POTENTIAL QUALITY ISSUE (PQI)
REQUIRED DOCUMENTATION

Please check off and submit the following department-specific documentation when referring a Potential Quality Issue (PQI) to the Quality Improvement Department.

Send completed forms to PQIReporting@goldchp.org

Complaints, Grievances, and Appeals

☐ PQI Referral Form (see next page).

☐ Grievance documentation as applicable.

Utilization Management, Pharmacy, and Claims

☐ PQI Referral Form (see next page).

☐ All documentation that was reviewed by your department relating to the case (e.g., medical records, TARs, remarks, case notes, etc.).

Care Coordination

☐ PQI Referral Form (see next page).

☐ Case management notes.

☐ All other documentation that was reviewed by your department relating to the case (e.g., medical records, TARS, remarks, case notes, etc.).

* PQIs cases will not be processed and will be returned to sender if:
- Referral form is incomplete.
- Supportive pertinent documents are not attached (e.g., medical records, TARS, remarks, summary note, case notes, etc.).

Attach any pertinent information (i.e., medical records, UR notes, CSIM notes, member service call text, A&G resolution letter).

Potential Quality Issue (PQI) Referral Form

Member Last Name:	Member First Name:
Gender: ☐ Male ☐ Female	Date of Birth:
Member ID:	Age:
Reported by (Last Name):	Reported by (First Name):
Job Title / Facility:	☐ Internal ☐ External
Phone #:	Service Form Number (KWIK SF):
Referral Type: ☐ Medical ☐ Dental ☐ Vision ☐ Behavioral ☐ Ancillary ☐ Pharmacy ☐ PPC	

Date PQI was first identified: _____

Date of PQI Referral Submission to Quality Improvement Department: _____

If contracted, please indicate the Facility / Provider ID Number: _____

Issue / Incident Information

Date of Incident: _____ Name of PQI Focus: _____

License # (if physician / practitioner): _____

Check if more than **one** PQI focus: ☐

Identify name(s) of additional PQI focus:

Please provide all dates, names, and locations. Do not use abbreviations.

Clinical Summary of Issue / Incident:

Attach any pertinent information (i.e., medical records, UR notes, CSIM notes, member service call text, A&G resolution letter).

PMH:

How did Issue / Incident Impact Member's Health:

What actions have been taken by the provider who was involved in incident?

What actions have GCHP taken?

What is the current state of the member's clinical condition?

Please mark applicable indicators that describe the concern (maximum of two)

☐ Access / Availability	☐ Admit within three days of ER	☐ Assessment / Treatment / Diagnosis
☐ Communications / Conduct	☐ Continuity of Care	☐ Mental Health
☐ Pharmacy / UM Authorizations	☐ Readmission	☐ Safety
☐ Surgical Services	☐ Delay in Diagnosis or Treatment	☐ Unexpected Death

Attach any pertinent information (i.e., medical records, UR notes, CSIM notes, member service call text, A&G resolution letter).

Grievance / Call Center

☐ Inappropriate or incomplete exam / diagnostic testing resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome (i.e., urgent care / emergency visits and/or hospital admission).

☐ Wrong diagnosis or treatment / medication recommended or provided resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome (i.e., worsening of conditions, delay / misdiagnosed in cancer diagnosis with supportive information from provider notes and/or urgent care / emergency / hospital visits documentation).

☐ Lack of access to care resulting in ER encounter or resulting in a quality of clinical care or service concerns with a risk or evidence of adverse health outcome (i.e., refusal of care / referrals / treatment, and/or prescription).

☐ Report of office or facility with unsanitary conditions, unsafe conditions, or lack of disability access resulting in a quality of clinical care or service concern with a risk of or evidence of adverse health outcome (i.e., fall in the facility with serious injuries that requires higher level of care at urgent care / emergency).

☐ Communication, coordination or transition of care issues that led to delay in care / referrals / treatment / service and led to urgent care / emergency visits or hospital admissions.

☐ Delay in diagnosis / treatment / authorization for any urgent specialty referral (example: metal health or OB referrals).

☐ Provider prescribed medication that was contraindicated (e.g., allergy, serious drug interaction) resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome.

☐ Member injury during care (e.g., fall in health care facility with serious injury requiring clinical care / diagnostic imaging / labs additional, hospital days, and or delay in discharge).

☐ Provider role contributing to injury, delay or failure to appropriately address injury.

☐ Outright refusal of care, treatment, or prescription resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome.

☐ Unexpected death or unexpected clinical complication requiring extension of an acute care length of stay or requires an emergency department assessment.

☐ Sexual and/or physical abuse / harassment concerns. Discrimination based on sex, race, ethnicity, or SOGIE.

Appeals

☐ Denied service (specialty consultation, medical / surgical procedure, DME supplies, etc.), which was a covered benefit where medical necessity criteria were met, and the denial may have placed the member at risk of adverse health outcome if not resolved in appeal.

☐ Denied request for out-of-network referral where services were not available in-network, and the denial may have placed the member at risk of adverse health outcome if not resolved in appeal.

☐ Denied request for out-of-network referral where member would benefit from continuity of care and the denial may have placed the member at risk of adverse health outcome if not resolved in appeal.

Attach any pertinent information (i.e., medical records, UR notes, CSIM notes, member service call text, A&G resolution letter).

☐ Denied of medications where medical necessity criteria were met and the denial may have placed the member at risk of adverse health outcome if not resolved in appeal.

☐ Overturned appeals that met medical necessity criteria.

