



FROM THE EXECUTIVE DIRECTOR

Integration

■ LOU ELLEN HORWITZ, MA

I've been thinking a lot about quality lately.

For too long, there have been no national benchmarks for urgent care centers. Now that we have some, though, how will that change the conversations you are having in your clinics? Will learning about ourselves as an industry make us more aware and accountable to each other for our performance? And how do we manage those improvements when it feels like our resources are already stretched to their limits sometimes?

“Quality means doing it right when no one is looking.”- Henry Ford

The world at large could judge the “quality” of the product Henry Ford put his name on, but few could see what went on inside the walls of his factories. Ford recognized that the countless small tasks that occur far from public view determine the ultimate quality of the finished product, whether that product be an automobile or excellent patient care and customer satisfaction.

If you are seeing the same news feeds and print media that I am, you are seeing urgent care in those stories more and more. Not only stories about new centers opening, but also stories about how those centers affect their local healthcare delivery systems.

So far, most of these stories start out as “ER Crisis” stories, with urgent care featured as a piece of the solution. All this coverage fuels additional awareness of urgent care, as evidenced by the growing number of calls we get from the media here in the office.

The point is, people *are* “looking” now; urgent care has definitely arrived and is on everyone’s radar.

So, what does any of this have to do with the subject of integration?

In the past two years of working with The Joint Commission, we have had literally hundreds of conversations with centers

about quality standards and the upcoming benchmarking results and what they mean for the future of urgent care. What has become clear in all of these conversations is that quality is all about integration. It’s not about what’s in the policy manuals or procedures (though those are important); it’s about what you are doing and how you are doing it—day in and day out.

But of course, that’s the hard part. Ultimately, it’s easier to write a policy and put it in a binder than it is to change the behavior of an entire group of people, or even just one individual. Or even ourselves.

“Quality is not an act, it is a habit.”– Aristotle

They say if you can do something every day for 30 days it becomes a habit; does that mean for processes that you only do every other day it takes twice as long? That math gets depressing pretty quickly. But, that is the challenge that is before us all. As Aristotle pointed out, quality can be assured only when it becomes so ingrained in our behavior that it stops being the focus of our attention and becomes the essence of who we are and what we do.

As you look out at 2009 and all that faces us as an industry and a country, I hope that instead of being depressed by the mountain of challenges, you are encouraged by the larger understanding that as you move up the mountain the view gets better and better. The more we can take small steps together toward integrating improvements in the quality of our care and our service, the more we can climb that mountain and see the next peak.

Convention Reminder

Building a quality urgent care business is not an easy thing. However, many of your colleagues have done just that, and many others are in the process of doing so. There’s no better place to learn from them—or for them to learn from you—or to be exposed to the clinical skills and experience of the best clinicians among us than the UCAOA Annual Convention, this year scheduled for April 20-23 at Caesars Palace in Las Vegas. Visit www.ucaoa.org/convention for information on the curriculum and registration. Hope to see you there! ■



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