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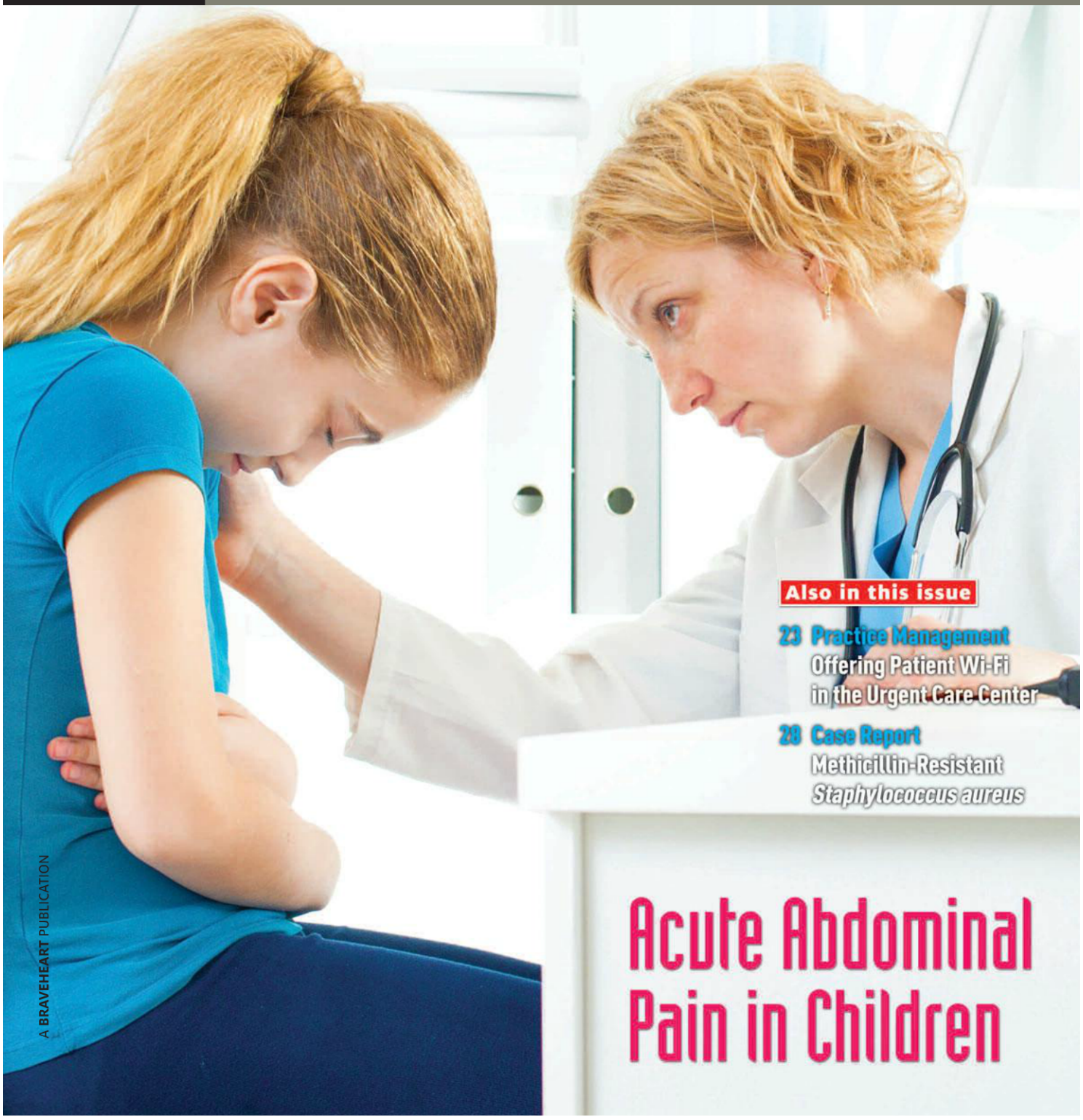

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A BRAVEHEART PUBLICATION

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This article will guide you through the differential diagnosis, management and disposition of pediatric patients presenting with acute abdominal pain.

