

Potential Quality Issue (PQI) Referral Form

(Includes HACs/HCACs, OPPCs and SRAEs)



Do not photocopy this form. The information contained is confidential and peer-review protected. Complete all fields and forward immediately to Health Net* via secure fax: (877) 808-7024.

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 Cal MediConnect Plan (Medicare-Medicaid Plan) enrollees. PQI referral forms are reviewed and evaluated confidentially in a separate and secure manner.

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

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 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. All the fields on the PQI form are **required** fields.
2. Use the fillable PDF form to complete the PQI referral. Do not fax a handwritten PQI referral form. Handwritten PQI forms will be returned to originator for proper re-submission.
3. All sections of the PQI referral must be completed.
4. The form should be completed as follows:
 - a) Referral source – Include referral date, first and last name of the associate completing the referral, contact information (telephone number, fax number) and the name of the associate who identified the PQI. If same as the referred by, enter *same as referred by* in this section.
 - b) Member demographics – Include member first and last name, member ID, member's current primary care physician (PCP) and the associated participating physician group (PPG).
 - c) PQI Event Dates / Filed Against Details – Include date of event, first and last name of practitioner that PQI is filed against (if same as PCP, re-enter PCP and PPG name here) and practitioner's office location. If hospital, please include name of hospital and location. Provide an admission date. Indicate the type of PQI using the check box items provided on the PQI referral. In the description of event field, describe event(s) chronologically, including dates, provider or practitioner names, specify any equipment or medication involved, quote relevant statements made by the provider or others and provide a complete explanation describing the potential deviation in the standard of care.
5. 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.
6. 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 via email.

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| REFERRAL SOURCE | MEMBER DEMOGRAPHICS |
|---|--|
| Referral date: _____ | Member name (Last, First, MI): _____ |
| Referred by (First, Last Name): _____ | ID#: _____ |
| Identified by (First, Last Name): _____ | Current Primary care physician (PCP): _____ |
| Telephone number: _____ | Current participating physician group (PPG): _____ |
| Fax number: _____ | |

| PQI EVENT DATES | FILED AGAINST DETAILS: |
|--|--|
| Date(s) of PQI event: _____ | Provider/Practitioner Name: (First, Last or name of facility): _____ |
| Admission date: _____ | |
| Prior admission dates (if applicable): _____ | Associated Provider/Practitioner PPG: _____ |
| _____ | Provider/Practitioner Location: _____ |
| _____ | Provider/Practitioner NPI#: _____ |

HAC/HCAC, OPPC, SRAE, & AND OTHER PQI INDICATORS (Bolded text indicates HAC/HCAC, OPPC OR SRAE)

| | |
|--|---|
| Surgical events: <ul style="list-style-type: none"><input type="checkbox"/> Surgery on wrong body part<input type="checkbox"/> Surgery on wrong patient<input type="checkbox"/> Wrong surgical procedures on a patient<input type="checkbox"/> Foreign object retained after surgery<input type="checkbox"/> Anesthesia adverse event<input type="checkbox"/> Surgery with post-operative/intra-operative death in a normal healthy patient<input type="checkbox"/> Acute MI or CVA within 48 hours after elective surgery<input type="checkbox"/> Cardiac or respiratory arrest in the operating room (OR)<input type="checkbox"/> Unplanned return to OR, unplanned removal, injury or repair of an organ<input type="checkbox"/> Other (explain) _____ | Patient death/disability: <ul style="list-style-type: none"><input type="checkbox"/> Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a health care facility<input type="checkbox"/> Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics<input type="checkbox"/> 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<input type="checkbox"/> 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)<input type="checkbox"/> Unexpected death (Please explain) _____ |
| Surgical site/post-operative infections: <ul style="list-style-type: none"><input type="checkbox"/> Mediastinitis after coronary artery bypass graft (CABG)<input type="checkbox"/> Bariatric surgery for obesity (laparoscopic gastric bypass, gastroenterostomy, laparoscopic gastric restrictive surgery)<input type="checkbox"/> Orthopedic procedures on spine, neck, shoulder, elbow, knee or hip<input type="checkbox"/> Other (explain) _____ | Patient issue: <ul style="list-style-type: none"><input type="checkbox"/> Member leaves against medical advice (AMA) when there is a potential for serious adverse event(s)<input type="checkbox"/> Patient suicide attempt or serious injury to self while in treatment<input type="checkbox"/> Other (explain) _____ |

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Hospital-acquired (nosocomial) infections:

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

Deep vein thrombosis or pulmonary embolism following orthopedic procedures:

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

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

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**

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)

- Member refused to file a grievance
- Grievance withdrawal
- Other (select only when no other selection is applicable and explain fully)

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Description of event:

**Based on my 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 – must be typed, not handwritten):**

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