



**Medical & Rehabilitation
Designated Assessment Centres**

Self-Audit

June 2003

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1.0 Overview

1.1 Background

In 1994 the Financial Services Commission of Ontario (formerly the Ontario Insurance Commission) extended a public 'Request for Proposals' (RFP) to health care providers across the province to provide Designated Assessment Centre services under the Ontario Insurance Act. Successful respondents in that process committed to participating in quality monitoring activities as directed by the Commission and evaluation of the DAC System.

In 1996, Bill 59 created the Minister's Committee on the Designated Assessment Centre System with the mandate to administer the System, including the monitoring and evaluation of individual facilities and the entire System. Work of the Committee over the past few years has focussed on the development of comprehensive Guides for each DAC type to help ensure a standard approach. With the implementation of Guides for all DAC types, the Committee has shifted its focus on monitoring and further improving the quality of services provided.

In addition to each DACs original RFP indicating physical resources available to deliver DAC services, the DAC Committee and Automobile Insurance Policy Unit (AIPU) have several processes in place to monitor quality, including:

- DAC Roster Standard – as each new DAC Guide has been released, DACs were required to report their compliance with new / up-dated DAC delivery requirements
- Complaints Management Protocol
- Practice Summaries for each DAC Assessor
- DAC Hot-Line
- DAC Activity Tracking System

Through creation of the Self-Audit process, information available to AIPU and the DAC Committee regarding the quality of individual DACs' services will be enhanced and some existing quality monitoring processes will be streamlined for DACs.

1.2 Philosophy of the Self-Audit

As demonstrated by the DAC Committee's activities and approach to date, there is a strong commitment to examine and improve the quality of the DAC System, reflecting the needs of stakeholder groups. In addition, there is a commitment to support DACs in their ongoing efforts to deliver a quality product to the parties in dispute.

The DAC Committee believes that a Self-Audit for DACs to identify areas of non-conformance with system expectations and the establishment of action plans for improvement is a practical and supportive method of improving the quality DAC System, while at the same time encouraging and supporting excellence in individual DACs. The DAC Committee believes that the best way for a DAC to understand its relative compliance with system expectations is to assess its personnel and processes using a broad range of information sources and tools.

The Self-Audit tools have been created to encourage this broad information gathering, allowing each DAC to develop a comprehensive profile identifying any areas for improvement.

In the event of a DAC's non-conformance with service delivery standards or processes, the DAC Committee believes that the individual DAC is in the best position to develop action plans and strategies to bring performance in-line with system expectations. DACs will be accountable for the results of their Self-Audit and the development and implementation of action plans to address any deficiencies.

1.3 Components & Processes

The Self-Audit Process integrates some existing quality monitoring processes and creates DAC specific monitoring tools. The entire Self-Audit consists of 4 components:

- Report Review
- DAC Activity Tracking System Quality Check
- Activity Reports
- DAC Questionnaires – 3 in total: DAC Co-ordinator, DAC Core Team, Operations

1.3.1 Completing Your Self-Audit

The order in which the Self-Audit tools are completed is left to the discretion of the DAC. However, to more appropriately respond to some portions of the Questionnaires, a DAC may find it beneficial to have completed the Report Review and DAC Activity Tracking System Quality Check exercises and thoroughly reviewed the Activity Reports.

The Self-Audit does not provide for “scoring” or “ranking” your results, rather the assessment is qualitative in nature, asking for reflection on trends, gaps and themes that emerge from completion of the various tools. This self-analysis should explore such factors as the consistency, thoroughness, efficiency and effectiveness with which the DAC completes its work.

You will note that the Questionnaires have a rating scale from “Weak (1)” to “Strong (5)”. Committee members felt the numbers helped anchor responses to each statement. Again, these are not intended to be added together in any way.

1.4 Self-Audit Results

The results of your Self-Audit are for your DAC's benefit, to help it better meet system expectations and assess how well it is working within its contractual obligations. In this regard, DACs are encouraged to judiciously complete the self-assessment process.

The Summary Sheet outlines the DACs identified strengths and areas for improvement with action plans and timelines. For these reasons, DACs are encouraged to regularly review their areas for improvement and action plans for continued relevance and adequacy.

2.0 REPORT REVIEW

The DAC Committee released a “Med/Rehab Report Content, Style and Format Guide” outlining the standards and expectations for these reports in October 2002. The Committee recognizes that

there are multiple issues to balance in creating a quality DAC report, however, it is hoped that this Guide will help all DACs produce more clear, concise, logical and definitive reports. It has been observed through complaints lodged with FSCO that overly lengthy and repetitive reports often lead to errors of consistency and contradictions. Over time, all DACs are expected to comply with this Guide to improve the quality of reports across the entire System.

This exercise is intended to assist you in assessing the quality of your Med/Rehab DAC reports.

For the Self-Audit, your DAC should complete reviews of *randomly* selected Med/Rehab DAC reports. You should conduct your review on reports completed in the past 4 months (very low volume DACs may need to go back further than 4 months to assemble a reasonable sample). The size of your initial sample of reports should be based on your volume of DAC referrals. You may select an initial sample and discover that you need to expand it for greater detail or to better observe certain trends. A good rule of thumb is to continue the review until no *new* information is evident. The minimum number of reports that a DAC would be expected to review, regardless of referral volume, is five.

Use the attached Report Review Template, following the instructions outlined, to assess the quality of your DAC's reports. This is a qualitative exercise; therefore your analysis of the results should be looking for trends and gaps rather than scores. The results of your Report Review may identify, for example:

- Gaps in communication processes
- Opportunities for efficiency, for example streamlining assessment scheduling or report preparation
- Education and training needs of DAC assessors

Retain the completed report review templates in your records, in case you are asked to produce them for validation purposes.

