



**NATIONAL CENTER FOR MENTAL HEALTH
QUALITY MANAGEMENT OFFICE
IMPROVEMENT/ CORRECTIVE ACTION REPORT**

QMO ICARe
Rev. 7
15 Jun 2022

To:	From:	Date:	ICARE No.
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PROPONENT	I. SOURCE	OCCURRENCE					
	<table border="1"> <tr><td>Internal Feedback</td></tr> <tr><td>Internal Audit</td></tr> <tr><td>External Audit</td></tr> <tr><td>KPI & Citizens Charter</td></tr> </table>	Internal Feedback	Internal Audit	External Audit	KPI & Citizens Charter	<table border="1"> <tr><td>Existing</td></tr> <tr><td>Improvement</td></tr> </table> <p>ISO CLAUSE: _____</p>	Existing
Internal Feedback							
Internal Audit							
External Audit							
KPI & Citizens Charter							
Existing							
Improvement							

DETAILS OF CONCERN REQUIRING CORRECTIVE ACTION:
(Attach illustrations as necessary)

**We expect your response within 5 working days of receipt of this document*

RESPONDENT	II. IMMEDIATE ACTION TAKEN: <i>(Attach separate sheet when needed)</i>	IMPLEMENTATION DATE:

III. ROOT CAUSE ANALYSIS:
(Use Fishbone Diagram or Why-Why Analysis, etc as necessary and Attach separate sheet when needed)

IV. RISK REGISTER: *Is there a need to update the Risk Register to prevent it from recurring?* Yes No
If Yes, please provide details and attach separate sheet when needed.

V. CORRECTIVE ACTION: <i>(Attach separate sheet when needed)</i>	IMPLEMENTATION DATE:

Prepared by:	Reviewed by (Chief of Pavilion/Chief of Section):
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To be filled-out by Quality Management Office

VI. DISPOSITION

- Changes disapproved, propose other alternative
- Changes are good but requires consultation from management
- Changes are good for immediate implementation and revision of document if applicable

REMARKS

Signature/Date: _____

VI. EVALUATION/VERIFICATION

DATE	STATUS			REMARKS/ ATTACHMENTS	VERIFIED BY (Internal Quality Auditor)
	No Action Taken	On-going	Implemented & Close		
1 st					
2 nd					
3 rd					
4 th					
5 th					
6 th					

Approved by (QMR/ DQMR): _____

TERESA ROSALIE D. DEL VALLE, MD, FPPA, MMHoA