



**Urgent Care
Association
of America**

**INTRODUCTION
TO THE
URGENT CARE ASSOCIATION OF AMERICA
(UCAOA)
ACCREDITATION PROCESS**

Starting the Accreditation Process

UCAOA Accreditation demonstrates a commitment to provide the scope of care consistent with an urgent care center that meets the criteria of the UCAOA certified center, including x-ray and laboratory services, as well as a quality and safety commitment to your patients and your employees. It represents the only endeavor in the industry that will provide the applicant dual accreditation & certification. Through this process you are making a commitment of:

- Both financial and human resources
- A willingness to conduct a comprehensive organizational assessment that examines your center's capacity in Governance, Human Resources, Patient Care Processes, Physical Environment, Quality Improvement, Health Record Management and Patient Privacy/Rights/Responsibilities.
Ensuring access and a scope of services to your community representative of a full service and UCAOA certified urgent care center.

Certification standards and an overview of accreditation standards are available at www.ucaoa.org. Detailed accreditation standards will be made available once you have committed personally & financially to move forward with the process.

Whether you've already made the decision to seek UCAOA Accreditation or whether you're still considering the benefits, here are a few recommended steps to guide your process:

- a) Visit the UCAOA website at www.ucaoa.org to gain information and an understanding the UCAOA Mission, Vision and Values as well as certification criteria and an overview of the accreditation standards
- b) Contact UCAOA to determine what additional qualifications, if any, might be needed to successfully secure UCAOA accreditation.
- c) Familiarize yourself with the UCAOA Accreditation Manual which covers accreditation standards once you have made the commitment.
- d) Develop a presentation for your governing body to establish the merits of accreditation and how it will add a valuable component to your center's success.
- e) Educate your staff about how dual UCAOA Accreditation/Certification will support their commitment to quality practice, patient access and your center's dedication to excellence.
- f) Discuss the process, standards, and commitment that is required to achieve UCAOA Accreditation with your stakeholders.
- g) Conduct a gap analysis to determine what actions or processes, if any, you need to implement to demonstrate the standards.
- h) Assign sections or sub-sections to a staff member who will be responsible for ensuring the appropriate review and formulation of improvement/action plans for standards. Most organizations have more than one person involved in the review of standards, but UCAOA suggests that one person be designated as ultimately accountable for each section or sub-section.
- i) Conduct training for staff on how to use/apply the standards to assess current practice. Training should include: the structure of the standards and related content within each section.
- j) Assign a timeframe for each team to conduct a "self-assessment" of their assigned sections. The self-assessment should include reviewing all standards and assigning a "preliminary rating" for each. The self-assessment also should include that the required documentation is available and up-to-date and that the organization feels prepared to engage in the on-site survey activities that will occur.
- k) Use tools provided by UCAOA to help in the self-assessment: UCAOA has developed several, including readiness checklists. The tools should be used in conjunction with the standards and should not replace reviewing the details of each standard and assessing current operations and processes with regards to the standards.
- l) Execute UCAOA's *HIPAA Business Associate Agreement*, between your organization (The Covered Entity) and UCAOA prior to the site survey.
- m) Remember that achieving UCAOA Accreditation is only possible when you have demonstrated clear evidence of having *implemented* the standards. Surveys conducted by the UCAOA on-site surveyor are important as they reveal the extent to which a policy and procedure has been operationalized within the organization. Use the survey process in a collaborative manner to help your organization reach accreditation. We are committed to your ultimate success.
- n) Develop improvement/action plans for standards identified as area of concern. Formalize action plans, including the assignment of a responsible individual with timeframes and clear expectations of the work to be done to help ensure your accreditation timeline is met.
- o) After the development and implementation of the action plans, have your assigned individuals or teams re-evaluate evidence of implementation of the standards. See if the areas identified as concern have been addressed.
- p) Gather all of the pre- and on-site documentation from standards to have available on-site for the surveyor.
- q) Consider conducting a "mock survey visit" to assess organizational readiness for accreditation/reaccreditation. You may wish to consider conducting one at the beginning of this process

along with another mock review as you near your site visit. Mock site visits can include a facilities review, medical record review, and extensive interviews with staff to ascertain implementation and understanding of the standards. Used at the beginning of the process, a mock site visit can help assess where your most significant gaps are and define where you will need to invest the most amount of resources and staff time.

- r) Notify your staff, patients and payers that UCAOA Accreditation affirms your commitment to providing quality care focused on patient safety and excellent clinical outcomes.
- s) Develop and stick to your timeline! By developing a timeline that incorporates key deadlines (date of your survey), you can help your staff stay focused and ensure that you do not feel pressured as deadlines near.

