

Potential Quality Issue (PQI) Referral Form

****For use by military treatment facility (MTF) personnel only****

**Submit this form to the Defense Health Agency (DHA) J-10 Clinical Operations
 TRICARE West Clinical Quality Management (CQM) Department.
 Send as an attachment via secure email**

A list of indicators used by the CQM Department is attached for your use. You do not need to select an indicator.

Name of Involved Beneficiary:

(Last)

(First)

Date of Birth:

Sponsor SSN or Member ID:

Name of Facility or Practitioner:

Date of Discovery:

Date(s) of Service:

DCN #: (To be completed by HNFS personnel)

Describe incident or concern(s):

**Prospective Patient
Safety Referral:**

Completed By:

Name of Department:

Phone Number:

Date Submitted to CQM:

Yes No

Promptly report to the CQM Department upon discovery.

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DEFENSE HEALTH AGENCY (DHA) INDICATORS POTENTIAL QUALITY ISSUE LIST

Associated SREs, PSIs and HACs	DHA Indicator	Description
SRE 1A	1.a	Surgery or other invasive procedure performed on the wrong site
SRE 1B	1.b	Surgery or other invasive procedure performed on the wrong patient
SRE 1C	1.c	Wrong surgical or other invasive procedure performed on a patient
SRE 1D, PSI 05	1.d	Unintended retention of a foreign object in a patient after surgery or other invasive procedure
SRE 1E	1.e	Intraoperative death or immediately postoperative/postprocedure death in an ASA Class I patient
PSI 04	1.f	In hospital surgical discharges from an elective admission resulting in death with the serious treatable complications (deep vein thrombosis/pulmonary embolism, pneumonia, sepsis, shock/cardiac arrest or gastrointestinal hemorrhage/acute ulcer)
PSI 08	1.g	Postoperative hip fracture (secondary diagnosis)
PSI 09	1.h	Perioperative hemorrhage or hematoma cases with control of perioperative hemorrhage, drainage of hematoma, or a miscellaneous hemorrhage, or hematoma-related
	1.i	Postoperative hemorrhage or hematoma following a surgical procedure requiring intervention
PSI 10	1.j	Postoperative physiologic and metabolic derangements (secondary diagnosis) or acute renal failures (secondary diagnosis) with dialysis for elective surgical discharges
PSI 11	1.k	Postoperative respiratory failure (secondary diagnosis), mechanical ventilation, or reintubation cases for elective surgical discharges
PSI 12	1.l	Perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) in surgical discharges
PSI 13	1.m	Postoperative sepsis cases (secondary diagnosis) in elective surgical discharges
PSI 14	1.n	Postoperative reclosures of the abdominal wall in abdominopelvic surgery discharges
PSI 15	1.o	Accidental punctures or lacerations (secondary diagnosis) during procedure
PSI 19	1.p	Third and fourth degree obstetric traumas in vaginal deliveries
HAC	1.q	Surgical site infection following mediastinitis, following coronary artery bypass graft
HAC	1.r	Surgical site infection following certain orthopedic procedures
HAC	1.s	Surgical Site infection following bariatric surgery for obesity
HAC	1.t	Surgical Site infection following cardiac implantable electronic device procedure
	1.u	Lack of medical necessity for surgery or procedure

DEFENSE HEALTH AGENCY (DHA) INDICATORS POTENTIAL QUALITY ISSUE LIST

Associated SREs, PSIs and HACs	DHA Indicator	Description
SRE 2A	2.a	Patient death, serious injury or any other quality issue associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting
SRE 2B	2.b	Patient death, serious injury or any other quality issue associated with the use or function of a device in patient care, in which the device is used or functions other than as intended
SRE 2C	2.c	Patient death, serious injury or any other quality issue associated with intravascular air embolism that occurs while being cared for in a healthcare setting
SRE 3A	3.a	Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person
SRE 3B	3.b	Patient death, serious injury or any other quality issue associated with patient elopement (disappearance)
SRE 3C	3.c	Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting
	3.d	Contraband smuggled into a facility
PSI 02	4.a	In-hospital deaths for low mortality (0.5%) Diagnosis Related Groups
SRE 4A	4.b	Medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration) (updated 2011)
SRE 4B	4.c	Quality issue resulting from unsafe administration of blood products (updated 2011)
SRE 4C	4.d	Quality issue, maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting (new 2011)
SRE 4D	4.e	Quality issue of a neonate associated with labor or delivery in a low-risk pregnancy
SRE 4E, HAC	4.f	Fall while being cared for in a healthcare setting (also including those that did not result in death or serious injury)
SRE 4F, PSI 03, HAC	4.g	Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting
SRE 4G	4.h	Artificial insemination with the wrong donor sperm or wrong egg
SRE 4H	4.i	Quality issue resulting from the irretrievable loss of an irreplaceable biological specimen
SRE 4I	4.j	Quality issue resulting from failure to follow up or communicate laboratory, pathology or radiology test results
	4.k	Quality issue resulting from failure to assess, treat or a delay in treatment
PSI 06, HAC	4.l	Iatrogenic pneumothorax cases (secondary diagnosis)
PSI 07, HAC	4.m	Central venous catheter-related bloodstream infection (secondary diagnosis)

DEFENSE HEALTH AGENCY (DHA) INDICATORS POTENTIAL QUALITY ISSUE LIST

Associated SREs, PSIs and HACs	DHA Indicator	Description
PSI 16, HAC	4.n	Transfusion reaction
HAC	4.o	Manifestation of poor glycemic control not present on admission
HAC	4.p	Catheter-associated urinary tract infection
	4.q	Inadequate discharge planning
	4.r	Ventilator associated event
SRE 5A	5.a	Patient or staff death or serious injury or other quality issue associated with an electric shock in the course of a patient care process in a healthcare setting
SRE 5B	5.b	Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances
SRE 5C	5.c	Patient, staff death or serious injury or other quality issue associated with a burn incurred from any source in the course of a patient care process in a healthcare setting
SRE 5D	5.d	Patient death, serious injury or other quality issue associated with the use of physical restraints or bedrails while being cared for in a healthcare setting
SRE 6A	6.a	Death, serious injury or other quality issue of a patient or staff associated with the introduction of a metallic object into the MRI area
SRE 7A	7.a	Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
SRE 7B	7.b	Abduction of a patient/resident of any age
SRE 7C	7.c	Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare settings
SRE 7D	7.d	Death, serious injury or any other quality issue of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting
	7.e	Consensual sexual behavior in treatment setting of a minor
	8.a	Inadequate documentation, illegible or incomplete medical record
	8.b	Report in wrong patient chart resulting in harm or potential harm

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