How to Staff Your Urgent Care Center

New centers and established centers alike often find themselves in a staffing conundrum of one sort or the other. How to sort through these “issues and opportunities” take very careful consideration and evaluation of the practice involved. There are many variables to consider when staffing a center and although there are no cut and dry answers, this article will offer guidance and offer new start up centers a jumpstart on staffing plans, and will assist existing centers in reevaluating their current staffing.

There are a few items you will need to have access to in order to properly use the information in this article: a proforma for startups and practice reports for existing centers. There are a series of questions and scenarios to be considered, so you should have information available to you on patient volume, types of services that will be offered, payer classes, and types of staff that will be used.

With that said, let’s begin. Below is a series of questions and ideas that need to be considered, answering these questions or at least considering options will assist you on more clearly defining your center(s) needs:

When will we need staff?
- Are there peaks and valleys in our volume throughout the day, day of the week, time of the month?
- Do we see seasonal changes in volume?

How many staff do we need?
- How many centers do we need to staff?
- What is our average daily patient volume?
- What is our put-through time goal and are we meeting it now?

What types of staff will we consider?
- What types of skills and credentials are needed for the services we will offer?
- Are there state and/or federal guidelines regarding types of provider's that can be used to treat patients?
- Do the health plans and/or professional liability companies we have access to require certain credentials?
- If allowed by the above entities, are we going to consider using mid level providers?
- If allowed by the above entities, are we going to consider using non licensed staff such as medical assistants in our centers?

Other:
- Considering our company culture, who will work best within those parameters?
- Are we at a point financially where we can afford to have individual departments such as marketing, billing, human resources, etc. or do we need to have limited staff with multiple skill sets?
• Do we have the support of a hospital or other corporate structure, or are we completely independent?
• Are we open to outsourcing some areas like billing, IT, payroll, cleaning, or do we plan to use our staff?

As you can see, there are many things to consider… and that was just a basic list to get you started!

As previously mentioned, there are a number of variables that affect staffing. For example, in addition to knowing how many centers you will need to staff, how close those centers are to each other play a role in your staffing decisions. If the centers are close in proximity you will be able to cross train and share staff, if not, they will each need to be fully staffed, along with some PRN staff for back up.

Speaking of PRN staff, those of you who are used to working in a hospital or large corporation may be accustomed to having a PRN pool to use in the event of an unexpected absence or short staffing; however, this is an area that needs to be addressed for most independent urgent care centers. Regardless of how dedicated and committed your staff is, things come up and people have emergencies or move on for other opportunities and you will have holes to fill in the schedule.

In this same vein, hospital or corporate owned practices also have access to in-house departments such as payroll, HR, marketing, accounting, etc. that an independent center has to manage on their own.

Understanding the various responsibilities that have to covered will give you some direction in who you select during the interview and selection processes; you will need to recruit as many multi skilled people as possible and delegate some of the administrative tasks among them.

Another element affecting the types of staff you consider is the menu of services you plan to offer. Many urgent care centers compliment the urgent care services with primary care, orthopedics, physical therapy, occupational medicine, and even some cosmetic or weight loss services. Each of these requires staff with various skill sets.

Once the decisions on how many staff and what types are needed to offer the services you will be offering, you will need to consider the various providers of services and their credentials that are available in the world of urgent care. Some centers prefer to staff only with physicians, registered nurses, and certified radiology technicians. However, there is a whole group of “mid-level” providers available for consideration. Many urgent care centers (and most other medical care delivery systems) recognize this group and the value they bring to both the practice and the patients. Nurse Practitioners (NP’s), Physician Assistants (PA’s), medical assistants and paramedics are examples of this group of providers.
As you move the process of deciding on what staff you plan to use, never forget two very important pieces of advice: *Never compromise care for cost...and always perform due diligence and research state and federal guidelines that apply to your center(s)*. See the Suggested Resources at the end of this article for more information.