WHAT IS A STANDARD?

- A standard is a practice goal for a field or industry that is widely recognized or employed as a model of excellence. A standard is not a regulation. While a regulation is generally set as a minimum requirement for a field, a standard represents a higher level of practice.
- UCAOA standards include Governance, Human Resources, Patient Care Processes, Quality Improvement, Physical Environment, Health Record Management and Patient Privacy/Rights/Responsibilities standards.
- Standards apply to all organizations regardless of size or model of operation.
- How a standard is implemented is defined by the organization.
- The standards represent a set of practices that collectively support strong organizational performance, and positive service delivery outcomes.

WHAT HAPPENS ON A SITE VISIT?

- Most organizations pursuing UCAOA Accreditation will experience a site visit. The UCAOA site visit experience is both facilitative and collaborative. The surveyor will provide the organization with every opportunity to demonstrate how it implements the standards within its organization.
- The site visit is perhaps the most important step in the UCAOA Accreditation process because this is when a surveyor visits your organization to assess the way you have implemented/interpreted the UCAOA standards.
- While on the site visit, the surveyor will also evaluate the center's scope of care to ensure it meets the criteria established to distinguish it as a Certified Urgent Care site.
- On your initial survey, it is not necessary to demonstrate a 'history' within the organization for most standards. The expectation is that a process has been put in place to demonstrate compliance with the standard. If a history is not evident but a process or policy meets the criteria, it will be assumed that your clinic has met the standard.
- If a process is new to your organization on the initial visit, there will be follow up on your next survey to ensure that what you stated would be in place has indeed been implemented.
- *Pre-Conference* - The Pre-Conference is the formal "kickoff" of the site visit. This is when the surveyor is introduced to your CEO/Executive Director, members of your governing body (if appropriate), executive and management staff, and other key staff members who will be involved in the site visit. During this conference, the surveyor will review what can be expected during the survey.

Interviews and Observations

- The surveyor will tour your organization's facilities to observe the safety, quality and maintenance of the facility. During these tours, the surveyor will also observe staff/patient interactions. Discussions are often conducted with patients and/or staff.
- The intent of these discussions is to determine satisfaction with services, to determine if written policies and procedures are implemented/ understood throughout the organization, and to help the surveyor get a feel for the overall culture of the organization.

Post-Conference

- The Post-Conference is intended to provide your organization with some initial feedback and to assure all Administration, board members, executive and management staff and key staff members understand what to expect next. This also allows you to bring closure to this part of the process.

WHO ARE THE SURVEYORS AND WHAT IS THEIR ROLE?

UCAOA prides itself on the caliber of its surveyors as an essential component of UCAOA Accreditation process. They have made a commitment to guarantee quality site visits. They are trained on UCAOA processes and standards. Each surveyor dedicates many hours to each site visit they participate in. In addition to the visits they conduct on site, significant time is spent becoming familiar with your organization prior to visiting your organization.

UCAOA surveyors consist of the following groups of professionals:

- Registered Nurses familiar with health care accreditation processes.
- Physician Assistants familiar with health care accreditation processes.
- Practice Administrators in the Urgent Care field.
- Health Care Professionals in the Urgent Care field.
- Recently retired senior staff members from Urgent Care organizations who continue to maintain an active role in the field.

Surveyors have experience with the accreditation and survey process and have demonstrated a true commitment to the purpose and goals of UCAOA Accreditation.

HOW SHOULD WE PREPARE FOR OUR SITE VISIT?

Although senior management and staff are involved in all your accreditation efforts, the site visit is the primary opportunity for staff at all levels in the organization to feel their participation matters. There are several things that you should consider in order to ensure a successful site visit.

- ✓ Prepare staff in advance. Meet with the staff as you did when you first decided to embark on this journey. Reinforce how important their participation is and how confident you are this will be a successful visit. Make sure they know who will be involved and what standards will be discussed.
- ✓ Consider conducting a mock survey visit to create comfort with the site visit process and to familiarize staff with the survey expectation
- ✓ Review the Certification Checklist to ensure that your site meets the criteria established for scope and patient access.
- ✓ Make arrangements for the Pre and Post Conference and send invitations to key staff to attend these meetings with the surveyor.
- ✓ Identify a room for the surveyor to use while on site that offers privacy and minimal disruption.
- ✓ If evidence is in electronic format, arrange to have a computer available with access to online manuals and other important documents. If possible, arrange for Internet access at this computer. Designate a specific staff person to be available to the surveyor to explain how to access electronic documents.
- ✓ Ensure your on-site documentation (e.g., Human Resource records, QI documentation) are available prior to the surveyors arrival. Also be sure to designate a staff person to facilitate all interactions with the surveyor who is knowledgeable about the location of records and other important documents.
- ✓ Identify key staff to escort the surveyor to all scheduled location visits.
- ✓ Prepare staff at all organization locations of the surveyors visit, not just the primary corporate location.
- ✓ Develop a plan to reward staff for their participation at the conclusion of the site visit and share the feedback from the Post-Conference.