Interpretative Guide

Overall Rating

Rating	Interpretation
5 Excellent	<ul style="list-style-type: none"> ▪ Explicitly meets all required elements ▪ Opportunities for improvement could not be identified ▪ Could be used as a benchmark
4 Very Good	<ul style="list-style-type: none"> ▪ Meets all required elements, with some subtle variations
3 Satisfactory	<ul style="list-style-type: none"> ▪ Meets most required elements, or ▪ May have some individual assessor reports with deficits, but addresses issues in dispute and is held together by good Executive Summary, or ▪ Good individual assessor reports, but Executive Summary is lacking some required elements.
2 Needs Improvement	<ul style="list-style-type: none"> ▪ Some required elements missing, or ▪ Consistent problem(s) runs throughout all parts of report.
1 Unacceptable	<ul style="list-style-type: none"> ▪ Significant number of required elements missing, or ▪ Issue(s) in dispute not addressed ▪ Fundamental lack of understanding, readability, bias, consensus, etc. cut across the entire report.

Section 1 Overall Content

Report Element	Attributes
1.1 Assessment Plan	<p>Assessment Plan is complete and details the following: (soon to be replaced by “Standard Assessment Proposal and Cost Estimate” is completed and sent to both parties.)</p> <ul style="list-style-type: none"> ▪ list of assessment(s) and purpose / rationale for each - this includes what issues in dispute will be addressed by a particular assessment, how it will contribute to the overall conclusion and what discipline will conduct it ▪ includes list of documents ▪ conflict of interest statement regarding DAC roster ▪ estimated length of assessment(s) ▪ detailed cost breakdown, including costs for interpreters, reviewing surveillance, document preparation, etc.
1.2 Cover Materials	<p>OCF-11A OCF-11B Standard Cover Sheet is on the front and details the following:</p>

Report Element	Attributes
	<ul style="list-style-type: none"> ▪ addressed to both parties ▪ assessor name and discipline ▪ date(s) of process steps and assessment(s) ▪ number of missed, re-scheduled or cancelled appointments ▪ the Primary Evaluator is identified
1.3 Format & Structure	<p>Each page has a header and footer detailing:</p> <ul style="list-style-type: none"> ▪ claimant name, date of accident ▪ DAC name, four digit identification <p>All reports are free of salutations to either party. All reports are free of individual assessor letterhead. All reports are free of information about professional qualifications. The order of Conclusions & Recommendations - front of each report. The reports are formatted in a logical fashion with all appropriate and necessary headings. A List of Documents reviewed is included as an appendix. Raw test scores / data are included in appendices.</p>
1.4 Timelines	<p>The entire process was conducted in a timely fashion. Any major time lags and the contributing factors are explained in the report.</p> <p>Timeframe goals:</p> <ul style="list-style-type: none"> ▪ referral receipt to proposal submission and proposal acceptance to start of assessment should not exceed 14 days ▪ start of assessment to completion of assessment should not exceed 14 days ▪ completion of assessment to report submission should not exceed 14 days
1.5 Internal Consistency	<p>Facts and details are internally consistent within the report. For example, all reports indicate the same date of accident.</p>
1.6 General Guidelines	<p>All relevant General Guidelines are adhered to, including:</p> <p># 1 Use of Surveillance in DAC Assessments - video only, claimant must be informed of existence, who/when/how and impact explained in report, must be received prior to commencement of assessment</p> <p># 2 Production Requests - new information (ie. hospital records) appended to report</p> <p># 3 Permission to Disclose Health Information to the DAC (OCF-14) - faxed or original on file</p> <p># 4 Ensuring Neutrality in the DAC System - receipt of additional documents, addendum's, verbal/written communication, report production</p> <p># 5 Conflict of Interest and Nearest DAC Guideline - identifying and declaring COI, confirming nearest</p> <p># 6 DAC use of the AISI – complete</p>
1.7 Purpose	<p>The purpose of the report is stated appropriately.</p> <ul style="list-style-type: none"> ▪ The Med/Rehab assessment is to offer an opinion about the OCF-18/59 in dispute - whether the medical/rehabilitation treatment specified in the Plan is reasonable and necessary for the claimant's treatment or rehabilitation. Assessors may offer recommendations on the future provision of goods and services to the insured person for his or her treatment or rehabilitation.
1.8 Scope	<p>The report demonstrates that the DAC understands the scope of the Med/Rehab assessment, as stated in the Guide.</p> <ul style="list-style-type: none"> ▪ The OCF-18/59 is the focus of the assessment, and the goods/services described

Report Element	Attributes
	<p>in the plan may have already been consumed, may be currently in process or proposed for the future. In any of these instances, the DAC should offer its opinion to the best of its ability and ensure it has enough clinical data to formulate an opinion about the reasonableness and necessity of the medical/rehabilitation goods/services specified in the OCF-18/59 including the Estimated Cost.</p>
1.9 Appropriate Team	<p>The disciplines used in the assessment are appropriate to address the issues in dispute.</p> <ul style="list-style-type: none"> ▪ Like-for-like disciplines are used to comment on the treatment in dispute. ▪ Therapies not restricted to a specific scope of practice are reviewed by the discipline delivering them in the treatment plan (ie. physical therapy modalities delivered by a chiropractor are reviewed by a chiropractor)
1.10 Efficient Process	<p>The process was completed as efficiently as possible:</p> <ul style="list-style-type: none"> ▪ it transpired as outlined in the assessment proposal (any necessary diversions from the proposal are explained in the Executive Summary) ▪ assessments and assessors were staged in such a way as to reach a conclusion as efficiently as possible; early exit points were adopted when possible ▪ paper-based or face-to-face assessments were used when appropriate
1.11 Readability	<p>Clinical and technical terms are confined to the sections of the report describing clinical history, the assessment testing results and clinical findings. The interpretation, implications and analysis of these data and findings are explained in a manner that is understandable by the average lay reader.</p>
1.12 Clarity	<p>The report presents clear facts, findings and opinions. Information sources are clearly indicated, i.e., report by Dr. XX indicates..., claimant states..., my opinion is... Opinions are explicitly stated, without inferences or innuendoes.</p>
1.13 Bias-free	<p>The report is free of statements, language, style, and inferences that could be construed as representing a bias. <i>For example, "Thank you for referring this claimant..." or "I hope this report is useful to you." etc.</i></p>

