**Project topic: Initiate urgent clinic care for adult, (UCC)**

* **The statistics for NON-critical patients visits:**

1. .
2. .
3. .
4. .

**Stage1:**

**Goals:**

1. The primary goal should be to reach the number of patients as soon as possible. At this stage, financial stress is stopped, profitability and financial security are tracked. The number of patients is between 17 and 23 per shift.
2. To achieve breaking up as quickly as possible, the clinic needs to be promoted before opening. A robust online strategy
3. To reduce the emergency visits, initiate urgent clinic to going to reduce the EDs loads: it will give more opportunity for the critical patients to be seen in the ED.
4. • Improve the services for non-critical patients, it will minimize the risk of the emergency cases, and it going to reduce the serves cost by using and relating the serves e.g. giving antibiotics for UTI patient in first visit to going to reduce the risk opportunity, 2nd e.g. educate the UTI patient to improve the hygiene factors going to reduce the UTI risk.



**Program Overview**

UCCs provide treatment to patients suffering from non-life-threatening conditions that require quick attention, including bone fractures, pneumonia and flu, and minor lacerations. MOH cluster trying to reduce rates of inappropriate ED utilization by triaging non-emergent patients to less acute settings. The ED is not the most appropriate care setting for many ED patients. Non-urgent patients account for well over 50 percent of the average ED’s caseload, and semi-urgent cases account for another 20 percent. At the other end of the acuity spectrum, most emergent patients would be better served in an inpatient unit, but many are forced to board in the ED because beds are unavailable.

**All of the following are important to initiate Urgent care clinics:**

1. Teamwork hierarchy.

2. JCIA standard.

3. Whom to target.

4. Report Plan.

5. Statistics.

6. Quality guidelines.

7. Working hours.

8. Staff.

9. IT support.

10. Environmental support.

11. Security support.

12. Types of equipment.

13. Protection of the duplicates.

14. Flow management.

15. Standard of the urgent clinic KPI’S.

16. resuscitation

17. ACP's Clinical Guidelines Committee

18. Review and approve of the clinical practice of the argent clinical practice guidelines.

19. Meetings.

20. Notification.

21. Rosita and care where app.

22. Infection control policy, isolation, MRSA

23. Infectious diseases statistics.

24. The strategy to Upgrade the case to ER, e.p level 4 to level 2.

25. Refuel medication.

26. Controlled meds.

27. Narcotics.

28. Documentations & PT history.

29. Work competency.

30. M&M Committee.

31. Logo and design support.

32. entrepreneurship for the all of the clinics.

33. Insurance services, communications.

34. medications and supplements.

35. Crash car.

36. Data analysis.

37. RT Supports Airway tools.

38. Ultrasound.

39. Procedure sedation.

**• Urgent clinical services (Adult):**

1. Triage.

2. X-ray: Portable machine, By an x-ray technician

3. ECG.

4. LAPS: CBC, RFT, LFT.

5. RBS.

6. Urine: urine dipstick test, pregnancy test

7. Sick leave.

8. Referral & Appointments.

9. Re-fell medications.

10. Dressing. BD RN on call for some cases like post-surgery.

11. Pain management.

12. IV fluids. In needed

13. Referral to the emergency room.

14. Resuscitation.

15. Wound sutures, wound sterile Glue.

16. Splint for fracture. Ortho Technicon or physician

17. referral to PT.

18. tracheostomy changes.

19. Catheterization.

20. Chemo medication IM or SQ, by IV team.

21. Culture samples.

22. Apsis - procedure sedation

**• Medications:**

Set-up a checklist of the meds:

1. Antibiotics.

2. Oral.

3. IV

4. IM

5. Crash car meds.

6. Insulin

7. D-50, D-5.

**• Disaster plan:**

Under ED control.

• **Observation unite:**

For example: COPD, Pain management, traffic accidents, Asthma, Anaphylaxis,

Gastritis, Kidney stone, trauma, overdose, alcohol.

