Potential Quality Issue (PQI) Referral Form

(Includes HACs/HCACs, OPPCs and SRAEs)

Instructions

Purpose

The Potential Quality Issue (PQI) Referral Form is to be used to report any potential or suspected deviation from the standard of care that cannot be determined to be justified without additional review. It should also be used for hospital-acquired conditions (HACs), health care-acquired conditions (HCACs), other provider preventable conditions (OPPCs), and serious reportable adverse events (SRAEs).

Important

The PQI Referral Form is a confidential document used by the Health Net Quality Management Program to aid in the evaluation and improvement of the overall quality of care delivered to Health Net enrollees. PQI referral forms are reviewed and evaluated confidentially in a separate and secure manner, outside of Health Net's member appeal and grievance case processing procedures.

Refer issues identified as *member appeals* or *member grievances* to Health Net's Member Appeals and Grievances Department for appropriate case handling and resolution.

Note

To protect the confidentiality and privilege of this PQI referral, follow the guidelines outlined below:

1. Never discuss the details of this referral reporting with anyone (including the enrollee) other than those to whom you have been specifically directed to communicate with by your supervisor or a representative of the PQI review entity.
2. Although you must never refer to the referral reporting itself (for example, Unity) within the member's medical records, you should objectively record pertinent facts of the incident (for example, injury or medication reaction) within the record whenever appropriate.
3. Never make or retain photocopies of this PQI referral reporting under any circumstances.
4. Never use or refer to this report in associate disciplinary action of any kind or any time.

Referral Content

1. Write or print legibly. Include your complete contact information, including fax number.
2. Use the check-boxes provided in the report categories.
3. Summarize a brief description of the events as follows:
   a. Describe event(s) chronologically, including admission and re-admission dates.
   b. Quote relevant statements made by the provider or others.
   c. Specify any equipment or medication involved.
   d. Provide a complete explanation describing the potential deviation in the standard of care.
4. Complete and submit this report directly via secure fax at (877) 808-7024 within one business day of the event/occurrence. The case will be forwarded for clinical evaluation and/or review.
5. Incomplete referral forms are returned to the Health Net associate, such as the registered nurse (RN), who initiated the referral and/or his or her supervisor.

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Do not photocopy this form. The information contained is confidential and peer-review protected.

Complete and forward immediately to Health Net via secure fax: (877) 808-7024

REFERRAL SOURCE

Referral date: _____

Referred by *(Name)*: _____

Telephone number:

_____

Fax number: _____

Identified by: _____

MEMBER DEMOGRAPHICS

Member name *(Last, First, MI)*:_____

ID#: _____ Gender: ☐M ☐F

Treating practioner: _____

Primary care physician (PCP):

_____

Associated participating physician group (PPG):

_____

TYPE OF EVENT(S)

Date(s) of event: _____ Name of facility: _____

Admission date: _____ Prior admission dates (if applicable): _____

HAC/HCAC, OPPC, SRAE, & AND OTHER PQI INDICATORS

BOLDED TEXT INDICATES HAC/HCAC, OPPC OR SRAE

Surgical events:

- ☐ **Surgery on wrong body part**
- ☐ **Surgery on wrong patient**
- ☐ **Wrong surgical procedures on a patient**
- ☐ **Foreign object retained after surgery**
- ☐ Anesthesia adverse event
- ☐ **Surgery with post-operative/intra-operative death in a normal healthy patient**
- ☐ Acute MI or CVA within 48 hours after elective surgery
- ☐ Cardiac or respiratory arrest in the operating room (OR)
- ☐ Unplanned return to OR, unplanned removal, injury or repair of an organ

Surgical site/post-operative infections:

- ☐ **Mediastinitis after coronary artery bypass graft (CABG)**
- ☐ **Bariatric surgery for obesity (laparoscopic gastric bypass, gastroenterostomy, laparoscopic gastric restrictive surgery)**
- ☐ **Orthopedic procedures on spine, neck, shoulder, elbow, knee or hip**
- ☐ Other (explain)

Hospital-acquired (nosocomial) infections:

- ☐ **Catheter-associated urinary tract infection (UTI)**
- ☐ **Vascular catheter-associated Infection**
- ☐ Other (Please explain)

Deep vein thrombosis or pulmonary embolism following orthopedic procedures:

- ☐ **Total knee replacement**
- ☐ **Total hip replacement**
- ☐ Other (explain)

Patient death/disability:

- ☐ Maternal death or serious disability associated with labor or delivery in a low-risk
- ☐ Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics
- ☐ Patient death or serious disability associated with use or function of a device in patient care in which the device is used or functions other than as intended
- ☐ Patient death or serious disability associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration)
- ☐ Unexpected death (Please explain)

Admission/readmission/discharge:

- ☐ Unexpected / unanticipated readmission within 30 days to acute level of care with same or similar diagnosis or as a complication of the previous admission
- ☐ Unplanned admission following diagnostic test or outpatient procedure
- ☐ Neurological deficit present at discharge not present on admit
- ☐ Delay in transfer/treatment or discharge – which results in a poor outcome to the member or additional costs to the plan
- ☐ Delayed diagnosis or missed diagnosis – resulting in adverse member outcome or extended hospital stay
- ☐ **Infant discharged to the wrong person**

Patient issue:

- ☐ Member leaves against medical advise (AMA) when there is a potential for serious adverse event(s)
- ☐ Patient suicide attempt or serious injury to self while in treatment

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Falls (with trauma):
- ☐ **Fractures**
- ☐ **Dislocations**
- ☐ **Intracranial injuries**
- ☐ Other (explain)

Injury:
- ☐ **Crushing injuries**
- ☐ **Burns**
- ☐ **Electric shock**
- ☐ Other (explain)

Manifestations of poor glycemic control:
- ☐ **Diabetic ketoacidosis**
- ☐ **Nonketotic hyperosmolar coma**
- ☐ **Hypoglycemic coma**
- ☐ **Secondary diabetes with ketoacidosis**
- ☐ **Secondary diabetes with hyperosmolarity**

Obstetrics:
- ☐ Nonmedically indicated (elective) delivery less than 39 weeks gestational age
- ☐ Newborn Apgar <4 at 1 minute or < 6 at 5 minutes

Outpatient/ambulatory care:
- ☐ Breach of member confidentiality or ethics concern/violation
- ☐ Abnormal diagnostic study not followed up appropriately where the potential for adverse outcome exists
- ☐ Inattention to or lack of appropriate follow-up of consultant's major recommendations without appropriate rationale
- ☐ Practitioner's failure to follow-up on any member's significant complaint or physical finding within a reasonable period of time
- ☐ Members with a disease process requiring follow-up with no evidence of follow-up and no documentation in the medical records of member contact for follow-up
- ☐ Hospitalization resulting from inappropriate drug therapy

Other:
- ☐ **Pressure ulcer stages III & IV occurring after hospital admission**
- ☐ **Air embolism**
- ☐ **Blood transfusion incompatibility**
- ☐ Any substandard care with the potential for harm to the member (please explain fully)
- ☐ Other (select only when no other selection is applicable and explain fully)

Based on my clinical expertise and judgment, I believe there was a deviation in the standard of care resulting in a potential quality of care issue for the following reasons (please provide complete and detailed summary):