

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

CONFIDENTIAL—DO NOT COPY

Secure Fax to 205-994-7579 or

Email to Quality@simpra.com

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

Service Issues	<input type="checkbox"/> Vendor related <input type="checkbox"/> Facility related <input type="checkbox"/> Benefits issue <input type="checkbox"/> DME <input type="checkbox"/> Provider Service Issues
----------------	---

Section III	Occurrence Information
--------------------	-------------------------------

Date of occurrence:	Time of occurrence:	Was patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------	---------------------	--

Brief Description of Occurrence: <i>Provide a brief description of the incident to include the time, date, exact location, physical findings, or diagnosis.</i>	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? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, please provide the agency name:
--

Was a physician called? <input type="checkbox"/> Yes* <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Forwarded to MD:	
-------------------------	--	-----------------------	--

Section VI **Medical Director Review (If applicable)**

Date	Summary

Section VII Final Disposition

Level	Recommendation	Details	Date Closed
<input type="checkbox"/> NA	Refer to the appropriate department		
<input type="checkbox"/> 1	No Further Review		
<input type="checkbox"/> 2	Track and Trend - Required		
<input type="checkbox"/> 3a	Track and Trend Optional: <input type="checkbox"/> *Education		
<input type="checkbox"/> 3b	Track and Trend Optional: <input type="checkbox"/> *Education <input type="checkbox"/> *Corrective Action Plan (CAP) <input type="checkbox"/> *Committee Review		
<input type="checkbox"/> 3c	Track and Trend Peer Review Required Optional: <input type="checkbox"/> *Education <input type="checkbox"/> *CAP <input type="checkbox"/> *Other		

* Medical Director responsible for Education, CAP and Peer Review Committee

QI Nurse:

[Redacted Signature]

Date:

Medical Director Signature (Only if reviewed by MD for leveling):

[Redacted Signature]

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)