**• Strategic human resource planning:**

* **Manpower**:

1. Physician
2. On call consultant
3. Online radiologist reports. With frame time.
4. 3 Nurses
5. 1 X-ray technician on call.
6. 1 Receptionist
7. 1 Security on call
8. 1 Portar
9. 1 Housekeeper

* **Locations of the serves:**

1. Dammam.
2. Khobar.
3. Jubill.
4. Qatif.



* **Facility Description**

|  |  |  |
| --- | --- | --- |
| **Space Description** | **Quantity** | **needs** |
| **Central Nursing/Physician Station** | **1** | **High** |
| **Triage room/KCG** | **1** | **High** |
| **Treatment Room/ exam room** | **1** | **High** |
| **Reception/waiting area** | **½ waiting area M/F** | **High** |
| **Restroom** | **2** | **High** |
| **EMS Facilities** | **½** | **High** |
| **Utility Room** | **1** | **High** |
| **POCT room** | **1** | **High** |

**• Beds:**

1- Triage/ ECG bed.

2- Resuscitation bed.

3- 8 Chairs for patient’s examination.

* **Crash car:**

1. 1 crash car in every UCC.

* **Golding opportunity’s:**

1- Close the Fast Track at the night shifts.

2- Use some of the facilities; which has been failed in previse projects.

3- Reduce the number of staff at the night shifts in the ED’s.

4- Improve the staff skills to be work in the urgent clinic

5- Reduce the problems in the emergency department

6- Develop a new program with specific qualification, for stuff to work in this environment, for example, Nurse assistant program CNA, physician assistant program PA, which’s going to be in 10 years a sore of workers and under this competency, it going to minimize the financial cost.

* **Challenges:**

1. **Marketing Strategies**:

**A)** Offline – Traditional Marketing:

This includes billboards, print media, placing an ad in a local movie theatre to drive patients to your clinic. This type of marketing is on the decline, as more and more patients are online now.

**B)** Online Digital Marketing for doctors and medical clinics, this is continually changing, for example, location, Call center, Call appointments.

* **Supplement & maintenance:**

It going to be under each hospital functions. To minimize the costs.

**• Stage2- Development:**

**•** Cost Analysis:

• Develop website:

• Develop App:

• Develop Digitals records:

• Architects supports:

• Online-Accounting support:

• Skype, WhatsApp, cell phone communication between the UCC’s & ED’s:

• Develop the Psychology skills to satisfied the patients:

• Develop the hospitality skills to satisfied the patients:

• Eliminate the errors by using:

1) I.T Instructions.

2) Notifications.

3) Meetings.

4) Evaluation.

5) Activate: if you see something say something.

* **Stage3- Quality:**

1. Initiate M&M committee.
2. Initiate IT committee.
3. Initiate Equipment committee.
4. Initiate Disaster committee.
5. Initiate research committee.

* **Operational program:**
* **Mistakes:**

1. Wasting Money on Unnecessary Expenses
2. Confusing a Good Doctor with a Great Entrepreneur
3. Confusing Your Inner Entrepreneur with an Urgent Care Business Person
4. Not Looking Beyond Your Hometown
5. Selecting a Site Where Adequate Urgent Care Access Already Exists
6. Not Considering the Purchase of an Existing Urgent Care
7. Picking a Small, Declining Community
8. Choosing a Purely Residential Community
9. Not Writing a Business Plan
10. Blindly Sticking to Your Business Plan
11. Underestimating the Finances Required
12. Thinking Hospitals or Other Physicians Hold the Keys to Success
13. Ignoring Coding
14. Choosing an Inexperienced Person to do Billing
15. Using an ED or Primary Care Billing Company
16. Being Cash Only, Not Credentialing
17. Thinking Compliance is Not Important
18. Referring Basic Procedures to Specialists
19. Not Investing in Adequate Practice Management Software
20. Overstaffing the Startup
21. Ignoring Ancillary Income Sources
22. Marketing Without Using Free Press
23. Not Marketing Occupational Medicine
24. Starting a Second Urgent Care Too Soon

* Insurance & cash visits:
* UCC’s Servers price.
* Financial Accounts.
* Profits.

* **Protect the UCCs from the stress, staff patients:**