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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) | ResponsibleTeamMember | StartDate | EstimatedCompletionDate | Performance Measure\* | DateCompleted | 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.**