



URGENT CARE
ASSOCIATION

Your gateway to betterSM

2018

Your Guide to Success

THE ACCREDITATION AND RE-ACCREDITATION PROCESS

GETTING STARTED

UCA Accreditation demonstrates a commitment to provide the scope of care consistent with an urgent care center that meets the criteria of the UCA 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 UCA 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. Should you choose, you can also purchase the standards in advance of application to begin becoming familiar with them and working toward achieving them.

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

- a) Visit the UCA website at www.ucaoa.org to gain information and an understanding the UCA Mission, Vision and Values as well as certification criteria and an overview of the accreditation standards
- b) Contact UCA to determine what additional qualifications, if any, might be needed to successfully secure UCA accreditation.
- c) Familiarize yourself with the UCA Accreditation Standards and Preparation 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 UCA 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 are required to achieve UCA 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 UCA 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 UCA to help in the self-assessment: UCA 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 UCA's *HIPAA Business Associate Agreement*, between your organization (The Covered Entity) and UCA prior to the site survey.
- m) Remember that achieving UCA Accreditation is only possible when you have demonstrated clear evidence of having met the standards. Surveys conducted by the UCA 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 documentation to demonstrate compliance with the standards and have them available on-site for the surveyor.

- q) Consider conducting an internal "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 UCA 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.

HOW DO I APPLY?

Getting started is easy. Here's how the process works:

1. [Submit an application for UCA Accreditation.](#)
2. Pay the application fees. The pricing grid is as follows:

PRICING GRID**		
Number of Center(s) to be Accredited	Member Accreditation Survey	Non-Member Accreditation Survey
1-2 centers	\$2200	\$2750
3-4 centers	\$3850	\$4815
5-10 centers	\$6050	\$7565
11-25 centers	\$9350	\$11690
26+ centers	CALL	CALL

All pricing subject to change.

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

For organizations seeking Early Accreditation, a surcharge of \$200 (members) and \$275 (non-members) per location will be added to the above pricing.

Organizations currently accredited by another accrediting body should contact UCA Accreditation staff at accreditation@UCA.org for pricing information.

Additional fees include travel and added per diem if more time is required due to the distance between centers and/or if the administrative office location requires more time as determined necessary for the size of the organization. UCA is committed to reasonably conserving travel associated costs on behalf of our applicants.

3. Please note: All additional fees are due at the time of application, including, at the discretion of UCA, reimbursement of estimated surveyor travel expenses. Overpayment or underpayment of actual surveyor travel expenses will be adjudicated immediately following the survey.

Your survey date will be assigned after your completed application is received and all applicable fees are remitted.

CAN I APPLY BEFORE I OPEN MY CENTER?

Yes. UCA offers an *Early Accreditation* option. Organizations may seek accreditation up to 6 months prior to opening their first center (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 associated fees 45-60 days prior to opening. Prior to opening, an on-site survey must be scheduled 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 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 each site.

UCA ACCREDITATION STANDARDS AND PREPARATION MANUAL

The UCA Accreditation Standards and Preparation Manual is available in UCA's online store and is forwarded to applicants as soon as their application is processed. This manual consists of standards and required expectations as well as potential success demonstrators. Should an organization choose to purchase the UCA Accreditation Standards and Preparation Manual prior to applying for accreditation, the purchase price will be subtracted from the accreditation application fee if the organization elects to proceed with the process. NOTE: Organizations may be asked to provide a valid paid invoice for the manual at the time of application so please retain your receipt.

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.
- UCA standards include Governance, Human Resources, Patient Care Processes, Quality Improvement, Physical Environment, Health Record Management and Patient Privacy/Rights/Responsibilities standards as well as the UCA certification criteria.
- 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 IS THE DIFFERENCE BETWEEN A STANDARD, AN EXPECTATION AND A SUCCESS DEMONSTRATOR?

- A standard is a requirement that must be demonstrated in order to prove compliance.
- An expectation is also a requirement that must be demonstrated in order to prove compliance with a standard. Expectations provide greater detail of the standard.
- A success demonstrator is a suggestion of how to demonstrate evidence of an accomplishment of an aim or purpose (i.e., accomplishment of a standard and its expectations). UCA does not dictate to organizations how each standard and expectation are implemented but will assess the effectiveness of the processes or actions currently implemented to demonstrate compliance. While free to adopt the suggestions/guidelines listed, organizations are encouraged to explore their own methods to meet the standards and expectations.

