

Accreditation Handbook of Urgent Care Centers



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Accreditation Policies and Procedures

∞ Survey Eligibility

A medical practice that meets the Urgent Care Center Accreditation (UCCA) Survey Eligibility Criteria may apply for an Accreditation survey. The following practices have found the UCCA standards and survey process appropriate and helpful in improving the quality of care they provide:

- ✓ Urgent Care Centers
- ✓ Occupational Health Center
- ✓ Community Health centers
- ✓ Student Health Center

∞ Eligibility Criteria

A medical center is eligible for an Accreditation survey by the Urgent Care Center Accreditation program when it:

1. Has been providing health care services for at minimum of six months before the on-site survey (excluding organizations that are seeking Accreditation through the **Early Survey Program - ESP**)
2. Provides medical care that is under the direction or supervision of a physician who accepts responsibility for that medical practice
3. Is in compliance with applicable Federal, state, and local laws and regulations
4. Is licensed by the state in which it is located, if the state requires licensure for the medical entity.
5. Completes the signed *Application for Accreditation* in advance of the survey.
6. Acts in good faith in providing complete and accurate information to the AAUCM during the Accreditation or re-Accreditation process.
7. Pays the appropriate fees.

A medical practice is considered for survey on an individual basis.

When a survey is conducted and the AAUCM determines that the standards cannot be applied appropriately the AAUCM will work with the medical center to identify defaults and offer recommendations for corrections. After a period of three to six months, depending on the severity and number of defaults, another survey may be conducted. The medical center is responsible for all travel expenses for the surveyor (airfare, hotel, car rental and meals) if an on-site visit is deemed necessary. A re-survey fee of \$1,000 per clinic location (plus travel expenses) is applied.

∞ Policies and Procedures of Accreditation

The Accreditation of a medical practice is based on a reasonable assessment of the medical practice's compliance with applicable standards and adherence to the policies and procedures of the UCCA program. The AAUCM reserves the right to amend its policies and procedures from time to time and will provide notice of such changes to the accredited practices, in addition to posting changes on the web site, www.aaucm.org. The AAUCM expects compliance with any applicable changes or standards. Compliance can be assessed through at least one of the following avenues:

1. Documentation
2. On-site observations and interactions with the surveyor(s).
3. Answers to detailed questions concerning any implementation

∞ How Much Time Does A Survey Take?

The length of the on-site visit and the number of surveyors used by the AAUCM is based on a careful review of the information provided in the *Application for Accreditation Survey* along with supporting documents submitted by the organization. The surveyor(s) will strive not to disrupt your practice in its day to day functions. In general you may anticipate approximately four hours for the on-site review.

∞ The Survey

The Accreditation survey places emphasis on the *educational* and *consultative* benefits of Accreditation. The AAUCM uses health care practitioners and/or administrators who are actively involved in Urgent Care Medicine. The primary objective is not only to evaluate your practice but to *aid in the education* of your practice in its day-to-day functions.

∞ Multi-Office Practices

When a medical practice has multiple locations, the AAUCM staff will elect which sites will be surveyed (see application for breakdown of visitation requirements based on number of locations). The practice will also need to complete a Statement of Attestation (provided by the AAUCM) which acknowledges that the standard of care, operational manuals, HIPAA guidelines, and physician and staffing coordination are in compliance with the Accreditation standards of the AAUCM.

Any new clinic locations opened within six months after initial Accreditation is awarded shall be grandfathered into the original date of Accreditation. Accreditation fees (as outlined in the Accreditation brochure) for these new locations will apply (for example: if three new clinic locations are opened, the Accreditation fees of \$3,000 will apply).

Any new clinic locations opened six or more months after the initial date of Accreditation are to be reviewed and, if in compliance with the standards of Accreditation, shall be Accredited with

the date of the new review and shall be Accredited for a period of three years. Accreditation fees (as outlined in the Accreditation brochure) for all new locations will apply.

If any new clinic locations are opened six months or less before the original group of clinics are due to be re-Accredited, those new clinic locations will be included in the re-Accreditation review and, if in compliance with the standards of Accreditation, will be Accredited at that time.

The organization is responsible for alerting the AAUCM when a new clinic location becomes operational.

☞ **Decision and Notification of Accreditation**

Following the on-site survey, AAUCM staff will review the survey report, recommendations, and other pertinent information, and make a recommendation pertaining to Accreditation. You can anticipate a response within 30 days from the time of your survey.

☞ **What is Provisional Accreditation?**

The AAUCM may elect to provide a medical practice with *Provisional Accreditation for six-months* when it determines that a medical practice demonstrates substantial compliance with the standards but it is not eligible for a three-year term of Accreditation because the medical practice does not meet certain criteria, e.g., the organization has not been operational for six months (ESP option), or elects the ESP option.