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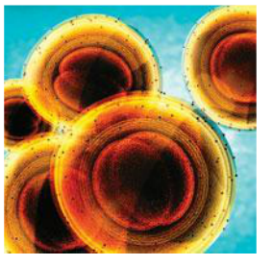

IN THE NEXT ISSUE OF *JUCM*

Nineteen percent of all hospital injuries are caused by adverse drug events, most of which involve common medications and many of which are drug-drug interactions. As use of multiple drug therapies becomes more frequent and patients' medication lists grow longer, the more likely they are to present for care with complaints related to drug-drug interactions. Next month's cover story reviews the risk factors for drug interactions with warfarin, antibiotics, oral contraceptives, statins, and selective serotonin reuptake inhibitors. It's not possible for an urgent care provider to remember all potential drug interactions. It is necessary, however, to maintain a high level of suspicion when making changes or additions to a patient's medications, and to thoroughly review existing medications when prescribing something new.

DEPARTMENTS

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Acute abdominal pain in children is a common complaint and a diagnostic challenge. Self-limiting conditions usually are the cause, but a "tummy hurt" also may herald a serious medical or surgical emergency, such as appendicitis. In this month's cover story, author Kayleene E. Pagán Correa, MD, FAAP, offers a guide to differential diagnosis, management, and disposition of pediatric patients who present with acute abdominal pain. Excellent history-taking skills and a careful, thorough physical exam are the keys to making the diagnosis or at least making a reasonable conclusion about a patient's care.

Dr. Correa is a pediatric emergency medicine fellow at Rainbow Babies and Children's Hospital, Cleveland, Ohio.

When you encounter patients with skin infections and presumed insect bites, a high degree of clinical suspicion must be maintained. That is the key message of this month's case report, by Samina Yunus MD, MPH, and Donna Goetsch, MSN, CNP. The patient was a 22-year-old white female who presented to an urgent care clinic with a complaint of an infected spider bite on her left upper thigh. She had noticed a pimple-like lesion a week before, which had since grown and developed a central, black area with surrounding warmth, redness, and pain. The diagnosis? Community-acquired methicillin-resistant *Staphylococcus aureus* (C-MRSA), which occurs in populations that have none of the typical risk factors seen in patients with hospital-acquired MRSA.

Dr. Yunus is Assistant Professor of Family Medicine at Cleveland Clinic Lerner College of Medicine in Cleveland, Ohio. Ms. Goetsch is a Family Nurse Practitioner at Cleveland Clinic Chagrin Falls Family Health Center and Urgent Care in Chagrin Falls, Ohio.

Wi-Fi is all but ubiquitous in businesses and retail establishments and many hospitals have introduced it as an amenity to help patients and visitors feel at ease in unfamiliar surroundings. But many urgent care centers have yet to move beyond offering magazines and static health messages in their waiting rooms. As Alan A. Ayers, MBA, MAcc describes in this month's practice management article, offering Wi-Fi in urgent care is a logical step and one that patients are coming to expect. The costs of and barriers to adding Wi-Fi are low and the benefits include a better patient experience and improved perception of wait times.

Mr. Ayers is Associate Editor, Practice Management, *JUCM*, Content Advisor, Urgent Care Association of America, and Vice President, Concentra Urgent Care.

Also in this issue:

John Shufeldt, MD, JD, MBA, FACEP, discusses the complexities of decision-making when providing end-of-life care for patients who can't give medical consent or direction. The key message here is that interpretation of a "do not resuscitate" order is not straightforward and documentation of the provider's judgment, made following discussion with next of kin (if possible), is prudent.

Nahum Kovalski, BSc, MDCM, reviews new abstracts on literature germane to the urgent care clinician, including studies of an update on flu activity and fasting before lipid measurement.

