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| --- | --- | --- | --- | --- | --- | --- | --- |
| Vascular Access Corrective Action Plan | | | | | | | |
| Facility Name | | | | | Provider # | | Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IDT member names: |
| Problem Statement | | | | | | |
| Data Required/ Needed Resources: | | | | | | |
| Root Causes/ Barriers: | | | | | | |
| Action Plan (Steps) | Responsible Team  Member | Start Date | Estimated Completion  Date | Performance Measure\* | | Date Completed | Comments (Status, outcomes, disposition, etc) |
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**\*Performance Measure – a measure to ensure the action step is being done or is yielding the outcome desired.**

**Send completed form to the Network no later than February 1, 2015.**