Understanding the Complete Value of Accreditation for Urgent Care Centers

How accreditation through The Joint Commission helps urgent care organizations improve processes, enhance standardization and achieve excellence in care.
## Introduction

- In the urgent care setting, pursuing voluntary accreditation is one way to demonstrate that your center goes above and beyond in providing quality care for patients.
- Accreditation through an organization like The Joint Commission offers a quality-focused market distinction that is achieved only by those centers that demonstrate excellent performance against the best industry standards.
- Achieving this distinction requires urgent care centers to invest both time and resources into an accreditation process that can take six months or more to complete. But the resulting accreditation is more than just a seal of approval.
- Approached from a holistic perspective, accreditation not only boosts reputation and market perception — it also leads to enhanced standardization and improved processes that translate to higher quality in patient care. Accreditation drives relationships with network partners and payors in many markets across the United States. And by providing urgent care centers with valuable feedback, leadership teams are equipped to move forward with data-driven decisions at every level of the organization.
- With more than 45 years of experience in ambulatory health care accreditation, The Joint Commission has seen firsthand the complete value that a collaborative and thorough review process brings to urgent care centers of all sizes.

## Accreditation offers a pathway to excellence in patient care

Whether you operate your urgent care center as a single location or manage dozens of sites across the country, accreditation offers all centers the same pathway to excellence in patient care.

The accreditation process consists of an application and onsite survey, which are designed to increase standardization and reduce variability within the urgent care setting.

For centers with only one facility, this can pave the way for streamlined onboarding of new staff and clinicians, as well as standardized procedures of care. For organizations that manage multiple facilities, the value of standardization means that patients will come to expect the same excellent care and staff will experience the same management practices across geographic markets.

### Reduced variation:

- Lowers the risk for patient harm
- Improves the quality of care
- Prioritizes patient safety

All elements of reduced variation are vital in achieving excellence in patient care and generating internal value for the urgent care center.
When choosing an accreditor, consider how each program’s approach is structured to measure excellence as it applies to the urgent care setting. Here are three ways that The Joint Commission’s accreditation process provides this value.

■ 1. Comprehensive standards applicable to the urgent care setting
Accreditation programs are not one-size-fits-all. A survey process designed for hospitals may fail to address the unique challenges that urgent care centers face. That’s why it is essential to work with an accreditor that offers standards tailored to your facility’s needs.

Each set of standards within The Joint Commission’s manual is applied according to setting and offered services to ensure the highest level of relevance. The standards are comprehensive, but not prescriptive — accounting for differences among urgent care centers while still supporting a mindset of continuous compliance.

The standards are more than a checklist for maintaining consistent excellence in care. A strong set of standards is a tool for developing new strategies to address complex issues or identify key vulnerabilities in the patient experience. When standards are applied continuously — beyond the survey period — they serve to create an environment of ongoing improvement.

The Joint Commission prioritizes an evidence-based approach to ambulatory care standards, evaluating standards on an annual basis to assess their relevance to the urgent care setting. Standards deemed no longer relevant are removed. At the same time, new standards are created when they reflect emerging research or new nationwide benchmarks and meet the following criteria:

- Standards are related to patient safety or quality of care
- Standards have a positive impact on health outcomes
- Standards meet or surpass applicable laws and regulations
- Standards can be accurately and readily measured in the health care setting

Regular evaluation of standards allows The Joint Commission to best support urgent care centers in keeping pace with a constantly changing industry landscape.

Built-In Support: The Joint Commission offers urgent care centers 90 days of complimentary, obligation-free access to review the applicable standards in the E-dition online manual — before you make any commitment to apply. Once beginning the accreditation process, you also have access to the Standards Interpretation Group, a team of subject matter experts ready to answer all of your standards-related questions.

■ 2. Expert surveyors with direct ambulatory care experience
Every accreditation by The Joint Commission includes an onsite review performed by surveyors with administrative and clinical experience in ambulatory care.

