Led Clinics have an emergent role in today's healthcare. Those clinics were proven to have positive impact on patients, nurses and physicians. For patients, nurse-led clinics increase their satisfaction, enhance their compliance with treatment and decrease their clinics' waiting time; for nurses, it increase their satisfaction, empower them and recognize their capabilities; and for physicians, it gives them time to focus on complex medical cases.

The American University of Beirut Medical Center (AUBMC) has been attracting a large number of international patients during the past years (around 10.83% of the total patients' population). Those patients require assistance, guidance and proper referral. Moreover, the services required for those patients are increasing and getting more complex thus the available staff and pattern of service may not be sufficient to meet their needs.

The aim of this project is to propose a new unit at AUBMC, which would be a nurse led unit to receive the international patients, assess their clinical condition, confirm their diagnosis, order the needed assessment tests, and provide them with the needed health education.

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CHAPTER I INTRODUCTION

Medical tourism is an emerging trend in the healthcare industry that is experiencing an explosive growth. Kelley (2013) defines medical tourism as the choice of persons to travel across international borders to receive some form of medical treatment. Traditionally, people would travel from less developed countries to major medical centers in highly developed countries for medical treatment that is unavailable in their own countries. The most common medical services that are requested by medical tourists are: dental care, cosmetic surgery, elective surgery and fertility treatment (OECD, 2010). Other than the unavailability of treatments in some countries, factors that have contributed to the popularity of medical tourism include: the high cost of healthcare, the waiting time for some procedures, and the technology and standards of care in some developed countries (WHO, 2013).

Robertson (2013) identified the top destinations for medical tourism as follows: Taiwan, Turkey, Brazil which is one of the leading countries in plastic surgery, India where the most complicated surgeries can cost 90% less than in the USA, Singapore, United States, Mexico where dental work and weight loss surgeries are popular, and Thailand.

The medical tourism in Lebanon has built a strong reputation over the past years. Lebanon's hospitals are especially reputable in the fields of oncology; digestive, cardiac, brain and plastic surgeries (Executive magazine, 2013). Mohammad Sayegh, Dean of the faculty of Medicine and vice president of Medical affairs at the American University of Beirut Medical Center, said in an interview with the Executive Magazine in 2013, that the international patients are seeking very specialized services at AUBMC; most of the cases received at the medical center are serious and complicated cases that

require delicate care and major interventions. AUBMC reported 5 % growth in the number of international patients in 2012 (Executive Magazine, 2013). “The Iraqis don’t have a lot of good resources for radiation therapy..., so they tend to come here for those purposes,” says Sayegh, in the same interview. In fact, between the years 2010 and 2014, the total number of patients received at AUBMC was 415,006 patients; the total number of international patients was 44,949 patients (around 10.83% of AUBMC’s total population). 11, 498 Iraqi patients were treated at AUBMC, which consists 26 % of the total international patients’ population received at AUBMC during this period of time; followed by 10 030 Syrian patients (around 21% of the total international patients’ population). “The war in Syria obviously had an impact on the medical centers there and people who have complicated illnesses are forced to seek healthcare elsewhere and some come to Lebanon”, adds Sayegh in the interview for the Executive Magazine in 2013.

Due to the increased number of international patients received at AUBMC, the international patients’ services office was created to provide international patients and their families with adequate assistance in all the needed health care services. The office’s mission is to “*provide international patients and their families with excellent, accessible and comprehensive health care services, by promoting a positive, pleasant and comfortable experience, before, during and after the patient’s visit to AUBMC*”. The members of this office (one coordinator and one case manager), were responsible, until April 2014, of the assistance in the referrals and scheduling for the international patients visiting AUBMC; of reviewing the plan of care and continuous follow ups; of the assistance and advocacy for those patients; and after their discharge from the

hospital, the delivery of a complete medical record and assistance in follow ups scheduling.

A. Significance

On April 2014, AUBMC has finalized an agreement with the Ministry of Health of Iraq (MOH-I). Following this agreement, AUBMC received a considerable number of patients from Iraq for treatment. In fact, and until January 2015, the International Patient Services Office (IPSO) reviewed 1300 cases, from which 570 cases were received and treated at AUBMC. The IPSO was responsible for reviewing the sent report for each patient, contacting the concerned specialties for feedback, preparing and finalizing the estimates to be sent to MOH-I, reserving hotel accommodation and transportation for the patients according to their respective arrival dates, securing appointments, guiding and escorting the patients and their companions throughout their stay, reviewing and updating the medical plan, following up during the hospital stay, discharge planning, and preparing needed documents and medical reports for patients before booking their ticket back to Iraq.

During this phase, IPSO faced many challenges, namely: the poor quality of the reports sent by MOH-I, and the lack of relevant information, which delay the initiation of treatment once the patient arrives, and require sometimes a change of treatment plan; and the difficulty of scheduling appointments in the clinics, which causes delay in the physical examination and consultation, and therefore delay in the initiation of treatment plan.

Considering the above, and since the trend in healthcare settings nowadays is patient centered care and the Advanced Practice Nurses' (APN) role is increasing and

becoming more valued, the initiation of a nurse led clinic for international patients, including Iraqi patients under MOH-I agreement, is a must.

The aim of this project is to recommend a new unit, subsidiary to the International Patient Services Office. The unit would be nurse led, providing the following services: receiving the international patients, more specifically the Iraqi patients under MOH-I coverage; assessing their clinical conditions; confirming their diagnosis; ordering the needed assessment tests; and providing them with the needed self-care management education.

CHAPTER II LITERATURE REVIEW

The World Health Organization (WHO) has identified “people’s needs and expectations” of health services as a key element to achieving the goal of “better health for all” internationally (WHO, 2012). In the following literature review, there will be a review of the scope and interventions of the nurse led clinics, in addition to presenting patients’ experiences with these clinics and their feedback about their importance. Research concerning the health outcomes and patient satisfaction of nurse led clinics will also be presented.

A. Patient Centered Care

Patient Centered Care has become an important asset in all healthcare organizations. The care has shifted from a standardized philosophy to an individualized approach (Poochikian-Sarkissian et al., 2010). The focus changed from the illness itself, to the person in a holistic way, taking into consideration the person’s physical, social and psychological needs; and recognizing that each person is unique in his values, beliefs and culture. Each patient should be treated with respect, trust, autonomy, empowerment and support (Slater & McComack, 2009; Pelzang, 2010; Poochikian-Sarkissian et al., 2010).

In order for the Patient Centered Care approach to be successful, there should be an efficient collaboration, coordination and communication of healthcare among all the multidisciplinary team members (Pelzang, 2010).

