Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Procedure for
Corrective and Preventative Action

Procedure No. 304

	Print Name	Title	Date
Prepared by	**L. Naughton**	**Quality Assurance Consultant**	**09/04/09**
Reviewed by	**N.Mooney**	**Assistant Fire and Safety Offficer**	**09/04/09**
Corporate Authorisation	**Joe Hoare**	**Estates Officer**	**09/04/09**

INTRODUCTION

The purpose of this procedure is to define the process of corrective and Preventative action.

Scope
This procedure defined the process for Corrective and preventative, including associated inputs, outputs and respective process steps.

Responsibility
It is the responsibility of the Department Heads of the Estates Department to ensure that this procedure is implemented.

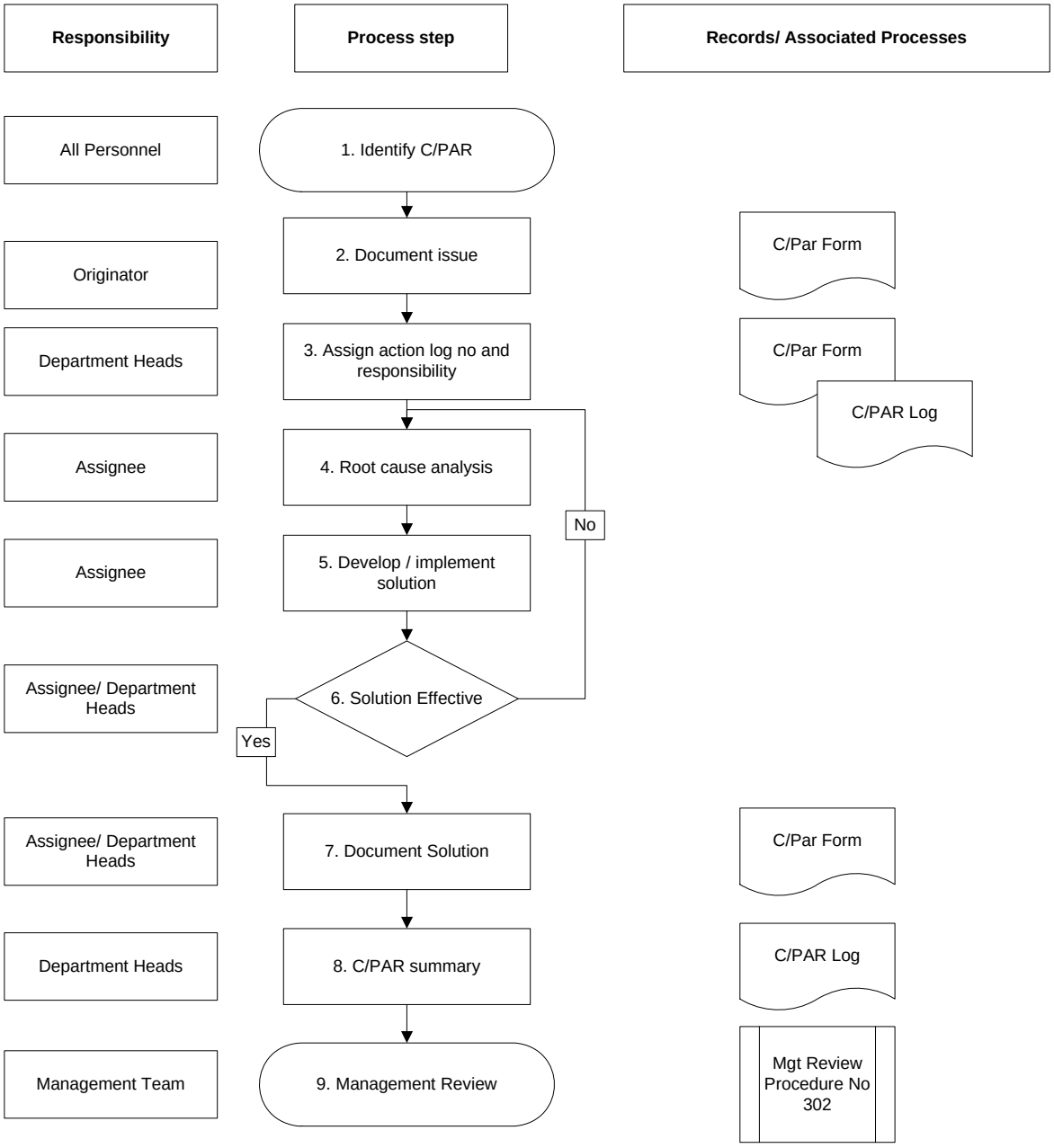
Definitions:
Corrective Action
Action taken to eliminate the cause of an existing nonconformity or other undesirable situation in order to prevent recurrence.

Preventative Action
Action taken to eliminate the cause of a potential nonconformity or other undesirable situation in order to prevent occurrence.

Non-conformance
Non-Conformance is a product or service, which does not conform to requirements.

Nonconformity
Nonconformity is a process that does not conform, to a quality system requirement.

PROCEDURE
The following flow chart provides an overview of the Corrective and Preventative action process employed in the Organisation.



Process Notes

Typical inputs for both elements of the process include but are not limited to:

Corrective Action	**Preventative Action**
Customer Complaints	Customer needs and expectations
Management Review output	Management review output
Internal Audit reports	Internal Audit reports
Relevant QMS documentation	Relevant QMS documentation
Output from data analysis	Output from data analysis
Employee suggestions	Employee suggestions

1.0 All Organisation personnel are ultimately responsible for the identification of sources of existing or potential non-conformances.
2.0 The corrective and Preventative action form shall be the mechanism used to document all such issues. The originator shall identify the source of and comprehensively describe the issue and forward to the Department Heads.
3.0 The Department Heads shall assign a action log no and also in conjunction with the originator assign an individual to resolve the issue and an expected / target completion date. The data is used to update the C/PAR Log form.
4.0 The assignee shall determine the root cause of the highlighted issue and use a disciplined problem solving methods where appropriate to bring the issue to resolution.
5.0 Based on the previous analysis the assignee shall develop and implement an appropriate solution.
6.0 The Department Heads and assignee shall periodically review progress of the action being taken. The assignee shall notify the Department Heads when the required actions have been completed. Prior to closing out the action item, the Department Heads shall verify that the action taken was effective in resolving the issue, ensure that the form is completed and subsequently update the C/PAR log. Where appropriate and to the extent possible the assignee shall apply corrective action taken and control implemented, to other similar processes and or products.
7.0 The Department Heads shall prepare an analysis of all the current/ open action items prior to the management review meeting with a view to identifying unfavourable trends. This information will be used as part of the Management Review Process.

References:
Quality Manual
Management Review Procedure no 302

Appendices
Appendix 1 - Corrective and Preventative action form

Action log no:	**Originator:.**	**Date:**
Department:	**Dept. Head:**	

1.Source *

Corrective Action	**Preventative Action**
Customer Complaints	Customer needs and expectations
Management Review output	Management review output
Internal Audit reports	Internal Audit reports
Relevant QMS documentation	Relevant QMS documentation
Output from data analysis	Output from data analysis
Employee suggestions	Employee suggestions

2.Issue Description *

3.Root Cause Analysis *

4.Action To be Taken *

Responsibility Target completion Date:

5. Verification of Effectiveness *

Signed:	Close out date:

* Attach additional documentation as required.

Appendix 2 - C/PAR log form

C/PAR no	**Responsibility**	**Action type C OR PAR**	**Date opened**	**Date closed**	**Time elapsed**	**Current status open/closed**