

Tips for Creating UNOS Report Responses and Corrective Action Plans

To help you to prepare an effective response to your OPO's site survey or desk review report, the UNOS site surveyors provide these guidelines for writing a detailed explanation and corrective action plan (CAP) for each policy violation identified.

We hope you find these tips and this format helpful as you create an effective document. Remember, the Membership and Professional Standards Committee (MPSC) will receive your OPO's final blinded report. Clear and easily understood CAPs will make it easier for the MPSC to evaluate your response to the report and how your OPO plans to correct deficiencies.

Here are some suggestions for headings and descriptions; we encourage you to follow this format.

OPO Identification

At the top of your response, list your OPO name and the dates of the review.

Example: *OPO Name*
 United Network for Organ Sharing Review
 Review Dates

Area of Noncompliance

Provide the policy or bylaw name and number. Respond to the "Requested Actions" in the same order as they appear on your report from UNOS.

Example: OPTN Policy 3.0
 (verification of accuracy of organ shipping labels)

EXPLANATION – a description of why violations occurred

*Explain what occurred and indicate how you were out of compliance with policy. **Why** were you out of compliance? It is important to determine the **root cause** of the noncompliance before you begin your corrective action plan.*

- *What were the circumstances?*
- *Was it an IT issue?*
- *Was it human error or miscommunication between staff members? Why did this happen?*
- *Was the problem due to staff turnover?*
- *Did written medical records not match up with the same information entered into UNetSM? Why did this occur?*
- *Be specific and list all relevant details. Timelines may be helpful.*

CAP- your OPO's corrective action plan

Describe in detail how you will make sure that this type of incident won't happen again.

- *Did you develop new procedures or materials? What are they?*
- *Are these procedures written down?*
- *Can all staff members easily access the procedures? Who are the responsible parties?*
- *Do you have an education plan in place to teach staff about the new or existing process?*

Be sure to address quality control measures. How will you measure compliance? How often will you review your new process? Weekly, monthly, quarterly? Who is responsible for monitoring the plan? Do you have any built in flags that will alert you if the process is not working properly?

Final checklist

Did you remember to...?

- ☐ Define the noncompliance (this is noted in the report)
- ☐ Assess the root cause of each noncompliance
- ☐ Establish a plan to correct each noncompliance
- ☐ Describe how you will implement the plan
- ☐ Establish a timeline for plan implementation
- ☐ Describe any training that will be needed to implement the plan
- ☐ Establish how you will periodically evaluate and update your plan

Remember to address: who, what, where, when and how in your CAPs.

