

**Corrective Action Process:
Guidelines from Accreditation
Leaders**

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1

Disclosures

- ConMed: Teaching Honoraria
- Intuitive: Teaching Honoraria
- Ethicon: Teaching Honoraria
- Virtual Incision: Consultant

2

Guidelines from Accreditation Leaders

Survey Preparation

- Site Visit Scheduling (In-Person Site Visit is Initially Required)
- Welcoming Letter
- Up to 30 Days Prior Site Visit
 - Meeting with Program Director & Coordinator
 - Review of Pre-Review Questionnaire (PRQ)
 - Selection of 20 Patients to Survey

3

Guidelines from Accreditation Leaders

Site Survey

- Observe Rectal Cancer Multidisciplinary Team (RC-MDT) Meeting
- Meet with Rectal Cancer Program Director
- Meet with Rectal Cancer Program Coordinator
- Facility Tour (Virtual or In-person)
- Medical Record Review Tracking
 - Modification of Scoring in Unique Situations
- Summation Meeting with Leadership and RC-MDT

4

Guidelines from Accreditation Leaders

Following Site Survey

- Upload Additional Documentation: Up to 3 Days
- Site Visit Results
 - 6 Deficiencies and Under: Requires Corrective Action
 - 7 Deficiencies and Above: Program Not Accredited
 - 6 Deficiencies and Under requires Corrective Action
 - 7 Deficiencies and Above: Program Not Accredited

Accreditation Status	Description
Accredited	The program has completed a site visit and demonstrated full compliance with all applicable standards and has provided all required documentation to support compliance.
Accredited Corrective Action Required <i>Renewal Applicants Only</i>	The program is non-compliant with one to six applicable standards. The program will receive an Accreditation Report documenting all non-compliant standards and will be given a corrective action timeframe to provide all necessary data and documentation required to verify full compliance with all applicable standards. The corrective action timeframe is documented in the Accreditation Report. During the corrective action timeframe, the program will continue to be recognized as a NAPRC-accredited program.
Not Accredited Corrective Action Required <i>Initial Applicants Only</i>	The program is non-compliant with one to six applicable standards. Accreditation is pending until the program resolves all non-compliant standards identified during the application process or at the time of the site visit. The program will receive an Accreditation Report documenting all non-compliant standards and will be given a corrective action timeframe to provide all necessary data and documentation required to verify full compliance with all applicable standards. The corrective action timeframe is documented in the Accreditation Report. During the corrective action timeframe, the center will not be recognized as a NAPRC-accredited program.
Not Accredited	The program receives a non-compliant rating on seven or more applicable standards or is unable to resolve noncompliant standards during the defined timeframe. The program must reapply as an initial applicant if it wishes to continue pursuing NAPRC accreditation. The program may reapply after one calendar year.

5

Guidelines from Accreditation Leaders

Corrective Action Process

- Why is Corrective Action Important
 - Emphasizes Areas for Improvement
 - Allows for Resolution of Deficiencies
- What can Programs Learn from the Process
 - Identify Causes of Deficiencies
 - Initiate Action Plan
 - Improve Processes
- Examples from a Site Surveyor

6

Guidelines from Accreditation Leaders

Accreditation Review Committee

- Review Committee Role
 - Policy and Standard Review
 - Standardization Across All Programs
- Tips
 - Keep Internal Patient Tracking/ Spreadsheet
 - Internal Audit Prior to Submission of Application

7

Key Takeaways

- Corrective Action Process Emphasizes Areas of Improvement in Programs
 - Gives Programs Opportunity to Resolve Deficiencies
- Site Visit Results
 - 6 Deficiencies and Under Requires Corrective Action
 - 7 Deficiencies and Above: Program Not Accredited
- Complete Internal Audit Prior to Application Submission

8

Thank you

9