



Safety, Quality, and Scope of Services

UCA URGENT CARE
ASSOCIATION®

2022 Accreditation Standards Manual

INTRODUCTION

To provide as much organizational autonomy as possible, while meeting objectives, UCA does not dictate **how** to implement many of the standards set forth but **will assess the effectiveness of the processes or actions** currently implemented to comply. Listed within some standards are success demonstrators. Success demonstrators are examples or suggestions for approaching a standard. While your organization is free to adopt any of these success demonstrators, we also encourage you to explore your own methods on how to comply.

It is important to note that on your initial survey, it is not necessary to demonstrate a history of compliance within the organization for many standards. The requirement is that policy and process have been established to demonstrate compliance with the standards **at the time of the initial survey and going forward**. Exceptions include standards that require credential verifications and workforce training.

When your re-survey occurs, you will be expected to demonstrate a history of compliance with the standards. It is recommended that you maintain records of compliance such as logs, drills, education files, credentialing records, meeting minutes, policies, etc. **for at minimum three years or per state and federal requirements, whichever is longer**.

Standards included in this manual are grouped into eight key areas:

- CC: Certification Criteria
- GOV: Governance
- HRM: Health Record Management
- HR: Human Resources
- PCP: Patient Care Processes
- PRR: Privacy, Rights, and Responsibilities
- PE: Physical Environment
- QI: Quality Improvement

The UCA Quality Committee meets routinely to update and revise the manual based on input from accredited organizations, questions received from organizations going through the process and changes in recommended practices within the industry. To assist you, a key was created to identify any changes or alterations from the prior manual.

IMPORTANT NOTICES

1. The manual has gone through substantial modification resulting in a new table format. In addition, sections and standards have been combined. Only if the standard is new or substantially changed in content is it marked as such.
2. The use of expectations has been removed. All standards and expectations are now referred to as “standards.”
3. The success demonstrator column has been broken down into notes, recommended practices, and success demonstrators. These items are now listed within the standard.
4. Defined terms are now underlined, refer to Glossary for definitions.

KEY

Two symbols are used to indicate if the standard was added or modified from the prior manual. If neither symbol is present, there was no substantial change to the standard from the prior version. Three symbols indicate if the standard requires evidence of policy/plan, documentation, and/or public notice. **If none of the three symbols are present, written evidence is not required but may be used to demonstrate the standard, as applicable.**






-  Standard was substantially changed.
-  Standard is new.
-  Standard requires you to have a written policy or written plan.
-  Standard requires you to have documentation (e.g., license, certification, training record).
-  Standard requires you to have notice posted to the public, workforce, or patient.


TABLE OF CONTENTS

CERTIFICATION CRITERIA (CC).....	5
GOVERNANCE (GOV).....	10
HEALTH RECORD MANAGEMENT (HRM)	14
HUMAN RESOURCES (HR)	22
PATIENT CARE PROCESSES (PCP)	31
PRIVACY, RIGHTS, & RESPONSIBILITIES (PRR).....	42
PHYSICAL ENVIRONMENT (PE).....	46
QUALITY IMPROVEMENT (QI)	57





CERTIFICATION CRITERIA (CC)

2022 Accreditation Standards Manual





CERTIFICATION CRITERIA (CC)

KEY	STANDARD	NOTES
	CC.1 Licensed <u>provider</u> (MD/DO/NP/PA) on site during all posted hours of operation	
	CC.2 Center must be capable of evaluating walk-in patients for all ages for a broad spectrum of illness, injury, and disease during all hours the center is open to patients	
	.A Pediatric specialty centers are exempt from age requirement if pediatric-only specialization is included in the name, scope, and advertising of the centers	
	.B Occupational health centers are exempt from age requirement if they only perform work-related treatment and evaluations	
	.C Adult only specialty centers are exempt from all age requirement if adult-only specialization is included in the name, scope, and advertising of the centers	
	.D <u>Process</u> on how center will handle patients who seek care outside the center's scope of care (e.g., pediatric patients that present to an adult-only center)	
	CC.3 The following must be available during all posted hours of operation for the center	
	.A X-ray on site; on-site radiological equipment (imaging modality to perform chest X-rays, c spines, long bone films, abdomen, extremities, etc.) that is easily interpretable and achievable	
	.B Intentionally Blank	
	.C CLIA Certificate of Waiver; at minimum, with the performance of on-site testing appropriate to the center's population with one or more waived, moderate, or high complexity tests (e.g., blood glucose)	

CERTIFICATION CRITERIA (CC)

KEY	STANDARD	NOTES
	<p>On-site ability with the appropriate state licenses and resources to meet the following scope requirements:</p> <ul style="list-style-type: none"> · Order, obtain, and read an EKG and x-ray .D · Order and administer oral, inhaled, and injectable medication · Perform minor procedures (e.g., sutures, splinting) <p>Note: Pediatric only centers are exempt from the requirement to obtain and read an EKG. Recommended practice: All pediatric centers have an EKG.</p>	
	.E Specimen collection, with transport to reference laboratory same day including appropriate collection and shipping supplies	
	CC.4 The following emergency response equipment and workforce trained in its use must be available during all posted hours of operation for the center	
	.A Automated external defibrillator (AED) or more advanced device	
	.B Oxygen, bag valve mask, oral airways	
	.C Emergency medications stocked appropriately for the patient population, as determined, approved, and documented by the organization's governing body	
	CC.5 The center's floor plan must include the following	
	.A No less than two exam rooms	
	.B Separate waiting area	
	.C Patient restroom as part of the center	
	CC.6 Intentionally Blank	
	CC.7 An independent practice licensed <u>provider</u> designated for overall clinical quality (e.g., Medical Director)	
	.A Written job description available and acknowledged/signed	

CERTIFICATION CRITERIA (CC)

KEY	STANDARD	NOTES
	CC.8 Intentionally Blank	
	CC.9 For each center, a business license, certificate of occupancy, or equivalent	
	CC.10 Intentionally Blank	
	CC.11 For organizations accrediting under the occupational health scope, the following must be available during all posted hours of operation for each center	
	.A <u>Providers</u> on site with the appropriate certification, training, and resources to perform DOT physicals or arrangements to provide the service through another center within the organization	
	Workforce on site with the appropriate certification, training, and resources to provide the following services: .B <ul style="list-style-type: none"> • Urine drug screen (UDS) collections • Color blindness testing • Lifting assessments • Visual acuity testing (eye charts, vision screener) • Whisper hearing testing 	
	Workforce on site with the appropriate certification, training, and resources to provide the following services or arrangements to provide the following services through another center within the organization or third-party vendor: .C <ul style="list-style-type: none"> • Breath alcohol testing (BAT) • UDS testing <ul style="list-style-type: none"> - Proof of certification for active MRO or agreement with outside vendor • PFT/Spirometry • Respiratory Fit testing 	
	.D DME supplies on site; prescribed and dispensed within the visit	









CERTIFICATION CRITERIA (CC)

KEY	STANDARD	NOTES
CC.12	For organizations accrediting under the occupational health scope only, the organization's website and advertisements provide clear notification to the public regarding the limited scope of service	
CC.13	For organizations accrediting under the occupational health scope, centers must include the following	
.A	UDS compliant restroom; water off-switch and/or dye for toilet water	
.B	BAT-respiratory fit testing room/area monitored for chemical use (e.g., air fresheners) to prevent pollutants from impacting accuracy of test results	
CC.14	For organizations accrediting under the occupational health scope, a referral network <u>protocol</u> for providing timely follow-up visits and/or referrals for patient care	







GOVERNANCE (GOV)

2022 Accreditation Standards Manual


GOVERNANCE (GOV)

KEY	STANDARD	NOTES
	GOV.1 Documentation that the entity is a legally formed organization meeting local, state, federal regulations	
	.A Documentation that the organization is in good standing with appropriate State Agency or Department (e.g., state certificate/registration current)	
	.B Documentation that all regulatory and legal obligations of the organization are met (e.g., required department of health licensure)	
	GOV.2 Evidence of defined governing body responsible for oversight of all functions of the organization, including the following:	
	.A Evidence of regular leadership meetings with recorded meeting minutes to address strategy, planning, ongoing business, financial reporting, and operations	
	.B Mechanisms in place to monitor the financial health of the organization <ul style="list-style-type: none"> • Leadership review of statements/records for short-term and long-term financial needs 	
	.C Evidence that leaders set the example for a culture of quality and safety <ul style="list-style-type: none"> • Leaders encourage workforce to identify issues related to lapses or potential risks • Leaders address workforce issues and concerns • Leaders adhere to organization's <u>policies</u> 	
	.D Documentation of annual review of <u>policies</u> , <u>plans</u> , and procedures by leadership <ul style="list-style-type: none"> • All <u>policies</u>, <u>plans</u>, and procedures, including but not limited to, operating, human resources, clinical, compliance, and safety <p>Success demonstrator: Review by leadership is documented within 1) meeting minutes, 2) dates on policies, or 3) annual cover letter in <u>policy</u> manual(s) identifying the date of review and approval signed by management (electronic or otherwise).</p>	

GOVERNANCE (GOV)

KEY	STANDARD	NOTES
	<p>Evidence that new and revised <u>policies</u> and procedures are reviewed by workforce once approved</p> <p>.E Success demonstrator: Workforce review is documented within 1) meeting minutes, 2) acknowledgement logs, or 3) signatures on policies (electronic or otherwise).</p>	
	<p>Evidence of a Code of Conduct including potential consequences associated with non-compliance</p> <p>.F <ul style="list-style-type: none"> • Workforce is aware of Code of Conduct </p>	
	<p>There are mechanisms in place to ensure ethical business practices and clinical <u>processes</u> including a <u>compliance plan</u></p> <p>.G <ul style="list-style-type: none"> • <u>Compliance plan</u> as defined by the Office of the Inspector General (OIG) including the seven core elements plus the ability to demonstrate the plan's effectiveness • Clinical and business office <u>policies</u> addressing regulatory compliance including fraud and abuse, false claims, and expected workforce behavior </p>	
	<p>.H Conflict of Interest <u>policy</u> which includes a procedure for disclosure of conflicts</p>	
	<p>Organizational chart defining leadership and management structure by role for all functions of the organization</p> <p>.I <ul style="list-style-type: none"> • Role delineation identifying who to access for operations and/or problem resolution • Evidence that the organizational chart is shared and accessible by workforce </p>	
	<p>GOV.3 Defined shared goals, mission, and vision for the organization</p> <ul style="list-style-type: none"> • Workforce is aware of the goals, mission, and vision 	
	<p>GOV.4 Documentation of specific scope of services, including but not limited to UCA Certification criteria</p> <ul style="list-style-type: none"> • Workforce is aware of services provided as well as those that are not 	




