

# POTENTIAL QUALITY ISSUE (PQI) FORM

The Potential Quality Issue (PQI) Form is essential for identifying, documenting, and addressing potential deviations from established healthcare standards and practices. Its primary purpose is to ensure patient safety and care quality by facilitating the early detection of issues that could compromise treatment outcomes or violate regulatory and accreditation standards. The PQI form enables healthcare providers to systematically capture detailed information about potential quality concerns, allowing for prompt investigation and corrective actions. This proactive approach helps to prevent adverse events, enhance clinical performance, and uphold the highest standards of patient care.

Once Arizona Priority Care receives a PQI form, all information is securely stored and accessible only to authorized personnel. Each case is assigned a unique identifier to ensure traceability while maintaining confidentiality. A dedicated quality assurance team conducts a thorough and impartial investigation. Throughout this process, all data is protected in compliance with applicable privacy regulations. Upon completing the investigation, a detailed report is generated, outlining the findings and recommended corrective actions. This report is reviewed by senior management to ensure appropriate case resolution. Continuous monitoring and follow-up are conducted to verify the effectiveness of implemented solutions, thereby reinforcing our commitment to quality and patient safety.

## **PQI Form Notes:**

- Do not make or keep photocopies of this PQI referral form under any circumstances.
- Do not use or refer to this form in any associate disciplinary actions at any time.
- Do not discuss the details of this form with anyone, including the enrollee, except those your supervisor or a PQI review entity representative has specifically instructed you to communicate with.
- While you should never mention the referral report itself (such as Unity) in the member's medical records, it is important to objectively document relevant facts of the incident (such as an injury or medication reaction) in the record when appropriate.

## **PQI Form Guidelines:**

1. Write or print clearly and include all of your contact information, including your fax number.
2. Utilize the check-boxes provided for the form categories.
3. Provide a brief summary of the events as follows:
  - a. Describe the events in chronological order, including admission and re-admission dates.
  - b. Quote relevant statements made by the provider or others involved.
  - c. Specify any equipment or medication involved.
  - d. Offer a detailed explanation of the potential deviation from the standard of care.
4. Complete and submit this form via secure email to [Quality@AZPriorityCare.com](mailto:Quality@AZPriorityCare.com) within one business day of the event. The case will then be forwarded for clinical evaluation and/or review.
5. Incomplete PQI forms will be returned to the individual who initiated the PQI form.

# POTENTIAL QUALITY ISSUE (PQI) FORM

Referral Source		Member Demographics		
Referral Date: _____		Member Name ( <i>First, MI, Last</i> ): _____		
Referred by (Name): _____		DOB: _____	Member ID: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Phone #: _____	Fax #: _____	Treating Provider: _____		
Identified By: _____		Primary Care Physician (PCP): _____		
Type of Event(s)		Health Plan		Line of Business
Date(s) of Event: _____ Admission Date: _____		<input type="checkbox"/> ACO Reach	<input type="checkbox"/> eternalHealth	<input type="checkbox"/> Senior
Name of Facility: _____		<input type="checkbox"/> Alignment	<input type="checkbox"/> SCAN	
Prior Admission Date (if applicable): _____		<input type="checkbox"/> BCBS of AZ	<input type="checkbox"/> WellCare	
HAC/HCAC, OPCC, SRAE, & Other PQI Indicators		Bolded Text Indicates HAC/HCAC, OPCC, or SRAE		
<i>Admission/Readmission/Discharge</i>				
<input type="checkbox"/> Delay in transfer/treatment or discharge – which results in a poor outcome to the member or additional costs to the plan	<input type="checkbox"/> <b>Infant discharged to the wrong person</b>	<input type="checkbox"/> Unexpected / unanticipated readmission within 30 days to acute level of care with same or similar diagnosis or as a complication of the previous admission		
<input type="checkbox"/> Delayed diagnosis or missed diagnosis – resulting in adverse member outcome or extended hospital stay	<input type="checkbox"/> Neurological deficit present at discharge not present on admit	<input type="checkbox"/> Unplanned admission following diagnostic test or outpatient procedure		
<input type="checkbox"/> Neurological deficit present at discharge not present on admit				
<i>Deep Vein Thrombosis or Pulmonary Embolism Following Orthopedic Procedures</i>				
<input type="checkbox"/> <b>Total hip replacement</b> <input type="checkbox"/> <b>Total knee replacement</b> <input type="checkbox"/> Other (explain): _____				
<i>Falls (with Trauma)</i>				
<input type="checkbox"/> <b>Dislocations</b>	<input type="checkbox"/> <b>Intracranial Injuries</b>			
<input type="checkbox"/> <b>Fractures</b>	<input type="checkbox"/> Other (explain): _____			
<i>Hospital-Acquired (Nosocomial) Infections</i>				
<input type="checkbox"/> <b>Catheter-associated urinary tract infection (UTI)</b> <input type="checkbox"/> Other (explain): _____				
<input type="checkbox"/> <b>Vascular catheter-associated infection</b>				
<i>Injury</i>				
<input type="checkbox"/> <b>Burns</b>	<input type="checkbox"/> <b>Electric shock</b>			
<input type="checkbox"/> <b>Crushing injuries</b>	<input type="checkbox"/> Other (explain): _____			
<i>Manifestations of Poor Glycemic Control</i>				
<input type="checkbox"/> <b>Diabetic ketoacidosis</b>	<input type="checkbox"/> <b>Nonketotic hyperosmolar coma</b>	<input type="checkbox"/> <b>Secondary diabetes with ketoacidosis</b>		
<input type="checkbox"/> <b>Hypoglycemic coma</b>	<input type="checkbox"/> <b>Secondary diabetes with hyperosmolarity</b>			
<i>Obstetrics</i>				
<input type="checkbox"/> Newborn Apgar <4 at 1 minute or <6 at 5 minutes <input type="checkbox"/> Non-medically indicated (elective) delivery less than 39 weeks gestational age				
<i>Outpatient/Ambulatory Care</i>				
<input type="checkbox"/> Abnormal diagnostic study not followed up appropriately where the potential for adverse outcome exists	<input type="checkbox"/> Hospitalization resulting from inappropriate drug therapy	<input type="checkbox"/> Practitioner's failure to follow-up on any member's significant complaint or physical finding within a reasonable period of time		
<input type="checkbox"/> Breach of member confidentiality or ethics concern/violation	<input type="checkbox"/> 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			
<input type="checkbox"/> Hospitalization resulting from inappropriate drug therapy				

# POTENTIAL QUALITY ISSUE (PQI) FORM

## Patient Death/Disability

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Maternal death or serious disability associated with labor or delivery in a low-risk   | <input type="checkbox"/> Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics  | <input type="checkbox"/> Unexpected death (explain): |
| <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"/> 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 Issue

- |  |   |
|--|---|
| <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 |
|--|---|

## Surgical Events

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

## Surgical Site/Post-Operative Infections

- |   |   |   |
|---|---|---|
| <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): |
| <input type="checkbox"/> Mediastinitis after coronary artery bypass graft (CABG)  |   |   |

## Other

- |  |   |
|--|---|
| <input type="checkbox"/> Air embolism  | <input type="checkbox"/> Any substandard care with the potential for harm to the member (please explain fully): |
| <input type="checkbox"/> Blood transfusion incompatibility                                 |   |
| <input type="checkbox"/> Pressure ulcer staged III & IV occurring after hospital admission | <input type="checkbox"/> Other (select only when no other selection is applicable and explain fully):           |

Please provide complete and detailed summary of the PQI: