SimpraAdvantage
Alabama's Healthplan

This Potential Quality Issue (PQI) Referral Form may be subject to state law provisions pertaining to confidentiality protections, attorney-work product, and other types of privilege. All documents, reports, and information relating to the review of a PQI are kept confidential in accordance with peer review protection.

Potential Quality Issue (PQI) Referral Form

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Secure Fax to 205-994-7579

Section I	**General Information**				
Date of referral		Time			
Member name		DOB		Sex	
LOB		Member ID#			
Provider name		Provider #			
Facility name		Facility location			
Name of person submitting referral		Department and title			
Contact information					

Section II	**Potential Quality Issue (Must check at least one)**
Suspected Category	**Suspected Type**
Diagnosis Error	☐ Misdiagnosis ☐ Missed diagnosis
Medication Error	☐ Prescribing wrong or contraindicated medication ☐ Administration of wrong medication, wrong dosage, or by wrong route ☐ Failure to administer medication ☐ Adverse event related to high-risk medication
Evaluation and Treatment Error or Inadequacy	☐ Inadequate examination or evaluation ☐ Inadequate or incorrect treatment
Injury or Harm	☐ Fall injury ☐ Injury caused by another resident ☐ Injury caused by equipment ☐ Pressure ulcer-new or worsening
Poor Coordination of Care	☐ Potentially preventable hospital admission ☐ Unplanned hospital readmission ☐ Premature transition in level of care ☐ Delayed or lack of follow up from a previously identified medical issue ☐ Failure or delay of a practitioner to submit a referral for a specialist or procedure/test
Patient Rights Infringement	☐ Lack of informed consent
Potential Fraud, Waste, Abuse	☐ Potential clinical impact from FWA report
Serious Reportable Adverse Event	☐ Death not associated with the natural course of life or illness* ☐ Severe brain or spinal damage* ☐ A surgical procedure being performed on the wrong patient* ☐ A surgical procedure unrelated to the patient's diagnosis or medical needs being performed on any patient* ☐ Serious physical or psychological injury (i.e., suicide, abuse, neglect, exploitation) ☐ Loss of function of a limb not related to natural course of an illness or condition

Service Issues	☐ Vendor related ☐ Facility related ☐Benefits issue ☐ DME ☐ Provider Service Issues

Section III	**Occurrence Information**		
Date of occurrence:	Time of occurrence:	Was patient hospitalized? ☐Yes ☐No	
Brief Description of Occurrence: *Provide a brief description of the incident to include the time, date, exact location, physical findings, or diagnosis.*	Name of hospital (if applicable):	Location of hospital (if applicable):	Hospital admission date and time (if applicable):
	Was the incident reported to a state agency? ☐Yes* ☐No *If yes, please provide the agency name:		
	Was a physician called? ☐Yes* ☐No *If yes, please provide their recommendations within the description of the occurrence.		

Section IV	**QI Intake**		
QI Nurse:		Date Received:	
Referral Source:		Phone/Contact Information:	
Section V	**QI Investigation**		
Date	Summary		
Medical Director Review	☐ Yes ☐ No	Date Forwarded to MD:	
Section VI	**Medical Director Review** (If applicable)		
Date	Summary		

Section VII	Final Disposition		
Level	**Recommendation**	**Details**	**Date Closed**
☐ NA	Refer to the appropriate department		
☐ 1	No Further Review		
☐ 2	Track and Trend - Required		
☐3a	Track and Trend Optional: ☐ *Education		
☐3b	Track and Trend Optional: ☐ *Education ☐ *Corrective Action Plan (CAP) ☐ *Committee Review		
☐ 3c	Track and Trend Peer Review Required Optional: ☐ *Education ☐ *CAP ☐ *Other		
* Medical Director responsible for Education, CAP and Peer Review Committee			
QI Nurse:			Date:
Medical Director Signature (Only if reviewed by MD for leveling):			Date:

*** Legend:**
NA – There is no medical care component to the complaint; Refer to the appropriate department to investigate if applicable
Level 1- Acceptable medical care provided; No further review needed (RN review)
Level 2- Acceptable medical care provided; No opportunity for improvement in medical care provided; Requires tracking (RN review)
Level 3A - Medical care falls below standard medical practice; No adverse outcome; Requires tracking (MD); Possible education
Level 3B - Medical care falls below standard medical practice; Resulted in additional medical/surgical intervention; Requires tracking with possible education, Peer review or CAP (MD)
Level 3C - Medical care falls below standard medical practice; Resulted in imminent danger body/mind or death; Requires tracking and Peer review; Possible education or CAP (MD)