GOVERNANCE (GOV)

KEY	STANDARD	NOTES
	<p>There is a public display of the Scope of Services</p> <p>.A Success demonstrator: Scope of services is included in marketing materials, organization’s website, and/or lobby signage at each center.</p>	
	<p>GOV.5 <u>Process</u> addressing the absence of <u>providers</u> during normal working hours</p>	
	<p>.A Workforce can reiterate how to handle the absence or tardiness of <u>providers</u> on site</p>	
	<p>.B On-site <u>provider</u> coverage is arranged during lunch or breaks if <u>providers</u> are allowed to leave the center</p>	
	<p>GOV.6 The organization informs any accrediting body and other regulatory agencies, as appropriate, of negative outcomes from regulatory inspections and or audits</p>	
	<p>GOV.7 The organization complies with all applicable federal, state, and local laws and regulations</p>	






HEALTH RECORD MANAGEMENT (HRM)

2022 Accreditation Standards Manual




HEALTH RECORD MANAGEMENT (HRM)

KEY	STANDARD	NOTES
	HRM.1 Health records, including records stored off site, are easily accessible, kept in a secure format, and used consistently to document care, treatment, and all other services	
	.A Paper medical records, logs, and other hard-copy records containing protected health information (PHI) are stored securely with restricted access (e.g., locked room/cabinets, off-site secure storage)	
	.B Retention and destruction <u>processes</u> · Permissions and instructions for destruction are defined	
	.C <u>Protocol</u> available for permissions, users, and passwords including network security for electronic medical records	
	.D All patient <u>encounters</u> are documented in electronic format	
	HRM.2 Health records contain patient name, unique patient ID, demographic with contact information, and documentation of all dates of service for every patient	
	.A Medical record identification includes identification on patient registration, intake, and billing information · All dates of services linked to a unique ID#	
	.B Complete organization's defined demographics	
	HRM.3 Legible, dated entries with identification (e.g., signatures, electronic stamp) of workforce administering care, reviewing records, and making medical record entries	
	.A-B Intentionally Blank	
	.C <u>Policy</u> defines timeframe of entry and completion of the medical record including addendums	
	HRM.4 Documentation of care shall include the following as appropriate:	
	.A Chief complaint	







HEALTH RECORD MANAGEMENT (HRM)

KEY	STANDARD	NOTES
	.B History of present illness (HPI)	
	.C Physical examination	
	.D Review of system (ROS)	
	.E Past medical, social, and family history	
	.F Past surgical history	
	Allergies .G <u>Recommended practice:</u> The request and documentation of all allergies including food, medication, and latex.	
	.H Vital signs	
	.I Current medications	
	.J Laboratory testing	
	.K Imaging procedures	
	.L Procedures and diagnostic testing	
	.M <u>Informed consent</u>	
	.N Results for all testing, exams, and studies including final reports	
	.O Impression	
	.P Diagnosis	
	.Q Treatment(s)	
	.R Discharge instructions, patient education	







HEALTH RECORD MANAGEMENT (HRM)

KEY	STANDARD	NOTES
	.S Consultations, referrals	
	.T Progress notes	
	.U Adverse reactions	
	.V Intentionally Blank	
	.W Medications ordered and administered including samples have documentation of the "Six Rights": Right Patient, Right Drug, Right Dose, Right Route, Right Time, Right Documentation	
	.X Dispensed medications including sample medications	
	.Y Patient observation post medication administration on-site w/wo reaction	
	.Z ER or alternative care transfers	
	.AA Any telephonic or on-site follow up	
	.BB If the patient is a minor, incapacitated, or has a designated patient advocate, the historian providing the patient information is documented in the patient's medical record	
	.CC Use of restraints	
	HRM.5 Log of printed name, initials, and signatures for proper identification	
	.A For all past and present workforce: printed names, initials, and signatures · Log retention timeframe is equal to or greater than medical record retention timeframe	
	HRM.6 For all electronic entries, password-protected signatures or identifiers are used · Signature includes the signer's degrees/licenses	









HEALTH RECORD MANAGEMENT (HRM)

KEY	STANDARD	NOTES
	.A Assignment of individual passwords · Usernames and passwords are not shared amongst workforce	
	.B Evidence of electronic signatures and designations associated with electronic health record entries	
	.C <u>Policy</u> defines password security and frequency of mandatory password changes	
HRM.7	Documentation of all incoming and outgoing telephone messages, information recommended, and advice given (with date) must be signed or equivalent (electronically stamped)	
	.A Intentionally Blank	
	.B There are manual filing/scanning <u>processes</u> for non-electronic documents and timeframe for completion	
	HRM.8 <u>Policy</u> and <u>process</u> for <u>informed consent</u> notification addressing benefits, risks, and alternatives associated with recommended services and recorded procedures	
	.A.1 The organization determines in <u>policy</u> which procedures require written <u>informed consent</u> obtained prior to performing the procedure	
	.A.2 Written <u>informed consent</u> signed by patient and <u>provider</u> and witnessed by staff member	
	.A.3 For those procedures not requiring written <u>informed consent</u> as identified by organizational <u>policies</u> , verbal consent addressing risks/benefits/alternatives obtained and documented by <u>providers</u> in the medical record	
	.B The <u>policy</u> is consistently administered	
	.C Intentionally Blank	
	HRM.9 Documentation of all prescriptions and medications orders per law and regulation	

HEALTH RECORD MANAGEMENT (HRM)

KEY	STANDARD	NOTES
	.A All prescriptions are recorded in medical record	
	.B Labeled appropriately with organization's two-patient identifiers for paper scanning/filling	
	.C Intentionally Blank	
	.D All medications administered and dispensed are recorded, including lot number, according to <u>protocol</u> and regulations, as appropriate	
	HRM.10 Documentation of <u>provider</u> orders for all procedures, tests, and medications administered	
	.A All orders are authorized by a <u>provider</u> through documented acceptance	
	.B <u>Processes</u> to receive, order, and perform procedures, tests, and administer medications	
	HRM.11 Documentation of all patient-generated information including consent and authorizations	
	.A Medical records include a copy of records received from patient	
	.B Electronic health record captured patient-signature or scanned images of all signature pages, such as: demographic forms, HIPAA notices, consent to treat, copy of driver's license/photo ID, copy of insurance card	
	.C Written consent to treat is obtained for every patient	
	.D Patient record indicates referring providers/patient-centered medical home (PCMH) when patient indicates he/she has <u>medical home</u> or is under the care of specialist when appropriate	
	HRM.12 Intentionally Blank	

HEALTH RECORD MANAGEMENT (HRM)

KEY	STANDARD	NOTES
	HRM.13 Secure, patient portal or other secure form of transfer of medical records	
	HRM.14 Documentation if patient leaves against medical advice	
	.A Documented in the medical record and appropriately witnessed and signed by patient	
	.B Information provided to patient regarding the risks of leaving against medical advice	
	HRM.15 Evidence of established “Do Not Use” list of abbreviations for clinical documentation Resource: “Do Not Use” lists are available from multiple quality organizations including National Patient Safety Guidelines.	
	.A Workforce training is documented	
	HRM.16 Intentionally Blank	
	HRM.17 Evidence of back-up paper <u>process</u> , if EMR is temporarily out of service	
	.A Readily available pre-printed paper forms	
	.B Workforce trained on implementation of back-up paper <u>process</u> · Workforce training is documented (e.g., personnel records, meeting minutes)	
	.C Paper records are integrated into EMR when back online · Timeframe defined in <u>policy</u>	
	HRM.18 Documentation Authentication Requirements	
	.A <u>Policies</u> , <u>orientation</u> , and training outlining documentation guidelines	
	.B Entries into the medical record made by only authorized individuals	
	.C Entries by authorized individuals that require countersigning are in accordance with law and regulation	







HEALTH RECORD MANAGEMENT (HRM)

KEY	STANDARD	NOTES
	.D Entries in the clinical record authenticated by the author	
	.E Retention of medical records (both electronic and paper) in accordance with law and regulation	
	.F Records release consent and signed by authorized person per law and regulation · Expiration date for authorization on consent	
	HRM.19 Information Systems	
	.A All administrative forms requiring patient notification and verifications required by law or regulation are stored in the medical record	
	.B All telemedicine/virtual care is documented per law and regulation	
	HRM.20 Intentionally Blank	











HUMAN RESOURCES (HR)

2022 Accreditation Standards Manual






HUMAN RESOURCES (HR)

KEY	STANDARD	NOTES
	HR.1 Evidence of a designee responsible for Human Resources oversight	
	HR.2 Key HR <u>policies</u> with affirmation that workforce has received copies and is accountable for its content	
	<p>Key <u>policies</u> to include, but not limited to:</p> <ul style="list-style-type: none"> • Employee dress and appearance as it relates to employee and patient safety • Workplace conduct, work performance, discipline • Anti-discrimination/anti-harassment/unwelcome hostile/abusive conduct <p>.A</p> <ul style="list-style-type: none"> • Grievance <u>process</u> • Smoking/vaping • Drug and alcohol-free workplace • Attendance and leave of absence, absences due to illness • Communication, use of technology, use of personal devices 	
	.B-C Intentionally Blank	
	HR.3 Evidence of organizational chart • Chart delineates reporting structure for workforce up to CEO/owner	
	.A Workforce is knowledgeable on who to access for operations and/or problem resolution	
	HR.4 <u>Policies</u> for performing background checks for workforce as required by state law and organizational <u>policies</u> and evidence of appropriate checks; <u>policy</u> to include: • Proper consents completed by applicant • <u>Process</u> to resolve inconclusive background/credit checks • Disclosure to applicant	
	.A The organization performs National Sex Offender Registry checks on all workforce that has direct patient contact and/or access to patient or employee records	





HUMAN RESOURCES (HR)