Section 2 Executive Summary

Report Element	Attributes
2.1 Concise	<p>The Executive Summary is 3 pages or less.</p>
2.2 Comprehensive	<p>The Executive Summary highlights the key facts & findings of the case, including:</p> <ul style="list-style-type: none"> ▪ Issue(s) in Dispute ▪ all impairments and their cause ▪ overall consensus conclusion(s) ▪ overall consensus recommendation(s), as appropriate <p>These overall consensus conclusions and recommendations are subject to the same degree of specificity as the conclusions and recommendations in individual reports.</p>
2.3 Consensus	<p>The Executive Summary demonstrates that a consensus process was facilitated, as necessary. Any discrepancies between individual assessor opinions or reports on:</p>

Report Element	Attributes
	<ul style="list-style-type: none"> ▪ impairments and their cause ▪ the clinical exam findings ▪ the conclusions regarding issues in dispute or ▪ recommendations for future care <p>are addressed with an explanation regarding what factors prevailed in the teams overall consensus conclusion(s) and recommendation(s).</p>
<p>2.4 Extenuating Circumstances Addressed</p>	<p>Any extenuating circumstances are addressed and/or outlined in the Executive Summary, including as applicable:</p> <ul style="list-style-type: none"> ▪ the number and date of missed, cancelled or re-scheduled appointments ▪ an explanation of timeframes and/or lengthy gaps in the process that exceed the expected standard ▪ why the final assessment differed from the assessment proposal in cost, team membership or assessment quantity

Section 3 Individual Report(s)

Report Element	Attributes
3.1 Detail	<p>There is concise, adequate detail of:</p> <ul style="list-style-type: none"> ▪ the assessment process ▪ claimant history and contextual information ▪ impairments (within scope of practice) <p>exam findings to demonstrate an appropriate and complete assessment.</p>
3.2 Analysis	<p>The report demonstrates and articulates the assessor's consideration of:</p> <ul style="list-style-type: none"> ▪ the claimant's clinical status at the time the plan was created; ▪ file information; ▪ claimant's clinical current status at the time of the DAC; ▪ accepted clinical practice; ▪ clinical judgement and experience; and, ▪ clinical practice guidelines (where they exist).
3.3 Conclusion(s)	<p>The conclusion(s) are:</p> <ul style="list-style-type: none"> ▪ supported by the findings and analysis documented in the report ▪ clear with respect to the issue(s) in dispute ▪ specific regarding the outcome of the 'reasonableness and necessity test' with reference to frequency, duration and cost ▪ time-sensitive, discriminating between proposed, in progress and consumed treatment <p>The appropriate team member indicates the causality of all impairments, if in dispute.</p>
3.4 Recommendation(s)	<p>Recommendations for future provisions of goods and services are made, as necessary. These recommendations are:</p> <ul style="list-style-type: none"> ▪ consistent with the clinical findings; ▪ address all impairments identified and their cause (within scope of practice of this discipline); ▪ specific to treatment duration and frequency; ▪ are neutral - no specific providers or facilities are named <p>When issues are identified that fall outside the scope of the current dispute or assessing discipline(s), recommendations should be limited to statements such as "An assessment by a XXX (insert the appropriate discipline) is recommended to address XYZ (insert issue/impairment/etc.)". These recommendations <u>do not</u> address treatment modalities, duration, frequency or cost.</p>
3.5 Value-Added	<p>The assessment clearly articulates its purpose and contribution in:</p> <ul style="list-style-type: none"> ▪ establishing causality and/or ▪ resolving the reasonableness and necessity of treatment plan(s) in dispute and/or ▪ recommending provision of future goods and services <p>Only necessary tests / assessments are conducted.</p>

Review Template

Report ID:

Overall Rating

1 Unacceptable	2 Needs Improvement	3 Satisfactory	4 Very Good	5 Excellent
Overall Comments: 				

Section 1 Overall Review	Meets Expectations?				
Report Element	Validation Cues	Y	N	NA	Reviewer's Comments
1.1. Assessment Plan (standard proposal used)	<ul style="list-style-type: none"> ▪ purpose / team rationale ▪ document list ▪ conflict of interest ▪ length ▪ costs 				
1.2. Cover Materials	<ul style="list-style-type: none"> ▪ OCF-11A ▪ OCF-11B ▪ cover sheet addressed to both parties ▪ assessor names ▪ discipline ▪ dates ▪ missed appointments ▪ Primary Evaluator identified 				
1.3 Format & Structure	<ul style="list-style-type: none"> ▪ header/footer ▪ salutation free ▪ assessor letterhead 				

Section 1 Overall Review		Meets Expectations?			
	<ul style="list-style-type: none"> ▪ free ▪ qualifications free ▪ order ▪ logical flow/headings ▪ document list ▪ raw data 				
1.4 Timelines	<ul style="list-style-type: none"> ▪ referral to start (14 days) ▪ start to completion (14 days) ▪ completion to report (14 days) 				OCF-11A date: Proposal date: Assessment Start date: Assessment End date: Report Sent date:
1.5 Internal Consistency	<ul style="list-style-type: none"> ▪ facts and details 				
1.6 General Guidelines	<ul style="list-style-type: none"> ▪ surveillance ▪ production requests ▪ OCF-14 ▪ neutrality ▪ COL ▪ AISI 				
1.7 Purpose	<ul style="list-style-type: none"> ▪ stated appropriately 				
1.8 Scope	<ul style="list-style-type: none"> ▪ DAC understands scope 				
1.9 Appropriate Team	<ul style="list-style-type: none"> ▪ Like-for-like ▪ therapies common to multiple scopes of practice 				
1.10 Efficient Process	<ul style="list-style-type: none"> ▪ consistent with assessment plan ▪ staging as appropriate ▪ face-to-face assessment(s) necessary 				
1.11 Readability	<ul style="list-style-type: none"> ▪ clinical / technical terms confined ▪ implications / analysis understandable to lay reader 				