Our cadre of 50 surveyors includes doctors, nurses, nurse practitioners and administrators with experience in a variety of ambulatory settings from urgent care to community clinics and surgery centers. Many surveyors are actively employed as ambulatory care professionals and choose to work part-time as a surveyor.
In addition to on-the-job experience, surveyors at The Joint Commission also receive robust internal training and complete between 30 and 120 onsite reviews each year. This uniquely positions surveyors as valuable sources of consultation and education when they are on the ground in your facility.

3. A collaborative, educational approach to onsite reviews

When it comes to accreditation reviews, many people have a mental image of a buttoned-up surveyor with a clipboard marking down every minor infraction they see. This image of a one-sided, punitive survey process is one that The Joint Commission actively works to update.

The Joint Commission philosophy holds that a collaborative and educational review process can be a source of enormous value for participating urgent care centers.

Reviewers with subject matter expertise are uniquely positioned to provide leading practices that improve and grow the programs they review. Surveyors are there to focus on the standards, but they can also engage with and inspire staff to create environments of quality patient care.

Paired with supportive educational resources, the review process can be a great way to learn and implement new strategies to improve day-to-day operations across an organization.
The Tracer Methodology:

The Joint Commission’s tracer methodology of onsite review follows an individual patient who is receiving care, treatment or services at the urgent care facility. With the patient’s consent, the reviewer will trace the patient’s movement through the center and evaluate how the patient’s experience aligns with the procedures and policies put in place by the center.

The intent is not for the reviewer to question a provider’s clinical care, but they are available to point out new perspectives or offer qualitative advice on what they observe. As experienced ambulatory health care professionals, they can also identify areas where your center may be leading within the industry.

The tracer methodology allows reviewers to analyze high-risk processes and systems across the organization. It can be customized based on the unique needs, services or characteristics of the center.

Examples of areas served by the tracer methodology include:

- Medication management
- Infection control
- Data management
- Environment of care

Accreditation builds stronger business systems

When approached as an organization-wide enterprise, accreditation has the potential to improve every level of urgent care operations.

Viewing accreditation through a holistic lens not only helps participating organizations minimize risk areas but also instills a data-driven culture of excellence in everything you do.

The Joint Commission accomplishes this through:

- Evidence-based, comprehensive standards designed to encourage a culture of continuous improvement
- A collaborative, educational approach to onsite reviews
- A collection of proprietary business intelligence tools developed to empower organizations to make informed decisions that drive quality improvement and reduce harm

■ Focusing on data-driven improvements

Metrics alone are not enough to drive improvement and maintain excellence in the ambulatory health care setting. Those metrics and other insights gained from the survey process must be put to work to strengthen systems and prepare organizations for the future.

The centerpiece of The Joint Commission’s business analytics tools is the SAFER Dashboard, a self-serve tool that centralizes survey findings and offers a portal to monitor measurable goals across the organization.
The dashboard organizes requirements for improvement according to the likelihood to cause harm and the prevalence of that possibility across the organization. This visualization allows leaders to easily identify trends and patterns in both current and historical data. The SAFER dashboard also benchmarks standards performance against national data to help leaders understand how they compare to similar organizations across the United States.

With robust standards data at their fingertips, organizations can prioritize areas of potential improvement to maximize positive impact and plan for long-term sustainability as health care needs change over time.

Understanding the SAFER Matrix:

The Joint Commission’s exclusive suite of analytics dashboards are based on the SAFER Matrix, a tool that helps organizations understand their survey findings based on scope of risk and potential for patient harm.

Any immediate threats to life are identified at the top of the matrix and color-coded in dark red, indicating the urgent need for attention. The remaining requirements for improvement (RFIs) are sorted according to:

- **Scope or prevalence of risk.** Is the finding a unique occurrence that is not representative of routine practice, with the potential to impact a very limited number of people? Or is the deficiency pervasive across the facility, with the potential to impact most or all of the patients, staff or visitors present?

- **Likelihood for harm.** If there is a potential for harm, is it rare, occasional or likely to happen at any time?