KEY	STANDARD	NOTES
	HR.5 Evidence of well-planned, scheduled training <u>processes</u> for workforce upon hire, and annually thereafter with documentation of same maintained in personnel or training files, training to include at minimum:	
	.A Infection control	
	.B Safety and security	
	.C Cultural sensitivity and diversity	
	.D Biohazardous waste	
	.E Intentionally Blank	
	.F Violence in the workplace	
	HR.6 Documentation of <u>orientation processes</u> for each job role (e.g., medical assistant, receptionist, radiology technician, <u>provider</u>) and affirmation that the workforce has successfully completed <u>orientation</u> Note: Documentation of completion may be obtained through <u>orientation</u> checklist, workforce meeting minutes, online verification in a learning management system (LMS), or attendance records for <u>orientation</u> classes.	
	.A <u>Orientation processes</u> with defined timeframes for training and evidence of completion for all new hires	
	.B Job responsibilities and description	
	.C Intentionally Blank	
	.D Regulatory compliance and HIPAA training	






HUMAN RESOURCES (HR)

KEY	STANDARD	NOTES
	<p>Evidence of written <u>competency assessment</u> for each job role, that interacts with the patient during the <u>encounter</u>, (excluding privileged <u>providers</u>) documented during new hire and reassessment, at minimum, every three years; <u>competency assessments</u> should include:</p> <ul style="list-style-type: none"> • Record of specific steps demonstrated • Clearance to perform with or without supervision <p>Note: <u>Competency assessments</u> are in addition to <u>orientation</u> and annual training (e.g., violence in the workplace). <u>Competency assessments</u> are a step-by-step approach of evaluating ongoing ability to perform a job-related task by providing them with information about the task, a demonstration of its performance, an opportunity to imitate the demonstration, and obtain subsequent feedback.</p>	
	.A Personnel record contains <u>competency assessments</u> signed by the evaluator and staff member	
	<p><u>Policies</u> and evidence of ongoing training/continuing education, to include:</p> <ul style="list-style-type: none"> • Topics covered • Materials/method used for education and training • Renewal tracking <u>process</u> 	
	HR.9 HR record for all personnel	
	<p>HR record includes, prior to first shift:</p> <ul style="list-style-type: none"> • Application/resume • Background check <p>.A</p> <ul style="list-style-type: none"> • Licensure, certifications verification • Health information is maintained separately • I-9 documentation (US Dept. of Labor Handbook recommends filing I-9 forms separately from other HR records) 	







HUMAN RESOURCES (HR)

KEY	STANDARD	NOTES
	<p>HR record includes, within the first 90 days:</p> <ul style="list-style-type: none"> • <u>Performance evaluations</u> • <u>Orientation record/checklist</u> • Ongoing training documentation • Competency assessments • Disciplinary actions 	
	.C All HR records are secure, and access is limited to authorized personnel only	
	<p>HR.10</p> <p>There is evidence of formal <u>processes</u>, tools, and timeframes in place to provide performance assessment and feedback to staff</p> <ul style="list-style-type: none"> • Staff can articulate the organization’s methodology for providing performance feedback, including mechanisms for their response to the feedback • Assessments are future-oriented, and improvement focused • Areas addressed in performance assessment include, at a minimum: <ul style="list-style-type: none"> - Overall performance, including progress toward prior goals - Job skills - Quality of work - Interpersonal skills - Areas for improvement, advancement - Improvement goals 	
	.A Staff personnel record shall contain a <u>performance evaluation</u> signed by reviewer and staff member, at minimum every two years	
	.B Intentionally Blank	




HUMAN RESOURCES (HR)

KEY	STANDARD	NOTES
	<p>Documentation of health screening for workforce, including all students, interns, and fellows; health screening, at minimum, meets:</p> <ul style="list-style-type: none"> - Organization requirements - Recommendations by Center for Disease Control (CDC) - Local, state, and federal regulation - State TB Risk Assessment requirements <p>Note: Common health screenings include TB screening, HepB vaccination, and influenza vaccination.</p>	
	.A Intentionally Blank	
	<p>HR.12 Documentation of <u>processes</u> for retrieving current certifications and licensure for staff on an ongoing basis and evidence of same</p>	
	.A Staff licenses and certifications are available and verified via <u>primary or secondary source verifications</u>	
	<p>HR.13 Documentation of <u>credentials</u> for <u>providers</u>, including <u>provider</u> owners, and evidence of same, including</p>	
	<p>Verification of education and training via <u>primary or secondary source</u> verifications for medical school, residency programs, American Board of Medical Specialties (ABMS), if board-certified</p> <ul style="list-style-type: none"> • <u>Provider</u>-requested self-queries are not accepted as <u>primary or secondary source verifications</u> <p>.A Other Secondary Sources (in lieu of the above):</p> <ul style="list-style-type: none"> • AMA for allopathic physicians (MD) U.S. medical school graduation and residency completion • AOA for osteopathic physicians (DO) U.S. medical school graduation and residency completion • The Educational Commission for Foreign Medical Graduates (ECFMG) for physicians with graduation from a foreign medical school • National Commission on Certification of Physician Assistants for PA's • American Academy of Nurse Practitioners for NP's • <u>Credential Verification Organization (CVO)</u> may be used to obtain <u>credentialing</u> information if documentation is available for surveyor's review 	








HUMAN RESOURCES (HR)

KEY	STANDARD	NOTES
	<p>.B The organization is responsible for evaluating current challenges to licensure or registration via the National Practitioner Data Bank (NPDB) no less than annually</p> <p>Recommended practice: Organization subscribes to continuous monitoring (vs. one-time query). Note: Registering and obtaining access to perform NPDB inquires takes time.</p>	
	<p>.C Office of the Inspector General (OIG) Fraud & Abuse Control exclusion checks upon hire and annually thereafter, at minimum</p> <p>Recommended practice: Organization conduct monthly exclusion checks on workforce. Note: Third-party service or direct inquiry to The Fraud and Abuse Control Information System (FACIS) https://www.infocubic.com/doc/OIG-GSA-and-FACIS-Level-3.pdf.</p>	
	<p>.D <u>Peer references</u>, at least two, are obtained upon hire</p> <ul style="list-style-type: none"> • References are maintained/documentated in the HR-<u>credentialing</u> file 	
	<p>.E.1 Delineation of <u>clinical privileges</u> are completed:</p> <ul style="list-style-type: none"> • Upon hire • Every three years or sooner according to state or payer requirements • With a change in Scope of Services 	
	<p>.E.2 Delineation of <u>clinical privileges process</u> to include:</p> <ul style="list-style-type: none"> • Privileges granted are consistent with the organization’s stated scope of services • Request from <u>provider</u> in writing for <u>privileges</u> • <u>Provider</u> may request <u>privileges</u> outside of core required privileges • <u>Provider privileges</u> are overseen by governing body • <u>Provider</u> is notified of the <u>privileging</u> approvals/decision in writing 	
	<p>.F Documentation of a formal <u>process</u> for dispute resolution (appeal <u>process</u>) for denied <u>privileges</u>; documentation to include:</p> <ul style="list-style-type: none"> • Individual/committee responsible for review • Timeframe allotted for review • Communication methods and timing to denied <u>provider</u> 	

HUMAN RESOURCES (HR)

KEY	STANDARD	NOTES
	.G Verification of <u>providers'</u> current licensure/certification via <u>primary and secondary source verifications</u>	
	.H Re- <u>credentialing process</u> includes review of performance improvement data related to the <u>provider's</u> performance, judgment, and clinical skills <ul style="list-style-type: none"> · <u>Process</u> for sharing with <u>providers</u> is documented 	
	.I Intentionally Blank	
	HR.14 <u>Advanced Practice Clinician (APC) Supervision</u> <ul style="list-style-type: none"> · Organization maintains documentation of current state regulations for supervision of APC's and can demonstrate that supervision and direction of APC's follows state regulations 	
	.A Per state regulation, APC's comply with all state regulations pertaining to the practice of medicine and nursing	
	.B Per state regulation, a Collaborative Agreement with a duly licensed physician, in the state of practice, is filed with licensing agency or maintained in organization's <u>credentialing file</u>	
	.C Per state regulation, physicians only supervise the appropriate number of APC's	
	.D Per state regulation, in the event of a planned or unplanned absence of Supervising/Collaborative Physician, an Alternative Collaborating-Supervising Physician shall be designated	
	.E Per state regulation, alternate Supervising-Collaborative Physician shall affirm in writing, by signing the Supervising-Collaborative agreement	
	.F Intentionally Blank	
	.G Per state regulation, APC only performs medical diagnosis, treatment pursuant to the scope of practice of the supervising-collaborative physicians' scope of practice	





HUMAN RESOURCES (HR)

KEY	STANDARD	NOTES
	.H APC shall consult with a supervising-collaborative physician if a situation or condition occurs in a patient that is beyond APC’s knowledge and experience	
	.I Intentionally Blank	
	HR.15 <u>Policy</u> for and evidence of supervision for students providing patient care or rendering treatment	
	.A <u>Policy</u> requires co-signatures for patient medical record	
	.B <u>Policy</u> defines roles and responsibilities of the organization, the school, and the student	
	.C Business associate agreement is executed and maintained with each school for each student	
	.D Student and school agree in writing to roles/responsibility delineation	
	HR.16 Basic Life Support “BLS” certification and training <ul style="list-style-type: none"> • Clinical staff engaged in direct patient care are certified in BLS • <u>Providers</u> are certified in BLS, at a minimum, or board-certified in Emergency Medicine 	
	HR.17 Mock codes are conducted annually, at minimum, and documented <ul style="list-style-type: none"> • All center-based workforce is included in mock codes 	





PATIENT CARE PROCESSES (PCP)

2022 Accreditation Standards Manual






PATIENT CARE PROCESSES (PCP)