Section 1 Overall Review		Meets Expectations?			
1.12 Clarity	<ul style="list-style-type: none"> ▪ facts / findings ▪ opinions explicit 				
1.13 Bias-free	<ul style="list-style-type: none"> ▪ impartial language, style, statements and inferences 				

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Section 1 Overall Content

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1.3 Format & Structure	<p>Each page has a header and footer detailing:</p> <ul style="list-style-type: none"> ▪ claimant name, date of accident ▪ DAC name, four digit identification <p>All reports are free of salutations to either party. All reports are free of individual assessor letterhead. All reports are free of information about professional qualifications. The order of Conclusions & Recommendations - front of each report. The reports are formatted in a logical fashion with all appropriate and necessary headings. A List of Documents reviewed is included as an appendix. Raw test scores / data are included in appendices.</p>
1.4 Timelines	<p>The entire process was conducted in a timely fashion. Any major time lags and the contributing factors are explained in the report.</p> <p>Timeframe goals:</p> <ul style="list-style-type: none"> ▪ referral receipt to proposal submission and proposal acceptance to start of assessment should not exceed 14 days ▪ start of assessment to completion of assessment should not exceed 14 days ▪ completion of assessment to report submission should not exceed 14 days
1.5 Internal Consistency	<p>Facts and details are internally consistent within the report. For example, all reports indicate the same date of accident.</p>
1.6 General Guidelines	<p>All relevant General Guidelines are adhered to, including:</p> <p># 1 Use of Surveillance in DAC Assessments - video only, claimant must be informed of existence, who/when/how and impact explained in report, must be received prior to commencement of assessment</p> <p># 2 Production Requests - new information (ie. hospital records) appended to report</p> <p># 3 Permission to Disclose Health Information to the DAC (OCF-14) - faxed or original on file</p> <p># 4 Ensuring Neutrality in the DAC System - receipt of additional documents, addendum's, verbal/written communication, report production</p> <p># 5 Conflict of Interest and Nearest DAC Guideline - identifying and declaring COI, confirming nearest</p> <p># 6 DAC use of the AISI – complete</p>
1.7 Purpose	<p>The purpose of the report is stated appropriately.</p> <ul style="list-style-type: none"> ▪ The Med/Rehab assessment is to offer an opinion about the OCF-18/59 in dispute - whether the medical/rehabilitation treatment specified in the Plan is reasonable and necessary for the claimant's treatment or rehabilitation. Assessors may offer recommendations on the future provision of goods and services to the insured person for his or her treatment or rehabilitation.
1.8 Scope	<p>The report demonstrates that the DAC understands the scope of the Med/Rehab assessment, as stated in the Guide.</p> <ul style="list-style-type: none"> ▪ The OCF-18/59 is the focus of the assessment, and the goods/services described

Report Element	Attributes
	in the plan may have already been consumed, may be currently in process or proposed for the future . In any of these instances, the DAC should offer its opinion to the best of its ability and ensure it has enough clinical data to formulate an opinion about the reasonableness and necessity of the medical/rehabilitation goods/services specified in the OCF-18/59 including the Estimated Cost .
1.9 Appropriate Team	The disciplines used in the assessment are appropriate to address the issues in dispute. <ul style="list-style-type: none"> ▪ Like-for-like disciplines are used to comment on the treatment in dispute. ▪ Therapies not restricted to a specific scope of practice are reviewed by the discipline delivering them in the treatment plan (ie. physical therapy modalities delivered by a chiropractor are reviewed by a chiropractor)
1.10 Efficient Process	The process was completed as efficiently as possible: <ul style="list-style-type: none"> ▪ it transpired as outlined in the assessment proposal (any necessary diversions from the proposal are explained in the Executive Summary) ▪ assessments and assessors were staged in such a way as to reach a conclusion as efficiently as possible; early exit points were adopted when possible ▪ paper-based or face-to-face assessments were used when appropriate
1.11 Readability	Clinical and technical terms are confined to the sections of the report describing clinical history, the assessment testing results and clinical findings. The interpretation, implications and analysis of these data and findings are explained in a manner that is understandable by the average lay reader.
1.12 Clarity	The report presents clear facts, findings and opinions. Information sources are clearly indicated, i.e., report by Dr. XX indicates..., claimant states..., my opinion is... Opinions are explicitly stated, without inferences or innuendoes.
1.13 Bias-free	The report is free of statements, language, style, and inferences that could be construed as representing a bias. <i>For example, "Thank you for referring this claimant..." or "I hope this report is useful to you." etc.</i>

Section 2 Executive Summary

Report Element	Attributes
2.1 Concise	The Executive Summary is 3 pages or less.
2.2 Comprehensive	The Executive Summary highlights the key facts & findings of the case, including: <ul style="list-style-type: none"> ▪ Issue(s) in Dispute ▪ all impairments and their cause ▪ overall consensus conclusion(s) ▪ overall consensus recommendation(s), as appropriate These overall consensus conclusions and recommendations are subject to the same degree of specificity as the conclusions and recommendations in individual reports.
2.3 Consensus	The Executive Summary demonstrates that a consensus process was facilitated, as necessary. Any discrepancies between individual assessor opinions or reports on:

Report Element	Attributes
	<ul style="list-style-type: none"> ▪ impairments and their cause ▪ the clinical exam findings ▪ the conclusions regarding issues in dispute or ▪ recommendations for future care <p>are addressed with an explanation regarding what factors prevailed in the teams overall consensus conclusion(s) and recommendation(s).</p>
<p>2.4 Extenuating Circumstances Addressed</p>	<p>Any extenuating circumstances are addressed and/or outlined in the Executive Summary, including as applicable:</p> <ul style="list-style-type: none"> ▪ the number and date of missed, cancelled or re-scheduled appointments ▪ an explanation of timeframes and/or lengthy gaps in the process that exceed the expected standard ▪ why the final assessment differed from the assessment proposal in cost, team membership or assessment quantity

