

**MEDICAL ASSOCIATES HEALTH PLANS  
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL  
POLICY NUMBER: PP 61**

**POLICY TITLE:** COMMUNICATION OF QUALITY CONCERNS IDENTIFIED DURING HOSPITAL CONCURRENT REVIEW.

**PURPOSE:** To promote a continuous quality improvement approach to the delivery of health care services to Health Plans' enrollees, such issues as hospital cases are monitored for potential quality concerns and these concerns are communicated to practitioners in an ongoing, concurrent fashion.

**PROCEDURE:**

1. During the course of hospital concurrent review, Utilization Review Case Managers attempt to identify, not only utilization concerns, but also potential quality concerns.
2. Such concerns identified include, but are not limited to, the following categories:
  - 1) Post-op Infections
  - 2) Complications During Hospital Stay
  - 3) Intra-Operative Complications
  - 4) Death
  - 5) Readmission Due to Complications from Prior Hospitalization/Surgery
  - 6) Return to Surgery
  - 7) Wound Dehiscence
  - 8) Other Severe Complications
3. The Utilization Review Nurses will monitor and identify potential QI issues and trends. Claims Department at times may find a potential quality concern as well, in which both the UR Nurses or Claims Representative will inform the QI nurse of the findings. Any additional information about these issues will be researched and compiled as needed utilizing the information systems. These issues will be discussed with the Chief Medical Officer. The CMO will review the case and if deemed necessary the CMO will discuss the case with the appropriate physician/staff, etc. Either the UR or QI nurse will enter the initial case information into the database, so that this information can be sent to the Risk Manager at the clinic if clinic related for their review. The QI Nurse will keep the Risk Manager informed of any actions taken.
4. The identified cases will be documented in a database at H:\Mcare\PQI Issues\PQI Database.mdb. Each incident will be documented and kept in this file. Any action on a case will require documentation on this form that was initially started and saved in the file. This template will include: practitioner name(s), member name, member #, incident, interventions/resolutions, date of intervention/resolution, if taken to QIC and if so when, and name of case manager/or QI nurse completing the form.
5. See below for screen prints for entering a PQI into the database.

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Judy Riniker, R.N.  
Manager of Health Care Services/Quality Improvement

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Date

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Mary Leary, R.N.  
Director of Health Care Services/Quality Improvement

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Date

Original: 07/94	Revised: 04/98	Revised: 03/03	Reviewed: 03/08
Revised: 08/94	Reviewed: 02/99	Revised: 04/03	Reviewed: 12/08
Revised: 10/95	Reviewed: 02/00	Revised: 03/04	Reviewed: 02/09
Revised: 07/96	Revised: 05/00	Revised: 03/05	Reviewed: 02/10
Revised: 05/97	Reviewed: 05/01	Revised: 03/06	Reviewed: 01/11
Reviewed: 03/98	Reviewed: 03/02	Revised: 03/07	Reviewed: 01/12

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### Search Members

ID Number	First Name	Last Name	Member Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Double-click anywhere on a record and it will open the Survey*

### Potential Quality Issues

PQIID

Physician Name (please put last, first name or select from list)

Physician of incident (please put last, first name or select from list): If different from Physician Name at left

Member First Name  Member Last Name  Member Date of Birth:  Member Number

Incident

Resolution/Intervention

Resolution/Intervention Date:  Taken to QIC:  Date Taken to QIC  Case Manager Completing Form