B. Advanced Practice Nurses

Advanced practice nurses have an increased role in today's healthcare institutions. An advanced practice nurse (APN) is a nurse with post graduate education in nursing (American Nurses Association (ANA), 2010). They have extended skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of the care needed for each patient. They have critical thinking abilities that allow them to be decision makers in the patients' plans of care. They also demonstrate effective integration of theory, practice and experiences, along with increasing degrees of autonomy in judgments and interventions (Newhouse et al., 2011).

The role of the APNs is increasing, especially in Australia and the United States, and thus it is challenging the traditional image of medicine (Desbonough, 2012). Several studies have been conducted and showed that the role of nurses has shifted from physician's assistant to physician's complement (Degelong et al., 2000). This new role has allowed the emergence of nurse led clinics in some of the countries, where patients are receiving high quality of care, and therefore remain highly satisfied (Horrocks, Anderson & Salisburg, 2002).

C. Impact of Nurse Led Clinics

The Nurse Led Clinics (NLC) have an emerged role in the healthcare settings nowadays. By definition, a NLC is an outpatient clinic that is managed by nurses, and more specifically advanced practice nurse (Rudra, 2009). Those clinics deliver to the patients a comprehensive, holistic and personalized primary care ensuring at the same time the continuity of care, health promotion, disease prevention; and care coordination (Ministry of Health-Ontario, 2014). The NLCs also aim to diagnose patients, to monitor

their health status and progress, to educate them adequately, to provide them with the needed psychological support and to assist patients to maintain an optimal health status (Pottle, 2013). Many types of nurse led clinics are available, such as: pre hospital admission clinics, new patients' arrival clinics, follow ups and monitoring clinics, independently run clinics, and medically supervised clinics (Pottle, 2013).

Laurant et al. (2005) conducted a Cochrane review that showed nurses, if well trained, can provide high quality of care, similar to the doctors' care. They can also achieve high quality patients' outcomes. The authors mentioned that there were more patients' satisfaction, and less waiting times too in the clinics led by nurses (Laurant et al., 2005).

Once they noticed the increased need for NLCs and their positive impact, a hospital's urology department in the United Kingdom created two new departments to improve the patients' experience, one of them is led by advanced nurse practitioners. Those APNs were empowered, well trained and had their skills developed, to be able to diagnose, sometimes treat and perform biopsies on the urology patients. A study was conducted for audit of this service, and showed that the clinical outcomes (the biopsy results for example) were the same between the APNs and the medical team. As for the patients' feedback and satisfaction, results showed that patients were highly satisfied with the nurse led clinics, they reported less waiting time and easy scheduling of the appointments (they could take biopsies' appointments on the same day of the consultation, which was not possible earlier) (Lane, & Minns, 2010).

Several studies demonstrated the impact of the nurse led clinics. A study by Alison Townsend in 2010, addressing views of prostatic cancer patients about NLC, showed positive impact and satisfaction with the service. Those clinics decreased the

patients waiting time, and patients were highly satisfied with the knowledge, psychological support and communication skills of the advanced nurse practitioners leading those clinics (Townsend, 2010). Another study by Marshall, et al. (2011), showed that nurse led clinics had positive impact on both nurses and patients. Nurses were more satisfied with their job, their efforts were recognized by the patients, and they felt empowered and found opportunities for professional development (Marshall, Fluoyd, & Forrest, 2011). In another study conducted also by Marshall et al, (2011), the clinical outcomes and patients' perceptions of nurse led clinics were studied. Patients reported a feeling of empowerment and better understanding of their condition and diagnosis, they were also able to manage their medications intake and treatment plans (Marshall et al, 2011). Another study conducted by Koo et al. (2008), addressing nurse led clinics for patients with lower urinary tract symptoms, revealed that waiting times are reduced, patients' assessment techniques were effective and the treatment initiation was quick and accurate.

In 2013, the Queen Elizabeth Hospital Birmingham introduced Nurse Led Clinics for HIV patients. Those clinics were expected to provide excellent patients' services (high standards of care), less waiting time and greater appointments flexibility. Those clinics attracted the patients from all over England, and kept them satisfied with the care provided. Patients stated that they were all aware of their plan of care, were well educated about their diseases and aware of the needed follow ups (Queen Elizabeth Hospital Birmingham, 2014).

D. Structure of Nurse Led Clinics

Nurse Led Clinics vary from one country to another and according to their specialties. Despite this, they all need to be well structured and developed in order to

provide excellent care, improve patients' outcomes and keep the nurses satisfied with their productivity.

Initiating a strong Nurse Led Clinic holds benefits for the patients, the nursing staff, the medical staff and the hospital. Patients will receive personalized care, will be educated about their disease and treatment plan, and will have shorter waiting time to see the physicians in the outpatient clinics. As for the nurses, they will be empowered and remain satisfied, which will lead to high job satisfaction and therefore retention due to their advanced roles; while the medical staff will be able to concentrate on more complex cases; and the hospitals, from their side, will attract more patients, increase the efficiency of clinics, and decrease patients' waiting time (Queensland, 2013).

Richard Hatchett (2008) described the key steps needed to set up a nurse led clinic effectively. He based his suggested points on the literature available on nurse led clinics and their growing role. The service should be well planned and its importance should be relevant, taking into consideration the clarity of the aims and objectives. Once the patients' criteria are set, the location is chosen, and the service's marketing strategy is chosen, in order to be able to attract a high number of patients. Even if the clinic is independent and led by nurses, it needs multidisciplinary support and collaboration, the scope of practice of the nurses should be clear and specific (ability to perform some tests, prescribe medications, etc...), and their professional development should be a continuous process. In the end, continuous audits and evaluation are needed, in order to implement the needed changes and improvements (Hatchett, 2008).

As for the performance indicators that are mostly used to evaluate the Nurse Led Clinics, they can be described as follows: the decreased waiting time of patients, the patients' satisfaction, the patients' clinical outcomes, the nurses' satisfaction,

recruitment and retention, and the medical satisfaction with the NLCs (Koo et al., 2008; & Hatchett, 2008).

Noting the above importance of the NLCs in different countries and different healthcare settings, the role and impact of those clinics is clear. Nurse led clinics have positive impact on patients and nurses' satisfaction, patients' outcomes, image of the institution, and its financial resources.

CHAPTER III

NURSE-LED CLINIC DESIGN

The following chapter provides a description of the clinic's aim, detailed objectives, physical layout, the needed equipment, and the responsibilities of the team members.