In Coding Q&A, **David Stern, MD, CPC**, discusses use of CPT code S9083, E/M, and radiology codes.

Our Developing Data end piece this month looks at the marketing tactics that urgent care centers use to reach their target audience. ■

To Submit an Article to *JUCM*

JUCM, *The Journal of Urgent Care Medicine* encourages you to submit articles in support of our goal to provide practical, up-to-date clinical and practice management information to our readers—the nation's urgent care clinicians. Articles submitted for publication in ***JUCM*** should provide practical advice, dealing with clinical and practice management problems commonly encountered in day-to-day practice.

Manuscripts on clinical or practice management topics should be 2,600–3,200 words in length, plus tables, figures, pictures, and references. Articles that are longer than this will, in most cases, need to be cut during editing.

We prefer submissions by e-mail, sent as Word file attachments (with tables created in Word, in multicolumn format) to *editor@jucm.com*. The first page should include the title of the article, author names in the order they are to appear, and the name, address, and contact information (mailing address, phone, fax, e-mail) for each author.

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Offering Patient Wi-Fi in the Urgent Care Center

Urgent message: The costs of and barriers to adding Wi-Fi to an urgent care center are low and the benefits include a better patient experience and improved perception of wait times.

ALAN A. AYERS, MBA, MAcc

Wi-Fi is now ubiquitous. Step into most any coffee house, theme restaurant, library, shopping mall or other service establishment and you'll find that Internet access is readily available and usually free of charge. Many hospitals have also introduced Wi-Fi as an amenity for patients and their guests in an effort to help them feel at ease in unfamiliar surroundings. This means that at the touch of a button, consumers can access the latest news, email, and social events through their smart phones and tablets. But while the rest of the business world moves into the "information age," many urgent care centers remain "in the past" with their months-old magazines and static health messages. As patients come to expect the availability of Wi-Fi in health care facilities, offering Wi-Fi at your urgent care center is a logical next step.

Public Wi-Fi Improves the Patient Experience

When restaurants began to introduce free Wi-Fi, they learned that customers would sit longer in their seats, order more drinks, or opt for dessert as they browsed their Facebook "walls," finished their online games, or responded to one more email. By offering a place to "relax," establishments with Wi-Fi attracted more customers, their customers spent more money, their loyal customers returned more frequently, and their businesses experienced higher profits than non-connected competitors. Urgent care operators can learn from these observations.

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The urgent care environment is inherently stressful. Patients are dealing with illness or injury, they're uncomfortable, they're away from work and personal activities, and friends and family members may be concerned. In today's "on-demand" world, people are also generally impatient with waiting. Access to Wi-Fi dra-

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Table 1. Key Considerations for Wi-Fi in the Urgent Care Center

Do we manage this in-house or through an outsourced provider?

√ What is the aptitude and skill of the center's current staff as it pertains to network architecture and Internet security?

√ Can an installation be accomplished internally and is there someone who will be available to respond to connectivity issues as needed?

√ What is the cost differential between managing Wi-Fi in-house versus utilizing a contractor?

Will this be a paid or a free service?

Urgent care centers have the capability to offer either a free or paid connection to Wi-Fi. Paid connections are often seen in upscale hotels and on airlines—places where individuals with expense accounts need immediate or interim Internet access. Service establishments including hospitals most often offer their Wi-Fi services for free. When considering Wi-Fi as an amenity and given what should be short durations of patient waits, Wi-Fi in urgent care really should be free.

Will Wi-Fi access be over the center's local area network or a separate guest network?

A separate guest network is the surest way to eliminate the risk of hacking into protected health information and to prevent the intrusion of malware and viruses into the local area networks hosting the center's practice management applications. In addition, separating business and guest traffic can prevent "slowing" business processes due to bandwidth constraints.

How many people will have access to the network?

As a center's volume grows, its Wi-Fi capabilities will need to expand with it. The Wi-Fi system should have sufficient bandwidth to accommodate everyone waiting in the office, whether that number is large or small. If the center is in a high-density area where patrons of other businesses may access the Wi-Fi system, the center may especially consider access controls via "password" or "registration."

