Advisory Notices are designed to provide official information relative to Hospital Accreditation, Certification, and Compliance activities. Should you have any questions about the content of this notice, please e-mail dnvclientdropbox@dnvgl.com.

DATE: June 27, 2019
SUBJECT: ICP-12-5-i7-f3 Survey Report and Corrective Action Plan Submittal Form
DISTRIBUTION: All DNV GL Healthcare Accredited or Certified Hospitals, Applicant Hospitals, DNV GL Healthcare Employees, and Interested Parties
APPROVED BY: Patrick Horine, President, DNV GL Healthcare

DNV GL Healthcare is providing notice of a revision of the Survey Report and Corrective Action Plan Submittal Form, ICP-12-5-i7-f3.

In an effort to provide ongoing clarification and promote transparency of the Corrective Action Plan (CAP) expectations, DNV GL Healthcare accredited or certified organizations will see enhanced instructions as well as dedicated fields to prompt their submission. The revision template reflects the required elements for acceptable CAP submission, including a sample tutorial for the Survey Report and Corrective Action Plan Submittal Form, ICP-12-5-i7-f3. The revision clarifies the elements required in the submission of a CAP.

The Survey Report and Corrective Action Plan Submittal Form features the following CMS-approved requirements:

- Identify the cause that led to the nonconformity;
- Identify the actions taken to correct the nonconformity in the affected areas and/or processes;
- Identify other areas and/or processes (if applicable) that have the potential to be affected by the same nonconformity;
- Identify the process or system changes that will be made to ensure that the nonconformity does not recur including a staff training plan, as applicable;
- Identify the timeframe for the implementation of the corrective action measure(s) including dates the CAP will begin, projected completion dates (generally within 60 days of the survey end date) and specific dates of completion for corrections that have already been implemented before the CAP is submitted.
- Identify the name of the person/function responsible for implementing the corrective action measure(s) and,
- Identify the performance measure(s) and/or other supporting evidence that will be monitored to ensure the effectiveness of the corrective action(s) taken
- Address all reported elements of the non-conformance and/or all individual Findings identified in the non-conformance (e.g. Finding #1, Finding #2, Finding #3, etc)

Organizational Impact of Nonconformity: CAP submission requirements include that the organization identifies other areas and/or processes (if applicable) that have the potential to be
affected by the same nonconformity. Where the survey team identifies nonconformances in one area of the organization that have the potential to impact other areas of the organization, the expectation is that the CAP shall include organization wide corrective actions, including off-site locations.

The Survey Report and Corrective Action Plan Submittal Form will be returned to the client organization for additional clarification in any of the above elements are not included in the organization’s original submission.

DNV GL Healthcare accredited or certified organizations for both Hospital and Critical Access Hospital accreditation surveys, as well as applicable Certification program surveys, will receive a revised Survey Report and Corrective Action Plan Submittal Form with their next survey activity final report.

Download Sample Tutorial - Survey Report and Corrective Action Plan Submittal Form, ICP-12-5-i7-f3

Any questions/ comments can be forwarded to the DNV GL Client Drop Box: DNVclientdropbox@dnvgl.com

Regards,
For DNV GL Healthcare USA, Inc.

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