

## IHF Guide to Submitting a Post-Assessment Plan of Action

---

A facility is required to provide a *typed* Post-Assessment Plan of Action when there are outstanding requirements from their recent assessment, with the aim to address all outstanding requirements prior to providing the final report to The Ministry of Health.

Please use the Post-Assessment Plan of Action Table included with this email (example noted below) and available for downloading on the CPSO website under Reference Tools. Handwritten Post-Assessment Plans of Action will not be accepted.

Upon completion, submit the following 2 files for the Assessors' review and comments:

- 1) Combined PDF version of the Completed Post-Assessment Plan of Action with attachments (submitted as **one PDF file**); and
- 2) Word version of the Completed Post-Assessment Plan of Action table

**Post-Assessment Plan of Action must be emailed to [ihf@cpso.on.ca](mailto:ihf@cpso.on.ca)**

**See next page**

					Assessor(s) Use only:
A. REQUIREMENT FROM ASSESSMENT REPORT (LISTED IN ORDER AS THEY APPEAR IN FINAL RECOMMENDATION SECTION)	B. POST ASSESSMENT ACTION PLAN & CORRECTIVE ACTION (WHAT ACTION IS BEING TAKEN)	C. ACTION TAKEN BY & DATE MET (WHO IS RESPONSIBLE or WHO IS MONITORING)	C. DOCUMENTATION PROVIDED TO CPSO (PLEASE ATTACH AND IDENTIFY BY REQUIREMENT #)	IHF Response satisfies outstanding requirement  Yes/No	If NO, indicate and describe concern
<ul style="list-style-type: none"> <li>Copy all requirements identified in the assessment report, in the order they appear in the final <i>recommendations</i> section.</li> </ul>	<ul style="list-style-type: none"> <li>What action is being taken, including frequency, if applicable?</li> <li>Please be sure to indicate how the requirement is going to be implemented and how it is going to be monitored, if appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Who is taking the action?</li> <li>When will the action be taken?</li> </ul>	<ul style="list-style-type: none"> <li>Is there proof of action? <i>See examples below.</i></li> <li>All submitted documentation must be clearly labeled to indicate which requirement it refers to.</li> </ul>	Assessor use only	This section will be completed by IHF Assessors and will determine whether the outstanding requirement has been addressed.
<i>Example: 15.1 (IPAC Core Elements Checklist) All staff must complete the IPAC Core and Reprocessing Competencies</i>	<i>Example: All staff have completed IPAC Core and Reprocessing Competencies and their certificates are attached. • Names are listed here</i>	<i>Example: Licensee Name QA/Manager Name Date Completed</i>	<i>Example: IPAC Core Elements IPAC Reprocessing Certificates Attached in name order • Attached documents are clearly labeled and in order of requirement in table.</i>		

Please ensure all documentation is clearly labelled and has a header for each requirement – an example is noted below from the above table:  
*Recommendation - 15.1 (IPAC Core Elements Checklist) All staff must complete the IPAC Core and Reprocessing Competencies*

All Post-Assessment Plan of Action 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.

Further examples to provide corrective action can be found in the table below:

Recommendations from Assessment Report	Examples of Corrective Action
<p><i>Training and Certification requirements:</i></p> <ul style="list-style-type: none"> <li>• WHMIS 2015</li> <li>• Health and Safety Awareness</li> <li>• Workplace Violence and Sexual Harassment</li> <li>• Accessibility for Ontarians with Disabilities</li> <li>• BCLS certification</li> <li>• IPAC Core and Reprocessing Certification</li> </ul>	<p>A suggested tracking chart, ‘<i>Training and Certification Chart</i>’ is available for downloading on the CPSO website under <i>Reference Tools</i> to assist you in organizing your staff training requirements.</p> <p>Submit a copy of the certification with a visible date of completion and/or expiry date for each staff person.</p> <p>BLS Certification includes <u>both</u> hands-on and theory component.</p>
<p>Policy &amp; Procedures Manual sections to be newly created and/or updated</p>	<p>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.</p>
<p>Sterilization/reprocessing of equipment</p>	<p>Submit a copy of policy from P&amp;P manual outlining updated policy; must be signed off by technologists.</p>
<p>Requirement regarding medical directives and delegated acts</p>	<p>Submit a copy of policy and documentation that technologists have signed the policy. Ensure that BOTH the QA and the technologist’s signatures are present on all delegated act documentation. Delegated acts for US include any invasive examinations, i.e. TVS, TRUS, hysterosonograms, biopsy assistance. If this relates to pharmacologic injections, outline whether technologist has knowledge/skill/judgement to provide injection.</p>
<p>Requirement that the Quality Advisor needs to ensure all physicians or all non-physician staff are following protocols as set out in the P&amp;P manual</p>	<p>Provide a copy of any communication provided to all relevant staff and an updated section of the Policy &amp; Procedures Manual addressing the issue.</p>
<p>Requirements that require a facility to notify or communicate reminders to technologists/physicians</p>	<p>A copy of the reminder memo and signed sign off sheet must be submitted.</p>
<p>Requirement to implement Quality Advisory Committee meeting changes – members, formalized agenda or minutes</p>	<p>Submit a copy of agenda and minutes from most recent QA Committee meeting which includes attendees. Templates available for use under <i>Reference Tools</i>.</p>
<p>Aging Equipment</p>	<p>Provide a copy of the equipment purchase order (including serial #, date of manufacture, photo of equipment plate).</p> <p>For x-ray, purchase of new equipment, provide HARP report and x-ray acceptance testing.</p> <p>Provide a copy of Qualified Medical Physicist Report. (if applicable)</p>

	<b>Note:</b> <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>
Documentation 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 indicating the equipment details and serial number relevant to the equipment in question.
Expired medication	Documentation to demonstrate that facility has a system in place to monitor inventory control for expired medications.
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	Submit a copy of updated worksheet.
Interpretive report template upgrade	Submit samples of redacted patient interpretive reports.
Requirements that suggest specific calculation or clinical practice changes.	Documentation of implementation, such as examples of completed technologist impression sheets, test results or radiology reports. MUST have had all patient identifiers removed.
Peer Review Program	Provide a copy of updated Peer Review Program policy as well as copy of Peer Review Results for physicians and technologists or both. The policy must outline the number, method, frequency, and who would be specifically involved in the peer review process. The Peer Review Program must include a scoring and/or grading system as well as the method to review any discrepant findings identified during the peer review process. Any future Quality Advisory Committee minutes should reflect discussion of the peer review results for educational purposes.
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 requirements.