The signs in the lobby, on their websites and on billboards say it all: “Nationally Accredited” and “Proud to be accredited by the Urgent Care Association”. Some even add that “Accreditation is the highest level of distinction for urgent care centers demonstrating a commitment to providing patients with quality care.”

For Kris Sanchez, director of compliance and clinical development at Premier Health in Baton Rouge, La., and her team, achieving that distinction was an all-out process that took over six months—and was well worth the effort.

“It’s made us a better company, a better team, and a better urgent care provider overall,” she says. “We tell our patients that we’re proud we’ve met the highest of industry standards.”

Premier Health opened its doors in 1999, one of the first healthcare companies in the U.S. to own and operate urgent care centers utilizing a health system joint venture model. The organization grew out of the vision of Drs. Kevin DiBenedetto and Graham Tujague, emergency room physicians who looked at wait times for minor injuries and illnesses in the ER over 10 years ago, and saw a need for urgent care.

By 2014, they knew they wanted to apply for accreditation from UCA. For one thing, Steve Sellsars, MBA, the CEO of Premier Health, was active in UCA (on the board, co-chair Education Committee, and President). Also, as Phil Rainier, vice president of corporate strategy and development at Premier Health notes, “Accreditation adds credibility to our urgent cares and our services and we wanted that.”

It also adds clarity. “There is a big question nationally about the definition of urgent care,” he added. “One may have a lab or X-ray, for example, while another doesn’t. Accreditation shows that we not only deliver the highest level of care, we offer the healthcare services that are nationally recognized and required by the standard. It shows there is a bar to be met and that we’ve met it.”

Premier Health’s business model is one in which they both own and manage urgent cares. They also joint venture with hospital systems to operate and manage hospital affiliated urgent cares. Of the clinics that Premier managed, owned or operated in February 2015, 23 clinics in Louisiana went through the accreditation. Today, they have 31 accredited clinics with 689 employees, including 26 in Louisiana, 4 in Indiana and 1 in Alabama. Each clinic includes a physician, a nurse, front desk clerk, and a certified radiology technician. Some also include advanced practice clinicians, but the specific configuration depends on the population and demographics of each location.

From the beginning, Kris knew the process would involve a detailed review of each of the eight areas of UCA Accreditation: governance, human resources, patient care processes, physical environment, quality improvement, health records management, patient privacy and rights, and scope of care. Eight categories times 23 centers could have been overwhelming, but she simplified that through an organizational system, which could become a model for any large, multiple-site system seeking accreditation themselves.

Her approach was to break the overall undertaking into parts so everyone had a role to play and knew what was expected.

“First on her list was to create a task force with primary team members drawn from senior management, facility administrators, site managers, and medical directors. In addition, team leaders were appointed for each of the eight areas, drawing from the different Premier Health locations. A working timeline was developed, which ran from August 2014 to February 2015. Then she developed color coded spreadsheets that listed specific standards in the eight categories, what expectations were for that standard, how they would show success, and what elements would be reviewed.”
and whether they were compliant, partially compliant, not compliant, or whether a particular standard might not apply. The team leaders established sub-teams, and then action plans and tasks were assigned.

Throughout the six months, Kris and her team carried out on-site education visits to all sites in the system. There were multiple weekly conference calls, monthly action plan reviews with team leaders and headquarters meetings in Baton Rouge.

In most cases, she said, “it involved more of a fine tuning than developing whole new processes.”

Then, two weeks before the UCA surveys, she and her team carried out mock surveys at every location. “I and our regional administrators became the mock survey team. We had unannounced visits and didn’t let managers or the staff know we were coming.”

“In the mock visits, the team completed an extensive survey and asked random questions. We had face-to-face interviews with providers including physicians, nurse practitioners and physician assistants as well as the clerks, nurses, and radiology technicians. We’d show them where the policies they might be asked about resided on the clinic shared network drive, to confirm that they knew where to go for information.” The visits ran three or four hours and included verification of success measures, observation of patient care processes, observation of quality control logs, and more.

“We even fit in a few “secret shopper” encounters at the front desk at the outlying clinics where staff might not recognize our faces,” she noted.

They made sure everyone had the right materials posted. “Our central office keeps up with due dates and expiration dates, so we went through every clinic’s records and checked for updated CLIA certificates, DEA, CDS and occupational licenses, and other certifications,” she said. We carried copies of all of these documents with us to each clinic to replace any that were faded or torn.

“We took everything with us we thought a clinic might need. We carried binders, tacks, tape, reference books, we even brought extra frames.

We wanted to be sure that everyone had all the same compliance signage posted and we knew that sometimes signs get dirty or knocked off walls and frames could get broken.” All sites had to be uniform in every way possible.

As the surveys progressed, the team discovered a few situations where, for example, a sink may have been missing a hand washing sign or a log may not have had a sign that said “confidential”, but for the most part, Kris says, “we were very proud of our clinics and staff because there were few things that we found that needed correction.”

The survey teams also checked supplies, including clinical forms. That job was a bit easier because of the existing standardized practices across Premier Health’s locations. “We control the policies and procedures centrally,” she said. “All owned and managed clinics have the same supplies, the same processes, and the same policies. The basic setup is also the same in each place—with identical equipment in all exam rooms, in most instances.”

Kris estimates that over the six months they made over 100 site visits to the 23 clinics that were preparing for survey. They also sent out “need to know” emails with questions that employees might be asked, such as how to verify patient identification before giving medication, or the process if an employee is injured on the job.

She admits that there was really no doubt in her mind at any point that they would pass. Nonetheless, she wanted to be thorough. “We’d looked at the standards and we knew we met most,” she remembers, “and we had some we needed to work on. It was kind of a fine-tuning in many situations.”

She also notes that her team went without a lot of sleep for the six months. “In the last weeks, emails and texts between her and key regional administrators would be flying at 3 in the morning whenever someone thought of something. “I’d told my husband he was welcome to take a vacation,” she remembers. “The thing is, though, the team wanted to do the work. We wanted to be obvious and visible throughout the company and we wanted to be sure that when the actual surveyor went in, people would know what to expect.”

“Mostly, we wanted every clinic to be doing everything right all the time so that the staff wouldn’t be nervous during a real survey. We wanted every required standard to be a routine practice for us. We still strive for that every day.”

One of the best aspects of the process was how it brought people together. “This was the best example of teamwork I’ve ever seen,” she remembers, adding that everyone also had to do their regular jobs.

“The thing is, though, the team wanted to do inspections, we refer to our checklist and standard.”

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