The SAFER Matrix is color-coded from yellow to orange to red as the scope and potential for harm increase. This color-coding is extended throughout the dashboard tools for ease of comprehension as organizations use the tools to prioritize resources and pinpoint corrective action plans.

- **Boosting organization-wide efficiency**

Convenient access to digital insights further strengthens the business systems of high-performing urgent care centers by increasing efficiency in receiving, interpreting and operationalizing survey findings — allowing leaders to make the best use of time and resources within the center.
Tools like the SAFER Dashboard eliminate the need for manually entering accreditation data into third-party electronic tools for analysis and comparison. The organization and visualization aspects of the SAFER Matrix enable rapid reporting of data and equip urgent care organizations with the necessary metrics to make impactful decisions.

Ultimately, urgent care leaders are able to take a step back from daily management functions to look at a holistic picture of operations. With this big-picture view, they are better able to make data-driven decisions about how best to allocate resources in service of patient experience and quality care.

**Accreditation opens doors to increased reimbursement opportunities**

Another way that accreditation adds value to your urgent care center — beyond the foundational safety and quality aspects — is by expanding reimbursement options.

Many small and mid-sized urgent care facilities face the challenge of negotiating with payors with whom they have little to no leverage. Pricing pressures can place undue stress on these smaller facilities, but accreditor advocacy can help.

*The Joint Commission employs a dedicated payor relations department to serve as a liaison to numerous health plans and state Medicaid authorities.* This department works to secure recognition for The Joint Commission’s accreditation programs through direct outreach and by responding to payor requests.

Advocacy with payors across the United States is one way The Joint Commission helps to ensure that the hard work of accredited urgent care centers is recognized and reflected in participation agreements and reimbursement rates.

Many health plans already recognize urgent care accreditation through The Joint Commission’s program, and the payor relations team is hard at work on behalf of our customers to secure a wider selection of arrangements.

**The Joint Commission difference: Our process and expert support**

With more than 45 years of experience in ambulatory care, The Joint Commission is the gold standard of urgent care center accreditation. We pride ourselves on maintaining the highest standards and most thorough review process in the industry.

Accreditation from The Joint Commission delivers the highest possible value to urgent care centers through collaboration, education and advocacy.

For urgent care organizations committed to continuous quality improvement, the benefits of accreditation begin before the application is ever submitted, and they extend long after you receive the Gold Seal of Approval.
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The accreditation timeline

Take a look at a typical accreditation timeline:

- **Preparation**: The Joint Commission provides unmatched customer support and valuable resources beginning as soon as an organization reaches out to express interest in accreditation. Urgent care centers can take all the time they need to review the applicable standards, ask questions, explore the available resources and begin to prepare for the onsite review.

- **Application**: We recommend organizations formally apply about four months before their survey-ready date. A business development representative will walk the organization through the simple application process. Leaders have the option to choose the earliest possible survey date — allowing organizations to thoroughly prepare before surveyors arrive onsite.

- **Onsite survey**: During the survey period, reviewers will visit the facility for an average of two days. For centers with multiple sites, surveyors will visit a representative sample of facilities, which will vary by organization size. (Though rare in urgent care settings, organizations that offer general anesthesia or sedation have onsite reviews at all locations).

- **Report and accreditation**: Before the surveyors leave the site, they provide a high-level indication of how the survey went. This preliminary report is followed by a final report within 10 business days. From that point, organizations have up to 60 days to address any findings by submitting a plan of correction. Once addressed, the organization is officially accredited and listed on The Joint Commission website. The full process takes on average about six months, and accreditation remains valid for three years before renewal.

**Accreditation toolbox: Resources for support**

The Joint Commission recognizes that accreditation is no small undertaking, especially for lean teams and small and mid-sized urgent care centers. Some organizations may have a dedicated accreditation specialist, while others are learning the accreditation process for the first time. Our goal is to make the accreditation process as manageable as possible for urgent care centers of all sizes.