How will Wi-Fi access be controlled?

Controlled connectivity requires users to connect using a password provided by the front office or by entering and validating (registering) their credentials on a splash page. Having controlled access provides for tighter security and also allows for further consumer insights on those patients, as the URLs visited can be easily accessed by the administrator of the network.

matically diminishes the stress of an urgent care encounter by allowing patients' attention to be consumed by their own devices. In fact, providing free Wi-Fi facilitates activities that are already taking place. According to a Blue Chip Patient Recruitment (BCPR) mHealth study, 61% of patients are reading their email, 49% are texting, and 47% are surfing the Internet in medical waiting rooms.[1] When patients have something to focus their attention, they're less likely to disturb staff and to perceive wait times as being "long."

Develop the Solution In-House or Use a Contractor?

Many urgent care centers resist implementing patient Wi-Fi because they perceive it's too expensive. The reality is that most medical offices already have an internal computer network, meaning much of the technical infrastructure is already in place. Ultimately, all that's required is a router and an Internet Service Provider (ISP). A router is a small piece of equipment responsible for distributing (or routing) Wi-Fi connections through the office and an ISP is the company that provides connectivity to the Internet—typically a phone or cable company. A good wireless router—with some built-in security features—is available at any technology store for $200 or less.

However, "do-it-yourself" solutions allowing open, non-controlled access—particularly if over the same network that supports the center's operations—can present a risk of hacking into the center's applications, tie up bandwidth thus slowing down business systems, and can present legal risks if there is no agreement or acceptance to terms of Internet use. At the very least, the center should use a separate network and Internet connection for "guest" versus "employee" access. The more protections for the user and the center, the more complex the set-up required, usually exceeding the technical expertise of the center's staff. To identify the best set-up for your center, start by answering the questions addressed in **Table 1**.

A good way to identify independent providers in your community is to ask for referrals from restaurants and other businesses you frequent. In addition, national service providers like www.privatewifi.com and AT&T can turn the center into a "hotspot"—a branded turnkey solution that includes installation, network management, reporting, and 24/7 customer and technical support.

Information Security Issues in Implementing Public Wi-Fi

Both patients and providers have natural concerns regarding information security. Providers need to remain compliant with Health Insurance Portability and Accountability Act (HIPAA) standards and patients need to know that their personal health information is secure. The most significant information security step

that can be taken is to physically separate the public or guest network from the internal network. Although that requires two separate but parallel systems, the result is effectively two separate "houses" for data storage—with the guest network being a shell containing very little information and the internal network being a fortress that contains practice management data.

In regard to the network itself, WPA or WPA2 (Wi-Fi Protected Access) encryption protocols are standard on certified Wi-Fi equipment, minimizing the chance that information will be intercepted. Perhaps more important of a deterrent is controlling network access via password protection (i.e. individual passwords for each patient, changing of default passwords on routers and servers, and password protection on the servers or routers).

Barriers to Offering Public Wi-Fi

Offering public Wi-Fi to patients presents very few technological challenges. Patients accessing the system must have adequate connection speed, as well as appropriate upload and download privileges. If patient Wi-Fi is through a separate guest network, requiring patients to agree to "Terms of Service"—which typically appear on a splash page upon accessing the Internet—and outlining expectations for use of the service can curtail most legal issues. Typical conditions of use include (but are not limited to):

- Internet is for personal use only while a patient or visitor to the center.
- Attempts to break security, tamper with the system or access secure information are strictly prohibited.
- Internet may not be used for any illegal activity including hacking into other systems, violating intellectual property rights (downloading of pirated or copyrighted materials), or distribution of spam, viruses or malware.
- User will not access or display any material that may be considered offensive, lewd, pornographic, violent, threatening, hateful, or otherwise objectionable.
- User consents to having all Internet activity monitored and recorded by the center, which may be used to ensure compliance with the Terms of Service, applicable law, and in protection of the center's rights, property and interests.

