

## **Q & A: UCAOA Director Discusses Accreditation Partnership**

**The UCAOA recently partnered with the Joint Commission on an urgent care accreditation program. Lou Ellen Horwitz, MA, UCAOA executive director, discusses the details here.**

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**Q & A with Lou Ellen Horwitz, executive director of the Urgent Care Association of America (UCAOA), about the recent accreditation partnership between the Joint Commission and the UCAOA.**

### **1. What are the main benefits of an accreditation partnership between the Joint Commission and the UCAOA?**

The main benefit of our collaboration is that it provides an accreditation option for urgent care centers that is not only nationally recognized but has significant and regular input from the urgent care industry. The Joint Commission's Ambulatory Care Accreditation Programs have included urgent care for many years, but the collaboration will bring the additional expertise that UCAOA can provide through involvement of our members in standards development and refinement — and as surveyors in the years to come — better tailoring aspects of the existing accreditation program specifically for our industry.

### **2. Are there any drawbacks?**

We don't believe there are any drawbacks to the collaboration, but there are risks. Two concerns we have heard from members are about The Joint Commission's ability to relate to urgent care centers, and that this may draw additional attention from regulatory bodies. The first concern is easiest to address because not only has The Joint Commission demonstrated their ambulatory expertise to us by allowing us to observe urgent care center surveys, but they have involved our members (along with others from all of the ambulatory programs) in their standards improvement initiative for the past year. UCAOA members will continue to have an ongoing role on The Joint Commission's Professional and Technical Advisory Committee (PTAC) for Ambulatory Care, as well as in other ways.

The second concern is harder to predict. The recent realization by patients, payers and the media of the importance of urgent care to the healthcare system is drawing unprecedented attention to our industry. While this is mostly good news to all of the excellent providers working in urgent care, it also has the potential to increase external scrutiny. Rather than waiting for those external parties to set standards for us, it is better for the providers themselves, through a program like accreditation, to proactively participate in setting those standards and having a voice in the process. However, it is important for everyone to remember that in all states accreditation is still a voluntary program.

### **3. What role will the UCAOA have in the partnership?**

UCAOA, through its members, will participate in many ways. As I said earlier, we have been participating in the Standards Improvement Initiative and our Quality Standards Committee is contributing strongly to the development of a hand-book that will designate which of the current ambulatory care standards are applicable in the urgent care environment (which will be available electronically in 2009). We have a seat on the PTAC mentioned earlier, and will participate in field

reviews of any potential standards changes, or the recommendations for new standards specific for urgent care.

In addition, we will provide continued industry input to The Joint Commission's Standards Interpretation Group, and assist with identifying surveyor candidates when the need arises. It is a true collaboration and I am certain that other projects and opportunities will continue to come where we can provide industry expertise and input to The Joint Commission in additional ways we have not even thought of yet.

#### **4. Please describe the main tenets of the new accreditation program.**

To call it a "new" program is really a misnomer. The Joint Commission's Ambulatory Care Accreditation Program has been around since 1975. What is new is that they will be providing industry-specific resources and ultimately standards manuals for urgent care. Together we are working on an urgent-care-specific handbook, grid that shows which of the ambulatory standards apply in the urgent care setting, and in the years to come centers will be able to have customized manuals available online and in print.

To summarize, urgent care centers can certainly go through the accreditation process at any time that they are ready and The Joint Commission already does have many tools in place to help them prepare. In 2009 is when the customized pieces will become available to help make the process much more tailored for their use, continuing with new elements into 2010.

#### **5. For how long will the UCAOA continue to provide its current accreditation program?**

Six months ago, in anticipation of the possibility of this collaboration, we began recommending deferral to centers who were interested in our accreditation. Though we were not able to share any details, to do otherwise would have been misleading. We will continue to stand behind our currently accredited centers through the duration of their accreditation (the latest in 2011), but will not be accrediting any new centers.

#### **6. How different is the Joint Commission accreditation process from the UCAOA process?**

There are several noticeable differences, the first being in the standards themselves. The Joint Commission standards are more specific than the UCAOA standards were. While this makes for a much longer list it also helps centers to know exactly what surveyors will be looking for. One thing that the processes have in common is that the onsite survey is similar.

Surveyors spend a significant amount of their time following patients through the care experience, observing staff interactions with the patient, and asking questions about how or why they do what they do, to see the urgent care center "in action" rather than spending hours going through policy manuals (which is a common misconception about onsite surveys). Another difference between the processes is what happens in the intervening years between onsite surveys.

The Joint Commission has the resources to provide more extensive opportunity for ongoing improvement efforts at the centers through an online extranet — centers use the extranet to continually work on and track their quality improvement efforts.

As far as what changes will come to the existing Joint Commission process, those will be through the ability of urgent care centers to customize their preparation processes, improvement of the sets of standards the surveyors use when looking at urgent care centers, and improvement in the training of the surveyors themselves and the Joint Commission staff who support the surveyors in their interpretation of standards and how they relate to the urgent care practice setting.

<http://www.immediatecarebusiness.com/articles/interview-with-lou-ellen-horwitz.html>