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To: Hospitals, Sub-Acute Facilities, Long Term-Care Facilities (Community-Based Adult Services, Congregate Living Health Facility, Intermediate Care Facility, Intermediate Care Facility (ICF)/Developmentally Disabled, ICF/Developmentally Disabled – Continuous Nursing, ICF/Developmentally Disabled-Habilitative, ICF/Developmentally Disabled-Nursing, Nursing Facility, Skilled Nursing Facility)

From: IEHP - Compliance

Date: March 1, 2024

Subject: **Potential Quality Incident (PQI) and Critical Incident Reporting Requirements and Form**

We would like to inform you that beginning March 1, 2024, Potential Quality Incidents (PQI) and Critical Incidents are required to be reported to IEHP's Quality Management (QM) department, via the attached form.

Potential Quality Incidents (PQIs) are adverse events, potentially caused by a Provider, resulting in Member harm or injury that are serious, largely preventable, of concern to both the public and healthcare provider, and not otherwise classified as a Provider Preventable Condition (PPC)¹

PQI examples:

- A fall (or any safety event) that impacted a member but did not rise to the level of a PPC
- Medication events
- A trend of observed practice patterns outside of the expected standard of care

Critical Incidents Examples:²

- epidemic outbreaks
- poisonings
- fires
- major accidents
- death from unnatural causes and other catastrophes
- unusual occurrences which threaten the welfare, safety, or health of patients
- any instances of suspected or alleged abuse, neglect, exploitation and/or mistreatment

Please report any occurrence of a potential quality incident (PQI) or critical incident to IEHP's Quality Management Department by submitting a completed Potential Quality Incident Form via fax 909-890-5545 or through secured email QMclinicalinbox@iehp.org **within five (5) business days** of awareness of event.

The form can be found [here](#) or at : Providerservices.iehp.org > Provider Resources > Forms > Other

If you have any questions, please do not hesitate to email QMclinicalinbox@iehp.org

As a reminder, all IEHP communications can be found at: www.providerservices.iehp.org > Provider Central > News and Updates > Notices

¹ Reference: DHCS All Plan Letter 17-009: Reporting Requirements to Provider Preventable Conditions - [APL 17-009 \(ca.gov\)](http://apl.17-009.ca.gov)

² Reference: DHCS 42 CRF 438.66 (e).

Potential Quality Incident (PQI) Reporting Form

Quality Management (QM) Department

Instructions: The Potential Quality Incident (PQI) Reporting Form is used to report any events involving harm, injury, quality of care concern or trends involving Inland Empire Health Plan (IEHP) members that is not classified as a Provider Preventable Condition (PPC). PQI reporting forms are reviewed and evaluated by IEHP's Quality Management Department to identify areas of improvement.

Please submit the completed form to qmclinicalinbox@iehp.org

Referral Source Demographic Information:

Provider/Facility Information:		
Provider/Facility Name:	Provider/Facility NPI:	
<input type="checkbox"/> Hospital <input type="checkbox"/> Ancillary Services (SNF, LTC, DME, Etc.) <input type="checkbox"/> IPA <input type="checkbox"/> Other		
Provider/Facility Address:		
Contact Person Name:	Contact Person Title:	
Phone Number:	Fax Number:	Email:
Member Information:		
IEHP Member Name:	Date of Birth (DOB):	

Description of Incident:

Adverse Event Information:
Date of Occurrence:
Time of Occurrence:
Location of Occurrence:
Description of Incident (Please be as specific as possible):
What is the current state of the member's condition?
Other Provider(s) or Facilities Involved in Incident:

Contributing Factors

Contributing Factors
Factors that did or may have contributed to the occurrence (Please be as specific as possible):

Immediate Actions Taken:

Immediate Actions Taken:
Did you disclose the incident to the member? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, When was the member informed? _____
Describe the immediate actions taken (Please be as specific as possible):

Further Improvement

Further Improvement
Were any further improvements made following this incident that will reduce the risk for reoccurrence? (Policy, Process, etc.) (Please be as specific as possible):

Attach **ANY** pertinent information, i.e. Medical Records, Utilization Review Notes. CSIM Notes.

Confidential document for use only by IEHP's Quality Management Program to identify, evaluate, and improve the overall quality of care delivered to IEHP Members.