WHAT HAPPENS AFTER OUR SITE VISIT?

Immediately following the site visit, your organization should do the following:

- Pause for a moment to celebrate your organization's achievements. The completion of the site visit is a significant milestone in the process. For this reason, it is important to recognize all of the people who have contributed to the accreditation process up to this point.
- Evaluate how the site visit went and ask yourselves, "In what areas of the standards did we do well? Where did the surveyor identify areas for improvement?" If your organization is aware of needed improvements, it is important to concentrate on these areas prior to receiving the site visit report.

The UCAOA surveyor will send completed documentation with comments to the UCAOA Accreditation Committee. UCAOA then begins preparing your Accreditation Report. This report identifies only those standards that require a response and/or improvement/action steps in order for the organization to achieve accreditation.

Within thirty (30) business days from the site visit, you will receive a copy of your report. It will be accompanied by a cover letter and instructions for how to prepare the response in electronic format.

WHAT LEVELS OF ACCREDITATION ARE POSSIBLE?

UCAOA recognizes that organizations may be currently be in different stages of current UCAOA Certification and Joint Commission Accreditation and therefore offers four levels of entry into the process. They are:

ACCREDITATION STATUS	APPLICATION
CURRENT JOINT COMMISSION + CERTIFICATION	SIMPLIFIED APPLICATION THAT INCLUDES VERIFICATION OF JC STATUS & TERM
JOINT COMMISSION ONLY BUT NO CERTIFICATION	SIMPLIFIED APPLICATION THAT INCLUDES VERIFICATION OF JC STATUS & TERM + CERTIFICATION APPLICATION
CERTIFIED ONLY**	FULL APPLICATION
NO CERTIFICATION OR ACCREDITATION	FULL APPLICATION
SEEKING UCAOA CERTIFICATION STATUS ONLY	CERTIFICATION APPLICATION

Clinic(s) to be Accredited	Member Initial Accreditation Survey	Non-Member Initial Accreditation Survey
1-2	\$2000	\$2500
3-4	\$3500	\$4375
5-10	\$5500	\$6875
11-25	\$8500	\$10,625
26+	CALL	CALL

* All pricing subject to change.

*Pricing assumes that clinics are regionalized for travel between them. Not all clinics will be surveyed but the surveyor shall choose a random sampling (survey is announced but clinic selection is not); additional costs include travel and 'additional per diem' if more than a day is required due to geography. UCAOA will do all it can to conserve costs associated with this process..

**For organizations seeking early accreditation, a surcharge of \$200 for the first site + \$50 for each additional site will be added to the above pricing.

** For organizations seeking certification only, pricing is \$295/member and \$595/non-member PER center location.

**ALREADY CERTIFIED CLINICS APPLYING FOR INITIAL ACCREDITATION WILL RECEIVE A 10% DISCOUNT OFF THE ABOVE PRICING

Once it is determined which criteria above are met by an organization, the process begins and accreditation + Certification is awarded as follows:

Accreditation or Reaccreditation: The Accreditation Committee awards accreditation or reaccreditation to an organization for a period of three years when:

- The applying organization meets all of the requirements of UCAOA Standards following a site visit; and
- There is no cause for concern about implementation of/or continuing performance with UCAOA standards; other
- An organization is already accredited by The Joint Commission and certified by UCAOA.
- The organization meets the criteria established to be recognized as a Certified Urgent Care Center

Early Accreditation: Organizations may seek accreditation up to 6 months prior to opening their first clinic (startup organization). An attestation is available for a senior level officer to complete (with notary) attesting that the new location will meet all of the standards for accreditation and certification at the time it opens. Additionally, the organization must submit the appropriate application and associate fees 45-60 days prior to opening. Prior to opening, an on-site survey must be scheduled 30 - 60 days after anticipated opening. If the survey has not been scheduled and the organization desires to withdraw the application, the Accreditation status will be lost and the organization will forfeit 50% of the full amount paid as well as any non-reimbursable expenses including travel arrangements already made. If opening is delayed and surveyor travel has already been scheduled (airfare booked), any travel related change fee would be covered by the organization.