A. Aim of the Nurse Led Clinic

The Nurse Led Clinic for international patients at AUBMC will aim at providing the international patients with high standards of care, and excellent properly and organized services. This can be achieved by receiving patients upon arrival, assessing their clinical and medical condition, confirming their diagnoses, ordering the needed assessment tests and providing them with the adequate education.

B. Objectives of the Nurse Led Clinic

The objectives of the Nurse Led Clinic for international patients at AUBMC would be as follows:

- 1- To assist the international patients in their referral process.
- 2- To ensure efficient and effective referral process, save physicians' time, and safeguard AUBMC financial resources.
- 3- To decrease the waiting times for scheduling clinic appointments.
- 4- To decrease the delay in the initiation of treatment plans, due to delayed appointments scheduling and clinic consultations.
- 5- To provide international patients with specific health education about their diagnoses, medications, procedures and treatment plans.

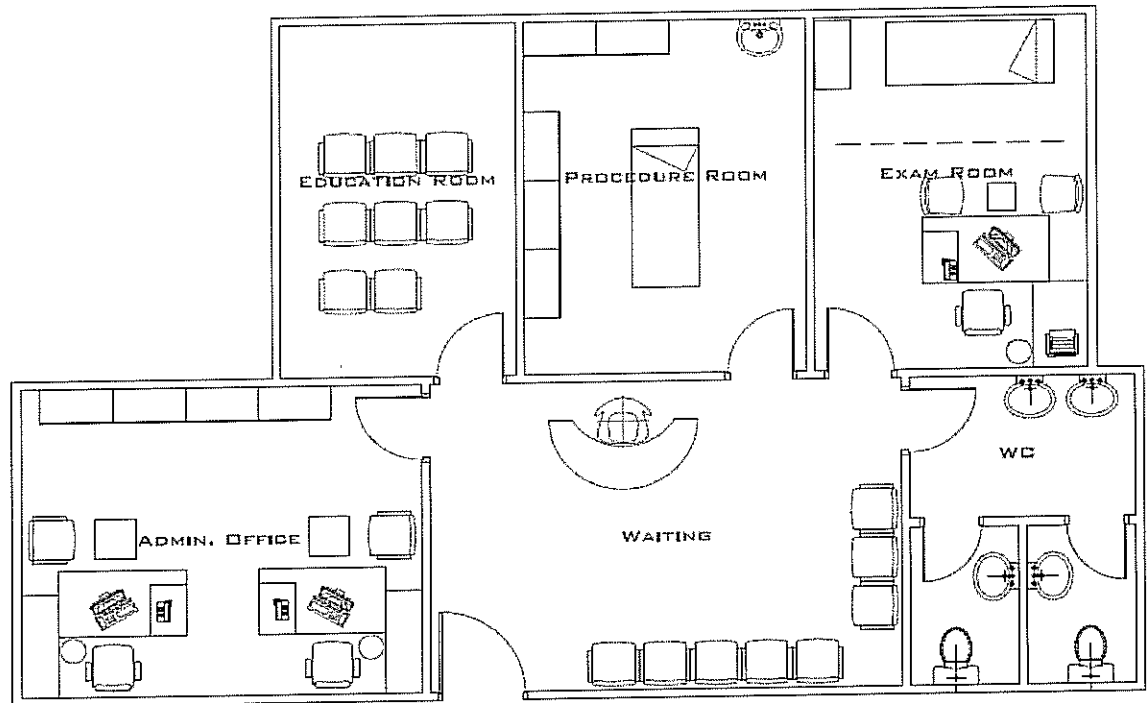
- 6- To empower the nurses to be able to diagnose patients, physically assess them and perform some needed tests and procedures.

C. Physical Layout

The Nurse Led Clinic for international patients is an outpatient clinic, within the hospital premises, and thus, patients are not supposed to stay overnight there. The layout of the clinic should minimize the spaces between the most used areas, to increase staff efficiency and make the best use of the available space (Leibroek, & Harris, 2011). In the case of the NLC for international patients, the clinic will be located at AUBMC, in the main building, on the ground floor, which will make it accessible and visible to all patients. It will include one waiting area (20 m²); one examination room (12 m²) where the APN will be receiving and assessing the patients; one meeting room (10 m²) where health educational sessions will be held in addition to individualized educational counseling; one procedure room (12 m²) where needed tests and procedures will be performed by the APN (blood withdrawal, electrocardiogram (EKG), etc...); one office for the administrative work (16 m²) where the international patient care coordinator and the clinic's clerk will be available; and one bathroom (8 m²). The previous space calculations were based on the standards elaborated by the American Institute of Architects, for the outpatient clinics space setup.

The clinic will be spacious, with vivid colors, plants, magazines in the waiting area, etc... in order to make the environment friendly and relaxing for the patients. The rooms will be closed areas, in order to maintain and respect patients' privacy and confidentiality. Figure 1 illustrates the physical layout of the clinic.

Figure 1: Floor map of the NLC for International Patients at AUBMC



D. Equipment

The needed equipment for the clinic are described below according to the different areas available. Waiting area includes couches, television, wall paintings and center table. Examination room and procedure room includes digital data scopes, portable electrocardiogram machine, syringes, needles, ophthalmoscope/otoscope, dextro machine, Emergency carriage and defibrillator, intravenous infusion sets and bags, antiseptic wipes (alcohol, betadine, etc...), scale, human specimen collectors and containers (urine, blood, etc...), medical bandages, gauzes and dressings, exam chairs, telephone, desk and chair, office supplies (charts, papers, pens, etc...). If patients require invasive procedures (echocardiography, endoscopy, drainage under CT

guidance, etc...) they can be easily transferred within the hospital's different departments.

Other needed equipment are: for the health education room LCD projector, educational material and brochures (translated into many languages), and chairs. The administrative office needs two desks and two chairs (for the international patient care coordinator and the clerk), two telephones, one computer, one scanner, one printer, one photocopier, one fax machine, and some office supplies.

E. Human Resources

The NLC is based on a multidisciplinary approach and team collaboration. The different members of the clinic should be coordinating their work and efforts in order to have the best patients' outcomes. On another hand, team members should be collaborating with the different hospital's departments and the members of the medical team.

The NLC team would include: one advanced practice nurse, one nurse assistant, one clerk, one international patient care coordinator and one case manager.

1. *Advanced practice Nurse*

The APN will be responsible for assessing the health status of the patients through comprehensive histories, physical examination and assessment, and interpretation of the diagnostic tests. The patients who arrive with medical reports including diagnostic images and other related tests, will be physically assessed and assisted in the needed referrals. Whereas, those with no clear medical presentation will be handled by the APN initially before any referral decision. As for the patients under MOH-I coverage, the reports of the patients are usually sent ahead of time, therefore the

APN can coordinate with the concerned physicians, prior to patients' arrival, all the tests and interventions that the patient might need; and after assessment by the APN, the tests can be initiated immediately.

