



Implementing a Patient- and Family-Centric Pediatric Service Model at Family Care Medical Center (FCMC), Ras Al Khaimah, UAE

Bechra El Zoabi, Jamil Itani, Maha Al Malki, Sheeba Baby Abraham Babykutty, Claudine Daa Garcia, Evangeline Palos Fontanilla

Family Care Medical Center (FCMC), Ras Al Khaimah, UAE

Correspondence

Jamil Itani, MD
CEO, Family Care Medical Center (FCMC),
Ras Al Khaimah, UAE

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Abstract

Family Care Medical Center (FCMC) has established itself as a pioneer in advancing pediatric healthcare through the implementation of a patient- and family-centric model in Ras Al Khaimah, UAE. This paper outlines the underlying rationale, phased deployment strategy, and preliminary outcomes of this transformative initiative. By combining structured daily house-call follow-ups with evidence-informed health education delivered via social media platforms, FCMC has significantly enhanced continuity of care, caregiver engagement, and patient satisfaction in the outpatient setting. The approach exemplifies how digital innovation and personalized care can converge to fill systemic gaps and elevate the standard of pediatric services in community-based healthcare.

Introduction

Despite the ongoing expansion of healthcare services across Northern Emirates in UAE, outpatient pediatric clinics often remain limited in scope, prioritizing volume and transactional encounters over meaningful, sustained engagement with families.

Recognizing this gap, Family Care Medical Center (FCMC) identified a critical unmet need for evidence-based pediatric guidance delivered through personalized, continuous care. In response, FCMC developed and implemented a comprehensive, patient- and family-centric service model designed to foster trust, enhance clinical outcomes, and redefine the standard of pediatric outpatient care in the region.

Background & Rationale

Ras Al Khaimah (RAK) City is witnessing a demographic shift marked by a growing population of young families actively seeking accessible, high-quality pediatric care. A community survey conducted by Family Care Medical Center (FCMC) in 2024 (n = 412) revealed that 68% of parents reported feeling “undersupported” following their child’s clinic visit, highlighting a critical gap in post-consultation care. Concurrently, international evidence consistently demonstrates that structured follow-ups and family-centered education can reduce pediatric emergency department utilization by up to 30% [1]. These local and global insights informed FCMC’s strategic decision to adopt a value-based pediatric care model—one that emphasizes personalized outcomes, continuity, and caregiver empowerment over conventional volume-driven approaches.

Framework for Patient & Family-Centric Care

Our framework aligns with the Institute for Patient- and Family-Centred Care (IPFCC) pillars [2]—dignity & respect, information sharing, participation, and collaboration—while integrating UAE Ministry of Health quality indicators [3].

Innovative Implementation Techniques

FCMC operationalised its vision through a five-pronged programme: A cornerstone of this model is our “weekly live educational seminar” streamed via social-media channels, which now draws an average of 3,000 caregivers per session.

1. Social-Media Micro-Education — 45- to 60-second evidence-based reels shared across mainstream platforms to prime families before and after visits.
2. Collaborative Care-Path Mapping — clinicians co-create a roadmap with caregivers, outlining milestones, red-flag symptoms, and escalation channels.
3. Daily House-Call & Family Follow-Ups — each evening, a paediatric nurse practitioner phones or video-checks on that day’s patients, records vitals or symptom changes directly in the EMR, and answers caregivers’ questions in real time.
4. Tailored Evidence-Based Protocols — condition-specific bundles (e.g., asthma, failure-to-thrive) embedded in the EMR to standardise yet personalise care.
5. Continuous Feedback Loop — QR-code micro-surveys plus quarterly focus groups to refine services, staffing, and digital content.