Section 3 Individual Report(s)

Report Element	Attributes
3.1 Detail	<p>There is concise, adequate detail of:</p> <ul style="list-style-type: none"> ▪ the assessment process ▪ claimant history and contextual information ▪ impairments (within scope of practice) <p>exam findings to demonstrate an appropriate and complete assessment.</p>
3.2 Analysis	<p>The report demonstrates and articulates the assessor's consideration of:</p> <ul style="list-style-type: none"> ▪ the claimant's clinical status at the time the plan was created; ▪ file information; ▪ claimant's clinical current status at the time of the DAC; ▪ accepted clinical practice; ▪ clinical judgement and experience; and, ▪ clinical practice guidelines (where they exist).
3.3 Conclusion(s)	<p>The conclusion(s) are:</p> <ul style="list-style-type: none"> ▪ supported by the findings and analysis documented in the report ▪ clear with respect to the issue(s) in dispute ▪ specific regarding the outcome of the 'reasonableness and necessity test' with reference to frequency, duration and cost ▪ time-sensitive, discriminating between proposed, in progress and consumed treatment <p>The appropriate team member indicates the causality of all impairments, if in dispute.</p>
3.4 Recommendation(s)	<p>Recommendations for future provisions of goods and services are made, as necessary. These recommendations are:</p> <ul style="list-style-type: none"> ▪ consistent with the clinical findings; ▪ address all impairments identified and their cause (within scope of practice of this discipline); ▪ specific to treatment duration and frequency; ▪ are neutral - no specific providers or facilities are named <p>When issues are identified that fall outside the scope of the current dispute or assessing discipline(s), recommendations should be limited to statements such as "An assessment by a XXX (insert the appropriate discipline) is recommended to address XYZ (insert issue/impairment/etc.)". These recommendations <u>do not</u> address treatment modalities, duration, frequency or cost.</p>
3.5 Value-Added	<p>The assessment clearly articulates its purpose and contribution in:</p> <ul style="list-style-type: none"> ▪ establishing causality and/or ▪ resolving the reasonableness and necessity of treatment plan(s) in dispute and/or ▪ recommending provision of future goods and services <p>Only necessary tests / assessments are conducted.</p>

Review Template

Report ID:

Overall Rating

1 Unacceptable	2 Needs Improvement	3 Satisfactory	4 Very Good	5 Excellent
Overall Comments: 				

Section 1 Overall Review	Meets Expectations?				
Report Element	Validation Cues	Y	N	NA	Reviewer's Comments
1.1. Assessment Plan (standard proposal used)	<ul style="list-style-type: none"> ▪ purpose / team rationale ▪ document list ▪ conflict of interest ▪ length ▪ costs 				
1.2. Cover Materials	<ul style="list-style-type: none"> ▪ OCF-11A ▪ OCF-11B ▪ cover sheet addressed to both parties ▪ assessor names ▪ discipline ▪ dates ▪ missed appointments ▪ Primary Evaluator identified 				
1.3 Format & Structure	<ul style="list-style-type: none"> ▪ header/footer ▪ salutation free ▪ assessor letterhead 				

Section 1 Overall Review		Meets Expectations?			
	<ul style="list-style-type: none"> ▪ free ▪ qualifications free ▪ order ▪ logical flow/headings ▪ document list ▪ raw data 				
1.4 Timelines	<ul style="list-style-type: none"> ▪ referral to start (14 days) ▪ start to completion (14 days) ▪ completion to report (14 days) 				OCF-11A date: Proposal date: Assessment Start date: Assessment End date: Report Sent date:
1.5 Internal Consistency	<ul style="list-style-type: none"> ▪ facts and details 				
1.6 General Guidelines	<ul style="list-style-type: none"> ▪ surveillance ▪ production requests ▪ OCF-14 ▪ neutrality ▪ COL ▪ AISI 				
1.7 Purpose	<ul style="list-style-type: none"> ▪ stated appropriately 				
1.8 Scope	<ul style="list-style-type: none"> ▪ DAC understands scope 				
1.9 Appropriate Team	<ul style="list-style-type: none"> ▪ Like-for-like ▪ therapies common to multiple scopes of practice 				
1.10 Efficient Process	<ul style="list-style-type: none"> ▪ consistent with assessment plan ▪ staging as appropriate ▪ face-to-face assessment(s) necessary 				
1.11 Readability	<ul style="list-style-type: none"> ▪ clinical / technical terms confined ▪ implications / analysis understandable to lay reader 				

Section 1 Overall Review		Meets Expectations?			
1.12 Clarity	<ul style="list-style-type: none"> ▪ facts / findings ▪ opinions explicit 				
1.13 Bias-free	<ul style="list-style-type: none"> ▪ impartial language, style, statements and inferences 				

Section 2 Executive Summary		Meets Expectations?			
Element	Validation Cues	YN NA			Reviewer's Comments
2.1 Concise	<ul style="list-style-type: none"> 3 pages or less 				
2.2 Comprehensive	<ul style="list-style-type: none"> dispute impairments & cause consensus conclusion(s) consensus recomm'd(s) 				
2.3 Consensus	<ul style="list-style-type: none"> consensus process discrepancies addressed prevailing factors in consensus 				
2.4 Extenuating Circumstances Addressed	<ul style="list-style-type: none"> appointments timeframes proposal vs. final product 				

Section 3 Individual Report(s)		Report by: Meets Expectations?			
Element	Validation Cues	YN NA			Reviewer's Comments
3.1 Detail	<ul style="list-style-type: none"> concise adequate re: process, history, context, exam, impairments appropriate/complete 				