In addition to the Terms of Service, users should also be presented with a Disclaimer, Limitation of Liability, and Indemnity Clause—which basically state use of the Internet is subject to availability, is at the user's own risk, that the center takes no responsibility for activities that occur while online (such as incomplete financial transactions or risks the user's computer will be hacked or infected with a virus), and that the user will hold the center harmless from any claim arising from using the Wi-Fi. Samples of these agreements can be found on the websites of any public Wi-Fi provider.

Concerns that patients will access or display inappropriate materials—such as pornography—can be controlled by applying a Web filter that blocks access to sites deemed inappropriate. Outsourcing the public Wi-Fi to a third-party provider is the easiest way to ensure a technical infrastructure and terms of service that protect the center.

Other concerns with public Wi-Fi include a dearth of technological skills on the part of staff and lack of physical space for patients in which to feel comfortable with their Internet-related activities. In regard to physical space, the urgent care waiting room should be designed with sufficient power outlets and a variety of seating. Workstations and power strips can be purchased at any office supply store. From a customer service perspective, having Wi-Fi that doesn't work is worse than having no Wi-Fi at all so staff must be adequately trained to answer patient questions and reset the router if necessary. An outsourced Wi-Fi network provider can provide more advanced technical capabilities, including assessment of patient's connectivity issues over the telephone.

Reasons to Not Offer Public Wi-Fi

There are very few downsides to offering public Wi-Fi in an urgent care center. Concerns over the potential for signal interference with existing calibrated equipment are typically unfounded, because there should be adequate shielding in place. Some clinicians may require that patients turn off their electronic devices (especially those that record audio or video) to protect patient privacy and to prevent distraction during the actual physician-patient encounter, thus limiting their use to the waiting room. But more common concerns have to do with whether patients will actually have sufficient time to use the Wi-Fi. Given the walk-in nature and variety of cases seen in urgent care, it's inevitable that there will be individuals who will need to wait longer than others. While no wait or a short wait is ideal, patient Wi-Fi will make the waits that occur more tolerable.

Raising Awareness of Wi-Fi in the Center

While some patients may "stumble upon" or be alerted to the availability of Internet connectivity by their

Table 2. Marketing Free Wi-Fi at the Urgent Care Center

- **Door Decal:** A decal placed on the center's door advertising that Wi-Fi is available or that the center is a commercial "hotspot."
- **Front Desk Sign:** Point-of-sale materials placed strategically at the front desk raise awareness of Wi-Fi and can prompt patients to ask the staff about how to access the Internet.
- **Patient Receipt:** Patients' individualized Wi-Fi passwords may be written or printed on a payment receipt. This not only raises awareness of the availability of Wi-Fi but also signals to patients that the practice is concerned about information security.
- **Internet Advertising:** In addition to including the presence of Wi-Fi on the center's own website, the center can register with one of multiple independent websites that list Wi-Fi-enabled locations around the country.
- **Center Marketing Materials:** Including the Wi-Fi symbol on printed marketing materials and advertisements for the center communicates to potential patients that the center offers the amenity and cares about the patient experience.

devices, most will not know Wi-Fi is present unless prompted. How will the medical practice get the message out that they have a Wi-Fi connection? **Table 2** provides several ideas for marketing the service.

The use of landing pages and splash pages on the Wi-Fi connection itself offers a distinct opportunity to raise patient awareness of the center's other service offerings, such as travel medicine and immigration physicals, or of seasonal promotions like flu shots and school physicals.

Conclusion

Internet connectivity is an amenity that can easily be offered by an urgent care center. As the number of Wi-Fi-enabled establishments grows, patients will have greater expectations of Internet connectivity everywhere they go. For urgent care operators, the cost and barriers to adding Wi-Fi are relatively low and the benefits of improving the patient experience and reducing wait time perceptions can manifest incredible value through the repeat visits and positive word-of-mouth of satisfied patients. ■

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