Understanding that leadership and administrative teams are already juggling a heavy workload, The Joint Commission has created an extensive suite of valuable resources to support urgent care centers pursuing accreditation. This includes:

1. **Dedicated support staff**

   Knowledgeable staff at The Joint Commission are on call for organizations from the very beginning of the accreditation process. As urgent care centers prepare to apply, they can reach out to ask questions about standards or about the application itself.

   Once The Joint Commission receives the application, we assign each organization a dedicated point-of-contact — a live person who can be reached by phone or email throughout the remainder of the process. The account executive guides organizations through accreditation policies and procedures and can connect organizations with other resources as needed. They also provide support in navigating scheduling and other logistics.
1. Joint Commission Connect

Joint Commission Connect is your all-in-one accreditation management portal. Through this extranet, organizations can access:

- Contact information for their dedicated account executive
- Reminders for any application materials that may be due
- Notifications of scheduled surveys (Urgent care centers receive seven-day notice of onsite reviews.)
- Updates to the standards manual
- Additional resources and tools

2. E-dition and Standards Interpretation Group

The standards manual is one of the most important tools for health care organizations when preparing for accreditation. Understanding that there is much that goes into the decision to pursue accreditation, The Joint Commission offers complimentary access to the electronic standards manual — the E-dition — for up to 90 days before organizations make the commitment to apply.

During this time period and while preparing for the onsite review, urgent care centers can also take advantage of the resources provided by our Standards Interpretation Group. This department of subject matter experts produces frequently asked question documents and is also available to help organizations understand how the standards apply to their unique settings.

3. Survey activity and review process guides

These detailed guides serve as a “playbook” that outline what organizations can expect during the entirety of the survey process. They include a list of policies and documents that should be available during the onsite review, and they help prepare urgent care centers for a smooth and worry-free survey.

4. Heads Up Reports

Heads Up Reports identify relevant topics and themes based on scenarios surveyors frequently encounter in the field. By identifying and examining certain trends, these reports serve as a tool for urgent care facilities to perform high-level gap analyses and address issues before they become problems.

The reports include a detailed explanation of the finding and sample survey observations from surveyor notes, plus an in-depth checklist for ambulatory care facilities to identify potential issues in their own organizations.
6. Additional resources for urgent care centers
The Joint Commission has created additional resources on specific topics that relate to urgent care. These resources are available to organizations accredited through The Joint Commission:

- **Perspectives** — The Joint Commission’s official monthly e-periodical
- **Infection Prevention and Healthcare Acquired Infection (HAI) Portal** — Articles and webinars specific to infection prevention, updated regularly to reflect changing needs
- **Emergency Management Portal** — Tools and articles to help urgent care centers prepare for future challenges

The Bottom Line

Accreditation is a voluntary path for urgent care centers, but it’s one that offers immense value to the organizations that pursue it.

The accreditation seal of approval gives urgent care centers a competitive advantage by demonstrating to their patients, staff and communities that every part of the organization operates at the highest possible standard. By standardizing practices across the organization, variability and risk are reduced.

But beyond the elements of safety and excellence, a holistic accreditation process also strengthens business systems within the organization and opens new doors to improved payor relationships.

The Joint Commission offers the gold standard of accreditation for urgent care centers and other ambulatory health care facilities. The program is built on more than 45 years of experience and works with professionals in the field to assess and educate teams on meeting ambulatory-specific standards. Participating organizations receive the support of dedicated personnel and a robust library of resources, and a world-class suite of business analytics tools ensures that improvement becomes a continuing part of the urgent care environment.

Contact the ambulatory care team at The Joint Commission today to learn more about accreditation and check your organization’s eligibility.
About The Joint Commission:

For more than 75 years, The Joint Commission has been a global driver of quality improvement and patient safety in health care. Since 1975, The Joint Commission has accredited more than 2,200 ambulatory care organizations across the U.S. Their standards for excellence in care are developed in cooperation with industry peers and nationally recognized experts and are considered the benchmark for quality and safety.

Click here for more information.