☞ **Accreditation Denial or Revocation**

The AAUCM may deny Accreditation to a medical practice in the event that it determines that the organization is *not in compliance* with the standards. The AAUCM reserves the right also to revoke Accreditation of a medical practice at any time without prior notice if it determines that the practice:

- A. Significantly compromised or jeopardized patient care
- B. No longer is in compliance with its standards, policies and procedures
- C. Fails to act in good faith in providing data to the AAUCM when requested within 30 days
- D. Fails to notify the AAUCM within 30 days of any sanctions placed on the practice, changes in licensure or qualification status. Violation of state or Federal law regarding the medical practice, its medical providers and/or owners.
- E. Fails to notify the AAUCM within 60 days of any significant organizational, operational or financial change, or any change in ownership or control.

☞ **Maintenance of Your Accreditation**

To prevent lapses in your Accreditation status, your medical practice will require a regular survey at least once every three years. The AAUCM will notify medical practices when it is time to schedule a site review for Accreditation. To prevent a lapse in Accreditation, surveys must occur within three months of the expiration date.

☞ **Is a Center's Accreditation Transferable?**

Your Accreditation may be transferred when an accredited medical practice changes ownership or control. The accredited medical practice must advise the AAUCM within 30 days of any such change and the AAUCM will determine whether a review is required prior to transfer of Accreditation. A processing fee of \$300 is applicable when the transfer takes place. Failure to comply may result in the loss of Accreditation.

☞ **Publishing Accredited Practices**

The AAUCM designates medical practices that have been awarded Accreditation in the "Find an Urgent Care Center" database on the AAUCM web site, www.aaucm.org., displays a photo and link to the clinic's web site (when provided to the AAUCM) in the Photo Gallery and on the AAUCM Facebook page. A press release announcing the clinic's Accreditation is also distributed.

Accredited medical practices are encouraged to publicly display the certificate of Accreditation provided by the AAUCM along with logo stickers that are provided, as well as display the Accreditation logo on the practice's web site. The certificate and all copies remain the property of the AAUCM and must be returned if the medical practice is issued a new certificate reflecting a change in name or services for which it is accredited, or if it loses its Accreditation for any cause.

☞ **Limitations and Rights**

The applicant and its affiliates agree to hold harmless the American Academy of Urgent Care Medicine (AAUCM) and the Urgent Care Center Accreditation (UCCA) program, its members, officers, directors, governors, examiners and agents of each of them, free and harmless from any damage, expense, complaint, or cause of action whatsoever by reason of any action they, or any of them, may reasonably take in connection with the application, the investigation of same, the failure of the AAUCM and /or UCCA program to admit the center to the Accreditation process.

☞ **Early Survey Program (ESP)**

It is not uncommon these days that many insurance carriers mandate some form of Accreditation of a medical practice before that entity may begin any dialogue for providing coverage or reimbursement.

The **Early Survey Program (ESP)** is a survey program developed for medical practices that (1) are newly constructed and operational and require Accreditation for health insurance, managed care, or third-party reimbursement (2) that require Accreditation for the purposes of state regulations that mandate some form of Accreditation before a facility can legally begin operations.

A medical practice participating in the ESP is eligible for up to a maximum of a one-year term of Accreditation from the initial survey.

The eligibility for any medical practice to participate in the ESP is similar to regular UCCA program eligibility criteria, with the exception for the requirement that the medical practice has been providing health care for at least six months before an on-site survey can be conducted. This criteria is waived when the case described above is/are present and the medical practice has requested an ESP.

The medical practice requesting a survey through the Early Survey Program should submit an Application for Accreditation, application fee, and all supporting documentation. In addition, the medical practice needs to submit the following data to the AAUCM:

1. The structure in which patient care will be provided is built and ready to support patient care.
2. The policies and procedures and bylaws are in place and have been approved by the medical director
3. All the necessary equipment is in place and has been appropriately tested with logged documentation.
4. The medical and administrative staff have been employed by the medical practice (documentation and licensure of all healthcare providers [MAs, techs, etc.] must be available).
5. Licensure or provisional certificate of occupancy has been obtained from their state.
6. The date to begin practice has been identified.

☞ Source Verification

Primary Source Verification

The verification of a health care practitioner's credentials is based upon evidence obtained from the issuing source which should include:

State Licensing Agencies
Medical Schools Residency Programs
Physician Assistant Schools
Nursing Schools
Medical Assistants Schools
Drug Enforcement Agency
Radiology Technical Schools

Secondary Source Verification

Verification of a health care practitioner's credentials is based upon information obtained from an UCCA-recognized entity includes:

American Board of Urgent Care Medicine (ABUCM)
American Association of Physician Specialists (AAPS)
American Board of Medicine Specialties (ABMS)
Medicine American Medical Association Master Profile (AMA) *American*
Osteopathic Association Physician Master Profile (AOA)
National Commission on Certification of Physician Assistants
American Nurses Credentialing Center

∞ Quality of Care

An UCCA accredited practice provides quality health care with the principles of professionalism and ethical conduct, and in its desire to improve a community's health care. The following characteristics are examples:

