

# 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](mailto: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

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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.**