WHAT HAPPENS ON A SITE VISIT?

- Most organizations pursuing UCA Accreditation will experience a site visit. The UCA 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 UCA Accreditation process because this is when a surveyor visits your organization to assess the way you have implemented/interpreted the UCA 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. It is important to note that an applicant **MUST** meet **all** Certification requirements as outlined in the UCA Accreditation Standards manual at the time of the onsite survey. This is a pass/fail requirement. If the applicant does not demonstrate during the survey visit that it meets the Certification requirements as attested in its application, the surveyor has the authority to abort the survey process. Application fees are forfeited, and the application is closed. The organization must submit a new application with application fee once it has demonstrated that it now meets the Certification requirements via a Certified Urgent Care application for each center.
- On an **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 the center has met the standard.
- If a process is new to the organization on the initial visit, there will be follow up on the next survey to ensure that what was observed and represented is 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 the CEO/Executive Director, members of the 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 the 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 the 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 an organization to ask questions and bring closure to this part of the process.

WHO ARE THE SURVEYORS AND WHAT IS THEIR ROLE?

UCA prides itself on the caliber of its surveyors as an essential component of the UCA Accreditation process. They have made a commitment to guarantee quality site visits. They are trained no less than annually on UCA 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 an organization prior to the site visit.

UCA 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 UCA Accreditation.

HOW SHOULD WE PREPARE FOR OUR SITE VISIT?

Although senior management and staff are involved in all aspects of the 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 an internal 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 Human Resource records, Credentialing and Privileging records and QI documentation are available onsite prior to the surveyor's 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 UCA surveyor will send completed documentation with comments to the UCA Accreditation Committee. UCA 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, the organization 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 HAPPENS IF WE CANCEL OUR SITE VISIT?

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. Forfeited funds may not be applied to any other UCA events, products, membership, education or materials.

Canceling a confirmed survey date will result in forfeiture of the entire application costs AND the applicant will be responsible for any non-refundable expenses including travel arrangements already made. Forfeited funds may not be applied to any other UCA events, products, membership, education or materials.

WHAT ARE THE LEVELS OF ACCREDITATION AWARDED?

After the Committee reviews the survey findings and any subsequent action items submitted by the applicant, Accreditation + Certification are awarded as follows:

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

- The applying organization meets all of the requirements of UCA Standards and Expectations following a site visit; and,
- There is no cause for concern about implementation of/or continuing performance with UCA standards;
- The organization meets the criteria established to be recognized as a Certified Urgent Care Center.

Pending: When the Accreditation Committee has questions about an organization's implementation of/continuing performance with a standard that may require additional documentation/information for approval, they have the discretion to place the organization on pending status and to request this documentation. Full accreditation is not granted until the organization submits this documentation and the Committee finds it now meets the standard.

Provisional: The Accreditation Committee grants accreditation to an organization with the stipulation that the organization must submit additional documentation of completed compliance within a designated time frame. If the organization does not submit the requested documentation, its accreditation designation is revoked.

Right to Resurvey: 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 submit a new application and fees 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.

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. Note: Any outstanding balance 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, UCA will promote your successful dual accreditation/ certification distinction on its website.
- Certificates reflecting your achievement of Accreditation and Certification.

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

Newly opened centers 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 UCA certification status. Accreditation & Certification Certificates will be available for the newly opened center 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. A \$100 (member) and \$150 (non-member) administrative fee will be assessed per center added by attestation. If adding a center moves the organization into another tier of the pricing schedule, the organization must also pay the difference for upgrading tiers. This will be prorated according to where an organization is at in their survey term. Organizations will pay 100% of the new tier if they were accredited with-in 12 months or less, 2/3 of the new tier if they were accredited within-in 1 year to 24 months, and 1/3 of the new tier if they were accredited if they accredited in the final 12 months of their accreditation approval term. If a member organization moves to another tier while attesting to opening a new center, the administrative fee will be waived for one center at the time of attestation.

