Potential Quality Issue (PQI) Referral Form

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***Email to*: PQIReferral@curanahealth.com**

Section I	**General Information**				
Date		Time		Health Plan	
Member name				DOB	
Member ID#				Sex (M/F)	
Provider name				Provider #	
Facility name				Facility location	
Name of person submitting the PQI				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
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 *Florida incidents that require reporting to AHCA within 3 days of occurrence if confirmed upon Medical Director Review
Other	☐ Quality of care concern that is not outlined above. Please specify the concern below:

<table>
<tr><th>Section III</th><th colspan="4">Occurrence Information</th></tr>
<tr><td>Date of occurrence:</td><td colspan="2">Time of occurrence:</td><td colspan="2">Was patient hospitalized? ☐Yes ☐No</td></tr>
<tr><td rowspan="4">Details of the occurrence:</td><td>Name of hospital (if applicable):</td><td colspan="2">Location of hospital (if applicable):</td><td>Hospital admission date and time (if applicable):</td></tr>
<tr><td colspan="2">Was the incident reported to a state agency?
☐Yes*☐No
If yes, please provide the agency name:</td><td colspan="2">Was a physician called? ☐Yes ☐No
*If yes, please provide their recommendations within the description of the occurrence.</td></tr>
<tr><td colspan="4">Describe the potential quality concern. Include the time, date, location, physical findings, and/or diagnosis as it relates to the occurrence. If associated with an authorization, please provide the authorization number.</td></tr>
<tr><td colspan="4">Signature of Person Submitting PQI:</td></tr>
</table>

Section IV	**QI Intake**		
QI Team Representative:		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 ☐ *Correct Action (CAP) *Committee Review		
☐ 3c	Track and Trend Peer Review Required Optional: ☐ *Education ☐ *CAP *Other		
* Medical Director responsible for Education, CAP and Peer Committee Review			
Medical Director (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)