## Section I
### General Information
<table>
<thead>
<tr>
<th>Member Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex:</td>
<td>Product:</td>
</tr>
<tr>
<td>Provider:</td>
<td></td>
</tr>
<tr>
<td>Referred By:</td>
<td>Date:</td>
</tr>
<tr>
<td>Dept./Office:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

## Section II
### QI Department Only
<table>
<thead>
<tr>
<th>Received By:</th>
<th>Date Received:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Office:</td>
<td>Date Forwarded to</td>
</tr>
</tbody>
</table>

## Section III
### GOSI (Deliver Report To Quality Dept. within 5 days)
- □ Unexpected admissions or complication of admission due to delay or quality issue regarding outpatient management
- □ Unexpected Readmission within 30 days (post-op complication or same diagnosis, not cancer or hospice)

**Readmission Diagnosis:**
- □ Delay in access: □ PCP □ Specialist □ Treatment
- □ Primary cancers advanced: □ Breast □ Colon □ Cervical □ Prostate
- □ Obstetrical (OB) Complication
- □ Delay or Missed Diagnosis
- □ Other

## Section IV
### Adverse Incident (Report to Risk Management within 24 hours)
- □ Unexpected Enrollee Death
- □ Enrollee Brain damage
- □ Enrollee Spinal damage
- □ Any condition requiring definitive or specialized medical attention which is not consistent with the routine management of the patient’s case or patient’s pre-existing physical condition.
- □ Any condition that required transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to an adverse incident

- □ Permanent Disfigurement
- □ Fracture or dislocation of bones or joints
- □ Any condition that extends the patient’s length of stay
- □ Any condition that results in a limitation of neurological, physical, or sensory function which continues after discharge from the facility
- □ Any condition requiring surgical intervention to correct or control (i.e. foreign body, return to surgery)

Date faxed to Risk Management:

Sender - Print Name:  
Signature:
Potential Quality Issue (PQI)
Referral Form

Risk Manager Confidential Fax:
954-251-4161

CONFIDENTIAL—DO NOT COPY (Please type or print clearly)

### Section V
**Occurrence Information**

<table>
<thead>
<tr>
<th>Member Name:</th>
<th>Member ID:</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date of Occurrence:</th>
<th>GOSI Code #:</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Occurrence:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### Medical Director Only

**Level Assigned**:  
- ☐ Level I  
- ☐ Level II  
- ☐ Level III  

**Date Reviewed:**

**Recommendation:**

**MD/DO Signature:**

**Print Name:**

**Date:**

*Legend:*  
- Level 1 - Acceptable Medical Care Provided, No Further Review Needed  
- Level 2 - Opportunity for Improvement in Medical Care Provided  
- Level 3 - Medical Care Falls below the Standard of Medical Practice

### Section VII
**Risk Management**

<table>
<thead>
<tr>
<th>Referred Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Risk Manager Evaluation:**

| Actions:  
- ☐ None Required  
- ☐ Legal/Adm.  
- ☐ CAP  
- ☐ Other: |
|------------|

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Print:</th>
<th>Date Closed:</th>
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<tbody>
<tr>
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QM-9 PQI Referral Form 08/2019