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**Rochester Immediate Care Receives Joint Commission Accreditation**

*Rochester Immediate Care facilities in Greece and Webster join the highly select ranks of urgent care centers nationwide to display the Gold Seal of Approval™*

When patients, insurers, policy makers, regulators and medical professionals seek a comprehensive measure of a healthcare provider's quality of care and safety for patients, there is one "gold standard" they rely on: accreditation from The Joint Commission.

Today, the two freestanding Rochester Immediate Care facilities in Greece and in Webster join the highly select ranks of urgent care centers nationwide to receive accreditation from The Joint Commission and now display its Gold Seal of Approval™. The Rochester Immediate Care facilities are led by Janet Williams, MD, FACEP in Greece and Pam Sullivan, MD, FACP in Webster.

Formerly known as the Joint Commission on Accreditation of Healthcare Organizations, The Joint Commission is regarded as the nation's preeminent independent body for auditing and measuring quality in healthcare; its designation of accreditation is highly valued by hospitals, laboratories and clinics nationwide, including Rochester-area hospitals such as Strong Memorial, Highland, Rochester General and Unity.

Unlike certification, which simply defines the characteristics of an urgent care center based on a completed application form, Joint Commission accreditation recognizes quality of care and safety based on Joint Commission officers' personal examination of a facility's records, policies and procedures and unannounced site visits for detailed inspections.

Of the more than 8,700 urgent care centers in the United States, only a select few are currently accredited by The Joint Commission. The Urgent Care Association of America worked collaboratively with The Joint Commission in 2008 to establish this accreditation, which both entities recognize. For a list of urgent care centers currently holding Joint Commission accreditation, please go to the [UCAOA page](#).

In addition, insurers and policymakers recognize Joint Commission accreditation when making decisions on licensing, certification and contracting. For example, many states waive routine on-site surveys of a facility if it maintains its Joint Commission accreditation. The Centers for Medicare and Medicaid Services recognizes Joint Commission accreditation as a factor for participation in CMS reimbursement programs.

Accreditation is totally voluntary and facilities pay a fee to cover the expenses of the surveys and on-site visits from The Joint Commission.

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“Organizations that strive for accreditation in ambulatory care from The Joint Commission are demonstrating the highest commitment to quality and safety to their patients, staff and their community,” says Michael Kulczycki, executive director, Ambulatory Care Accreditation Program, The Joint Commission. “I commend Rochester Immediate Care for successfully achieving this pinnacle and for its dedication to continually improving patient care.”

Rochester Immediate Care is managed by The Exigence Group of Amherst, New York, which also manages urgent care facilities in Buffalo and in Austin, Texas. The *entire system* of urgent care facilities received Joint Commission accreditation.

“With this Joint Commission Gold Seal of Approval™, we join an elite group of urgent care providers whose ability to deliver the highest level of patient care is formally recognized,” said Gregory F. Daniel, MD, MBA, Chief Executive Officer, The Exigence Group. “We urge everyone—patients, insurers, regulators, policy makers and physicians—to consider this accreditation, and our commitment to the high quality of care it acknowledges, when making personal, patient-centered and policy decisions.”

### Achieving Accreditation

Inspectors from the Joint Commission conducted both announced and unannounced visits to Rochester Immediate Care’s two facilities as well as to the Exigence corporate headquarters in Buffalo. The visits were made in November and December of 2011. Among the checklist of items they scrutinized and evaluated are:

- **Environment of Care:** Physical plant requirements, patient and employee safety, and cleanliness
- **Emergency Management:** Including mitigation efforts, assessment of preparedness, review of response to emergency and recovery after event
- **Human Resources, Credentialing, Privileging:** Consistency in the hiring and termination process, assuring that all providers are competent to perform their duties, review of corporate based training and orientation efforts, Quality Assurance plans, continuing education and ongoing training
- **Infection Prevention and Control:** Activities, education, training, and planning for risks of infections
- **Leadership:** Ensuring the organization holds to its published Mission, Vision and Values
- **Medication Management:** Pharmacy services planning, administration, monitoring and evaluation
- **National Patient Safety Goals:** Incorporation of NPSG into the regular practice
- **Provision of Care:** AIDET, assessment of patient, delivery of care, coordination of care and future treatment needs
- **Record of Care:** Private health information management, discharge summaries, imaging reports, etc.
- **Waived Testing:** Lab Controls, policies and procedures, training and education

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## **Maintaining Accreditation**

Accreditation from The Joint Commission is not permanent. To maintain accreditation, an ambulatory care organization must undergo an on-site survey by a Joint Commission survey team every three years. The objective of the survey is not only to evaluate the organization, but to provide education and guidance that will help staff continue to improve the organization's performance. Surveys are conducted by professionals with at least five years of leadership experience in an ambulatory care organization, and a strong educational background. Ambulatory care surveyors have advanced medical or clinical degrees and receive continuing education to keep them up-to-date on advances in quality-related performance evaluation.

The survey process focuses on evaluating actual care processes by tracing patients through the care, treatment and services they received. In addition to these patient "tracers," surveyors conduct systems tracers to analyze key operational systems that directly impact the quality and safety of patient care. Surveyors use pre-survey information, from the Priority Focus Process, to conduct a more organization-specific and consistent survey.

## **About The Exigence Group**

Headquartered in Amherst, New York, Exigence is a national healthcare management organization owned and managed by physicians. With clients throughout the United States, Exigence develops and manages Emergency Medicine, Hospitalist, Urgent Care, Occupational Medicine and Patient-Centered Medical Home programs. The Exigence Group manages over 600,000 patient visits annually, including 118,000 urgent care visits in 2011. In addition, Exigence provides consulting services in areas such as emergency department design, information technology infrastructure, electronic medical record systems, on-call panels and more. Learn more about The Exigence Group at [www.theexigencegroup.com](http://www.theexigencegroup.com).

## **About The Joint Commission**

Founded in 1951, The Joint Commission seeks to continuously improve healthcare for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. The Joint Commission evaluates and accredits more than 18,000 healthcare organizations and programs in the United States. The Joint Commission also provides certification of more than 1,700 disease-specific care programs, primary stroke centers, and healthcare staffing services. An independent, not-for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care. Learn more about The Joint Commission at [www.jointcommission.org](http://www.jointcommission.org).

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