



Quality Improvement: An Urgent Care Imperative



QI – Continuous Quality Improvement: The process by which an organization identifies a problem, plans action to address the problem, implements the plan, and reviews the results for effectiveness. In healthcare, we commit to CQI in order to affect outcomes; we focus on systems and process and how inefficiencies and lack of integration lead to undesirable outcomes. We scrutinize and identify a problem and propose a plan to change the process to improve outcomes.

Here's a very simple example: A universally accepted clinical quality goal is to reduce the use of imaging for acute, non-traumatic back pain. A QI initiative would audit the current state of adherence to the clinical standard, then identify aspects of the existing systems and processes that contribute to overuse of imaging. In this example, the EMR could be used as a tool to remind clinicians of the standard when they order back imaging, or patient education could be given during intake for back pain complaints. These are both illustrations of how we can use systems and processes already in place to make small changes that might lead to better outcomes. After implementing the changes, the practice would reassess for effectiveness of their interventions.

As you can see, QI differs significantly from original research. In QI, we are less concerned about methodology, blinding, and causality. The only thing that matters is whether outcomes improve. To that end, QI is inherently approachable, and not intended to consume unreasonable resources and time.

In other words, anyone can do it.

This commitment to QI is especially important for urgent care. As a discipline, we are still defining “best practice” and our role in healthcare delivery. We also want to demonstrate we are committed to making healthcare delivery better. The good news is that the very existence of urgent care was initiated out of the desire to make healthcare delivery better, to make it more efficient and patient focused. Our discipline was literally born out of a collective and transformational QI initiative. We are natural problem solvers, a great fit for QI efforts.

At *JUCM*, we believe we have an obligation to be a forum for discipline development and advancement. To date, we have focused on clinical and practice management content that

“teaches” best practice but we have not been a voice for practice-level quality improvement initiatives.

With this issue, we begin the conversation by publishing a report focused on a simple, yet effective, QI project from a rural urgent care group in Texas. They recognized that they were seeing a lot of patients with undiagnosed chronic diseases like hypertension. Like most urgent cares, they referred these patients to primary care, often by giving them a card with the practice information on it. When they audited this process, they realized that many of the patients never followed up as suggested. They recognized that the “handoff” to primary care was incomplete, but that there was an opportunity for improvement, ultimately resulting in better compliance. They were right. They implemented a new process by which the urgent care made the PCP appointment prior to discharge and were able to demonstrate a higher rate of follow-up.

The publication of this QI project represents a commitment from *JUCM* to encourage our discipline to improve care and improve practice such that we demonstrate better healthcare outcomes. In support of this goal, Quality Improvement Reports will be a regularly occurring department in *JUCM*. Its success is dependent on contributions from our urgent care community, so we encourage all our readers to submit QI initiatives for consideration of publication in a future issue. For an easy-to-read primer, refer to this Health Resources and Services Administration toolkit: <https://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/>.

Pursuit of quality improvement is our mandate as healthcare professionals. You're already part of the urgent care revolution. Let's all continue to work together to move our discipline forward—and improve the lives of our patients in so doing. ■

Lee A. Resnick, MD, FFAFP
Editor-in-Chief, *JUCM*, *The Journal of Urgent Care Medicine*