KEY	STANDARD	NOTES
	PCP.1 Patient Identifiers	
	.A <u>Policy</u> defining the organization’s specific two (2) patient identifiers <ul style="list-style-type: none"> · <u>Policy</u> requires patients/historians to state their two patient identifiers (vs. asked to confirm identifiers stated by workforce) 	
	From inception of visit, each patient has been verified with the approved organization’s two (2) patient identifiers before providing care, treatment, medication administration, or services: .B <ul style="list-style-type: none"> · Both identifiers are used consistently throughout the <u>encounter</u> · Used by entire workforce · Can be reiterated by workforce · Patient is asked to state their two patient identifiers 	
	PCP.2 Medical Care Services	
	.A Evidence that all services offered, and hours of operation are clearly displayed and regularly communicated Success demonstrators: Hours posted at center entrance or listed in advertisements including website.	
	.B Evidence of clear and public display stating the center provides “urgent care,” “immediate care” and/or “walk in” services without the need for an appointment during all hours of operations (no limitations posted) Success demonstrators: Messaging posted at center entrance or included in advertisements such as website or social media.	
	.C Evidence that patient evaluations include history and physical examination to develop a timely diagnosis and a treatment plan consistent with current medical consensus or evidence-based practice	
	.D Evidence that recommendations for diagnostic studies are appropriate for the presenting history and physical examination	




PATIENT CARE PROCESSES (PCP)

KEY	STANDARD	NOTES
	<p><u>Policy</u> that defines methodologies or <u>processes</u> for the following:</p> <ul style="list-style-type: none"> • Determining if the patient has a primary care provider or <u>medical home</u> • Documenting recommendation for follow-up care or call back procedures • Referring to another provider and/or ancillary services (including sending appropriate visit documentation) • Providing written discharge instructions to patient (patient education) • Documenting patient transfers (ER or alternative level of care transfers) • Communicating with Primary Care Providers/Specialists, as appropriate 	
	<p><u>Policy</u> and procedures for patients leaving Against Medical Advice (refusal of treatment or services) or LWBS (left without being seen):</p> <ul style="list-style-type: none"> • Signed by patient and witness or by two witnesses if patient refuses to sign • Risks documented in patient's medical record • Workforce can articulate <u>policy</u> 	
	<p>Verbal Orders:</p> <ul style="list-style-type: none"> • <u>Policy</u> for verbal orders (including if verbal orders are not allowed) that includes: <ul style="list-style-type: none"> - Verbal orders are accepted only by approved staff identified - Which verbal orders are allowed (e.g., medication, procedures, testing) - Which verbal order is documented and signed off by treating <u>provider</u> • Workforce can articulate <u>policy</u> 	
	<p>Standing Orders:</p> <ul style="list-style-type: none"> • <u>Policy</u> identifies: <ul style="list-style-type: none"> - Which staff, by role, may perform standing orders - Which orders, if any, are allowed (e.g., urine dip for painful urination) - Which standing orders need to be signed off by the on-site <u>provider</u> • Workforce can articulate <u>policy</u> 	






PATIENT CARE PROCESSES (PCP)

KEY	STANDARD	NOTES
	<p>Vital Signs:</p> <ul style="list-style-type: none"> • Age-appropriate <u>policy</u> on vital signs that: <ul style="list-style-type: none"> - Defines which vital signs are required by age group .I <ul style="list-style-type: none"> - Defines the normal range per vital sign by age group - Defines variances that require immediate notification of the <u>provider</u> - Requires pediatric weights are recorded in kg • Workforce can articulate the vital signs <u>policy</u> 	
	<p>Allergies:</p> <ul style="list-style-type: none"> • <u>Policy</u> providing direction for a consistent <u>process</u> for documenting patient allergies (e.g., medication, food, environmental) .J <ul style="list-style-type: none"> • Workforce can articulate allergies <u>policy</u> <p>Recommended practice: Documentation of allergies to include reaction to the allergen.</p>	
	PCP.3 Patient Screening <u>Processes</u> :	
	<p>Identification of clinically high-risk, potential emergent patients (e.g., allergic reaction, chest pain) at registration, at intake, and any other time during the patient <u>encounter</u></p> <ul style="list-style-type: none"> .A <ul style="list-style-type: none"> • Identification <u>process</u> defined in <u>policy</u> including the immediate notification of the <u>provider</u> 	
	<p>.B <u>Policy</u> that upon patient arrival staff never make clinical assessments or determinations as to whether treatment may be rendered</p>	
	<p>Evidence that upon patient arrival the organization takes measures to determine if a patient has:</p> <ul style="list-style-type: none"> .C <ul style="list-style-type: none"> • Potentially been exposed to a communicable disease • Travelled to or from high-incident areas of health threats identified by CDC, both in and out of country, or has been in contact with someone that has travelled to or from high-incident areas of health threats 	
	PCP.4 Intentionally Blank	






PATIENT CARE PROCESSES (PCP)

KEY	STANDARD	NOTES
	<p>Pharmaceutical Services</p> <ul style="list-style-type: none"> • Administered and dispensed medications, • Rx and over-the-counter medications, • Sample medications 	
	.A Pharmaceutical services provided and under the direction of an appropriately trained and educated healthcare professional, as defined by regulatory requirements	
	<p>Program includes written <u>policies</u> for medication storage, administration, dispensing, and recording</p> <ul style="list-style-type: none"> • Temperature logs/recordings available • Vaccines monitored and stored per CDC guidelines • Refrigerated medication stored separately from lab specimens and food, or according to CDC-approved hierarchy if separate storage is not available 	
	<p>All medications are regularly checked for expiration dates and disposed of per state/federal regulations</p> <ul style="list-style-type: none"> • No expired medications in inventory <ul style="list-style-type: none"> - Expired medications held for destruction or donation are separated from inventory and labelled as such • Multi-dose medication vials are labeled with the date the medication expires once opened (disposed of 28 days after perforation or per manufacturer guidelines) • Oral medications expire/are removed as dated by manufacturer 	
	<p>Program in place to mitigate risks associated with any medication administration</p> <ul style="list-style-type: none"> • Medical record includes site of administration, medication name, amount, dose, and date/time of administration <p>.D Success demonstrators: Common practices to mitigate risks include:</p> <ul style="list-style-type: none"> • <u>Orientation</u>, training, and <u>competency assessment</u> of staff conducted and documented • <u>Look-alike sound-alike medication</u> awareness • Required use of “Six Rights”: Right Patient, Right Drug, Right Dose, Right Route, Right Time, Right Documentation 	





PATIENT CARE PROCESSES (PCP)

KEY	STANDARD	NOTES
	.E All prescription pads are stored in a secure location, not pre-signed or post-dated and electronic health record (EHR) secure paper and/or procedures in place	
	.F For organizations with narcotics on-site, <u>policy</u> for narcotic administration, dispensing, storage, documentation, and administrative controls according to state and federal regulation <ul style="list-style-type: none"> · <u>Policy</u> includes the handling of count discrepancies · State/federal regulations readily available to workforce as reference 	
	.G Intentionally Blank	
	.H <u>Policy</u> to address adverse medication or allergic reaction during or following the patient <u>encounter</u> <ul style="list-style-type: none"> · <u>Policy</u> includes patient monitoring post-medication administration, to include with or without reaction after established timeframe 	
	.I For organizations that infuse IV fluids, <u>policies</u> for appropriate storage, administration, and documentation of intravenous fluid/medication <ul style="list-style-type: none"> · Medical record includes site of infusion, medication, amount, dose, and length of time of infusion <p>Recommend practice: Use of “Six Rights”: Right Patient, Right Drug, Right Dose, Right Route, Right Time, Right Documentation</p>	
	.J <u>Process</u> to document, review, and approve on-site medication <u>formulary</u> , in its entirety, annually <ul style="list-style-type: none"> · <u>Process</u> includes <u>protocol</u> for adding/deleting medications from the <u>formulary</u> · <u>Formulary</u> to include medication name, dose, route, and approved off-label uses · Documented approval includes record of who approved and date of approval 	
	.K For those organizations treating pediatric patients, not stocking medications in pediatric dosages, conversion guide/chart/tape is available for life threatening emergencies	
	.L <u>Protocol</u> for determining which medications are available for dispensing and/or administering to patients	






PATIENT CARE PROCESSES (PCP)

KEY	STANDARD	NOTES
	.M Intentionally Blank	
	.N <u>Process</u> to communicate medication recalls, shortages, and outages to workforce	
	<p>All medication orders are reviewed for the following:</p> <ul style="list-style-type: none"> • Patient allergies or potential sensitivities • Existing or potential interactions between the medication ordered and food and medications the patient is currently taking • Appropriateness of the medication, dose, frequency, and route of administration • Therapeutic duplications • Other contraindications 	
	.P The following medications for adult and pediatric patients on-site and available to administer: oral glucose, epinephrine 1:1000, chewable aspirin 81 mg, nitroglycerin, diphenhydramine, albuterol, acetaminophen, ibuprofen, ondansetron, naloxone	
	PCP.5-1 Medication Dispensing (prescriptions filled and written as part of the <u>encounter</u>)	
	.A Organization defines who can review medication orders or prescriptions for dispensed medications and under what conditions this occurs, in accordance with law and regulation	
	.B Intentionally Blank	
	.C After the medication order has been reviewed, all concerns, issues, or questions are clarified with the individual prescriber before dispensing	
	PCP.6 Diagnostic Imaging Services (X-ray, US, CT, MRI)	
	.A Documentation and display of imaging equipment certification, registration, and inspection, per state regulations	
	.B Diagnostic imaging services provided under the direction of an appropriately educated, qualified, licensed healthcare professional <ul style="list-style-type: none"> • If all images are not overread by a radiologist, <u>policy</u> defines when overread or verification of interpretation is required including if none is required 	







PATIENT CARE PROCESSES (PCP)

KEY	STANDARD	NOTES
	<p>Appropriate safety measures and instructions provided to workforce performing imaging services</p> <ul style="list-style-type: none"> • Documentation of dosimetry badge monitoring .C • Workforce wears dosimetry badges • Workforce is aware and receives documentation of their radiation exposure levels • If regulations do not mandate dosimetry badge monitoring, organization has copy of regulations or communication from authority readily accessible to workforce 	
	<p>.D Compliance with local, state, and federal diagnostic imaging regulations</p> <ul style="list-style-type: none"> • Workforce can provide quick access to regulations to demonstrate compliance 	
	<p>Notices and warning signs displayed to protect patients and workforce, per state regulations</p> <ul style="list-style-type: none"> .E • Notices/warning signs include radiation exposure, risk to pregnancy, and in-use lighting/signage • Workforce can provide the surveyor quick access to the regulations to demonstrate the center complies 	
	<p>Regular use of, and ready access to, appropriate protective aprons/coverings in compliance with current procedural recommendations for patient protection</p> <ul style="list-style-type: none"> .F • Consents for females of childbearing age or pregnancy test documented • Pregnancy test results in chart • Last menstrual period is documented in the <u>encounter</u> • Lead lined aprons (coverings) are free of cracks, defects, perforations 	
	<p>.G Medical record includes final report for all studies with corresponding dates of service</p>	
	<p>.H Patient notified of imaging result with appropriate documentation</p>	
	<p>.I Diagnostic images maintained in a readily accessible location for review for defined time period per state regulations</p>	
	<p>.J Training, licensing and/or <u>credentialing</u> of staff performing radiologic imaging are documented, maintained, and displayed</p>	



