



2024 Urgent Care Quality Management Plan Training

Learning Objectives

The learning objectives of this course are to:

- ✓ Understand the requirements of the Urgent Care Quality Plan and the Urgent Care Association (UCA) Accreditation Standards
- ✓ Understand specific measures and areas of focus
- ✓ know where to find more information on all measures and programs

Requirements of the Urgent Care Quality Management Plan

Overview

The purpose of the Quality Plan is to confirm that there is a detailed written document that specifies the quality standards, practices, resources, specifications, and the sequence of activities relevant to General Hospital Urgent Care, a department of General Hospital of NM (GHNM), located in Alamogordo, New Mexico. Following the guidance provided by the 2022 Urgent Care Association (UCA) Accreditation Standards & Preparation Manual (“UCA Standards Manual”) the plan defines the Quality Goals of the facility and includes acceptable performance metrics and the frequency of measurements. It outlines appropriate detection and prevention methods. Once the plan is operational, a Quality Improvement (QI) team leverages the plan to assess, measure, monitor, and continually improve the plan.

Requirements of the Urgent Care Quality Management Plan



Your Quality Improvement (QI) Team

Clinic Supervisor – QI Team Leader

- ✓ Oversees Urgent Care quality initiatives and plan for ongoing clinical, service, administrative or other improvement opportunities

Quality Programs Manager - SME

- ✓ Administrator of the Clinically Integrated Network
- ✓ Oversees implementation of Quality incentive programs

Your Quality Improvement (QI) Team

QI Team Leadership

- ✓ Urgent Care Medical Director
- ✓ Urgent Care Manager
- ✓ Urgent Care Supervisor - QI Team Leader
- ✓ Urgent Care Supervisor



The Measures that Matter

Measures/Areas of Focus – Four required areas

- There will be a minimum of six areas of focus including the following four required areas as detailed in the UCA Standards Manual. All items are monitored monthly at a minimum and several are supported by alerts triggered at the point of care in the EMR:
- Patient Feedback/Satisfaction (QI.4)
 - Via third party vendor post encounter survey
 - Follow up call protocol
 - Additional methods as determined by GCRMC
- Antibiotic Stewardship (QI.5)
 - Via monitoring of MIPS criteria specific to antibiotic monitoring
 - Alerts and POC recommendations in the EMR
- Medication Monitoring (QI.6)
 - Best practices including but not limited to two patient identifiers, cross checking and appropriate time-out verification processes.
 - Fall-outs are reported appropriately, recorded by staff and documented via incident report in VigiLanz.
- Unexpected/unfavorable Occurrences Monitoring (QI.7)
 - Staff are trained and aware of written policies on reporting unexpected/unfavorable occurrences via VigiLanz.

Measures/Areas of Focus – Additional measures

APPENDIX B – Additional Measure Details

Hand Hygiene

Total number of times hand hygiene was completed/Total number of hand hygiene opportunities identified.

The hand hygiene measure was implemented in FY24 to encourage better infection control. Due to the volume of patients seen and the reasons for visit we started monitoring hand washing done by the staff to ensure that they were following policy and protocol for infection control. This is counted manually by QI Team Leader on randomly selected days of the week and recorded manually via direct observation of the staff to make sure they are performing hand hygiene steps upon entering and exiting the exam rooms.

Measures/Areas of Focus – Additional measures

LWOBS – Left without being seen

Total number of patients who LWOBS/Total number of patients seen.

Left without being seen is tallied up at the end of every month. This provides pertinent data to help monitor our wait times and patient satisfaction. QI Team Leader and QI Leads round on patients both in the waiting room as well as the exam room to try to improve performance in this measure.