

'Quality' and Urgent Care's Hierarchy of Needs

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've been visiting some urgent care centers lately, and—paradoxical as it may be—one thing they all have in common is that they are all very different from one another.

Some are large, glamorous affairs with fireplaces and tropical fish; some are in older buildings in need of renovation; some have the feel of a solo physician practice; some have virtually all of their medical equipment tucked invisibly (and silently) away; and then some have an array of equipment and paperwork center stage, in bustling work areas.

The wide variety made me think of the choices that patients must make when deciding where to go for episodic healthcare needs. When I talk with the average member of the public, one of the main concerns over opting to visit an urgent care center is whether they will receive quality care at "one of those centers."

Whether a giant fish tank equals quality healthcare is certainly not up for debate. But that's not to say that it doesn't matter; patients' perception can affect what they choose to disclose when you take their history, whether they will even stick around to see someone, whether they will return in the future—and what they will tell their friends (aka your potential patients).

If you aren't paying attention to what your center feels like when patients walk in the door, you should ask an honest friend to come in and give you a candid opinion.

Appearances Can Be Expensive

The most impressive centers had one thing in common: money. In any business, there seems to be a definite ordering of basic necessities, similar to Maslow's hierarchy of needs.

If you are at the top level of the hierarchy—if the more basic needs have been met, in other words—you're thinking, "our



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lobby would be so much nicer if we could rip out that wall and add a plasma TV screen and have fresh flowers delivered", or, "It's time we got our staff into some effective communication training."

On the other hand, if your needs are aligned along the bottom row of the hierarchy because you're still struggling to break even every month, you are probably focusing only on getting patients in the door and keeping your costs down so you can afford to make the payroll and keep up with the payments to the bank.

Most of you are probably somewhere in between.

The 'Q' Factor

So where does that leave quality of care? At what point in the hierarchy does that become your primary focus? With so little regulation of urgent care centers and very few centers going through any kind of accreditation process, where does our industry stand on the quality curve?

As we all know, in the seven years since the release of the Institute of Medicine's *To Err is Human: Building A Safer Health System**, hospitals have been blanketed with quality programs; new associations, consultants, training programs, books, task forces, job functions, and news stories have been created solely to focus on quality healthcare delivery in the hospital setting.

With the public so well-educated now on the risks associated with healthcare errors, is it any wonder they have concerns about the quality of healthcare they will receive in your center, regardless of how different the environment is from the local ED?

The question then falls squarely on all of our shoulders: What are we doing about that concern?

For our part, UCAOA is forming a select committee to address this issue. That committee will be chaired by Dr. Donald F. Dillahunty, president of PrimaCare Medical Centers. We will share our plans with you in an upcoming issue of *JUCM*.

In the meantime, I encourage UCAOA members to use the Forums section of the association website (*www.ucaoa.org/forum/index.php*) to share your own efforts with all of us.

* The Executive Summary of To Err is Human: Building a Safer Health System is available at no charge on the National Academies Press website at www.nap.edu/catalog/9728.html.