



Handbook for Urgent Care Center Accreditation

➤ Eligibility

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

- ✓ 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)
- ✓ Provides medical care that is under the direction or supervision of a physician who accepts responsibility for that medical practice
- ✓ Is in compliance with applicable Federal, state, and local laws and regulations
- ✓ Is licensed by the state in which it is located, if the state requires licensure for the medical entity.
- ✓ Completes the signed *Application for Accreditation* in advance of the survey.
- ✓ Acts in good faith in providing complete and accurate information to the National Urgent Care Center Accreditation during the Accreditation or re-Accreditation process.
- ✓ Pays the appropriate fees.

➤ 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 National Urgent Care Center Accreditation program. NUCCA 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, aaucm.org/professionals/accreditation. NUCCA expects compliance with any applicable changes or standards. Compliance can be assessed through on-site review and submission of requested documentation when necessary.

➤ Standards of Accreditation

The standards of accreditation include:

Rights of Patients

The clinic recognizes the basic human rights of patients.

Governance

The clinic/facility has a governing body that sets policies and is responsible for the organization.

Administration

The clinic is administered in a manner that ensures the provision of high-quality health services and fulfills the organization's mission, goals and objectives.

Quality of Care Provided

The clinic provides high-quality health care services in accordance with the principles of professional practice and ethical conduct, and with concern for the costs of care and for improving the community's health status.

Quality Management and Improvement

In striving to improve the quality of care and to promote more effective and efficient utilization of facilities and services, a clinic maintains an active, organized, peer-based program of quality management and improvement and risk management in an organized, systematic way.

Clinical Records and Health Information

The clinic maintains clinical records and a health information system from which information can be retrieved promptly. Clinical records are legible, documented accurately in a timely manner, and readily accessible to health care practitioners. If records are in electronic format then this does not apply as electronic records are available and accessible.

Professional Improvement

The clinic strives to improve the professional competence and skill, as well as the quality of performance, of the health care practitioners and other professional personnel it employs.

Facilities and Environment

The clinic provides a functionally safe and sanitary environment for its patients, personnel and visitors.

Immediate/Urgent Care Services

If the clinic implies by its activities, advertising or practice that it provides medical care of an urgent or immediate nature on a routine or regular basis, such care meets the needs of the patients and is provided in accordance with ethical and professional practices and legal requirements.

Pharmaceutical Services

Pharmaceutical services provided or made available by the facility meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements.

Pathology and Medical Laboratory Services

Pathology and medical laboratory services provided or made available by the facility meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements.

Diagnostic Imaging Services

Diagnostic imaging services provided or made available by the facility meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements.

Employee and Occupational Health Services

Occupational health services provided by the clinic are organized to ensure a safe and healthy workplace for employees and patients through the recognition, evaluation and control of illness and injury in or from the workplace, and to meet the needs of the individuals served. These services are provided in accordance with ethical and professional practices and legal requirements.

Health Education and Wellness

National Urgent Care Center Accreditation encourages all health care facilities to provide or make available health education and wellness services to meet the needs of the population served. These services should be provided in accordance with ethical and professional practices and legal requirements.

The Self-Assessment Guideline is a comprehensive overview of all the standards of compliance for Accreditation. To purchase the Self-Assessment Guideline complete and submit the Self-Assessment Guideline Order Form (available for download at aaucm.org/professionals/accreditation).

➤ The On-Site Review

The Accreditation review places emphasis on the *educational* and *consultative* benefits of Accreditation. The National Urgent Care Center Accreditation 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.

The Self-Assessment Guideline is a comprehensive overview of all the standards of compliance for Accreditation which can help you prepare for your on-site review. Centers applying for Accreditation are encouraged to utilize the Self-Assessment Guideline to prepare for the on-site review. To purchase the Self-Assessment Guideline complete and submit the Self-Assessment Guideline Order Form (available for download at aaucm.org/professionals/accreditation).

➤ Multi-Office Practices

When a medical practice has multiple locations, the National Urgent Care Center Accreditation staff will elect which sites will be reviewed (see the application for a breakdown of visitation requirements based on number of locations). The practice will also need to complete a Statement of Attestation (provided by NUCCA) 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 National Urgent Care Center Accreditation.

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 National Urgent Care Center Accreditation when a new clinic location becomes operational.

➤ **Decision and Notification of Accreditation**

Following the on-site review, the reviewer will complete a report for NUCCA which will include any recommendations for improvement (if any) and/or other pertinent information (if applicable), and make a recommendation pertaining to your Accreditation. If the reviewer has noted any areas of improvement, you will receive a letter from NUCCA indicating which items need to be corrected and instructions for submitting documentation.

➤ **Denial of Accreditation**

NUCCA may deny Accreditation to a medical practice if the Urgent Care center

- Is not in compliance with the standards of Accreditation and is unable to make corrections to meet the standards.
- Significantly compromises or jeopardizes patient care.
- Fails to pay invoice for reviewer travel expenses.

➤ **Revocation**

NUCCA reserves the right also to revoke Accreditation of a medical practice at any time without prior notice if it determines that the practice:

- Significantly compromises or jeopardizes patient care.
- Is no longer in compliance with the standards of Accreditation.
- Fails to notify NUCCA 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.
- Fails to notify NUCCA within 60 days of any significant organizational, operational or financial change, or any change in ownership or control.

➤ **Withdrawal of Application**

Any clinic that submits an application for Accreditation has 30 days to request a refund of their application fee (less \$250 processing fee to be retained by NUCCA) if they elect not to seek Accreditation. After 30 days all fees are non-refundable. If a clinic submits an application and application fee but never schedules an on-site, all fees will be retained by NUCCA.

➤ **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. NUCCA will notify the Urgent Care center via email and postal mail when it is time for re-accreditation. To prevent a lapse in Accreditation, surveys should occur within 30 days of the expiration date.

➤ **Limitations and Rights**

The applicant and its affiliates agree to hold harmless the National Urgent Care Center Accreditation, 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 National Urgent Care Center Accreditation to admit the center to the Accreditation process.

FAQs

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 National Urgent Care Center Accreditation within 30 days of any such change and the National Urgent Care Center Accreditation 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.

How Much Time Does A Survey Take?

The reviewer 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.

What is Provisional Accreditation?

NUCCA may elect to provide a medical practice with Provisional Accreditation for one year if 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, or if the Urgent Care center has not been operational for six months and is applying for Accreditation under the Early Survey Program (ESP) option).

What is the 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 are newly constructed and operational and require Accreditation for health insurance, managed care, or third-party reimbursement and/or require Accreditation for the purposes of state regulations that mandate some form of Accreditation before a facility can legally begin operations.

An Urgent Care center applying for Accreditation under the ESP is eligible for up to a maximum of a one-year term of Accreditation from the initial on-site review.

An Urgent Care center applying for Accreditation under the ESP submits an Application for Accreditation, application fee, and all supporting documentation and indicates to the Accreditation Coordinator that the center is applying for ESP.

If you have any questions about Urgent Care Center Accreditation, please call 407-521-5789.