3.2 Analysis	<ul style="list-style-type: none"> ▪ claimant clinical status - time of plan ▪ file information ▪ current clinical status ▪ accepted practice ▪ judgement/experience ▪ practice guidelines 				
3.3 Conclusion(s)	<ul style="list-style-type: none"> ▪ well supported ▪ clear re: issues ▪ causality (as necessary) ▪ specific time-sensitive 				
3.4 Recommendation(s)	<ul style="list-style-type: none"> ▪ within scope of dispute ▪ consistent with findings ▪ all impairments ▪ specific neutral assessment only outside scope 				
3.5 Value-Added	<ul style="list-style-type: none"> ▪ causality treatment ▪ plans in dispute ▪ future goods & services ▪ necessary assessment 				

Section 2 Executive Summary		Meets Expectations?			
Element	Validation Cues	YN NA			Reviewer's Comments
2.1 Concise	<ul style="list-style-type: none"> 3 pages or less 				
2.2 Comprehensive	<ul style="list-style-type: none"> dispute impairments & cause consensus conclusion(s) consensus recomm'd(s) 				
2.3 Consensus	<ul style="list-style-type: none"> consensus process discrepancies addressed prevailing factors in consensus 				
2.4 Extenuating Circumstances Addressed	<ul style="list-style-type: none"> appointments timeframes proposal vs. final product 				

Section 3 Individual Report(s)		Report by: Meets Expectations?			
Element	Validation Cues	YN NA			Reviewer's Comments
3.1 Detail	<ul style="list-style-type: none"> concise adequate re: process, history, context, exam, impairments appropriate/complete 				

3.2 Analysis	<ul style="list-style-type: none"> ▪ claimant clinical status - time of plan ▪ file information ▪ current clinical status ▪ accepted practice ▪ judgement/experience ▪ practice guidelines 				
3.3 Conclusion(s)	<ul style="list-style-type: none"> ▪ well supported ▪ clear re: issues ▪ causality (as necessary) ▪ specific time-sensitive 				
3.4 Recommendation(s)	<ul style="list-style-type: none"> ▪ within scope of dispute ▪ consistent with findings ▪ all impairments ▪ specific neutral assessment only outside scope 				
3.5 Value-Added	<ul style="list-style-type: none"> ▪ causality ▪ treatment plans in dispute ▪ future goods & services ▪ necessary assessment 				

3.0 DAC ACTIVITY TRACKING SYSTEM QUALITY CHECK

A portion of quality monitoring and overall DAC System administration and development is based on reports generated from the DAC Activity Tracking System. It is imperative that this data be accurate and regularly submitted to FSCO.

The identifiable error rate for data reported to FSCO is approximately 7% of the records. These records, with such errors as illogical dates, are extracted from the system prior to any analysis. In contrast to other large datasets with multiple user entry, this error rate is relatively low – a complement to DAC data entry personnel. However, there will be other errors that validity checks cannot identify. It is these errors that this exercise is intended to help DACs identify and reduce. DACs are encouraged to implement regular internal audits of this data.

To complete this section of the self-audit you will need to retrieve the DAC files from storage. Each file should be reviewed to confirm that the data entered into the Tracking System (as indicated on the individual record) is accurate. Keep track of errors and problems on the record. Analyze the results for trends and problems in interpretation and common data entry errors. In addition to this information, your DACs identified error rate is included in your Activity Reports.

Use these results to assess, for example:

- Processes for tracking and recording information in DAC files
- Interpretation of data entry fields and consistency across data entry personnel
- Completeness of DAC files
- Overall commitment to data quality

Retain the individual records, indicating the errors, in your Self-Audit file in case you are asked to produce them for validation purposes.

4.0 ACTIVITY REPORTS

DACs are required to electronically submit data regarding their activity to FSCO on a routine basis, as previously mentioned in Section 2.0. A series of reports pertaining to referrals, timelines and costs have been created to allow DACs to examine their performance in contrast to counterparts in the system. These reports are confidential and will be released only to the authorized DAC representative for your facility.

These individual activity reports are specific to each DAC type. These reports may be used to help identify, for example:

- Specific phases of the DAC process that create significant delays in your facility
- Where your DAC's performance exceeds that of its peers
- Where your DAC's performance is below expectations
- Information for feedback to DAC personnel
- Opportunities for improvement to management, administrative or clinical processes

DACs are encouraged to use this information to as one component in assessing their compliance with system expectations and identify opportunities for improvement.

5.0 QUESTIONNAIRES

The Self-Audit consists of 3 questionnaires – DAC Co-ordinator, DAC Core Team Assessors and DAC Operations. These questionnaires outline a series of standards in the form of statements. DAC personnel should be able to consistently demonstrate knowledge, understanding and application of these statements. The questionnaires focus on operational and clinical areas, such as:

- Knowledge and application of SABS, relevant DAC Guides, General Guidelines
- Roles and responsibilities within the DAC
- DAC assessment processes and report production
- DAC program administration such as, DAC Roster, Practice Summary and DAC Activity Tracking System management

In addition, the questionnaires address the use of findings from the previously completed sections of the Self-Audit (Report Review, DAC Activity Tracking System Quality Check and Activity Reports).

The appropriate personnel should complete each questionnaire. In the case of the DAC Core Team Assessors questionnaire, all assessors on the Core Team roster are expected to participate in the process.

In completing the questionnaire, the respondent is asked to rate how well he/she complies with the associated statement on a scale of Weak (1) to Strong (5). The relative weight or importance of each statement has not been established and therefore respondents are encouraged to review their responses for trends and gaps, rather than accumulative scores. A scale rating is provided to encourage reflection on consistency and thoroughness in demonstrating compliance with the statement. The Committee felt that providing numbers from 1 to 5 would help anchor the range from Weak to Strong.

Once all questionnaires are completed they should be reviewed and analyzed to identify strengths, gaps and areas for improvement. Again, this is a qualitative process exploring trends across the questionnaires and within respondent groups.

Individual questionnaires should be retained by the DAC, in case you are asked to produce them for validation purposes.