- A. The health care practitioners practice their professions in an ethical and legal manner.
- B. The provision of high-quality health care services is demonstrated by the following:
 1. education and effective communication of the patients it treats
 2. a history and physical examination
 3. complete clinical records including
 - i. date of visit
 - ii. date of birth/age
 - iii. vital signs including temperature, heart rate, blood pressure, pulse, weight, oxygen saturation
 - iv. allergies
 - v. chief complaint or reason for visit
 - vi. physical exam
 - vii. assessment
 - viii. diagnostic impression
 - ix. plan of action or treatment
 - x. any labs or diagnostic images performed or ordered with finding
 4. treatment that is consistent with the clinical impression
 5. timely and appropriate consultation and referrals
 6. timely follow-up of findings and tests
 7. when the medical facility is not open, directions provided to the public where access to 24-hour healthcare is available
- C. All personnel in the medical practice assisting in the health care services have been appropriately trained, qualified and supervised.
- D. All personnel possess and wear identity badges
- E. The health care practitioners have the appropriate training and skills to provide the services offered by the medical practice.

☞ Medical Records

An UCCA accredited facility maintains medical records that may be accessed in a timely fashion. Clinical records are to be legible.

- A. A medical facility has in place a system for the collection, processing, maintenance, storage and retrieval of patient records. It abides with the standard of care of its particular state for the maintenance of records.
- B. A patient's chart maintains a current up to date list of patient's medications, allergies along with a summary of both medical and surgical history.
- C. Any medical advice provided to a patient by telephone is entered in the patient's record and appropriately signed or initialed, including medical advice provided and person(s) providing such instruction(s).
- D. If using Electronic Medical Records (EMR), the computers will automatically log off when personnel are not actively utilizing the system or computer is unattended.

☞ Urgent Care Services

When a medical facility presents itself to the public that it provides medical care for immediate/Urgent Care the following characteristics will apply:

- A. The hours of operation are clearly defined and communicated to the public.
- B. The medical facility, unless it also provide emergency services similar to a level I,II or III hospital emergency department, shall not solicit patients with life-threatening conditions.
- C. Patients seeking immediate/Urgent Care services are seen without prior appointments.
- D. Immediate/Urgent Care services are rendered by health care practitioners who are licensed to perform such care within the state in which they practice. There is a policy and procedure in place in the medical facility that reviews the credentials of each employee and there is sufficient information to support that the health care provider has the necessary knowledge, training and licensure(s) to provide such care within the scope of their particular license. The health care provider privileges are reviewed and acknowledged by the medical director of the facility in which such care is rendered, and approved by the medical director.
- E. During hours of operation, at least one *physician is present*.
- F. The medical facility has a policy and procedure in place to evaluate, stabilize, and transfer medical emergencies.
- G. Equipment, drugs, and other agents are available to patients receiving immediate/Urgent Care.
- H. Laboratory and radiology services are available within the facility to patients receiving immediate/Urgent Care.
- I. Specialty consultation services are available.
- J. Health care staff and practitioners maintain skills in cardiac life support
- K. Front desk personnel shall not render medical opinions to patients who present to the clinic.

☞ Self Dispensing Pharmaceutical Services

Self Dispensing Pharmaceutical Services provided by a medical facility are provided in accordance with ethical and professional practices and the legal requirements of the state in

which they offer such services. Pedigree of each medication is readily available upon request. Patients are not obligated to purchase nor have their medications adjudicated by the medical practice. There is adequate signage in the clinic informing the patient of their options and rights.

∞ **Diagnostic Imaging Services**

To qualify as an immediate/Urgent Care center a medical facility must have diagnostic imaging services available on its premise.

- A. Diagnostic imaging services include, but are not limited to:
 - 1. Providing radiographic, or other diagnostic imaging services (ex. Ultrasound) that are appropriate to the medical facility.
 - 2. The initial interpretation of the diagnostic image(s) is performed by the ordering health care provider.
 - 3. Authenticated or provisional interpretations of all examinations performed are made a part of the patient's clinical record on the day of service.
 - 4. The ordering health care provider is capable by training or experience to interpret such diagnostic images and the medical facility contains data to reflect such privileges.
 - 5. The diagnostic images are readily accessible.
 - 6. A policy addresses the retention of diagnostic images
- B. Policies that address the quality aspects of the imaging services include, but are not limited to:
 - 1. Proper warning signs are in place, alerting the public and personnel to the presence of hazardous radiation fields, and in particular susceptible individuals including pregnant females.
 - 2. Proper shielding where radiation and other potentially hazardous energy sources are used.
 - 3. Performing imaging services upon the order of a health care practitioner (such orders are accompanied with the indication for the study)
 - 4. Limit the use of radioactive or other potentially harmful material to all staff members who have been granted privileges for such imaging services.
 - 5. Policies address the safety aspects of the imaging services according to state and Federal guidelines.