After an in depth physical assessment, the APN request tests and order the needed radiologic exams or investigation procedures (if judged necessary for further analysis before referral to physician for medical or surgical interventions). The APN can at any time contact the physician when in doubt of any aspect of the patients' cases. She/he can perform complete physical assessment, withdraw blood and interpret values, perform EKGs, order needed investigations (such as X-rays, CT scans, ultrasounds, etc...), assist the patients in referrals, conduct teaching and education sessions in collaboration with the case manager and according to each patient's specific needs.

2. Nurse Assistant

The nurse assistant will be working under the direct supervision of the APN, she/he will be assisting the APN in all the tasks she/he finds necessary. She/he will be responsible of taking patients' vital signs, height and weight, temperature, answering phone calls, transferring patients from the clinics to different departments, especially those with limited mobility and/or on wheelchairs, and generally assisting patients in all their needs to keep them comfortable.

3. Clerk

The clinic's clerk will be responsible for answering phone calls and providing callers with the needed answers to their inquiries, and assisting them with appointments' scheduling. She/he will be responsible of faxing, filing, copying, welcoming and greeting patients upon arrival, arranging the medical file, assuring all the used supplies

are charged to the patient's bill, and sending specimen to the laboratory with appropriate requests and labels.

4. International Patient Care Coordinator

The international patient care coordinator will be coordinating all the aspects of patients' care for the inpatients and outpatients. She/he will be assessing and assisting the international patients in their specific needs (travel, accommodation, social and medical needs). She/he will be referring to the case manager the clinical aspects of the patients, and helping them understand the treatment plan and specific procedures, in coordination with the case manager. She/he will be acting as liaison between the different healthcare team members, in addition to the administrative hospital departments (admitting office, billing, etc...). The coordinator will also keep logs of all patients and their required care, initiate reports and statistics, and archive all the data.

5. International Patient Care Case Manager

The case manager will be acting as a liaison between the medical team, nursing staff, the administration, the billing department, and all other departments; and the international patients and their families. She/he will have to ensure that all the patients' needs are met, within time limits and in the most convenient approach to the patient. She/he will be accelerating the discharge process and assisting the patients in all the discharge requirements. She/he will be conducting close follow ups with physicians to review and update the treatment plan accordingly. The case manager will be mainly assisting the international patients staying at the hospital (inpatients).

CHAPTER IV BUSINESS PLAN

Careful planning is an important asset to any project. The elaboration of a detailed business plan will be a reference to measure the progress of the project at any point of time. It will include all the components of the project and their details.

A. Executive Summary

Since the international patients' population is increasing at AUBMC, and a high number of those patients requires guidance, assessment and help in referrals and diagnoses elaboration; the initiation of a nurse led clinic for international patients to assist them and guide them is crucial. This clinic will lead to more flexible appointments' scheduling with the appropriate physicians and specialties; safeguard hospital financial resources in a more effective manner and decrease financial risks; higher international patients' satisfaction, awareness and education; and higher nurses' satisfaction and retention. This clinic will be using the newest technologies and resources, and will recruit highly qualified staff members.

B. Mission

The mission of the nurse-led clinic for international patients at AUBMC is to ensure that all international patients visiting the clinic benefit from excellent and organized services, adequate assessment and referral, and high quality of care.

C. Vision

The vision of the nurse-led clinic for international patients at AUBMC is to become a leading clinic for International Patients that promotes Excellence, and enhances effectiveness and collaboration between healthcare professionals.

D. Objectives

The objectives of this clinic should be clear and accurate, they will help to guide the staff's work and organize the clinic's operations. According to Barney and Griffin (2012), setting objectives is the basis for every successful organization, since it provides guidance, facilitates planning, motivates employees, and sets an asset for adequate evaluation and outcomes measurement.

The objectives of the Nurse Led Clinic for International Patients at AUBMC are:

- 1- Assisting the international patients in their referral process.
- 2- Decreasing the waiting times of the international patients to schedule appointments in the clinics.
- 3- Decreasing the delay in the initiation of treatment plans, due to delayed appointments scheduling and clinic consultations.
- 4- Providing international patients with specific education about their diagnoses, medications, procedures and treatment plans.
- 5- Empowering the nurses to be able to diagnose patients, physically assess them and perform some needed tests and procedures.
- 6- Keeping AUBMC a leading institution in the region.
- 7- Attracting more international patients to AUBMC.

E. SWOT Analysis

After gathering all the needed information and before initiating the clinic, SWOT analysis is a method of choice used to evaluate the strengths, weaknesses, opportunities and threats of such project. It will allow understanding all the aspects of the project, addressing threats and weaknesses; and taking advantages of the available

strengths and opportunities. It will also provide the base for strategy and future goals development.

1. *Strengths*

Since AUBMC is a Magnet designated hospital, and since it has highly qualified registered nurses and APNs, the initiation of a nurse led clinic within it is a needed modification. This clinic will increase the collaboration between the nurses and physicians; and all the healthcare members' efforts will be directed towards providing high standard of care. The initiation of such clinic is an empowerment for nurses, since they will be directing and regulating the treatment cycle to ensure proper implementation.

Since the patient affairs department and its services are novice practices in the institution, the idea of initiating a NLC may be supported. The agreement signed with MOH-I and the high number of Iraqi patients received is also strength for this project.

2. *Weaknesses*

Since the clinic will be led by APNs and most of the visiting patients will be from the Arab surrounding countries, the APNs might face some resistance, since those patients' culture does not support the knowledge and competencies of the nurses. The image of nurses remains for some of them as "physician's assistant", and thus, they prefer to be examined by doctors. APNs should be aware and well prepared to face the resistance they might feel from some patients, they have to be prepared enough to win this challenge.

As the number of nurses qualified with MSN at AUBMC increases, the problem of retaining them intensifies because there are insufficient positions in which they can

practice at an advanced level. The retention of MSN prepared nurses is an increasing challenge at AUBMC. On another hand, there are limitations on nursing roles in Lebanon. Legislation is pending to address issues in the scope of nursing practice, and passing new legislations to refine the legislation of nursing is not currently a government priority.

3. *Opportunities*

AUBMC has been a leading healthcare institution in many areas and specialties; the initiation of a nurse led clinic will be the first of its kind, not only in Lebanon but in the whole region. Such project will make AUBMC attract more international patients and also more competent nurses through ensuring organized and smooth services to patients which are required at all times, but especially upon arrival. This clinic can lead to the initiation of more nurse led clinics, in other specialties (oncology, cardiology, etc...), and therefore increase nurses' empowerment.