Please note: pricing for an early opening accreditation application includes a \$200 surcharge for first site +\$50 for each additional site.

Pending: When the Accreditation Committee has questions about an organization's implementation of/continuing performance with a few standards that may require additional documentation/information for approval, they have the discretion to place the organization on pending status and to request this documentation. The Accreditation Committee reserves the right to resurvey the organization depending on the initial survey findings; it is the responsibility of the applying organization to remit payment for reimbursing the surveyor's expenses (i.e., travel expenses plus time) for this resurvey.

Denial: The Accreditation Committee reserves the right to deny an organization accreditation status if:

- A surveyor determines during a site visit that the organization has failed to meet the minimum standards and there is no opportunity for corrective action.
- A surveyor determines during a site visit that the organization blatantly compromised patient quality or safety.
- An organization fails to respond to the Accreditation Committee's request for additional documentation/information within the appropriate time frame.
- An organization fails to pay applicable accreditation or post-survey travel fees.

An organization has the right to appeal a denial decision.

Withdrawal of Application prior to scheduling a survey: An organization may voluntarily withdraw from the accreditation process at any time prior to scheduling a survey and will forfeit its full application fee.

Canceling a confirmed survey date will result in forfeiture of the entire application fee and the applicant will be responsible for any non-reimbursable expenses including travel arrangements already made.

WHAT HAPPENS AFTER WE ACHIEVE ACCREDITATION?

Following the successful completion of the accreditation process, you will receive the following:

- An email communication stating that your organization has achieved dual accreditation and certification. This is sent within 7 business days after the final decision is made.
- A packet that contains, among other things, a formal notification letter stating that your organization has been accredited and certified, your accreditation/ certification expiration date and a list of services that were reviewed. This is sent by hard copy to your organization's chief executive officer within two weeks. Note: All related accreditation fees must be paid before the formal notification packet is sent out.
- Promotional tools to help convey your monumental achievement to your staff, community, and other stakeholders. Tools will include a sample press release and other suggested actions to take. Additionally, UCAOA will promote your successful dual accreditation/ certification distinction on its website and in *JUCM*.
- Certificates reflecting your achievement of Accreditation and Certification. You will receive this within four weeks of your formal notification.

WHAT HAPPENS IF WE OPEN A NEW SITE(S) IN BETWEEN OUR ACCREDITATION CYCLE?

Newly opened clinics during an accredited organization cycle period may consider that clinic is accredited upon execution and submission of a notarized attestation statement stating that the clinic operates under the same standards and policies/procedures as the surveyed accredited sites AND once newly opened sites submits verification that it meets and is awarded UCAOA certification status. Accreditation & Certification Certificates will be available for the newly opened clinic once the attestation statement is received. The accreditation status for the new site will expire commensurate to the dates of the other locations in the organizations included in the previous survey process. There may be a charge for this site to receive accreditation if the new site moves the organization in another tier of the pricing schedule.

HOW DO WE SUSTAIN ACCREDITATION?

Once accreditation is attained, no additional reporting, monitoring or review is necessary to UCAOA until reaccreditation is scheduled. It is highly encouraged however that accredited organizations continually monitor themselves and review their processes for meeting standard requirements in between accreditation periods. Continuous involvement by administration/management/staff assures engagement in the process and successful reaccreditation by the organization. Should there be a change in status, ownership, or scope, your organization should notify UCAOA within 30 days of the change.

To avoid a lapse in an organization's accreditation status a re-survey will be required once every three years. UCAOA will notify accredited organizations ninety (90) days prior to accreditation expiration that reapplication is necessary. Organizations choosing to become reaccredited will receive a thirty (30) day advance notice of their re-survey date.

In between accreditation and reaccreditation, organizations are welcome to contact UCAOA staff regarding all accreditation-related questions. Additionally, standard updates will be made available via the UCAOA website page for Accredited Centers.

IF WE ADD A NEW LOCATION AFTER WE OBTAIN ACCREDITATION DO WE NEED TO GO THROUGH A SEPARATE ACCREDITATION FOR THAT SITE?

An Accredited organization that opens a new location does not have to complete an additional on site survey for the new location. An attestation is available for a senior level officer to complete (with notary) attesting that the new location will meet all of the standards for accreditation and certification at the time it opens. The new location will receive accreditation status which will expire commensurate to the dates of the other locations in the organizations included in the previous survey process. There may be a charge for this site to receive accreditation if the new site moves the organization in another category of the pricing schedule.