PATIENT CARE PROCESSES (PCP)

KEY	STANDARD	NOTES
	<p>Routine maintenance of equipment, including calibration</p> <ul style="list-style-type: none"> • In compliance with state regulations and manufacturer recommendations • Documented and readily available for review • Conducted by qualified personnel/vendor <p>Recommended practice: Maintenance includes linearity, reproducibility, and calibration as recommended by the manufacturer or state requirements.</p>	
	.L Intentionally Blank	
	PCP.7 Laboratory & Testing Services	
	.A.1 Documentation and display of laboratory certification	
	.A.2 Perform in center, at minimum, during all hours of operation: rapid urinalysis, rapid urine pregnancy, and fingerstick blood glucose	
	<p><u>Policy</u> for laboratory testing performed in center that contains:</p> <ul style="list-style-type: none"> • Specific to each test, requirements for performing the test and applicable quality control measures as recommended by manufacturer <p>.B.1</p> <ul style="list-style-type: none"> • Specific to each test, competency requirements to perform testing, including the requirement to demonstrate compliance before performing tests • <u>Processes</u> for ordering, collecting, storing (including temperature and humidity control), identifying/labeling, and transporting specimens 	
	<p><u>Policy</u> identifying critical lab tests and results/panic levels including:</p> <ul style="list-style-type: none"> • For POC tests, validation of test results within the predetermined panic value ranges • For send-out/reference lab tests, predetermined length of time to receive results • For all testing, determination of appropriate length of time until <u>provider</u> reviews results • <u>Process</u> for <u>provider</u> notification of critical/panic values for POC and send-out tests 	

PATIENT CARE PROCESSES (PCP)

KEY	STANDARD	NOTES
	<p>Readily accessible record of the following, located within the center and available to workforce for review:</p> <ul style="list-style-type: none"> · Operating manuals and package inserts for all analyzers, kits, strips, and controls · Current manufacturer recommended testing and quality control procedures, specific to each test performed · Temperature and humidity control logs for every location where laboratory point-of-care testing supplies are stored as recommended by the manufacturer · Records of quality controls ran according to manufacturer guidelines 	
	<p>.C.2 Readily accessible record of staff <u>competency assessments</u> per POCT demonstrating understanding of manufacturer controls and testing procedures</p>	
	<p>For contracted outside laboratory services, record of the following:</p> <ul style="list-style-type: none"> · <u>Policy</u> directing <u>processes</u> for ordering, collecting, storing, identifying, and transporting specimens · Access to reference lab certification/licensure 	
	.E Intentionally Blank	
	PCP.8 Emergency Care Patient Management	
	.A Organization does not solicit patients with life-, limb-, or vision-threatening conditions	
	<p>.B <u>Process</u>, personnel, medications, and equipment readily available for directing cardiopulmonary arrest response (911 or other) and response to life-, limb-, or vision-threatening situations; <u>process</u> to include:</p> <ul style="list-style-type: none"> · Workforce can reiterate <u>processes</u> for on-site life-threatening emergency · Workforce can demonstrate how to contact EMS · Workforce can locate emergency medical equipment and demonstrate use 	
	.C Phone system instructs callers to after-hours emergency care (e.g., call 911)	
	PCP.9 Patient Safety <u>Policies</u>	
	.A <u>Policy</u> and training for identification, evaluation, and reporting, per state regulations, of child abuse/neglect, elder abuse/neglect, domestic violence, and sexual assault	







PATIENT CARE PROCESSES (PCP)

KEY	STANDARD	NOTES
	<p>.B <u>Policy</u> and training for treatment of an unaccompanied minor (no legal guardian), per state regulations; to include treatment of an unaccompanied minor for workplace injury or occupational health services</p>	
	<p>If patient restraint is allowed, <u>policy</u> defining the organization’s approved restraints, to include:</p> <ul style="list-style-type: none"> • Type of restraints with circumstances where restraints are allowed • Requirement of verbal or written <u>informed consent</u> • Type and frequency of <u>workforce</u> training <p>.C • If restraint devices (e.g., papoose board) are available, <u>policy</u> and <u>workforce</u> training to include:</p> <ul style="list-style-type: none"> - Requirement of verbal or written <u>provider</u> order - Not permitted in standing orders <p>Organization complies with all applicable regulations for indications, ordering, monitoring, and documentation of patient restraint</p>	






PRIVACY, RIGHTS, & RESPONSIBILITIES (PRR)

2022 Accreditation Standards Manual


PRIVACY, RIGHTS, & RESPONSIBILITIES (PRR)

KEY	STANDARD	NOTES
	<p>PRR.1 Evidence of written HIPAA privacy <u>policies</u></p>	
	.A Intentionally Blank	
	.B Display Notice of Privacy Practices (HIPAA) and inform all patients per law and regulation	
	.C Evidence that patients have been offered a copy of the organization's current HIPAA privacy notice with signed acknowledgement	
	.D Business Associate Agreements (BAA's) are available for all non-covered entities that may access PHI <ul style="list-style-type: none"> · Common non-covered entities include but are not limited to attorneys, IT contractors, consultants, billing companies 	
	<p>PRR.2 Evidence that the physical environment and patient flow <u>processes</u> take patient privacy into consideration; including, but not limited to:</p> <ul style="list-style-type: none"> · Patient registration/intake <u>processes</u> ensures privacy · Floor plan of patient care area ensures patient privacy · Computer screen not visible to patients and guests · Visitors restricted to non-work areas such as staff lounges and lobbies 	
	PRR.3 Documentation of <u>process</u> to disclose workforce <u>credentials</u> and position	
	.A Workforce can be identified with visible name and <u>credentials</u> <small>Note: Most often demonstrated by use of name tag/badge or embroidered lab coat.</small>	
	.B Clinical staff and <u>providers</u> introduce themselves with title to patient/family members	
	PRR.4 Documentation of <u>process</u> to address and respond to patient, family member, and customer complaints	
	.A <u>Process</u> includes routing of complaints to appropriate department/person	
	.B <u>Process</u> includes timeframe in which to address complaint	
	.C <u>Process</u> includes documented follow-up with patient	

PRIVACY, RIGHTS, & RESPONSIBILITIES (PRR)

KEY	STANDARD	NOTES
	PRR.5 Intentionally Blank	
	PRR.6 Organization establishes Patient Rights and Responsibilities	
	<p>Patient rights to include:</p> <ul style="list-style-type: none"> • The right to be treated with courtesy, respect, and dignity • The right to participate in decision regarding care • The right to refuse care or services • The right to privacy • The right to submit a complaint or grievance for follow-up by the organization • The right to refuse the release of personal health information (except when permitted by law) • The right of access to, and request for, amendment of their medical records • The right to a sign or language interpreter • The right to receive accurate and easily understood information about their health plan, healthcare professional and healthcare center <p>.A</p>	
	<p>Patient responsibilities to include:</p> <ul style="list-style-type: none"> • The responsibility toward the honest disclosure of information that may assist in establishing a diagnosis and an appropriate plan of care • The responsibility to support an environment where the safety and property of the organization's personnel and customers are respected • The responsibility to inquire if any portion of caregiving or follow-up are not entirely comprehended • The responsibility to notify the urgent care if there are any limitations (cultural, religious, or other) that may limit the care provided or pose barriers to providing care • The responsibility to their financial commitments for care <p>.B</p>	
 	<p>Display of Patient Rights and Responsibilities in one or more highly visible, on-site public area</p> <p>.C</p> <p>Recommended practice: Displayed on the organization's website in addition to on-site.</p>	







PRIVACY, RIGHTS, & RESPONSIBILITIES (PRR)

KEY	STANDARD	NOTES
	.D Workforce is educated on the organization's Patient Rights and Responsibilities at hire and with any changes · Education is documented	





PHYSICAL ENVIRONMENT (PE)

2022 Accreditation Standards Manual





PHYSICAL ENVIRONMENT (PE)

KEY	STANDARD	NOTES
	<p>PE.1 <u>Policy</u> to manage safety risks associated with the physical environment, including both administrative locations and urgent care centers</p>	
	<p>.A.1 Control access to and from areas identified as a safety risk for workforce and patients</p> <ul style="list-style-type: none"> • Workforce is aware of how to respond to potential breaches to a safe environment 	
	<p>.A.2 <u>Policy</u> identifies the safety officer and their roles and responsibilities</p> <ul style="list-style-type: none"> • Workforce can identify the safety officer 	
	<p>.B <u>Policy</u> includes a <u>process</u> to respond to product notices and recalls (including medical equipment and all medication including sample medications)</p> <ul style="list-style-type: none"> • Patients are notified per manufacturer guidance 	
	<p>.C Ensure safety of center including exterior areas (e.g., entries, parking)</p> <ul style="list-style-type: none"> • Eliminate risks that might lead to slips, falls, burns, trauma, or toxic ingestion • Adequate lighting and ventilation are provided • Emergency lighting is available to provide safe evacuation of workforce and patients • Sharps are disposed of properly by the person using them to avoid injury • Oxygen tanks (and other compressed gases) are safely secured and stored • Ability to perform eye irrigation for both workforce and patients • Mechanism is available for staff to clean up spills/potential hazards (e.g., spill kits) • Appropriate signage for warning/notification of hazards (e.g., wet floors) 	
	<p>.D Center is accessible to individuals with disabilities</p>	
	<p>PE.2 Manage fire risks at both corporate locations and centers</p>	
	<p>.A Conduct and document fire drills at least twice a year with no less than one unannounced drill per year</p> <ul style="list-style-type: none"> • Fire drills are documented and evaluated • Workforce understands their role in the event of a fire <p>Recommended practice: Fire drills are conducted on all shifts and include use and training of emergency equipment (e.g., fire extinguishers).</p>	
	<p>.B Maintain unobstructed access to all exits</p>	









