|  |
| --- |
| **NEWBORN SCREENING SITE REVIEW ACTION PLAN** |
| **G O A L 1** |
| **Increase the number of specimens that arrive at the state lab within 1 day of collection to at least 50%-75%.** |
| **ACTION STEP DESCRIPTIONS** | **PARTY / DEPT RESPONSIBLE** | **DATE TO BEGIN** | **DATE DUE** | **RESOURCES REQUIRED ( staff, tech, etc. )** | **DESIRED OUTCOME** | **NOTES** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **G O A L 2** |
| **Eliminate the number of specimens that arrive at the state lab >3 days after collection.** |
| **ACTION STEP DESCRIPTIONS** | **PARTY / DEPT RESPONSIBLE** | **DATE TO BEGIN** | **DATE DUE** | **RESOURCES REQUIRED ( staff, tech, etc. )** | **DESIRED OUTCOME** | **NOTES** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **G O A L 3** |
| **Eliminate any incomplete information and/or inaccurate information specimens sent to the state laboratory.**  |
| **ACTION STEP DESCRIPTIONS** | **PARTY / DEPT RESPONSIBLE** | **DATE TO BEGIN** | **DATE DUE** | **RESOURCES REQUIRED ( staff, tech, etc. )** | **DESIRED OUTCOME** | **NOTES** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **G O A L 4** |
| **Write your goal statement here.** |
| **ACTION STEP DESCRIPTIONS** | **PARTY / DEPT RESPONSIBLE** | **DATE TO BEGIN** | **DATE DUE** | **RESOURCES REQUIRED ( staff, tech, etc. )** | **DESIRED OUTCOME** | **NOTES** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **G O A L 5** |
| **Write your goal statement here.** |
| **ACTION STEP DESCRIPTIONS** | **PARTY / DEPT RESPONSIBLE** | **DATE TO BEGIN** | **DATE DUE** | **RESOURCES REQUIRED ( staff, tech, etc. )** | **DESIRED OUTCOME** | **NOTES** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |