

Corrective Action Plan EXAMPLE

Maine Immunization Program
286 Water Street, 9th Floor
Augusta, ME 04330
(207)287-3746 or (800)867-4775

Date: 1/1/2018
Due Date: 1/11/2018

PROVIDER INFORMATION:

| | |
|-------------------|------------------------------------|
| PIN: | 0000 |
| Practice Name: | Dr Valerie's Pediatric Specialties |
| Practice Contact: | Kristen Coaty |
| Telephone Number: | 555-555-5555 |
| Fax Number: | 555-555-5556 |

Directions: Please complete the document below. Keep in mind the "Champion" is the person responsible for the entire solution; however, some of the action steps may be delegated to another staff member so the "Person Responsible" may not necessary be the same as the "Champion".

| Problem One Summary | Action Steps | | Person Responsible | Due Date |
|-------------------------------|--------------|--|--------------------|----------------|
| Problem: | 1.1 | Print Log from MIP website. | Jodi | 1/5/2018 |
| Unaccounted for vaccines | 1.2 | Place clipboard with log in hanging file next to vaccine fridge and freezer. | Jodi | 1/5/2018 |
| Solution: | 1.3 | Document immunization on Vaccine Log. | All Staff | continuous |
| Use Vaccine Log | 1.4 | Utilize Vaccine Log for reconciliation. | Jodi | monthly |
| Champion: | 1.5 | | | |
| Jodi | 1.6 | | | |
| Problem Two Summary | Action Steps | | Person Responsible | Due Date |
| Problem: | 2.1 | Take inventory every Thursday. | Jodi | every Thursday |
| Too many expired vaccines | 2.2 | On Fridays, as needed, place orders, not to exceed a 4 to 6 week supply. | Jodi | as needed |
| Solution: | 2.3 | | | |
| Smaller, more frequent orders | 2.4 | | | |
| Champion: | 2.5 | | | |
| Jodi | 2.6 | | | |
| Problem Three Summary | Action Steps | | Person Responsible | Due Date |
| Problem: | 3.1 | Require all staff to complete storage and handling training. | All Staff | 1/31/2016 |
| Refridgerator door left ajar | 3.2 | Post reminder signs on fridge and freezer. | Tonya | 1/5/2016 |
| Solution: | 3.3 | Double check the fridge and freezer is closed after every use. | All Staff | continuous |
| Retraining and Monitoring | 3.4 | | | |
| Champion: | 3.5 | | | |
| Tonya | 3.6 | | | |

Signature of Vaccine Manager _____

Date _____

Signature of Medical Director _____

Date _____