Utilization Management / Care Management

☐ Access issues resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome.

☐ Delay in service or authorization leading to a quality of clinical care or service concern with a risk or evidence of adverse health outcome.

☐ Inappropriate or incomplete exam / diagnostic testing resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome.

☐ Poor transition of care / continuity and coordination of care issue with adverse outcome or place member at risk of adverse health outcome.

☐ Premature or unplanned delay in discharge from acute or ancillary services with high risk for adverse health outcome.

☐ Unexpected increase in length of stay (LOS) due to complications.

☐ Unexpected post-op complications.

☐ Sentinel events:

    ☐ Avoidable admission for chronic conditions (i.e., asthma, CHF, Hypertension) that had not been managed by primary care physicians.
    ☐ Delay diagnosis of cervical malignancy.
    ☐ Hospital acquired sepsis *septicemia (respiratory, gangrene, etc.).
    ☐ A stage 3 or 4 pressure ulcer that developed during the patients stay in a health facility.
    ☐ Prescription drug induced admission (Digoxin, Theophylline, allergic reaction, etc.) that could have been managed by primary care physicians.
    ☐ Unexpected member mortality.
    ☐ Unplanned readmission within 30 days of discharge for same diagnosis.
    ☐ Incorrect surgical procedure.
    ☐ Surgical procedure on wrong operative site.

Behavioral Health (including BHT)

☐ Access issues resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome.

☐ Delay in service or authorization leading to a quality of clinical care or service concern with a risk or evidence of adverse health outcome.

☐ Inappropriate or incomplete exam / diagnostic testing resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome.

☐ Poor transition of care / continuity and coordination of care issue with adverse outcome or placing member at risk of adverse health outcome.

Attach any pertinent information (i.e., medical records, UR notes, CSIM notes, member service call text, A&G resolution letter).

- ☐ Premature or unplanned delay in discharge from acute or ancillary services with high risk for adverse health outcome.

- ☐ Lack of access to care resulting in ER encounter or a quality of clinical care / service concern with a risk or evidence of adverse health outcome.

- ☐ Provider office or facility with unsafe conditions or lack of disability access resulting a quality of clinical care or service concern with a risk or evidence of adverse health outcome.

- ☐ Provider communication barrier, inappropriate behavior resulting a quality of clinical care or service concern with a risk or evidence of adverse health outcome.

- ☐ Sentinel events:

  - ☐ Unexpected member mortality while inpatient.
  - ☐ Elopement from a locked inpatient unit.
  - ☐ Death or serious injury associated with a fall while in a health care setting.
  - ☐ Death or serious injury associated with an assault while in a health care setting.

Attach any pertinent information (i.e., medical records, UR notes, CSIM notes, member service call text, A&G resolution letter).

Additional examples for reference

PQI Referral Criteria	Examples
Inappropriate or incomplete exam / diagnostic testing resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome.	**Examples that meet referral criteria:** 1. Readmission within 72 hours for the same condition. 2. Misread x-ray by a practitioner resulting in missed diagnosis and delayed treatment. 3. Incomplete / delay appropriate testing based on member presenting symptoms resulting in ER visit and/or hospital admission. 4. Abnormal laboratory / test results not acted upon, resulting in ER visit and/or hospital admission.
Wrong diagnosis or treatment / medication recommended or provided, resulting in a quality of clinical care or service concern with a risk or evidence of adverse health outcome.	**Examples that meet referral criteria:** 1. With documentation of a known allergy in the chart, member was prescribed medication that she / he is allergic to. 2. Member received treatment / medication for another member with same name.
Lack of access to care resulting in ER encounter or resulting in a quality of clinical care or service concerns with a risk or evidence of adverse health outcome.	**Examples that meet referral criteria:** 1. Member discharged from hospital with home health follow up, but HH nurse did not show up, resulting in delay of care and worsening of member symptoms. 2. Member unable to get appointment with PCP and was admitted to the hospital or re-admitted to the hospital. 3. Delay treatment / schedule for any cancer diagnosis.
Provider office or facility with unsafe conditions or lack of disability access, that are high risk for serious injuries that requires higher level of care at urgent care / emergency.	**Examples that meet referral criteria:** 1. Member fall in the facility and requires emergency service. 2. Office has no sharp disposal protocol and practice resulting in member needle sticks at ER visit.
Communication barrier, inappropriate behavior or coordination of care, which caused a delay in care / referrals / treatment / service **AND** lead to urgent care / emergency visits or hospital admissions.	**Examples that meet referral criteria:** 1. Office has no interpreter or access to an interpreter service which caused a delay in care / referral / treatment service and lead to urgent care / emergency visit or hospital admission. 2. Member not informed of treatment plan or discharge plan. 3. Lack of care coordination when transferred to SNF.
Provider prescribed medications or DME which was contraindicated (e.g., allergy, serious drug interaction) or caused injury resulting in a quality of clinical care or service concern with a risk / evidence of adverse health outcome.	**Examples that meet referral criteria:** 1. Member was given an assistive device that did not fit well and led to wound issues. 2. Member complained of eye infection, however, provider prescribed an eardrop medication that led member to go to the ER.
Unexpected death or unexpected procedure complication.	**Examples that meet referral criteria:** 1. Member passed away after the procedure. 2. Prolonged hospital stays or unplanned return to surgery due to unexpected complication(s).

Attach any pertinent information (i.e., medical records, UR notes, CSIM notes, member service call text, A&G resolution letter).