WHAT HAPPENS IF WE ACQUIRE OR MERGE WITH AN ORGANIZATION WITH SITE(S) THAT ARE ALREADY OPEN DURING OUR ACCREDITATION CYCLE?

Accredited organizations who acquire or merge with another organization may consider those centers accredited upon execution and submission of a notarized attestation statement acknowledging that the center will be in compliance with UCA standards/expectations and policies/procedures as the surveyed accredited sites within 120 days of the acquisition or merger. Accreditation & Certification certificates will be available for the newly acquired or merged centers once the attestation statement is received and the invoice paid. The accreditation status for the new center(s) will expire concomitant to the expiration date of the existing accredited organization.

A \$200 (members)/ \$275 (non-members) administration fee will be assessed per center added by attestation under this program. If adding a center by acquisition or merger moves the organization into another tier of the pricing schedule, the organization must pay the difference for upgrading tiers.

WE ARE ACCREDITED BY ANOTHER ACCREDITING ORGANIZATION BUT WANT TO CONVERT TO UCA ACCREDITATION. OUR ACCREDITATION EXPIRES SOON. IS THERE AN INTERIM ACCREDITATION OPTION THAT ALLOWS US TO PREPARE?

It is possible that organizations accredited by another accrediting body may receive additional time to prepare for their UCA survey up to 6 months following their expiration date. The organization will receive a certificate of accreditation for the 6 months. A survey must take place during this 6-month period allowing enough time for the organization to not only prepare for the survey, but to respond to the survey response and allow the committee time for review of the response. A 10% administrative fee (or the cost of the survey based on organization size) will be assessed at the time of application. Contact UCA at accreditation@UCA.org to find out more information about qualification and processes related to this program.

HOW DO WE MAINTAIN OUR UCA ACCREDITATION?

Accredited organizations should continually monitor themselves and review their processes for meeting standard requirements throughout the accreditation period. Continuous involvement by administration/management/staff/medical providers assures engagement in the process and successful reaccreditation by the organization. **Should there be a change in status, ownership, or scope, your organization must notify UCA within 30 days of the change.**

Organizations are invited to participate in an **Annual Compliance Review (ACR)** program. This program is completely optional at the discretion of the accredited organization. The goal of this program is to help organizations stay on track maintaining documentation demonstrating compliance with accreditation standards/expectations. It is offered on annual basis during the 3-year period between an organizations site survey and re-survey. It will also provide the opportunity for organizations to ask questions related to any new or revised standards. The program offers a minimum of a one-hour telephone call with an experienced UCA surveyor and the organization's leadership designee(s). It allows the organization to establish the agenda to determine what they would like to review. For more information about the Annual Compliance Review (ACR) please contact the UCA Accreditation Department by email at accreditation@ucaoa.org. To avoid a lapse in an organization's accreditation status a re-survey will be required once every three years. UCA will notify accredited organizations six months prior to accreditation expiration that reapplication is necessary. Organizations choosing to become reaccredited must submit a renewal application and will receive advance notice of their re-survey date.

- *Six months prior to expiration:* Renewal applications will be sent out no later than 6 months prior to the expiration by both email and mail.
- *Three months prior to expiration:* A second reminder notice (via email and mail) that applicants must return their application and fee ASAP prior to their expiration or their accreditation will expire.
- *One month prior to expiration:* Letter and email sent stating that the organization's accreditation status will expire and that organizations should contact UCA to apply with a late-fee. Accreditations will be back-dated to original expiration date.
- *Month of expiration:* Email stating that organization's accreditation status expires at the end of the month and to contact UCA for steps on how to renew.

One month after expiration. Email and letter that organization's accreditation has expired

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

WHAT HAPPENS IF WE ALLOW OUR ACCREDITATION STATUS TO LAPSE AND THEN DECIDE TO RE-APPLY?

Lapses in an organizations Accreditation Status: Should an organization choose not to apply for re-accreditation and their UCA Accreditation status lapses and the organization elects to re-apply within one year of the expiration date, it will be considered to be a **renewing** organization. A new application will need to be submitted along with the application fee.

A re-survey will be scheduled and at the time of the on-site survey and the UCA surveyor will be looking for a history of compliance since the previous survey.

The new Accreditation date will be backdated to the original expiration date.