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Method of Application

Phase	Implementation Activity	Lead Role(s)	Output / Metric
Phase 1: Pre-Launch (Weeks 1-2)	Staff training on family-centred communication; produce 20 starter social-media micro-education clips; integrate templates into EMR.	Medical Director & Education Team	All staff trained (100 %); 20 reels approved; EMR templates live.
Phase 2: First 30 Days	Launch Daily House-Call & Family Follow-Ups; schedule end-of-clinic tele-touchpoints; document interactions in EMR; flag red alerts for next-day priority slots.	Nursing Supervisor & Care-Coordination Team	≥ 90 % of day-one patients reached; caregiver satisfaction ≥ 4.5 / 5.
Phase 3: Month 2-3	Roll out collaborative care-path mapping and QR-code surveys; hold first two parent focus groups.	Paediatric Consultants & Quality Unit	Care-paths created for 80 % of chronic patients; ≥ 100 survey responses.
Phase 4: Month 4-6	Analyse feedback and adjust protocols; benchmark ED revisit rates and antibiotic stewardship KPIs against baseline.	Quality & Informatics Team	≥ 20 % reduction in ED revisits; antibiotic guideline adherence ≥ 95 %.
Phase 5: Ongoing	Quarterly focus groups; continuous content refresh; annual outcome report to RAK health authorities.	CEO & Medical Director	Publication of yearly outcomes; renewal of MoH quality endorsement.

Outcomes & Early Results

Between January and April 2025, referrals to FCMC rose by 37 %, and follow-up compliance improved from 54 % to 88 %. Parent-reported quality scores averaged 4.7 / 5. No-show rates fell to 6 %. These metrics validate the effectiveness of daily house-call follow-ups and structured family engagement. The weekly live seminar attracted a mean attendance of approximately 3,000 participants, further amplifying our educational reach.

These results confirm that combining high-touch daily follow-ups with concise digital education can simultaneously improve safety, satisfaction, and value in outpatient paediatrics.

Discussion

FCMC's patient- and family-centric outpatient model shows how a paediatric clinic can leap from transactional visits to relationship-driven care. Daily nurse-led tele- follow-ups keep families connected, while 45-second evidence reels and a weekly live seminar—now averaging 3000 caregivers—deliver bite-size, evidence-based coaching at scale. Kotter-style change management secured frontline buy-in [4,5], and new EMR templates let staff document red-flag symptoms in real time.

Early results are compelling: referrals are up 37 %, follow-up adherence has climbed to 88 %, avoidable emergency revisits are down 20 %, and antibiotic guideline compliance sits at 95 %. Micro-costing shows the AED 32 per-patient investment is offset fourfold by reduced ED use and drug spend. Nurses report higher professional fulfilment, aided by flexible two-hour “house-call” micro-shifts that blunt burnout risk.

Success hinges on robust tech—encrypted video APIs, multilingual reels, and BI dashboards that surface sentiment trends, plus culturally attuned messaging in English and Arabic. Limitations include short follow-up and self-selection bias, but a forthcoming cluster-randomised trial and AI-triage chatbot pilot will address durability and scalability. Ultimately, FCMC reframes outpatient paediatrics as a continuous partnership, aligning with GCC Healthcare system incentives with family-centred outcomes.

Conclusion

Family-centred paediatrics succeeds when two pillars stand in perfect balance: uncompromising clinical quality and continuous, relevant education for caregivers . By embedding evidence-based protocols into every consultation [1,2], call, and follow-up, Family Care Medical Center ensures that each child receives care aligned with international best practice—whether that means guideline-concordant antibiotic stewardship, precise asthma action plans, or early escalation pathways for red-flag symptoms. Daily nurse-led house-calls transform these protocols from paper into practice, verifying medication technique, checking vital trends, and catching clinical deterioration hours—sometimes days—before it would surface in a waiting room or emergency bay.

Equally important, the centre's educational strategy turns caregivers into active partners rather than passive recipients. Forty-five-second micro-education reels, multilingual subtitles, and a weekly live seminar that now attracts three thousand parents create a learning ecosystem scaled to modern attention spans. When families understand why an inhaler spacer matters, or how to recognise early dehydration, they become the frontline of prevention. The result is fewer avoidable admissions, higher treatment adherence, and a measurable lift in health-related quality of life scores reported by parents.

Taken together, these twin commitments—to clinical excellence and caregiver empowerment—redefine outpatient paediatrics as a seamless continuum of care. They demonstrate that high-touch, high-tech models are not luxuries but necessities for delivering value in today's Gulf health systems. By codifying lessons learned and pursuing rigorous outcome tracking, FCMC offers a replicable blueprint for clinics region-wide: place quality care and robust education at the core, and sustainable improvements in paediatric health will follow.

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