DAC Coordinator Questionnaire

Date Completed:

Completed By:

		<i>Weak</i>				<i>Strong</i>
Knowledge of Context	Notes / Examples	1	2	3	4	5
1. I can apply the SABS.						
2. I can identify the 5 DAC types.						
3. I can identify which DAC types this facility is authorized to conduct.						
4. Of the DAC types this facility is authorized to conduct, I can identify each DAC type 'SABS test'.						
5. I ensure that each DAC type 'test' is appropriately applied.						
6. I can identify the SABS specified timeframes for DAC process completion.						
7. I ensure that SABS conflict of interest guidelines are applied and any conflicts declared.						
DAC Process Management	Notes / Examples	1	2	3	4	5
<i>Intake</i>						
8. I ensure the DAC referral is appropriate for this facility.						
9. I ensure all necessary forms are complete and included in the referral package.						
10. I ensure that referrals are screened for conflict of interest.						
11. I ensure any identified conflicts of interest are declared.						
12. I ensure assessment proposals are prepared based on the individual needs of the referral.						
13. I ensure the DAC assessment plan (OCF-11C) is complete and accurate.						
14. I ensure assessment proposals are sent to the insurer.						
15. I ensure all documents are organized for review by the clinical team.						
16. I ensure the referral package is complete by pursuing any missing information necessary for the assessment.						
17. I ensure all parties receive required materials and notifications pertaining to the assessment(s).						
18. I ensure the claimant's special needs are identified and accommodated.						
19. I ensure that the file does not indicate any safety risk for the claimant in preparing for the assessment / by proceeding with the assessment.						
20. I ensure appropriate assessors are assigned to						

the case.						
21. I ensure assessments are scheduled to reach a conclusion regarding the issue in dispute as efficiently as possible.						
22. I ensure that only necessary assessments / tests are scheduled.						
23. I ensure video surveillance material is handled according to General Guideline #1.						
24. I ensure cancellations / no shows are handled according to Cancellation Fee Model and General Guideline #7.						
25. I ensure the intake process is completed in a timely manner.						
Assessment						
26. I ensure cancellations, no shows and missed appointments are managed according to Cancellation Fee Model and General Guideline #7.						
27. I ensure appropriate assessment team members review relevant file material.						
28. I ensure assessment team members conduct comprehensive assessments.						
Report						
29. I ensure each assessment team member prepares a complete and appropriate report.						
30. I ensure each report addresses the appropriate issue in dispute.						
31. I ensure each assessor's report is produced in a timely manner.						
32. I ensure assessment team members reach consensus, when necessary.						
33. I prepare an Executive Summary for the DAC report.						
34. I ensure the entire DAC report follows guidelines published by the DAC Committee (Report Writing Content, Style and Format Guide).						
35. I ensure all reports have appropriate signatures.						
36. I ensure the entire DAC report is issued within required timeframes.						
Quality Management	Notes / Examples	1	2	3	4	5
Roster Administration						
37. I ensure our DAC roster is up-to-date and complete.						
38. I ensure all Core Team members are Regulated Health Professionals.						
39. I ensure assessment team members are qualified to conduct the assessments for which they are retained.						
40. I ensure Core Team members meet the Human Resource requirements in the DAC						

Guide.						
41. I ensure auxiliary personnel are supervised as per Regulatory College requirements and DAC Guides.						
42. I ensure all Practice Summaries are current and maintained.						
DAC Program Administration						
43. I ensure data entered into the DAC Activity Tracking System is accurate.						
44. I ensure data entered into the DAC Activity Tracking System is up-to-date.						
45. I ensure Activity Reports issued by FSCO are analyzed to identify opportunities for improvement.						
46. I ensure cost-effectiveness is a priority for all DAC personnel.						
47. I ensure complaints are addressed effectively.						
48. I ensure complaints are analyzed to identify needs for process improvement.						
49. I ensure a plan is created to address areas requiring improvement.						
50. I ensure the plan for improvement is executed.						
51. I ensure the improvement has the desired results.						
52. I ensure the improvement is sustained.						
Communication & Education						
53. I ensure new assessors are adequately trained prior to conducting assessments.						
54. I ensure assessment team members are knowledgeable in the processes of the assessment.						
55. I ensure assessment team members understand their role in the assessment process.						
56. I routinely monitor assessor performance.						
57. I provide feedback to assessors' on their performance.						
58. I ensure information and communications issued by the DAC Committee and/or FSCO are communicated to the appropriate DAC personnel.						
59. I ensure information technologies, such as e-mail and word processing, are used to their fullest capacity to enhance our team's efficiency.						

DAC Core Team Members

Date Completed:

Completed By:

		<i>Weak</i>		<i>Strong</i>		
Knowledge of Context	<i>Notes / Examples</i>	1	2	3	4	5
1. I know that the purpose of the DAC assessment is to resolve a dispute between the insurer and claimant.						
2. I know the various DAC types and the SABS test to be applied in each situation.						
3. I know what DAC types I am authorized to conduct.						
4. I know that the DAC assessment process must be completed within 14 days of referral.						
5. I know that the entire DAC report must be completed within 14 days of assessment completion.						
6. I know that the Financial Services Commission of Ontario administers the DAC System.						
7. I have read the necessary Guides for each DAC type that I conduct.						
DAC Process Management	<i>Notes / Examples</i>	1	2	3	4	5
<i>Intake</i>						
8. I conduct assessments within my scope of practice.						
9. I ensure that I have the necessary skills, knowledge and ability to offer an opinion regarding the issue in dispute.						
10. I maintain knowledge of relevant clinical practice guidelines and current accepted practice in the clinical field in dispute.						
10. I ensure the claimant is not at risk by proceeding with the assessment.						
<i>Assessment</i>						
11. I review the claimant file information in accordance with the DAC Guide.						
12. I review video surveillance material in accordance with General Guideline #1.						
13. I conduct an assessment that addresses the issue in dispute.						
14. I conduct a complete assessment in accordance with the DAC Guide.						
15. I conduct an impartial assessment in accordance with the DAC Guide.						
<i>Report</i>						
16. I prepare a complete report in accordance with guidelines published by the DAC						