4. *Threats*

Since most of AUBMC's nurses are attracted to work abroad, the APNs leading the clinic might be recruited by other institutions given that they are experienced in this new initiative. The financial burden of the project might also be a threat to its initiation and continuation; in addition to the resistance from some physicians who might be threatened by the extended roles of the APNs. Table 1 illustrates the SWOT elements.

Table 1: SWOT Analysis of the NLC for international patients at AUBMC

Strengths	Weaknesses
1- AUBMC is a Magnet designated hospital. 2- The presence of MSN qualified and competent nurses and physicians.	1- Patients need to be educated to accept the role and functions of APNs. 2- Patients expect to be assessed and

<ul style="list-style-type: none"> 3- The presence of the clinic within AUBMC building 4- Agreement with MOH-I and the high number of Iraqi patients received. 5- The patient affairs office and its services are novice practices and may support new initiative like NLC. 6- Agreement with MOH-I and the high number of Iraqi patients received. 	<p>monitored by physicians.</p> <ul style="list-style-type: none"> 3- Retention of sufficient APNs for all the roles required of them at AUBMC is an ongoing challenge. 4- Scope of practice of nurses in Lebanon.
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> 1- The first nurse led clinic in Lebanon and the region. 2- Potential for other specialty nurse led clinics at AUBMC. 3- Retention and recruitment of APNs. 4- Improved international patient experience. 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> 1- Financial burden. 2- The lack of space for needed physical layout. 3- Resistance of some physicians some physicians regarding the idea of the NLC.

F. Target Population

The target population includes all international patients visiting AUBMC, and requiring assistance in their referrals and appointments scheduling, seeking the clinic's help. This population is divided into multiple subcategories as follows:

- International patients who seek out elective procedure such as cosmetic, dental, orthopedic and bariatric surgeries.
- Patients who want to reduce the waiting time to access medical care.
- Patients who want to access the latest technology, expert surgeons, and world class facilities.
- Iraqi patients who will be referred by the Ministry of Health in Iraq, according to the signed agreement.

G. Services

The main services that will be provided by this clinic include: Screening and referrals, performed mainly by the APN; health teaching and education, provided by the APN and the case manager; care coordination, performed mainly by the coordinator; Follow ups on patients during their admission, by the case manager, in collaboration with the medical teams; ensuring that the real causes for referrals coincides with the medical information provided before to AUBMC (for patients referred by MOH-I).

H. Location

The clinic will have to be accessible and visible by all new international patients visiting AUBMC. It can be located at AUBMC, main building, ground floor. Adequate signage should be used to help patients locate the clinic easily.

I. Pricing

The visiting patients will only have to pay for the tests performed, if needed (laboratory tests, X-rays, CT scans, etc...). Otherwise, the services provided by the clinic (assessment, referral, education, etc...) will be free of any extra charge. However, salaries and cost of the service is included in the package price of the client and yearly budget will be earmarked to the clinic by the administration as is the practice in some service units at the organization.

J. Marketing and Advertising Strategies

Awareness of international patient wellness is being more and more promoted throughout the world. The design of an effective marketing approach needs to be entailed. Posters will be used around the hospital to advertise for the new service. Billboards will also be used in Beirut and its subordinates, especially at the airport area.

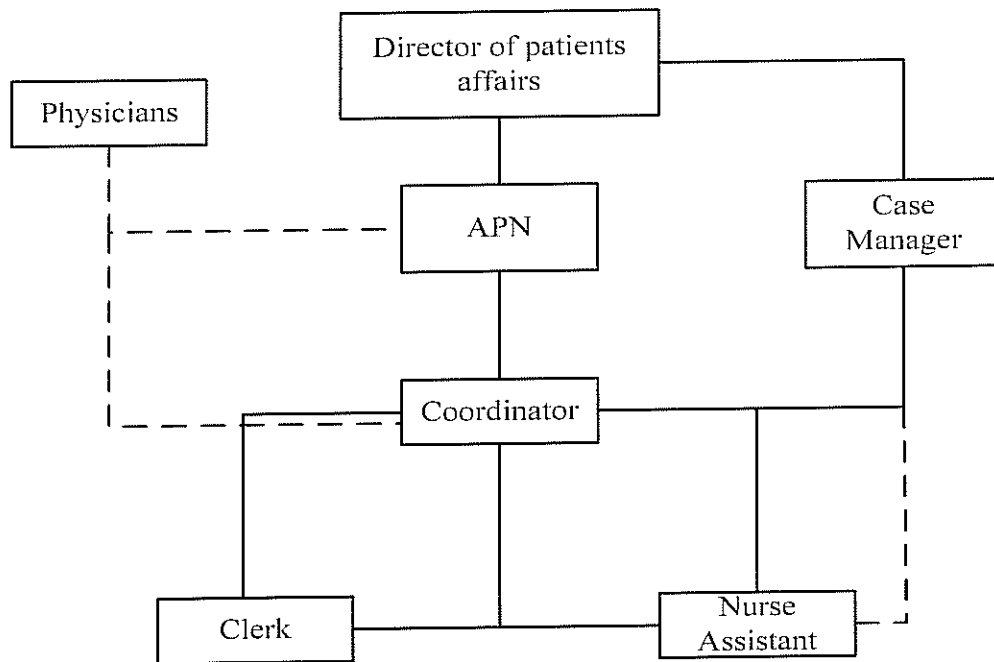
The clinic will also be announced on the AUBMC official website, with all the needed details, services and contact details.

In order to market the service for patients abroad, advertisements will be posted in the airplanes magazines (Middle East Airlines, Iraqi Airways, etc...). The cost of this marketing strategy would be around 70000.00 USD, including the advertisement on the planes coming to Beirut and the billboards in the region around Beirut International Airport only; this cost was based on the Women Heart Health Center's advertisement campaign, which was done under the direct supervision of AUBMC.

K. Organizational Structure and Governance

The nurse led clinic will be part of the Patients Affairs department, and therefore will be under the governance of the director of the Patients Affairs. In any organization, the reporting channels should be clear; people should know who they should report to. All the activities within the organization should be aligned with its strategic plan and goals (Boundless, 2014). The creation of an organizational chart assures the continuity of the financial and clinical aspect of the unit (Marquis, Glynn, & Davis, 2009). The organizational chart helps each member of the clinic to understand their roles and expectations (Marquis et al., 2009). Below is the organizational chart of the nurse led clinic for international patients at AUBMC (Figure 2).

