

Success at the Site Visit; Using the Corrective Action Plan to Address Challenges

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- No disclosures

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Corrective Action Notification

Your program has been awarded **Accredited-Corrective Action Required** status because at least one standard, but less than 20% of standards, was rated non-compliant during the site visit.

Your program has been awarded **Not Accredited-Corrective Action Required** status due to receiving a non-compliant rating on one or more standards during its recent site visit.

Now what?

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Corrective Action Notification

- ✓ Review your Accreditation Report
- ✓ Communicate the report to the necessary people
- ✓ Review the Corrective Action Instructions referenced in the notification



Resolution of the deficient standards is required to achieve Accredited status. The **Corrective Action Instructions and Required Documents** can be found in the Resources section of QPort. These instructions provide a high-level overview of the compliance measures found in the Standards Manual.

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Documentation of the Corrective Action

Moving forward...

- Did you begin addressing the possible deficiencies based on the site reviewer's summary at the time of the visit?



- If yes...review against the final comments in the Accreditation Report to ensure you are on the right path.
- If no...consider addressing the deficiencies at the next program committee or subcommittee meeting.

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The Plan and Implementation

Plan + Action = 12 months

1. Corrective action

- Develop your corrective actions as soon as possible
- CoC and NAPBC – proceed with implementation
- **NAPRC - submit the plan of corrective actions for approval**

2. Corrective action activities

- Use your plan as guide
- Take feedback and changes to your committee



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Documentation of the Corrective Action

- How will you document your activities?

Definition and Requirements

➤ Templates

Measure of Compliance

The cancer program fulfills all of the compliance criteria:

➤ Reports

Measure of Compliance

The NAPBC-accredited program fulfills all compliance criteria:

➤ Minutes

Measure of Compliance

The rectal cancer program fulfills the compliance criteria:

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Documentation of the Corrective Action

Cancer / RC-MDT /BPLC Committee Minutes

- General reminders:
 - Reports contain required elements
 - Capture committee key discussion points and decisions/approvals
 - Updates vs Annual reports
- Specific to corrective action:
 - Documentation of plan and approval

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Submission of Corrective Action

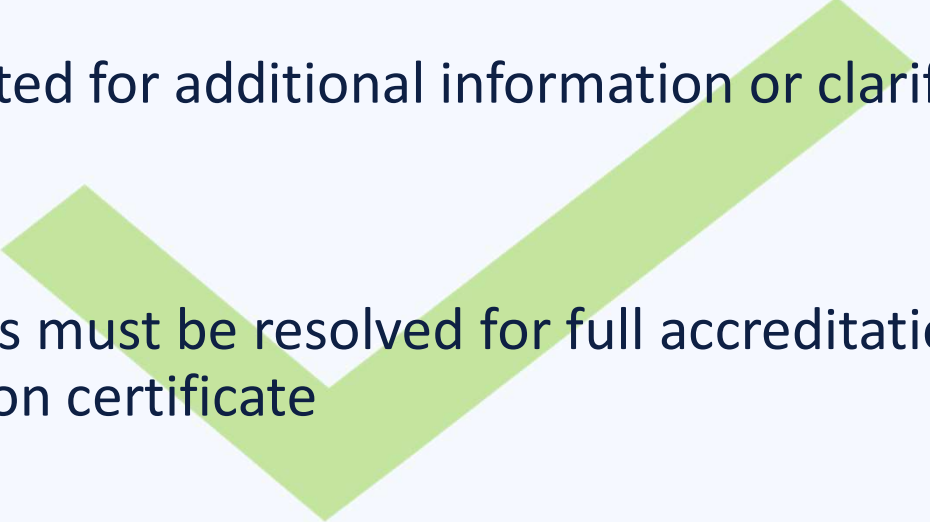
Ready to submit?

- Considerations:
 - Early submission pros and cons
 - Preliminary review of corrective action “package”
 - All required documents included
 - Explanatory comments in PRQ, if necessary

A dark blue rounded rectangular button with the word "Submit" in white, bold, sans-serif font.

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Submitted – Now What?

- Response in about 30 calendar days
 - May be contacted for additional information or clarification of materials
 - ALL deficiencies must be resolved for full accreditation and to receive the accreditation certificate
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Key Take-Aways

- Documentation of activities (required to submit plan to NAPRC)
- Review of requirements written in the standard
- Use of Corrective Action Instructions
- Completion of required templates and reports
- Committee's documentation of activities/plan implementation and results



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Questions?

Thank you!

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