



IHF Guide to submitting a complete “Post-assessment Action Plan”

After completion of the IHF assessment, the College of Physicians and Surgeons of Ontario (the College) receives a report from the assessor(s). Prior to the assessment report being forwarded to the IHF Facility Review Panel, the licensee will receive a copy of the assessment report and have **14 days to respond** to the report with the opportunity to address any of the recommendations and/or provide additional information for the Facility Review Panel’s consideration. If a written response is **not received within the 14 day timeframe**, the assessment report will go to panel for disposition.

A complete Action Plan should include:

1. The action plan should individually address each recommendation made in the assessment report, in the order they appear in the final recommendations section which is found on the last page of the assessment report. **All submitted evidence must be clearly labeled to indicate which recommendation it refers to.** A suggested template is available for downloading on the CPSO website under *Reference Tools for Facilities*. <http://www.cpso.on.ca/Member-Information/Independent-Health-Facilities>
2. The proposed corrective action plan should answer the following questions:
 - Who is taking the action?
 - What action is being taken, including frequency, if applicable?
 - When will actions be taken?
 - Please be sure to indicate how the recommendation is going to be implemented and how it is going to be monitored, if appropriate.
 - Is there proof of action? See examples below.
3. All action plans are to be reviewed and **SIGNED** by the licensee and the Quality Advisor. By having the licensee and the Quality Advisor review and sign the action plan, they are agreeing to ensure that the action plan will be implemented, and any action taken, will be monitored. Any action plan not signed off will be considered incomplete.

For each recommendation, you will need to submit evidence of compliance that it has been addressed. For examples of acceptable evidence, please refer to the table below:

Recommendation from Assessment Report	Examples of Acceptable Evidence
WHMIS 2015	Submit a copy of the certification with a visible date of completion.
BCLS certification	Submit a copy of the certification with a visible expiry date on the card. Certification includes both hands-on and theory component.
MRT or Sonographer lack qualifications	Provide a copy of registration for upcoming examination; submit a copy and/or proof of appropriate certification.
Recommendation that technologist or physician must supply evidence of mandated CME.	Physicians must provide 5 year cycle and summary list from the RCPSC. Technologist must provide 3 year cycle of CME.

Policy & Procedures Manual sections to be newly created and/or updated	Submit a copy of the new or updated policy as well as a copy of the staff sign off sheet documenting appropriate staff (RAD or Tech or both) have completed their review of the policy.
Recommendation regarding medical directives and delegated acts	Submit a copy of policy and documentation that technologists have signed the policy. Delegated acts for US include any invasive examinations, ie. TVS, TRUS, hysterosonograms, biopsy assistance. If this relates to pharmacologic injections, outline whether technologist has knowledge/skill/judgement to provide injection.
Recommendation that the Quality Advisor needs to ensure all physicians or all non-physician staff are following protocols as set out in the P&P manual	Provide a copy of any communication provided to all relevant staff and an updated section of the Policy & Procedures Manual addressing the issue.
Recommendations that requires a facility to notify or communicate reminders to technologists/physicians	A copy of the reminder memo and signed sign off sheet must be submitted.
Recommendation to implement Quality Advisory Committee meeting changes – members, formalized agenda or minutes	Submit a copy of agenda and minutes from most recent QA Committee meeting which includes attendees.
Purchase of equipment	Provide a copy of paid invoice and/or packing slip. If there is an intention to follow through on the recommendation in the future, a timeline and explanation should be provided. Note: <i>If new or replacement equipment has been purchased, you are also required to notify the Ministry of this information including the type of equipment and the make, model and serial number and date of manufacture.</i>
Equipment upgrade	Submit a copy of: letter from provider outlining what the upgrade includes; service contract; proof of deposit for upgrade, confirmation of date of scheduled upgrade.
Evidence of preventative maintenance (PM) on equipment	If not being done and not done before remittance, provide proof that a PM has been scheduled. If completed, submit a copy of the service report.
Expired medication	Submit evidence to demonstrate that facility has a system in place to monitor inventory control for expired medications.
Sterilization of equipment	Submit a copy of policy from P&P manual outlining updated policy; must be signed off by technologists.
Technique charts must be defined by patient measurement to ensure accurate radiation exposure	Submit copies of revised technique charts for both adult and pediatric patients
Technologist worksheet upgrade or Radiology report template upgrade	Submit a copy of updated worksheet or radiology report template.
Recommendations that suggest specific calculation or clinical practice changes.	Submit evidence of implementation, such as examples of completed technologist sheets, test results or radiology reports MUST have had all patient identifiers removed.
If physical changes were suggested i.e. install eyewash station, relocated reprocessing center, fix hole in ceiling, declutter or paint.	Submit pictures of the actual area outlined in the recommendations.

Action plans should be emailed or faxed to IHF@cpso.on.ca or (416) 967-2651