	Committee (Report Writing Content, Style and Format Guide).								
17.	I prepare an impartial report in accordance with guidelines published by the DAC Committee (Report Writing Content, Style and Format Guide).								
18.	I prepare a concise report in accordance with guidelines published by the DAC Committee (Report Writing Content, Style and Format Guide).								
19.	I prepare my reports within required timeframes.								
20.	I participate in processes to arrive at team consensus conclusions, as necessary.								
21.	I read my final report prior to mail out.								
22.	I sign my final report prior to mail out.								
23.	I read the Executive Summary of the DAC assessment prior to mail out.								
Quality Management		Notes / Examples	1	2	3	4	5		
Roster Administration									
24.	I maintain good standing and current certificate of registration with the appropriate regulatory college.								
25.	For each DAC type I am authorized to assess, I maintain the minimum requirements of experience and current practice.								
26.	I have experience working in multi-disciplinary teams.								
27.	I maintain a complete, up-to-date Practice Summary on file with FSCO.								
DAC Program Administration									
28.	I receive regular feedback regarding my assessments from the DAC Coordinator.								
29.	I integrate this feedback into my assessment process.								
30.	I receive regular feedback on my reports from the DAC Coordinator.								
31.	I integrate this feedback into my report preparation.								
32.	I strive for cost-effectiveness in meeting the requirements of the DAC process.								
Communication & Education									
33.	I know the DAC coordinating personnel to contact when I have questions.								
34.	I am instructed on any changes required or updates from the DAC Committee and FSCO (i.e., information communiqués, General Guidelines, FSCO Bulletins, Assessment Guides, etc.).								
35.	I integrate these changes into my assessment and report processes, as								

applicable.						
36. I participate in training and education that advances my DAC assessment skills.						
37. I am capable in information technologies, such as e-mail and word processing, so that DAC teamwork is more efficient.						

the broad range of Medical and Rehabilitation goods and services in treatment plans.						
DAC Process Management	Notes / Examples	1	2	3	4	5
Intake						
31. There are systems in place to ensure confidentiality of files.						
32. When the Core Team does not have sufficient expertise to render an opinion regarding the claimant's impairment(s), the On-Call team is used.						
Assessments						
33. There are systems in place to ensure confidentiality during assessments						
34. There are systems in place to ensure assessments are conducted within the required timeframes.						
Report						
35. There are systems in place to ensure reports are accurate.						
36. There are systems in place to ensure reports meet required Guidelines.						
37. There are systems in place to ensure reports are completed within the required timeframes.						
38. There are systems for Assessors to read their final report prior to mail out.						
39. There are systems in place for assessors to sign their final report.						
Quality Management	Notes / Examples	1	2	3	4	5
Roster Administration						
40. There are systems in place to maintain the DAC roster.						
41. There are systems in place to recruit members to the DAC roster when needed.						
Specific Human Resources						
Med/Rehab DAC						
42. Med/Rehab Core Team consists of physician(s), psychologist(s), chiropractor(s) and physiotherapist(s).						
43. Each Med/Rehab Core Team member has a minimum of 5 years relevant, current and continuing practice. Relevant means the assessor has been involved in the assessment of patients to identify impairment, plan treatment or provision of med/rehab goods and services for the motor vehicle accident injured population. Current means practice experience gained with the last 7 years. Continuing means the assessor is presently, or within the past 5 years, engaged in providing Med/Rehab goods and services either i) directly, or ii) in supervising others or providing consultation to others in such provision or iii) by completing assessments of patients to provide diagnostic information to be used in planning and provision of treatment.						
44. Ready-Access On-Call team consists of physician						

specialists, dentist(s), occupational therapist(s) and massage therapist(s).						
DAC Program Administration						
45. There are systems in place to ensure the accuracy of DAC Activity Tracking System data.						
46. There are systems in place to ensure Activity Reports are reviewed and analyzed.						
47. There are systems in place to review and analyze complaints received.						
48. There are systems in place to examine the cost-effectiveness of our DAC processes.						
49. There are systems in place to identify opportunities for improvement.						
50. There are systems in place to address areas requiring improvements.						
51. There are systems in place to monitor the impact of improvements.						
52. There are systems to sustain the improvements.						
Communication & Education						
53. There are systems in place to ensure that DAC personnel are updated regarding DAC System expectations.						
54. There are systems in place to provide feedback to DAC Core Team members about their reports.						
55. There are systems in place to provide feedback to DAC Core Team members about their assessments.						
56. Information technologies, such as e-mail and word processing, are used to their fullest capacity to enhance efficiency.						

6.0

Self-Audit Summary

DAC Profile Information

DAC Name & ID #	DAC Authorization				Self-Audit Date
	v	Type	B I	Peds	
		Med/Rehab			
		Disability			
		Post-104			
		Attendant Service			
		CAT			
		REC			
Contributing Personnel:					

Self-Audit Results

Top Three Identified Strengths	Would your DAC be willing to share your experience / expertise in this area with another DAC?
1.	
2.	
3.	

Three Priority Areas for Improvement	Action Plans & Timeline to Address
1.	
2.	
3.	

Certification of Authenticity:

I certify that this summary accurately reflects the findings and outcomes of the DAC Self-Audit process completed by DAC (insert number). I understand that the Financial Services Commission of Ontario may at any time undertake activities to confirm and verify our diligence and objectivity in assessing our strengths and areas for improvement. These activities may include, but are not limited to, the submission of supporting documentation, Self-Audit tools and/or a DAC facility site visit.

Certified By: _____
(Please print name)

Signature

Date

7.0 FSCO CONTACT INFORMATION

Should you have any questions or require clarification please contact the **DAC Hotline at (416) 590-7137.**