Figure 2: Organizational Chart of the NLC for International Patients at AUBMC



As shown above, the reporting channels of each member of the clinic are clear. The physicians can only intervene, if consulted by the APN and whenever patients are referred to them. The main leader of the clinic is the APN, who reports to the director of the patient affairs department, whenever needed. The case manager, the international patient care coordinator, the clerk and the nurse assistant are the asset of the clinic. They will be working in collaboration toward the best patients' outcomes. The case manager works in direct contact and collaboration with the APN, while the coordinator, nurse assistant and clerk report to the APN and case manager, according to the need.

L. Roles of Key Personnel of the clinic

The below table (Table 2) details the roles and responsibilities of the key personnel of the clinic. As mentioned previously, the APN will be able to perform physical assessment and order needed tests for patients, while the coordinator will be handling administrative and coordinating all the patients' logistics, while the case

manager will be following up on the plan of care of the hospitalized patients and assisting the medical team in the discharge planning process.

Table 2: Roles of Key Personnel of the NLC for International Patients at AUBMC

Personnel	Responsibilities
Advanced Practice Nurse	<ul style="list-style-type: none"> - Review of the patients' files, reports and images, in order to provide adequate feedback. - Physical assessment. - Performance of some tests and procedures. - Coordination with the medical team and the clinic's team in order to elaborate a personalized treatment plan for each patient. - Preparation and presentation of teaching sessions.
Nurse Assistant	<ul style="list-style-type: none"> - Patients' vital signs. - Assistance of the APN. - Transfer of patients. - Maintenance of patients' general comfort.
Clerk	<ul style="list-style-type: none"> - Answering phone calls and inquiries. - Welcoming patients. - General office work (faxing, printing, copying, etc...). - Charging supplies. - Transport of specimen.
International Patient Care Coordinator	<ul style="list-style-type: none"> - Assessment and assistance of the patients in their specific needs (transportation, accommodation, etc...). - Coordination of the plan of care of the inpatients with the case manager. - Coordination of the plan of care of the outpatients with the APN. - Liaison between the patient and the different hospital's departments. - Archiving the data, keeping log of all patients and generating reports and statistics.

International Patient Care Case Manager	<ul style="list-style-type: none"> - Ensuring all the patients' needs are met. - Accelerating the discharge process. - Follow ups with physicians and update of plans of care. - Assistance of the patients in all their needs and inquiries.
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M. Policies and Procedures

The policies and procedures are essential to this clinic in order to provide clear guideline for the staff behaviors and tasks; they should be written and accessible to all staff, and most importantly aligned with the institution's mission, vision and goals (Hatchett, 2009). The staff should be involved in the development of policies (i.e.: cultural diversity policies, incident and accident reporting, infection control, risk management, etc...) that are relevant to their daily practices. They should be abiding by the JCI standards, and aim to promote service excellence and quality, consistent performance, and patients and staff's safety.

N. Key Indicators

The success of the clinic will be measured according to the extent to which the below key indicators are achieved:

- Service Excellence: the nurse led clinic for international patients being a part of AUBMC, JCI accredited, aims to attain service excellence and deliver patient centered care to meet the patients' needs and expectations. This criterion can be shown in the efficient referral system in the clinic, which will lead to decreasing waiting times. Thus, continuous monitoring of the patients' satisfaction is an asset to measure the level of service excellence.

- Staff qualifications development: the clinic's team has to be encouraged for professional development and continuing education, which allow them to provide evidence based, safe and excellent services.
- Quality Indicators: derived from the JCI standards, they will be used to evaluate all the services provided (i.e.: patient identification, patient safety, etc...)
- Patients' satisfaction (Appendix I): this will be measured by the attached satisfaction survey created specifically for this clinic. This tool will have to be piloted and tested before being implemented.
- Decreased waiting time and adequate patients' referral: this will be monitored closely (especially by the coordinator) through the outcomes reports and feedbacks from patients and doctors.

O. Cost Analysis

The budget allocated for the nurse led clinics for international patients at AUBMC, will be calculated over a period of one year duration and will include the salaries of the employees, in addition to the cost of the material used in the clinic's different areas (examination, education, office, etc...).

1. Salaries

The estimated salary for the APN is approximately 1800 USD/month, thus 21600 USD/year. As for the case manager, the monthly salary is around 1600 USD, thus 19200 USD/year, while the coordinator's monthly salary is 1200 USD, and 14400 USD/year. The clinic's clerk will have a monthly salary of 605 USD, thus 7260 USD/year and finally the nurse assistant's monthly salary will be 700 USD, and 8400 USD/year.

Moreover, each staff will benefit from transportation reimbursement, around 1272 USD/year for each staff, considering that they will be working approximately 20 days each month. Each staff member will also get an extra salary during the month of December (8.33% of the basic salary) which will be added to the above too. In order to get the final salary cost for each staff member, 25% will be added to the yearly salary to account for National Social Security Fund (NSSF) payments that are done by the institution to cover for medical treatment, medications, and end of service compensation.

Moreover, one staff member might benefit from the sponsorship of continuing education (60% v/s 40%), which covers for a maximum of 15 credits per year, and which costs around 7700 USD per year. The school coverage for staff members' children should also be accounted for, if we consider two staffs will benefit from it and each staff has one child at school, the cost would be around 4000 USD per year.

The total cost for the human resources of the clinic would be: **115601.00 USD** (including the benefits listed above, as the continuing education and the children allowance). Table 3 below shows the details of the salaries described earlier.

Table 3: Salaries of the NLC for International Patients Employees at AUBMC

Staff	Monthly Salary (in USD)	Transportation Allowance per year (in USD)	8.33% benefit (in USD)	Yearly Salary (in USD)	Yearly salary + 25% benefit (in USD)
APN	1800.00	1272.00	1799.00	24671.00	30839.00
Case Manager	1600.00	1272.00	1599.00	22071.00	27589.00
Coordinator	1200.00	1272.00	1199.00	16871.00	21089.00
Clerk	605.00	1272.00	604.00	9136.00	11420.00
Nurse Assistant	700.00	1272.00	699.00	10371.00	12964.00

Total Salaries: 103901.00 USD

2. *Equipment's Costs*

The next table (4) demonstrates the cost of the needed equipment, material and supplies needed for the nurse led clinic.