PHYSICAL ENVIRONMENT (PE)

KEY	STANDARD	NOTES
	<p>Maintain a fire prevention <u>policy</u>:</p> <ul style="list-style-type: none"> • Use of fire extinguishers • Use of fire alarms • Defines workforce roles <p>Note: Fire prevention <u>policy</u> may be separate or included in safety <u>policy</u>.</p>	
	<p>.D Display signage clearly marking exits and fire evacuation route(s) for the location</p> <ul style="list-style-type: none"> • Illuminated signs with emergency power are located at all exits • Exit signs are checked on a regular basis 	
	<p>.E Evacuation map, with designated location (“you are here”) is clearly posted according to local fire department regulations</p> <ul style="list-style-type: none"> • Organization can provide copy of and demonstrate compliance with local and state code requirements 	
	<p>.F Fire extinguishers are checked monthly by staff and inspected and tagged annually by a certified company with available documentation</p>	
	<p>.G Fire doors are present and in appropriate locations per law and regulation</p> <p>Note: Most organizations choose to demonstrate compliance with this standard through documentation of certificate of occupancy or fire inspection report from local fire marshal.</p>	
	<p>PE.3 Validate integrity of all medical equipment for each location</p>	




PHYSICAL ENVIRONMENT (PE)

KEY	STANDARD	NOTES
	<p>Testing and maintenance of all equipment in inventory</p> <ul style="list-style-type: none"> • Testing is conducted and calibration performed per manufacturer guidelines, no less than annually, by a certified bio-medical engineer • Proof of annual testing and calibration demonstrated by equipment tagging or written report <p>.A</p> <ul style="list-style-type: none"> • Electrical safety is performed annually by a certified bio-medical engineer for all electrical medical equipment as required by National Fire Protection Association (NFPA) Maintenance is documented • Biomedical testing and calibration are performed prior to introducing equipment into patient care 	
	<p><u>Process</u> (including frequency) and supporting documentation for monitoring and testing medical equipment according to but not limited to manufacturer guidelines</p> <p>.B</p> <ul style="list-style-type: none"> • Ability to produce manufacturer guidelines <p>Note: Most AED have manufacturer recommended daily test/checks.</p>	
	<p>Equipment failure <u>policy</u>, to include at minimum:</p> <ul style="list-style-type: none"> • <u>Process</u> to identify and remove non-working equipment from active use • <u>Process</u> to determine availability and request back-up/loaner equipment <p>.C</p> <ul style="list-style-type: none"> • <u>Process</u> to ensure that back-up/loaner equipment has current calibration and electrical safety • Documentation of repair by vendor/biomedical engineer prior to reintroducing equipment into patient care 	
	.D-E Intentionally Blank	
	PE.4 Supply Storage	











PHYSICAL ENVIRONMENT (PE)

KEY	STANDARD	NOTES
	<p>All medical supplies (non-medication) with limited shelf-life are regularly checked for expiration date and a disposal program is activated</p> <p>.A</p> <ul style="list-style-type: none"> • No expired supplies in inventory - Expired supplies held for destruction or donation are separated from inventory and labeled as such 	
	.B No supplies are stored under sinks or directly on floors	
	<p>Supplies are stored safely to avoid harm:</p> <p>.C</p> <ul style="list-style-type: none"> • No cardboard/porous boxes/containers directly on floor • Shipping boxes and materials are unpacked and removed timely • Supply storage meets national and other regulatory requirements regarding proximity to ceiling 	
	PE.5 No smoking/vaping permitted in center	
 	.A Signage at all entrances to the center, staff and public	
 	<p><u>Policy</u> for responding to utility system disruptions (electrical, water, heating, and cooling), including scheduled outages</p> <p>PE.6</p> <ul style="list-style-type: none"> • Workforce understands their role in the event of utility system disruptions • Workforce accommodates patient care <u>processes</u> during utility system disruptions • Incident reports are available for all utility system disruptions 	
	.A Intentionally Blank	
	.B Intentionally Blank	
	.C Documented testing of emergency power systems	
	<p>Maintain emergency communications system(s)</p> <p>.D</p> <ul style="list-style-type: none"> • Appropriate back-up communication system is identified (e.g., cell phones) • Workforce is aware of <u>protocol</u> for back-up system • Management is aware of all utility system failures 	
	PE.7 Physical risks	






PHYSICAL ENVIRONMENT (PE)

KEY	STANDARD	NOTES
	<p><u>Processes</u> for eliminating and minimizing physical risks</p> <ul style="list-style-type: none"> .A <ul style="list-style-type: none"> • Workforce can demonstrate methods for eliminating/minimizing risks • Workforce has authority to act in the event of an incident 	
	<p>Workforce reports physical environment risks</p> <ul style="list-style-type: none"> • Workforce is aware of how to report risks/incidents .B <ul style="list-style-type: none"> - <u>Process</u> for immediate reporting of high-risk events or issues • Management evaluates and acts on all workforce exposures and incidents • Management uses data to mitigate future incidents 	
	PE.8 Physical plant/center	
	<p>Complies with applicable state and local building codes and regulations including licensure</p> <ul style="list-style-type: none"> .A <ul style="list-style-type: none"> • Certificate of occupancy or equivalent • Evidence of state licensing certificate when mandated 	
	.B Maintains clean and properly maintained environment	
	.C Maintains adequate lighting and ventilation in all areas	
	PE.9 Risks related to hazardous materials and waste	
	.A Intentionally Blank	
	<p><u>Policy</u> regarding personal protective equipment:</p> <ul style="list-style-type: none"> • Personal protective equipment (PPE) is available for workforce use .B <ul style="list-style-type: none"> • Workforce can identify location of PPE • Workforce has been trained on the use and disposal of PPE • Workforce uses PPE when appropriate 	
	<p>Minimize risks associated with disposing of all biohazardous waste:</p> <ul style="list-style-type: none"> • Biohazardous waste is disposed of by a licensed contracted company • Biohazardous waste is labeled .C <ul style="list-style-type: none"> • Cardboard containers are not stored directly on the floor • Access to biohazardous waste is controlled and appropriately limited to protect both patients and <u>workforce</u> 	







PHYSICAL ENVIRONMENT (PE)

KEY	STANDARD	NOTES
	.D Maintain readily available, accurate, and up-to-date safety data sheets (SDS) • Workforce can verbalize where SDS are located • Workforce can demonstrate how to look up a specific product either manually or online	
	.E Maintain readily available <u>manifests</u> for all disposed biohazardous waste • <u>Manifests</u> include both pick-up information and confirmation of destruction once completed; <u>manifests</u> are either mailed or made available via electronic format (e.g., email, portal)	
	PE.10 Physical safety policy	
	.A Workforce training is documented (e.g., training records, meeting minutes)	
	.B Incident reports are reviewed by management and corrective action is documented (e.g., training, change in <u>policy</u> or <u>process</u> , audit procedure implemented)	
	PE.11 An <u>Emergency Preparedness (Business Continuity) Plan (EPP)</u> with evidence of the following:	
	.A Identification of responsible party for the <u>EPP</u>	
	.B Workforce is aware of the <u>EPP</u> and the person responsible for the Plan	
	.C Supervision of the <u>EPP</u> by appropriately trained and educated healthcare professionals	
	.D The <u>EPP</u> addresses the prioritized emergencies and responses including: • Maintaining, modifying, curtailing, or expanding services • Conserving resources • Supplementing resources from outside the local community • Reducing hours or closing • Evacuation	
	.E The <u>EPP</u> describes the recovery strategies, actions, and individual responsibilities necessary to restore the organization's care, treatment, or services after an emergency	





PHYSICAL ENVIRONMENT (PE)

KEY	STANDARD	NOTES
	.F The <u>EPP</u> describes the <u>processes</u> for initiating and terminating the organization’s response and recovery phases of an emergency, including under which circumstances these phases are activated	
	.G The <u>EPP</u> describes how the organization will communicate during an emergency <ul style="list-style-type: none"> • <u>EPP</u> includes how the workforce will be notified when emergency response procedures have been initiated • <u>EPP</u> includes how the organization will notify the community of changes to hours and/or services 	
	.H The <u>EPP</u> includes how the organization will manage resources and assets during emergencies, including how the organization will obtain and replenish medications, medical supplies, and non-medical supplies that will be required	
	.I The <u>EPP</u> defines how the organization will manage <u>workforce</u> during an emergency including: <ul style="list-style-type: none"> • Identifying roles and responsibilities of workforce during an emergency • Designating staff as essential personnel (e.g., modified name badges, designation letter on letterhead, etc.) • The <u>process</u> for assigning staff to all essential functions • Identifying the individual(s) to whom staff report to in emergencies • How the organization will identify workforce and authorized volunteers during emergencies (e.g., name badges) • Responding to federal and state rulings regarding emergency licensing <u>process</u>: <ul style="list-style-type: none"> - Emergency practice permit - Temporary licenses - Emergency declaration licensing - Uniform emergency volunteer health practitioner act 	
	.J The <u>EPP</u> describes how the organization will manage activities related to patient care, treatment, or services (includes but not limited to scheduling, modifying, or discontinuing services; patient flow and prioritization (e.g., receiving, triaging, etc.) and providing security)	





PHYSICAL ENVIRONMENT (PE)

