



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 &amp; 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>	Existing	Improvement	
Internal Feedback									
Internal Audit									
External Audit									
KPI & Citizens Charter									
Existing									
Improvement									
		ISO CLAUSE: _____							

**DETAILS OF CONCERN REQUIRING CORRECTIVE ACTION:**

*(Attach illustrations as necessary)*

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

RESPONDENT

<b>II. IMMEDIATE ACTION TAKEN:</b> <i>(Attach separate sheet when needed)</i>	<b>IMPLEMENTATION DATE:</b>
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<b>III. ROOT CAUSE ANALYSIS:</b> <i>(Use Fishbone Diagram or Why-Why Analysis, etc as necessary and Attach separate sheet when needed)</i>
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<b>IV. RISK REGISTER:</b> <i>Is there a need to update the Risk Register to prevent it from recurring?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please provide details and attach separate sheet when needed.</i>
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<b>V. CORRECTIVE ACTION:</b> <i>(Attach separate sheet when needed)</i>	<b>IMPLEMENTATION DATE:</b>
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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**

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Signature/Date: \_\_\_\_\_

**VI. EVALUATION/VERIFICATION**

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

Approved by (QMR/ DQMR): \_\_\_\_\_

TRISTIAN JOHN O. PALMANI, RN, MMHoA