The overall urgent care medical center operation’s plan is as follows; the objective of the urgent care will be to provide walk-in services for treatment of injuries or illnesses requiring immediate care but not serious enough to require an emergency care visit (Weinick, Burns & Mehrotra, 2010). The overall responsibility of the urgent care practice will be a licensed physician operating as the medical director. The business hours of the practice will be 8.00 am to 8.00pm. The practice will become a member of the Urgent Care Association of America. The practice will have approximately about five to six examination rooms, one office room, one diagnosis equipment room, and one room for medical procedures. For example, the urgent care medical practice will be set up in rented premises on a major street, close to a neighbor with a high population. The initial investment approximately will be between $500,000 of which $200,000 will be used for buying diagnostic equipment including x-ray machine and phlebotomy. When a patient walks into the clinic he will be screened within five minutes by a medical assistant to ascertain if he has a condition that requires emergency medical care (Weinick, Burns & Mehrotra, 2010). If that is the case, he will be re-directed to the emergency room of a hospital. If there is an urgent medical condition, he will be examined by the assistant and prescribed treatment. The endeavor of the clinic will be reducing the waiting time for patients. After the patient has been examined, he or she will be sent to the office to make payments.

The patient experience in the urgent care will be positive. The person can walk into the clinic twelve hours every day, seven days a week (Davis, 2015). Even when the doctor’s clinics are closed, urgent care practice will be open. Further, the patient will be examined within five minutes of walking in. This will reduce the time spent at the urgent care. At least, our five exam rooms will enable it. Diagnostic equipment is available. Finally, the cost is value for money. Urgent care medical practice will cost comparable to going to a doctor’s clinic (Davis, 2015). The cost will be lower than that in the emergency clinic.

The patient can make an appointment online using the urgent care practice website, can send in an e-mail for an appointment, or can phone and make an appointment. Alternately, a patient can walk in. The difference between the two is that in case of an appointment, the patient has to provide the details of insurance coverage (Amiel, 2014). In case of walk-in by patients, the patient has to provide insurance details to the desk outside the office. This takes three to five minutes time. The patient will be examined first by a medical assistant; however, if the patient needs diagnosis using equipment, the patient is sent to the diagnosis room. After the procedure has been completed, the patient returns to the exam room with the same medical assistant who provides the treatment and the prescription. The patient goes from the exam room to the office where the patient pays the bill. After payment, the patient leaves the premises of the office.

As a regulatory compliance, in case of urgent care practice, the practice will conduct laboratory tests such as blood glucose monitoring, using devices approved by the Food and Drug Administration; it will obtain a CLIA Certificate of waiver for clinical laboratory tests. It will also obtain an X-ray permit for X-ray services. Since the center is not owned by a hospital, the practice will not be covered under the Emergency Medical Treatment and Labor Act. Next, the center will get on insurance payers’ lists. The process of getting on the insurance companies that are active in the area will be completed (Amiel, 20143). The urgent care medical practice will also contract with government payers such as Medicare, Medicaid, and TRICARE. For the purposes of IRS the practice will be proprietorship. The practice will apply for the employer identification number with the IRS. Local pharmacies will be contacted for a referral agreement. The Joint Commission has created a Comprehensive Manual for Ambulatory Care, which will be used to “evaluate immediate threat to health and safety, situational decision rules, direct impact requirements, and indirect impact requirements” (Gardner, Gravestein, Baier & Shamji, Hannah, 2014). Evidence of Standards Compliance will be provided and accreditation will be obtained to reducing risk.

According to the Joint Commission, it has provided many best practices in the journal of Quality and Patient Safety (Gardner, Gravestein, Baier & Shamji, 2014). The urgent care medical practice will comply with each of these practices. Continuous quality improvement can be implemented at the urgent care practice by monitoring compliance with the best practices. For six months weekly, monitoring of compliance with the best practices will be done and after six months there will be a monthly review of compliance with the eight best practices.

I will develop and maintain an ethical, quality and compliant practice for a long time by complying with all regulatory and accreditation requirements at the inception (Gardner, Gravestein, Baier & Shamji, 2014). Also, I will provide training on legal, ethical and accreditation requirements to all employees of the urgent care at the commencement of the practice. I will also develop a computer based training program on legal, ethical, and accreditation requirements. This program will be administered to every employee after every six months. Further, I will monitor compliance with these requirements on a monthly basis (Weinick, Burns & Mehrotra, 2010).

The regulatory bodies, I have to be concerned with on an ongoing basis, are the Department of Health, the Joint Commission for Accreditation, government payers for Medicare, Medicaid and TRICARE (Weinick, Burns & Mehrotra, 2010). In addition, I have to be concerned with the IRS and the Urgent Care Association of America.

Therefore, the future is bright for the operations of urgent care business. There is frustration over long waits in emergency rooms for non-emergency care. Also, patients often have to wait for several weeks to see their primary care physician, and the need for immediate access to medical care will drive the growth of urgent care business in the future (Gardner, Gravestein, Baier. & Shamji, 2014). Therefore, In the future, there will be mandatory licensing for urgent care, mandatory accreditation for urgent care, and compulsory board certification for physicians who run urgent care. Hence, in the future, the urgent care center will be a widely recognized specialty for physicians.

An optimal care environment will be created by providing a premise that is well constructed and suitable for urgent care, providing equipment and information technology that is comparable with the best, and manning the practice with personnel who are competent, efficient, and ethical. To provide an optimal care environment, the facilities and performance of personnel will be reviewed on monthly, six monthly and annual bases (Gardner, Gravestein, and Baier. & Shamji, 2014). Corrective action will be taken to keep the environment healthy.

The future of urgent care medical practice is strong. For many patients urgent care is the most convenient place to visit because it is open on weekends and evenings when primary care physicians are closed (Jain, 2014). The visit to the urgent care center typically takes half an hour which is far less than an emergency room visit. Furthermore, employers, insurers and other payers will also encourage visits to urgent care clinics. High standards of quality will be maintained at the urgent care medical practice (Jain, 2014). For example, in comparison, an urgent care clinic that’s located at a major street with high a population area could be more successful than an urgent care clinic that’s less populated area.

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