KEY	STANDARD	NOTES
	<p>For organizations granting temporary <u>privileges</u> to <u>providers</u> and licensed <u>staff</u>, the <u>EPP</u>:</p> <ul style="list-style-type: none"> • Grants disaster <u>privileges</u> only when the Plan has been activated in response to a disaster and the organization is unable to meet immediate patient needs • Identifies those individuals responsible for granting <u>privileges</u> • Describes, in writing, how it will oversee the performance of temporary <u>providers</u> and licensed staff • Before allowing temporary <u>providers</u> and licensed staff to perform patient care, obtain their valid government-issued photo identification (e.g., a driver's license or passport) and <u>primary or secondary source verification</u> of licensure • If <u>primary or secondary source verification</u> cannot be completed due to extraordinary circumstances, the organization documents the following: <ul style="list-style-type: none"> - Reason(s) it could not be performed - Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment, or services - Evidence of the organization's attempt to perform <u>primary or secondary source verification</u> as soon as possible - <u>Primary or secondary source verification</u> is performed as soon as possible 	
	<p>The organization evaluates the effectiveness of the <u>EPP</u> including:</p> <ul style="list-style-type: none"> • Evaluating plan after each implementation following an emergency • Modifying the Plan based on its evaluation of responses to actual emergencies • Evaluation is documented 	
	<p>.M The <u>EPP</u> describes how the organization will manage medical records including off-site manual/digital storage and retrieval <u>protocols</u></p>	
	<p>PE.12 An <u>Infection Control and Prevention Plan (ICPP)</u> with evidence of the following:</p>	
	<p>.A Identification of responsible party for <u>ICPP</u></p>	
	<p>.B Workforce is aware of the <u>ICPP</u> and the person responsible for the plan</p>	

PHYSICAL ENVIRONMENT (PE)

KEY	STANDARD	NOTES
	.C <u>ICPP</u> includes <u>processes</u> and procedures to prevent infections and maintain a clean and sanitary environment	
	.D <u>ICPP</u> includes <u>protocol</u> to report required infections per local and federal regulations	
	.E Supervision of <u>ICPP</u> by appropriately trained and educated healthcare professionals	
	<p><u>ICPP</u> components include, but are not limited to:</p> <ul style="list-style-type: none"> • Adherence to CDC and OSHA recommendations and requirements • <u>Policy</u> defining needle stick or exposure (Blood Borne Pathogen) <u>protocol</u> to include staff/source • Workforce required to wash hands before and after patient contact • Measures to reduce risk of infection transmission when using medical equipment (cleaning and maintenance procedures/schedules) • Multi-use patient care equipment and supplies are disinfected between patients • Patient contact surfaces are disinfected between patients • Counters and sink are designated as “clean” or “dirty” and steps are taken to reduce cross contamination (e.g., separating medication and laboratory functions) • Use of personal protective equipment (PPE) • PPE is available for workforce and patient use • Workforce can identify location of PPE • Workforce has been trained on the use and disposal of PPE • Workforce uses PPE when appropriate 	
	<p><u>ICPP</u> includes sanitary/cleaning <u>protocol</u> for patient treatment area and overall work environment, including but not limited to:</p> <ul style="list-style-type: none"> • In-house linen processing has corresponding <u>protocols</u> regarding appropriate cleaning requirements and distinguishes between “dirty” and “contaminated” linen processing • Animals, excluding service animals, are limited to non-patient care areas and <u>protocols</u> are in place regarding access, cleaning, and care regarding ALL animals allowed on-site, including both service and non-service animals 	







PHYSICAL ENVIRONMENT (PE)

KEY	STANDARD	NOTES
	<p>.H <u>ICPP</u> includes <u>process</u> for isolation and transfer of patient or guest with a communicable disease:</p> <ul style="list-style-type: none"> • Workforce can reiterate <u>process</u> 	
	<p><u>ICPP</u> includes <u>protocol</u> to ensure proper cleaning, disinfection, packaging, and sterilization of instruments per manufacturer guidelines</p> <ul style="list-style-type: none"> • Maintenance of autoclave with appropriate documentation consistent with manufacturer recommendations • Spore checks or other appropriate ongoing monitoring with appropriate documentation • <u>Orientation</u>, training, and competency of staff is conducted and documented 	
	.J Measures for sharps injury prevention per state and federal regulations	
	<p>.K <u>Policy</u> for handling of workforce exposed to infectious diseases and referral for assessment, testing, or treatment</p> <ul style="list-style-type: none"> • Screening is available for workforce with suspected infectious exposures at work • Reported appropriately as required by state and federal law 	
	.L-M Intentionally Blank	
	.N <u>ICPP</u> includes organizational preparedness for a potential influx of infectious patients	







QUALITY IMPROVEMENT (QI)

2022 Accreditation Standards Manual




QUALITY IMPROVEMENT (QI)

KEY	STANDARD	NOTES
	<p>QI.1 Annual Quality Improvement Plan with a minimum of six areas of focus including Patient Feedback/Satisfaction (Q1.4), <u>Antibiotic Stewardship</u> (QI.5), Medication Monitoring (QI.6), Unexpected/Unfavorable Occurrences Monitoring (QI.7), and two (2) areas of focus of the organization’s choice</p> <p>Note: Audit of quality and safety <u>policy</u> and <u>process</u> are frequently chosen as the additional two measures, such as, imaging overreads, observation of patient post-injection, handwashing and glove use, supply/medication expiration, and cleaning procedures between patients.</p>	
	<p>.A Plan to include, per area of focus:</p> <ul style="list-style-type: none"> • Risk, reason for focus • Methodology for oversight (e.g., PDSA: Plan, Do, Study, Act) • Frequency of measurement • Responsible individuals • Acceptable threshold of performance • Corrective action plan • Measurement tools • How data will be used to improve patient care • How workforce participates in the <u>process</u> 	
	<p>.B Evidence that plan is reviewed, revised, and implemented annually</p>	
	<p>.C-1 Intentionally Blank</p>	
	<p>QI.2 Champion designated to oversee the quality improvement plan and other quality initiatives for ongoing clinical, service, administrative, or other improvement opportunities</p>	
	<p>.A-B Intentionally Blank</p>	
	<p>QI.3 Evidence of the quality monitoring mechanisms, PDSA (Plan, Do, Study, Act) cycle or other, are used to address areas for improvement</p>	
	<p>.A Records of quality improvement initiatives are available</p> <p>Note: Organizations re-accrediting shall have a minimum of three years of data available for retrospective review.</p>	






QUALITY IMPROVEMENT (QI)

KEY	STANDARD	NOTES
	.B Intentionally Blank	
	QI.4 Evidence of mechanism for monitoring patient feedback and/or satisfaction and evidence of activity and response addressing opportunities for improvement	
	<u>Process</u> is available for patient feedback/input	
.A	Success demonstrators: The most common mechanism for collecting feedback is post-visit surveys through text, email, phone, and mail. Some organizations use a collection device to obtain feedback prior to discharge. Other mechanisms include a Contact Us featured in on-site posters, on website, and/or discharge paperwork.	
	<u>Process</u> is available for determining patient satisfaction levels	
.B	Note: The most common mechanism for monitoring is post-visit surveys through text, email, phone, and mail. Some organizations use a collection device to obtain feedback prior to discharge.	
	.C Data is used to improve <u>process</u> and is documented	
	QI.5 <u>Antibiotic Stewardship</u>	
	.A An aspect of the organization's overarching QI plan includes components of <u>antibiotic stewardship</u> with the goal to provide the care consistent with evidence-based medicine and mitigate the proliferation of antibiotic-resistant bacteria	
	QI.6 Evidence of a <u>process</u> for recording and monitoring medication (administration and/or prescribed) errors, <u>near-misses</u> , or adverse drug reactions including corrective action plans	
	.A <u>Process</u> for responding to adverse drug reactions and medication errors including <u>near-miss errors</u> · Workforce can reiterate the <u>process</u>	
	.B Precautions available to prevent medication errors (e.g., <u>look-alike</u> labeling, double workforce checks, time-out verification)	
	.C <u>Process</u> for notifying workforce of medication error or adverse drug reaction	
	.D Incident reports available	

QUALITY IMPROVEMENT (QI)

KEY	STANDARD	NOTES
	.E Patient notification as appropriate	
	.F Data available for review	
	QI.7 Evidence of a <u>process</u> for recording and monitoring unexpected or unfavorable occurrences <ul style="list-style-type: none"> • Leadership defines what qualifies as unexpected or unfavorable occurrences • Workforce can reiterate <u>process</u> 	
	.A <u>Process</u> available for responding to an unexpected or unfavorable occurrence	
	.B Unexpected or unfavorable occurrences are reported and documented	
	.C Leadership is aware of occurrences	
	.D Corrective action plans are identified	
	QI.8-9 Intentionally Blank	
	QI.10 Accountable Care Delivery	
	There are <u>processes</u> in place to address cost-effective care delivery as part of the care continuum .A Success demonstrators: Most organization <u>processes</u> include training and medical record review. Common reviews include 1) only appropriate diagnostic tests are ordered, and 2) medication is prescribed according to guidelines and in generic form if available.	
	.B Test results and medical records are readily shared with other <u>providers</u> with appropriate patient consent, when requested, to eliminate redundant testing or interventions: <ul style="list-style-type: none"> • Documented in the medical record 	
	.C There are mechanisms in place to periodically audit and qualify Emergency Department (ED) transfers as appropriate: <ul style="list-style-type: none"> • Data is shared with <u>providers</u> • Education is provided as needed 	

QUALITY IMPROVEMENT (QI)

KEY	STANDARD	NOTES
	<p>The urgent care demonstrates that the medical staff supports follow-up care intervention with the goal of restoring the patient to wellness most efficiently (e.g., provides documentation, provides specialist or PCP recommendations, contacts the patient's <u>provider</u> as appropriate):</p> <ul style="list-style-type: none"> • Coordination of care and referral activities are documented in the medical record 	
	<p>.E Demonstration of a quality improvement <u>process</u> that utilizes goals and objectives for clinical care improvement, documented methodology and results and conclusions that drive changes in care or treatment <u>processes</u></p>	
	<p>QI.11 Reporting <u>processes</u> for workforce to inform organization (e.g., Compliance Officer, QI Officer, Quality Champion) of any concerns, lapses in quality, or unfavorable occurrences including the means to report anonymously</p> <ul style="list-style-type: none"> • All reports are documented and maintained 	
	<p>.A Non-retaliation <u>policy</u> prohibiting any form of retaliation or intimidation against any individual for reporting a concern, inquiring about appropriate conduct, or for participating in a related investigation or proceeding</p>	
	<p>.B Documentation of training and affirmation of workforce understanding of <u>processes</u> for reporting concerns, lapses in quality, or unfavorable occurrences, at new hire and with any changes to <u>processes</u></p>	

GLOSSARY

2022 Accreditation Standards Manual

GLOSSARY

Accreditation

The act of granting recognition to an organization that maintains a nationally standardized criteria demonstrating their commitment to a comprehensive scope of services, providing quality care consistent with industry best practices, focused patient and workforce safety, human resource onboarding and oversight, and excellent clinical outcomes.

