

## Potential Quality Issue (PQI)

**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.

**Important:** The PQI Referral Form is a confidential document used by the Scripps Health Plan Services Quality Management Program to aid in the evaluation and improvement of the overall quality of care delivered to Scripps Health Plan enrollees. PQI referral forms are reviewed and evaluated confidentially in a separate and secure manner, outside of Scripps Health Plan's member appeal and grievance case processing procedures. Refer issues identified as member appeals or member grievances to Scripps Health Plan's Member Appeals and Grievances Department at SHPS Appeals and Grievances [SHPSAppealsAndGrievancesDG@scrippshealth.org](mailto:SHPSAppealsAndGrievancesDG@scrippshealth.org) 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 outside of your immediate team (including the enrollee) other than those to whom you have been specifically directed to communicate with by your management, compliance officer 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. Type is preferred, if writing, print legibly and include your complete contact information.
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 readmission 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.
  - e. Complete and submit this report directly via email to: SHPS PQI [SHPS PQI@scrippshealth.org](mailto:SHPS PQI@scrippshealth.org) within one business day of the event/occurrence.

**Potential Quality Issue (PQI) Referral Form**

<b>Patient Full Name</b>	
<b>Gender</b>	
<b>Date of Birth</b>	
<b>Medical Record Number (MRN)</b>	
<b>Health Plan</b>	
<b>Reported By</b>	
<b>Title</b>	
<b>Phone Number</b>	
<b>Email</b>	
<b>Date PQI was First identified</b>	
<b>Date of PQI submitted to QM</b>	
<b>Provider/Vendor/Facility</b>	
<b>Provider/Vendor/Facility Address</b>	
<b>Provider/Vendor/Facility NPI</b>	

**Description of events:**

PLEASE MARK APPLICABLE INDICATORS THAT DESCRIBE THE CONCERN					
<input type="checkbox"/>	Access/Availability	<input type="checkbox"/>	Privacy/HIPPA	<input type="checkbox"/>	Assessment/Treatment/Diagnosis
<input type="checkbox"/>	Communications/Conduct	<input type="checkbox"/>	Continuity of Care	<input type="checkbox"/>	LAP
<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Cleanliness	<input type="checkbox"/>	Safety
<input type="checkbox"/>	Utilization Management	<input type="checkbox"/>		<input type="checkbox"/>	

**PQI Referral Form Reference Table**

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Any correspondence regarding the quality of care or service provided is protected information under the peer review laws (CA Code of Evidence 1157 and Health and Safety Code 1370) and not subject to disclosure except within a peer review body. *Confidential*

<p style="text-align: center;"><b><u>Access/Availability</u></b></p> <ul style="list-style-type: none"> <li>• Complications due to a delay and/or denial of service by provider or plan</li> <li>• Excessive wait time in the provider’s office (routine or after hours)</li> </ul>	<p style="text-align: center;"><b><u>Safety</u></b></p> <ul style="list-style-type: none"> <li>• Fall in SNF or acute care</li> <li>• Report by member that conditions of facility are unsafe-dirty etc.</li> </ul>	<p style="text-align: center;"><b><u>Assessment/Treatment/Diagnosis</u></b></p> <ul style="list-style-type: none"> <li>• Inadequate assessment, diagnosis or treatment</li> <li>• Admit within 3 days of ER services</li> <li>• Readmission &lt;15 days from discharge</li> <li>• Adverse outcome due to a premature discharge</li> </ul>
<p style="text-align: center;"><b><u>Communications/Conduct</u></b></p> <ul style="list-style-type: none"> <li>• PCP/Specialist does not return phone calls</li> <li>• Rudeness by provider or office staff</li> <li>• Threatened lawsuit by member against PCP / Specialist/ancillary</li> <li>• Threatened media event by member</li> <li>• Culturally inappropriate remarks by provider or office staff</li> <li>• Allegations of sexual misconduct</li> <li>• Allegations of discrimination</li> <li>• Unprofessional conduct</li> <li>• Staff speaking a language, other than English, while in the performance of their duties, at a PCP /Specialist or ancillary office</li> </ul>	<p style="text-align: center;"><b><u>Continuity of Care</u></b></p> <ul style="list-style-type: none"> <li>• Adverse outcome due to delay in referral to specialist</li> <li>• Delay in ordering tests/forwarding radiology /lab forms to ancillary providers</li> <li>• Provider left and follow-up care is needed</li> </ul>	<p style="text-align: center;"><b><u>Privacy/HIPAA</u></b></p> <ul style="list-style-type: none"> <li>• Personal health information received or sent to unintended recipient</li> <li>• Information provided to a personal representative without a DPR on file</li> </ul> <p style="text-align: center;"><b><u>Cleanliness</u></b></p> <ul style="list-style-type: none"> <li>• Identification of something/place that is dirty</li> <li>• Identification of something that is not sterile</li> <li>• Identification of something/place that is messy</li> </ul>

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<u>Pharmacy</u>	<u>Utilization Management</u>	<u>LAP</u>
<ul style="list-style-type: none"><li>• Overprescribing of narcotics</li><li>• Inadequate or lack of a physical assessment on patient prior to prescribing narcotics</li><li>• Abruptly terminating member's narcotics without a plan for the weaning process</li><li>• Refusal to follow formulary</li><li>• Causing a delay in member's treatment regimen</li></ul>	<ul style="list-style-type: none"><li>• Delay in submitting referral, causing a delay in member's treatment regimen</li><li>• Turnaround time to process referral, causing a delay in member's treatment regimen</li></ul>	<ul style="list-style-type: none"><li>• Member not given appropriate information to access interpreter services</li><li>• Interpreter services not available in the member's desired language</li><li>• Information translated incorrectly</li></ul>