Table 4: Equipment's cost of the NLC for International Patients at AUBMC

Equipment	Number	Cost (in USD)
- Couches	- 3	5000.00
- Desks	- 4	
- Desk Chairs	- 10	
- Regular Chairs	- 1	
- Exam Chairs	- 4	
- Center table	- 1	
Television	1	500.00
Wall Paintings	2	100.00
Data Scopes	2	500.00
Portable EKG	1	100.00
Ophthalmoscope/Otoscope	1	300.00
EC carriage + defibrillator	1	700.00
Other medical supplies (syringes, IV material, EKG rolls, etc...)	-	1500.00
LCD Projector	1	250.00
Educational Material (pamphlets, brochures, etc...)	-	500.00
Telephones (in addition to the lines)	2	1500.00
Office Supplies (pens, papers, printer's ink, etc...)	-	500.00
Printer/Fax/Scanner/Photocopy (same machine)	1	300.00
Supplies Maintenance	-	500.00

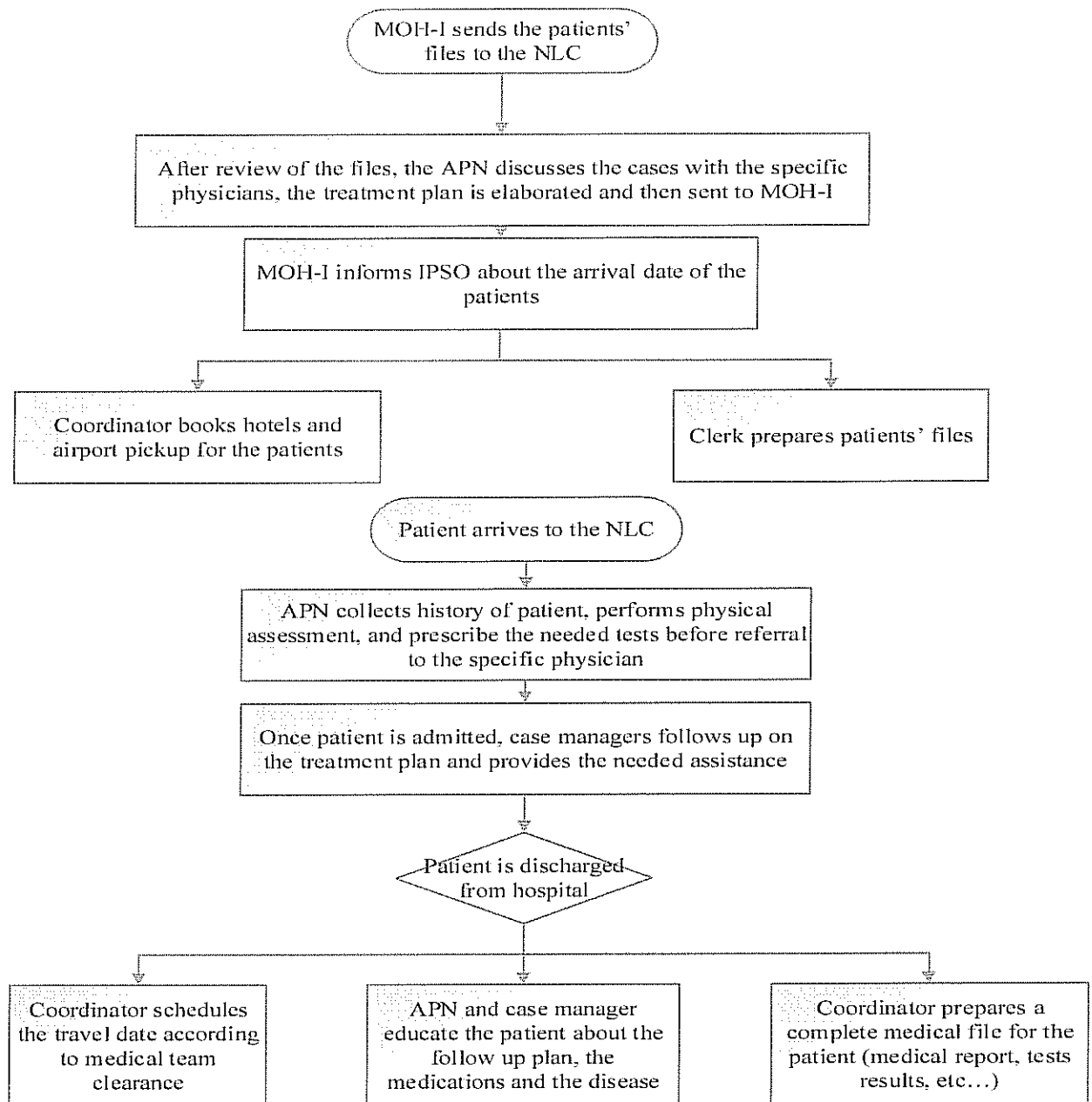
Total: 11750.00 USD

As per the above, the total cost for the Nurse Led Clinic for International Patients at AUBMC would be: **127351.00 USD** for the first year.

