

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Urgent Care Services Director
 Prepared by: _____
 Date: _____

Supervised by: Chief Executive Officer
 Approved by: _____
 Date: _____

Job Summary: Directs patient care, treatment and services to attain the facility's objectives established by the Governing Body.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance 2 = Expected Performance 1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Assists in preparing implements and monitors the facility budget.	3	2	1
Provides balance between cost effectiveness and quality care issues.	3	2	1
Forecasts fiscal impact of trends and current and future technological changes affecting the preparation and implementation of the facility budget.	3	2	1
Communicates budget to facility staff, medical staff, and supporting service departments.	3	2	1
Initiates corrective action for budget variances.	3	2	1
Provides guidelines for measuring the quality of patient care based on accepted standards of nursing practice.	3	2	1
Ensures participation of facility staff in the formulation of the standards of nursing practice.	3	2	1
Implements standards, annually reviewing and revising, as necessary, to reflect changes in nursing practice.	3	2	1
Demonstrates knowledge of the principles of growth and development over the life span and the skills necessary to provide care appropriate to the age of the patients served. Can interpret data about the patient's status to identify each patient's age-specific needs and provide the care needed by the patient group.	3	2	1
Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.	3	2	1
Supports and maintains a culture of safety and quality.	3	2	1
Ability to perform waived testing (point-of-care testing) per Clinical Laboratory's and the patient care unit's policies and procedures.	3	2	1
Ability to interpret results of waived tests; takes appropriate action on waived tests results.	3	2	1
Cultural practices will be addressed and supported as long as such practices do not harm others or interfere with the planned courses of medical therapy.	3	2	1
Ensures clear, concise, and current written policies and procedures are available to assist the nursing staff and minimize risk factors.	3	2	1
Ensures participation of facility staff in the formulation of policies and procedures, annual review, and revisions.	3	2	1
Interprets policy and procedures to all appropriate staff.	3	2	1

SUBJECT: INFECTION RISK ASSESSMENT	REFERENCE #2002
DEPARTMENT: URGENT CARE CENTER	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- Infection risk assessment shall be conducted annually and whenever significant changes in the organization occur.
 - A risk assessment shall be completed for each care setting under the facility's license.
- The Infection Prevention and Control Committee and the Infection Preventionist(s), with input from medical staff, nursing, and leadership, shall perform a risk assessment to identify infection risks for this facility.
- Once the risks are identified, prioritized, and documented, the Infection Prevention and Control Committee shall establish goals and measurable objectives based on the identified risks and develop an Infection Prevention and Control Plan.
- The risk assessment shall include:
 - Facility care, treatment and services offered, including demographics, such as:
 - Number of physicians
 - Number of employees
 - Number of Urgent Care visits annually
 - Facility location, noting geographical locations that may contribute to infection prevention and control issues
 - Community served
 - Population served (age, high-risk populations, etc.)

SUBJECT: PATIENT SAFETY PLAN	REFERENCE #4055
DEPARTMENT: URGENT CARE CENTER	PAGE: 1 OF: 10
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

- The purpose of the facility Patient Safety Plan at _____ (organization name) shall be to improve patient safety and reduce risk to patients through an environment that encourages:
 - Integration of safety priorities into all relevant organization processes, functions, services, departments, and programs
 - Recognition and acknowledgment of risks to patient safety and medical/health care errors
 - The initiation of actions to reduce these risks
 - The internal and external reporting of what has been found and the actions taken
 - A focus on processes and systems, and the reduction of process and system failures through use of failure mode effect analysis
 - Minimization of individual blame or retribution for involvement in a medical/health care error
 - Facility learning about medical/health care errors
 - Support of the sharing of that knowledge to effect behavioral changes
- The Patient Safety Plan shall provide a systematic, coordinated and continuous approach to the maintenance and improvement of patient safety through the establishment of mechanisms that support effective responses to potential or actual occurrences; ongoing proactive reduction in medical/health care errors; and integration of patient safety priorities into the new design and redesign of all relevant facility processes, functions and services.
- As patient care, and therefore the maintenance and improvement of patient safety, is a coordinated and collaborative effort, the approach to optimal patient safety shall involve multiple departments and disciplines in establishing the plans, processes and mechanisms that comprise the patient safety activities at this facility. The Patient Safety Plan, developed by the interdisciplinary Safety/Environment of Care Committee and approved by the medical staff, Governing Body and administration, shall outline the components of the facility's Patient Safety Program.

SUBJECT: TRIAGE - PATIENT ASSESSMENT	REFERENCE #7001
DEPARTMENT: URGENT CARE CENTER	PAGE: 1 OF: 6
APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

- Triage of patients shall occur by a Registered Nurse within 15 minutes of the patient signing in at the Urgent Care Center.
- The triage area shall be an area or room, with a telephone, next to the Urgent Care Center with direct access to the Urgent Care Center. The triage area shall have privacy for an initial assessment and vital signs.
- If the patient belongs to a non-contracted health plan, the patient shall be evaluated to exclude any emergency condition prior to calling for authorization to treat. If authorization is denied, the patient shall be referred to an appropriate physician or facility.
- If an emergency condition exists, whether they are a contracted member or irrespective of their ability to pay, the patient shall be evaluated, treated, stabilized, and, if necessary, transferred via ambulance to the closest emergency department.
- Patients calling and requesting medical advice and/or treatment by phone shall be referred to the RN. The RN shall then instruct the patient to make an appointment, obtain immediate emergency care, or shall refer the call to the physician.

PROCEDURE:

- The registered nurse shall evaluate and categorize each patient upon arrival to the Urgent Care Center into either resuscitative, emergency, urgent, semi-urgent, or routine categories.
- The initial evaluation shall include:
 - Patient's name
 - Age
 - Date and time of initial triage evaluation
 - How the patient arrived, e.g., walk-in, wheelchair, car, ambulance
 - Current medications, herbal supplements