

Standards and Benchmarking

AAP Section of Emergency Medicine

Urgent Care Subcommittee

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Background

Significant growth in Urgent Care over the last 10 years

State regulations vary as to facility design and implementation

UCAOA and TJC have set accreditation standards for Urgent Care sites

- neither specifically address pediatric care delivery
- quality or safety standards specific to pediatric patients or illnesses

Urgent Care is not yet considered a subspecialty

- Few quality and practice standards for providers
- no standards set for minimum training and specific skills
- no known standards for training
 - evolving fellowships and discussions about board certification

Goals of this group

Set standards for sites and providers providing episodic, unscheduled urgent care to the pediatric population outside of the Medical Home and Emergency Department.

Site Standards

Propose general standards for sites providing care to children

- managing procedures and emergencies
- transport modalities
- communication with pediatricians

There is no intention to define Urgent Care beyond "episodic, unscheduled urgent care to the pediatric population outside of the Medical Home and Emergency Department."

We will not seek to define minimum procedure, lab or radiology offerings in order to define Urgent Care

Site Standards

Personnel

- Providers – trained in the care of children
- All providers trained, competent, currently certified in PALS or equivalent

Procedures

- Appropriate space, supplies and training for procedures being performed

Medications, Code Cart and Emergency Stabilization

- Refer to AAP Policy Statement “Preparation for Emergencies in the offices of Pediatricians and Pediatric Primary Care Providers “
- Mock codes and familiarity with code cart supplies by providers

Referral to EDs and coordination of Emergency Services

- Criteria for type of transfer modality utilized

Communication back to the Medical Home

- Notes promptly available for the primary care provider

Provider standards

Outline general standards for providers responsible for delivering care to pediatric patients in the Urgent Care setting

- provider skills / competencies
- Metrics for measuring provider performance

Provider Skills

Medical skills

- Familiarity with most common diagnoses
- Familiarity with common causes for transfer
- Recognize need for prompt referral v. next day follow up care

Procedural skills

- Wound care
- Fracture splinting; fracture reduction
- G tube replacement
- Xray – CXR, KUB and musculoskeletal films for fracture

Provider Performance Metrics

Identify/Create performance benchmarks for quality care delivery in the Urgent Care setting

Outcome and Process measures

- may be adopted from ED and primary care
- room to create new benchmarks

Provider Performance Metrics (examples)

LAB

- in-house testing frequency
- diagnostic accuracy (rapid strep positive rates vs. strep culture rates)
- send out testing frequency
- blood culture rates
- complication rates (false positives, multiple needlesticks)

RADIOLOGY

- for places that have radiologists double-read films, what are under- and over-read rates by initial provider?
- utilization (how often XR for injuries?)
- yield for extremity fractures (positive rate)
- yield for CXRs (positive rate)

TRANSFERS

- disposition (admitted vs. discharged)
- need (management vs. diagnostic)
- severity of illness (OR or ICU admit within 24 hrs)
- mode (inter-facility vs. EMS vs. private car)
- convenience (direct admissions?)

THROUGHPUT

- time to provider
- total LOS (mean and median)
- time to XR for injury
- patient arrival distribution curves
- time to steroids for Asthma Score>3

FOLLOW-UP

- frequency a patient subsequently goes to ER, gets admitted, misdiagnosis?
- frequency a change in management occurs after discharge (change in antibiotic, etc)
- 48hr return visits (not a bad thing in urgent care.....)

PROCEDURES

- frequency: laceration repairs, I&Ds, foreign body removals
- complication rates (lac dehiss or infection)

Next Steps

Further develop Site Standards with the goal of updating 'Pediatric Care Recommendations for Freestanding Urgent Care Facilities'

Collaborate with Education and Research groups regarding competencies and setting benchmarks

Survey AAP SOEM/UC members and member of other relevant societies about current practices for competencies, metrics and benchmarks to determine the most relevant to endorse.