Once you are familiar with applicable regulations, there are still a few other items to consider. When using NP’s or PA’s you should also understand that even if your state and federal regulations approve of their use, some insurance plans or networks may have their own set of restrictions. Those often come in the way the visit or procedures are reimbursed. However, even if they are reimbursed at a lower level than a physician that shouldn’t necessarily be a reason to not use them in your practice. For starters, mid-level providers will cost less per hour for you to employ or contract with, and, in certain situations they may be able to see more patients per hour than a physician. For example, if your practice offer occupational medicine, or treats patients with acuity levels requiring sutures, foreign body removal, and other similar high level, time consuming services it may be a good idea to have a physician on duty to see those patients and a mid-level working alongside to see the patients with more minor illnesses and injuries.

Other factors to consider are the cost and coverage types of professional liability (malpractice insurance), collaborative practice agreements, physician oversight requirements, and the specific skills of the individuals you are considering.

The next set of providers to consider is the clinical support team.

Creative staffing models may also involve the use of paramedics and medical assistants. Traditionally, RNs or licensed practicing nurses come to mind when you think of a traditional “doctor’s office” nurse. Paramedics have generally been employed by hospitals in their emergency department or ambulance services. Recently, though, many urgent care centers have found paramedics to be an effective way to offer a high level of care to their patients at a lower cost than traditional RNs. Be sure to check your state statutes regarding regulations on the use of paramedics and medical assistants. As you can see, a combination of staff credentials and skills can be a very effective way to staff the clinical side of most urgent care centers.

Clinical staff is usually the first group considered when starting the hiring process, consumes the most effort, and often presents the biggest challenge. This should not, however, cause you to put any less thought into selecting the right “other” staff for your practice. The front office staffs are often the first people that visitors to your practice meet, the billing department is the lifeblood of any business, and good marketing can be the difference between a busy, successful urgent care center and failure. Human resources (HR), information technology (IT), and administrative personnel also need to be factored in.

To this end, let’s take a look at outsourcing options. Essentially most services beyond front desk and clinical staff could be outsourced. For example, payroll, IT, billing, and HR are all services and departments that could be handled by an outside source.
While your individual preferences may differ, we’ve found that payroll and IT are the two responsibilities that we feel most comfortable having performed by another agency. They are both fairly straightforward and non-company specific tasks that, with some oversight, are best handled by professionals in these areas. Some feel the same about HR and billing, but many prefer keeping these tasks close at hand.

This is not only the most efficient use of their time and skills, but it has the added benefits of keeping patient wait times down and offering the most expert care to only the patients that require it. Although many PEs are proficient at suturing, wound care, and other similar procedures, you should evaluate each one prior to employment to ensure that their capabilities correspond to the level typically seen in your practice.

There are also collaborating practice agreements and physician oversight requirements for PEs that often differ between NPs and PAs and from state to state. Whether or not your clinic is in a medically underserved or federally designated shortage area may be another relevant factor. What age groups may be treated by what PEs differs based on the credentialing tests taken and the corresponding certification awarded. To simplify matters, most urgent care facilities hire NPs with a family nurse practitioner certification; this allows them to provide care for all age groups. Prescription-writing regulations are another important consideration.

Support staff

According to the Occupational Information Network, the average RN’s salary is $27.54/hour nationally; for paramedics, its $13.01/hour; and for medical assistants, it’s $12.64/hour*. When hiring personnel for your urgent care center, you have to analyze your budget on a per hour basis, how many total staff it will take to keep your patient flow on track, and how to staff individuals who can handle a variety of responsibilities. If you have a budget of $30/hour for support staff, hiring an RN at $27.54/hour gets you a well-qualified and credentialed individual who can provide most of the clinical support services for your office. The downside, obviously, is that that RN is only one person, and no matter how qualified she may be, it is likely to negatively affect patient flow. If, instead, you hire a paramedic for $13.01/hour and a medical assistant for $12.64/hour, you’ve spent roughly the same amount and you get (depending on state law) someone (the paramedic) who can place intravenous lines, is trained in basic life support and advanced cardiac life support, and is familiar with most urgent and emergent situations, as well as a medical assistant who can room patients, give injections, do strep tests, and possibly even take x-rays, depending on applicable regulations.

As you build your practice, basic trial and error will demonstrate what works best in your particular environment. Desired acuity level, service lines (occupational medicine, wellness, primary care), and cost will all play a role in your final decision on how to staff your urgent care center. The most influential factor, however, is less quantifiable; when you find a “gem” of a staff person, you will know what type of characteristics to look for in future applicants.

*this can change according to the market