



PQI

Possible Quality Issue Notification Form

REPORT: Critical events that negatively impact the health, safety or welfare of enrollees. Incidents may include events involving abuse, neglect, exploitation, major illness or injury, involvement with law enforcement, elopement/missing enrollee, and major medication incidents.

*Policy QL17 Risk Management: Monitoring Quality of Care; AHCA Contract No. FP026 Attachment II, Section VIII L

Date of Incident:		Date & Time Incident Reported to Plan:			Date PQI Report Submitted:			
Person Submitting Report:			Department:		Telephone Number:			
Plan Product:		LTC	Comprehensive	Medicare	MMA	CW	HK	Ambetter
Enrollee Name: Last:				First:		Middle Initial:		
Enrollee Medicaid ID #:			Enrollee DOB:		Sex:		Male	Female
Report initiated by:		Provider	Enrollee/Family Member	Regulatory Office	Other:			
Assigned Providers:		Provider Name/Contact				Provider Telephone Number		
PCP / Specialist								
Facility / Hospital								
Place of Incident:		Nursing Facility	ALF	Physician's Office	Home	Hospital	AFCH	Other
Incident Address:		Address:		City/Zip:		County:	Region:	
Medications:								
Describe Incident In Detail:		What happened? How did it happen? Is Enrollee alert and oriented? Did Enrollee request assistance? Has this occurred previously? Does the enrollee have mental health issues? If pressure ulcer, was it facility-acquired? If so, what facility? Include ICD-9 codes if known. Did member seek medical attention?						
Witnesses:		Name:				Telephone:		
Witnesses:		Name:				Telephone:		
Disposition of Enrollee		EMS on-site	Outpatient Diagnostic	Emergency Dept.	Hospital Admission			
Facility / Hospital:				Time & Date of Admission:				
Describe Outcome:		No Adverse Effect	Temporary Injury	Permanent Injury	Death	Other		
Describe Injuries:								
Follow-Up:		What is being done to prevent this from recurring? Was the Plan of Care revised? What education was provided and/or interventions initiated? Physician's recommendation to medical treatment.						
Incident Reported to a Regulatory Agency?		Yes	No	Name of Agency:				
PQI form completed by:			Title:		Date & Time:			

*** Please include any available supporting documents.**

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***ATTACH ADDITIONAL PAGE IF NECESSARY**