



FROM THE EXECUTIVE DIRECTOR

The Big Announcement

■ LOU ELLEN HORWITZ, MA

I've been waiting over a year to get to tell this story. It was July 12, 2007, on a Thursday. I had been invited to observe a Joint Commission survey of four urgent care centers. This particular survey was what is called an "unannounced survey," which meant that the center had very little notice—about 20 minutes—that we were coming.

The surveyor and I walked in, told the registrar who we were, and were shown into the back of the clinic where we met the clinic manager, Sara. She welcomed us warmly, offered us coffee, invited us to her office and gestured for us to sit. She seemed calm and collected—cool as a cucumber.

I didn't believe it for a minute.

Then I looked into her eyes and I saw something totally unexpected. She was about to spend two solid days with a Joint Commission surveyor and *she couldn't wait*. She believed in her gut that her clinics were ready—and she was right.

Back to the Beginning

A year earlier, UCAOA had approached both The Joint Commission and the Accreditation Association for Ambulatory Health Care to talk about how our accreditation programs could potentially work together. We had a solid, urgent care-focused accreditation program of our own, but it didn't have the national recognition it needed to be valuable; they had the national recognition, but perhaps not the urgent care industry expertise. Maybe we could work better together than apart.

Over time, it became clear that The Joint Commission was our best choice for collaboration. They were strongly interested in working with us, and flexible enough to incorporate urgent care-specific resources into their existing Ambulatory Care Accreditation.

Over the next two years, UCAOA members and staff



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worked with The Joint Commission on several committees and initiatives as we developed our plans for collaboration. We announced our formal collaboration on July 10.

The executive director of Ambulatory Care Accreditation Programs, Michael Kulczycki, is our primary liaison. We know there are still a lot of questions about the collaboration, so I asked him to "sit down" with me for this column.

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Lou Ellen Horwitz: Michael, a concern we have heard already that you can address is that The Joint Commission is an "800 pound gorilla" unable to relate its standards to the smaller practitioner—in the words of one member, that you will "mistake my clinic for a hospital."

Michael Kulczycki: Granted, The Joint Commission is first known for its hospital accreditation. But our Ambulatory Care Accreditation Program has been active for nearly 40 years, now accrediting over 1,600 organizations. The Ambulatory Programs cover settings as small as a single specialty practice, and of course, urgent care centers. We use ambulatory professionals for surveyors, have distinct ambulatory care standards, and have ambulatory-dedicated staff in our Standards Interpretation Group (SIG). UCAOA members will even have a dedicated account representative.

LEH: I also want to add to your answer that as part of our collaboration, we are reviewing the 2009 ambulatory care standards to identify which standards specifically are applicable to urgent care centers, making the process even more tailored. This will take our committees some time, but by this September we'll have our first urgent care-specific resource,

a new Accreditation Handbook.

Can you tell us about the survey itself? Most of our members have probably never been through any kind of accreditation survey.

MK: A Joint Commission survey is designed to review compliance with national, consensus-based standards, and to provide centers with education and consultation about their overall efforts to provide quality patient care.

The survey process is “open book.” There are no secrets. The standards and elements of performance (EPs) which define compliance with the standards are all provided “up front.” They are the same standards and EPs the surveyors use in the evaluation.

Organizations also receive a detailed agenda of the survey visit that outlines, hour by hour, the purpose of each time slot on the agenda, which staff will be involved, and any additional resources the center should have available, so they know what to expect.

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“Patient tracers” are the main component of the survey process, accounting for 60% of the survey time. The surveyor selects incoming patient charts as a “roadmap” through the clinic, then observes those patients (with their permission) throughout their visits. The surveyor uses those observations to help evaluate the organization. During the patient tracers, surveyors also talk to staff about their role (e.g., intake, delivery of care, education of patient, discharge, etc.), but do not focus on the details of any one standard. In many cases, these interactions help to “connect the dots” for staff as to why they need to use two patient identifiers, etc.

Surveyors are not looking, despite “urban legend,” for dust bunnies in the corner of the rooms. They are simply using the evaluation tools (patient tracers, dialogue with staff, discussions with patients) to assess compliance with applicable standards, and providing suggestions for achieving future compliance.

The surveyors themselves are all ambulatory care profes-

sionals with a minimum of five years of ambulatory practice experience. More than three quarters of the surveyors are physicians, and they are all employees, dedicating one quarter or one-half of their time only to Joint Commission surveys. This means they typically visit 50 to 100 ambulatory centers each year, and can bring those “good practices” they see across the country to your centers as part of the survey process.

I recently spoke with a provider who, like the “Sara” in your story, was actually looking forward to her upcoming survey. She said, “The survey process is not a punitive one. It helps me focus on the areas where our organization needs additional attention and assistance.”

LEH: For first timers this may all still seem overwhelming. What resources do you provide to help centers prepare for their first survey?

MK: We have many resources to assist organizations new to accreditation:

First, Ambulatory Program staff are available to describe the accreditation process, timelines and costs, and provide electronic access to the accreditation application.

Once centers apply, account representatives specially assigned toUCAOA members assist with the application itself, coordinate survey dates, and provide access to our extranet, Joint Commission Connect.

Our Standards Interpretation Group is available to answer questions about whether a standard applies, if a policy or action is in compliance, and how to maintain compliance over time.

Ambulatory Advisor is our complimentary quarterly newsletter.

The Joint Commission website, www.jointcommission.org, has resources about the accreditation process, patient safety issues, and more.

Joint Commission Resources, www.jcinc.com, provides live education and print publications about the accreditation process.

We have also set up a special website forUCAOA members—www.jointcommission.org/urgentcare.

I know there are probably many other questions that we don’t have room for here. We invite everyone to visit the online forum dedicated to *Accreditation Q&A*. Go to www.ucaoa.org and click on the Forums button. It’s easy, free, and we have several center leaders who have already been through the Joint Commission process available to answer questions.

We are excited about our collaboration with the Joint Commission, but we know there is still work to do in simplifying the application process for urgent care centers, so we will be focusing on that for the next several months. We will keep you updated on our progress, and look forward to congratulating the first centers to be accredited. ■