Advanced Practice Clinician (APC)

Physician assistant (PA) or nurse practitioner (NP) who practices medicine under the supervision of a physician in accordance with state regulations. This person may work in the setting of a hospital emergency department or in an acute care center.

Antibiotic Stewardship

The effort to measure and improve how antibiotics are prescribed by clinicians and used by patients.

Recommended Practice

A method or technique that has consistently shown results superior to those achieved with other means and that is used as a benchmark. These are typically evidence-based and acknowledged by most professionals within the field as being exemplary.

Competency Assessment

A step-by-step approach of evaluating staffs' ongoing ability to perform a job-related task by providing them with information about the task, a demonstration of its performance, an opportunity to imitate the demonstration and obtain subsequent feedback.

Compliance Program, Compliance Plan

Organizations participating in Medicare, Medicaid, or other government funded payment programs are to establish a compliance program as a condition of enrollment. The compliance program establishes governance, internal policies and processes focusing on regulatory compliance. The Plan typically covers items such as billing, coding, gifts, anti-kickback regulations, overpayments, fraud, and abuse. The Compliance Plan is typically separate from other operational policies and procedures, although many interrelate (e.g., billing policies). The Plan strives to ensure ethical and professional standards on how it will conduct business. The Office of the Inspector General, U.S. Department of Health & Human Services has established the seven core requirements of an effective compliance program to include: 1) Written Policies, Procedures and Standards of Conduct; 2) Compliance Officer, Compliance Committee and High-Level Oversight; 3) Effective Training and Education; 4) Effective Lines of Communication; 5) Well-Publicized Disciplinary Standards; 6) Effective System for Routine Monitoring, Auditing and Identification of Compliance Risks; and 7) Procedures and System for Prompt Response to Compliance Issues.

Credentials

Attestation of qualification, competence, or authority issued to an individual by a third party with a relevant or de facto authority.

Credential Verification Organization (CVO)

An organization that gathers data and verifies the credentials of providers. A CVO typically provides credentialing support to organizations providing health care services to patients. Organizations base their hiring decisions on information received from a CVO must be confident in the completeness and accuracy of the information provided.

Credentialing

The processes of establishing the qualifications of licensed providers, organizational members or organizations and assessing their background and legitimacy to provide patient care within an organization.

Emergency Preparedness (Business Continuity) Plan (EPP)

An organization's written statement detailing procedures to be followed during an emergency.

Encounter

The point at which an interaction between patients and professionals takes place; it is the point at which decisions about diagnosis and treatment are made, and during which caring takes place including in person, telemedicine, and telephone contact.

Evacuation Map

A map, typically a floor plan, identifying the placement location and the closest evacuation route in the event of an emergency. Other exits and often fire extinguishers are also noted in the event the closest route is compromised. Evacuation maps are typically for the benefit of patients, family and visitors but may also protect workforce in an emergency.

Formulary

A list of pharmaceuticals typically selected by the medical team to be maintained as part of the organization's on-site inventory for patient care purposes or dispensing, as appropriate.

Governance

A group of individuals charged with the responsibility of establishing policies and continuously monitoring the proper implementation of the policies by the workforce of an organization. The act of Governance includes the mechanisms required to balance the powers of the workforce (with associated accountability), along with the primary duty of enhancing the organization.

Informed Consent

Pertaining to medical procedures, informed consent is a process for getting written permission before conducting a procedure. Excluding emergencies, informed consent must be obtained prior to performing a procedure. Examples are laceration repairs, I&D's, removal of foreign body, nail avulsion, placing restraints, etc.

Infection Control and Prevention Plan (ICPP)

An organization's written statement detailing procedures to be taken.

Look-Alike, Sound-Alike Medication

A medication having a drug name that looks similar in print or sound to another drug or drugs. Such agents carry a significant safety risk of being administered improperly.

Manifest

A Hazardous Waste Manifest is a shipping document that tracks hazardous waste from the point of generation to ultimate disposal. The manifest is not the receipt the driver leaves at time of pick up.

Medical Home

A team-based healthcare delivery system led by a healthcare provider designed to drive primary care excellence.

Mock Survey

An opportunity for an organization to engage the workforce in preparation for the accreditation processes by reviewing the systems in place to verify compliance with the UCA standards.

Near-Miss

Errors, typically medication-related, that were corrected via some form of intervention before administration to the patient. They did not cause harm but had the potential to cause harm. Near-misses may also relate to any other action which had the potential to do harm to a patient but was identified before the potential to cause harm occurred. Near-misses often reveal opportunities for process improvement and are therefore an important component of quality programs.

Orientation

A program designed to validate the technical skills, knowledge, and ability of a new member to perform their specific job responsibilities according to an organization-established policy, procedure, and job description. A timeframe is generally established for an orientation period (e.g., 90 days).

Peer Reference

Information offered by a provider in the same professional discipline as an applicant, demonstrating their insight into the applicant's clinical practice, ability to work as a team and ethical behavior. This should be obtained in writing and be used for the purpose of evaluating competence.

Performance Evaluation

The written assessment and review of a staff member's job performance conducted in a constructive manner to inform and guide the individual on how they are performing their required duties as per their job description. The written assessment is reviewed by management with the staff member and is signed by both the manager and the staff member. Common elements of a performance evaluation include assessment of technical skills, quality of work, and interpersonal skills, along with needs for areas of improvement and goals for upcoming year(s).

Policy

A course or principle of action adopted by the organization. Policies are formal, written, and often a reflection of the organization's mission, vision, and values. They tend to prevail over time. In contrast, procedures are tactical methodologies to achieve a policy. They are more fluid and should be dynamic as new information, technologies, resources, or regulatory changes occur. Procedures represent a realization of the overarching policies.

Primary Source

In academic discipline, a primary source (also called original source or evidence) is a document that was created by the organization that originally issued the document of credential. Examples include medical schools, nursing schools, state medical boards, graduate programs, federal and state licensing boards.

Privileges, Clinical Privileges

The authority granted to a provider by a health care organization's governing board to provide patient care within the organization. Clinical privileges are limited to the individual's license, experience and competence and should be specific to the healthcare organization's defined scope of services provided.

Privileging, Clinical Privileging

The processes by which a licensed clinical provider is authorized by a health care organization to provide specified medical or other patient care services within the scope of services specific to that organization.

Process

A series of actions or steps taken to achieve a particular end. Processes are typically formalized to enhance safety and quality, create consistency based on best practice and mitigate risk. Examples may include audits, expected actions or activities, logging items, checklists, documentation, work, and communication flow.

Protocol

A detailed set of criteria or instructions providing guidance to workforce in the care of a patient or to assist in the performance of an organization-identified procedure.

Provider

Licensed medical providers including MD's, DO's, PA's, and NP's; including employees, contractors, and those supplied through agency/lease agreement.

Provider Credentialing

See Credentialing

Quality Improvement

A process that consists of systematic and continuous actions that leads to measurable improvement in health care services.

Quality Plan

A detailed written document (or several documents) specifying quality standards, practices, resources, specifications, and the sequence of activities relevant to a particular organization. A quality plan 1) defines the quality goals; 2) includes acceptable performance metrics, frequency of measurements; 3) is realistic about where deficiencies come from; 4) selects appropriate detection and prevention methods; 5) is ongoing; and 6) is aimed at improving an organization's outcomes.

Safety Data Sheet (SDS)

A document designed to provide both workers and emergency personnel with the proper procedures for handling or working with a particular substance. SDS include information such as physical data, toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, spill/leak procedures and more. The manufacturer, distributor or importer of the chemical is responsible for providing the SDS to consumers.

Scope of Services

The range of services/activities performed by governance, management, providers, clinical or support staff.

Secondary Source

A source of information that was created by someone who did not experience first-hand or participate in the events or conditions being researched. Examples of secondary sources are American Medical Association (AMA), American Osteopathic Association (AOA), American Board of Medical Specialties (ABMS) and The Educational Commission for Foreign Medical Graduates (ECFMG).

Staff

All employees, excluding providers, including contractors and those supplied through agency/lease agreements.

Standard

A level of quality or attainment OR an idea or thing used as a measure, norm, or model in comparative evaluations. The following areas are included in the Accreditation Standards Manual: Governance, Human Resources, Health Record Management, Patient Care Processes, Patient Privacy, Rights and Responsibilities, Physical Environment and Quality Improvement.

Success Demonstrator

A suggestion of how to demonstrate evidence of an accomplishment of an aim or purpose. (In our case, accomplishment of the standard.)

Survey

The formal or official examination of the seven key areas of review for an urgent care center. They are Governance, Human Resources, Health Record Management, Patient Care Processes, Patient Privacy, Rights and Responsibilities, Physical Environment and Quality Improvement.

Surveyor

A healthcare professional who evaluates an organization's compliance with the UCA accreditation standards as they apply to Scope, Quality, and Safety as identified in the seven key areas of review. Surveyors may be providers, administrators, consultants, registered nurses, APC's, and medical technologists with experience in the industry.

Telemedicine

A remote diagnosis and treatment of patients by means of telecommunications technology, typically accomplished via two-way real-time interactive communication between the patient and the medical providers. Sometimes used synonymously with telehealth. According to Centers for Medicare & Medicaid Services (CMS) and Medicaid.gov, "Asynchronous" or "Store and Forward": Transfer of data from one site to another using a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation. Asynchronous or "store and forward" applications would not be considered telemedicine but may be utilized to deliver services.

Training

Organized activity aimed at imparting information and/or instructions to improve the recipient's performance or to help them attain a required level of knowledge or skill.

Two Patient Identifiers

Prior to treating a patient or performing a procedure, including administration of medication, laceration repair, X-ray, obtaining specimens and phlebotomy, workforce must verify that services are being performed on the correct patient. Confirmation occurs using two identifiers selected by the organization to confirm that the correct patient. Workforce then confirms information provided by the patient to the patient's chart information. Identifiers are often the patient's first and last name and date of birth. Patient identifiers are an important component of an organization's safety or risk mitigation program.

Workforce

The organization's providers and staff, regardless of status (FT, PT, PRN), including employees, contractors, and those supplied through agency/lease agreement.