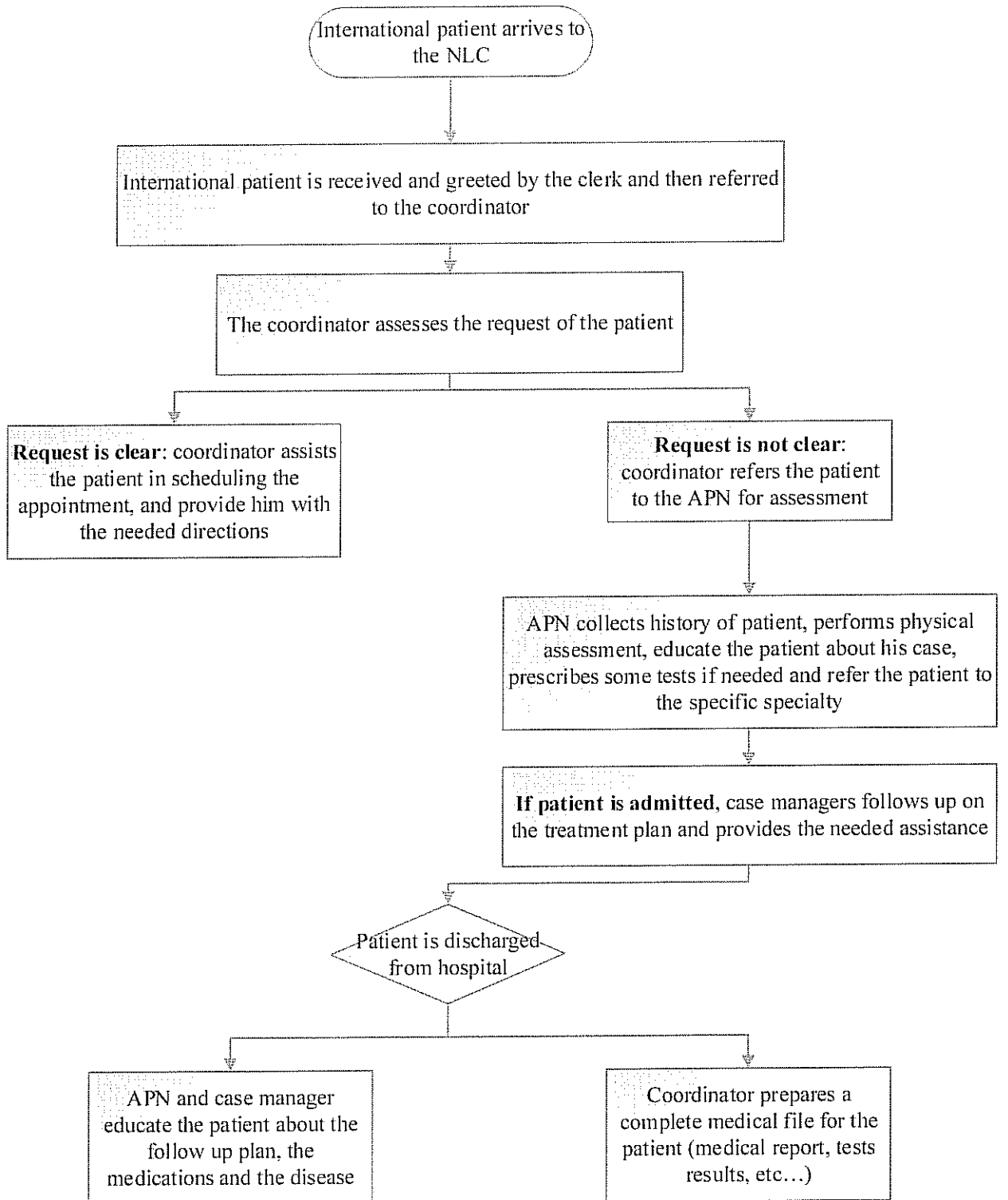
P. Operational Plan

The flow of the nurse led clinic's work is presented in the below flowcharts 1 and 2. The work was divided into two categories: the Iraqi patients referred through MOH-I agreement, and the other international patients, seeking the assistance on the clinic on their own.

Flowchart 1: Iraqi patients referred under MOH-I agreement



Flowchart 2: International Patients arriving to the NLC on personal basis



CHAPTER V RECOMMENDATIONS AND CONCLUSION

The initiation of the first Nurse Led Clinic at AUBMC will keep AUBMC a leading institution in the healthcare field in the Middle East. This clinic will attract more international patients seeking high standard of care. The personalized and specialized care provided by the clinic will increase the patients' satisfaction and thus, will help AUBMC meet the 2020 mission and goals (i.e. *Recruitment of top caliber, highly specialized and accomplished faculty, and relentless focus on understanding the patient and his changing needs, etc...*). The increase in patients' volume will lead automatically to sustainable revenue growth.

A. Launching of the clinic

Before launching of the clinic, the project's proposal should be presented to the VP/Dean of AUBMC. If approved, the Director of Clinical and Patient Affairs would inform the Human Resources Department to start the advertisement for the needed positions (APN, nurse assistant, case manager, coordinator, and clerk), in order to start recruiting. The job descriptions would have been elaborated accordingly. On another hand, the physical setup of the clinic should be started, and the needed equipment purchased.

Once the team is recruited, they should start orientation to the physical setting of the clinic, and creation of new needed policies and guidelines. Meetings should be held with the chairpersons of each department at AUBMC, in order to introduce the new clinic's goals and work flow, the role of each member and to streamline the whole process. The collaboration between the medical team and the clinic's team members should be emphasized.

The advertisement for the launching of the clinic would be done through emails sent by the hospital's administration to all AUB faculty and staff. As for the advertisement for the clinic, it would be done through the strategies discussed in the previous part (billboards, magazines advertisement, etc...).

The piloting phase of the clinic would be over 6 months, it will be focusing on the Iraqi patients referred by MOH-I for treatment (noting that all international patients that will present to the clinic will be assisted in all their needs, but the focus will remain on the Iraqi patients during the piloting of the clinic). During this period, the process would be continuously evaluated and updated according to the observations and feedbacks of the patients, staff members and administration. All patients will be filling the Nurse Led Clinic's satisfaction survey and quarterly reports would be elaborated for evaluation. On another hand, weekly staff meetings will be held during the piloting period for adequate and continuous evaluation of the process, policies and staff members' feedback.

B. Challenges

Since the Nurse Led Clinic for International Patients at AUBMC will be the first of its kind, many challenges are expected to be faced:

- Resistance from some physicians, since they might feel threatened by the role held by the APN.
- Cultural background of the patients that will be visiting the clinic, in which the nurses remain doctors' assistant.

- The political and security situation in Lebanon, which is an uncontrollable factor that would affect the travel of a big number of international patients to AUBMC (gulf region travel restrictions to Lebanon, European countries, etc...).
- It is not clear that the current agreement with the MOH-I will be renewed, when it expires.
- The proposal represents a significant initiative and is far from clear that income from international patients' flows can be allocated to support the work of the NLC. Detailed cost and expenditures information is required to assess the financial viability and sustainability of the unit, which is not currently available.

C. Conclusion

This project represents a true initiative for the development of a new nurse led clinic at AUBMC. It presented the significance and impact of such clinic, in addition to a detailed business plan that can be used as a base to start building this new unit.

APPENDIX I

INTERNATIONAL PATIENT SATISFACTION SURVEY

1- How did you know about the Nurse Led Clinic for International Patients at AUBMC?

- Through a friend
- Through a doctor
- Through AUBMC website
- Through media
- Through MOH-Iraq

2- How would you rate the courteousness and professionalism of the clinic's Team?

- Very good
- Good
- Neutral
- Rude

3- How did you find the initial assessment led by Nurses (APN)?

- Very good
- Good
- Neutral
- Bad

4- How would you rate the service provided by the Nurse Led Clinic?

Rates Services	Very Good	Good	Neutral	Bad
Discharge Process				
Explanation of your plan of care				
The clinic's staff follow up on your case				

5- If applicable, how would you rate the help received in your social arrangements (hotel accommodation, transportation, etc.)?

- Very good
- Good
- Neutral
- Bad
- Not Applicable

6- In general, would you recommend this clinic to a friend/family member?

- Strongly recommend
- Yes
- Neutral/Unsure
- No

7- Overall, how satisfied were you with the services and care you received?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied

8- Are there any comments you would like to add to help us improve our services?

9- Kindly fill the below (optional)

- Name:
- Phone number:
- Email:

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