

Significant Issues Action Plan & Progress Report

Hover over each link to reveal instructions for completing the accompanying section.

<u>Trauma Center Name</u>
<u>Level of Accreditation</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>Purpose of Submission</u> <input type="checkbox"/> Initial Action Plan after Accreditation Report <input type="checkbox"/> Action Plan Progress Report <input type="checkbox"/> Other:
<u>Date of Submission</u>
<u>Number of Significant Issues</u> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

SIGNIFICANT ISSUE #1	
Title of Significant Issue	
<u>Action Plan</u>	
<input type="checkbox"/> Attachment Included	
<u>Analysis</u>	
<u>Corrective Actions</u>	
<u>Metrics to Demonstrate Resolution</u>	
<u>Action Plan Progress Report</u>	
Date of Submission	<input type="checkbox"/> Attachment Included
<u>Re-Evaluation Phase</u>	

SIGNIFICANT ISSUE #2	
Title of Significant Issue	
<u>Action Plan</u>	
<input type="checkbox"/> Attachment Included	
<u>Analysis</u>	
<u>Corrective Actions</u>	
<u>Metrics to Demonstrate Resolution</u>	
<u>Action Plan Progress Report</u>	
Date of Submission	<input type="checkbox"/> Attachment Included
<u>Re-Evaluation Phase</u>	

SIGNIFICANT ISSUE #3	
Title of Significant Issue	
<u>Action Plan</u>	
<input type="checkbox"/> Attachment Included	
<u>Analysis</u>	
<u>Corrective Actions</u>	
<u>Metrics to Demonstrate Resolution</u>	
<u>Action Plan Progress Report</u>	
Date of Submission	<input type="checkbox"/> Attachment Included
<u>Re-Evaluation Phase</u>	

SIGNIFICANT ISSUE #4	
Title of Significant Issue	
<u>Action Plan</u>	
<input type="checkbox"/> Attachment Included	
<u>Analysis</u>	
<u>Corrective Actions</u>	
<u>Metrics to Demonstrate Resolution</u>	
<u>Action Plan Progress Report</u>	
Date of Submission	<input type="checkbox"/> Attachment Included
<u>Re-Evaluation Phase</u>	