

# CORRECTIVE ACTION PLAN/ RISK MITIGATION FORM

**CLIENT NAME:** INSERT CLIENT NAME

**DATE OF INCIDENT:** INSERT DATE OF INCIDENT

**PROGRAM NAME:** INSERT PROGRAM NAME

**TYPE OF INCIDENT :** INSERT TYPE OF INCIDENT

## **Provider/Employer Plan of Correction/Improvement /Risk Mediation :**

*Respond to the following questions:*

- What corrective action(s) will be accomplished for those individuals found to have been affected by the error/critical incident?
- How will program identify other individuals having the potential to be affected by the same critical incident/error and what corrective action will be taken? By whom? When?
- What measures will be put in place or what systemic changes will be made to ensure that the critical incident/error does not recur?
- How will the corrective action(s) be monitored to ensure the critical incident/error will not recur, i.e., what quality assurance program will be put into place? How will you evaluate the effectiveness of your corrective action/quality assurance program?
- When will the completion of each component of the above action plan be documented? Who is responsible for the documentation? Where can the documentation be located?

All applicable policies identified or developed should be provided as additional attachments.