

**COLORADO ACCESS/ ACCESS BEHAVIORAL CARE  
POTENTIAL QUALITY OF CARE INCIDENT NOTIFICATION FORM**

Client Name: \_\_\_\_\_ Physician \_\_\_\_\_ Facility/POS: \_\_\_\_\_

Auth.# \_\_\_\_\_ CM/Clinician: \_\_\_\_\_ Today's Date: \_\_\_\_\_

ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Person Making Report: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

**Check all that apply:**

**A. ACCESS ISSUE**

- 1. Delay of care/ services/ DME
- 2. Denial of care/ services/ DME
- 3. After-hours care not available
- 4. Unattended delivery

**B. TREATMENT/ DIAGNOSIS ISSUE**

- 1. Delayed diagnosis
- 2. Incorrect diagnosis
- 3. Inadequate work-up to obtain diagnosis
- 4. Incorrect treatment
- 5. Procedure error
- 6. Unplanned treatment or transfer  
resulting from previous action/ inaction
- 7. Unplanned return to OR
- 8. Unplanned readmission within 48 hours  
(physical) or 30 days (behavioral)
- 9. Inappropriate treatment plan
- 10. Ineffectiveness of treatment
- 11. Failure to seek 2<sup>nd</sup> opinion/ consultation
- 12. Provider not qualified to conduct treatment  
or procedure
- 13. Community standards discrepancy
- 14. Transfer request for clinical reasons

**C. MEDICATION ISSUE**

- 1. Medication prescribing error
- 2. Medication dispensing error
- 3. Medication prescribed with known allergy

**H. ANY OTHER NOT LISTED**

Describe: \_\_\_\_\_

**D. Coordination/ Continuity of Care Issue**

- 1. Incomplete coordination of care/ services
- 2. Lack of follow-up
- 3. Failure to obtain ordered lab test results
- 4. Abandonment of patient

**E. MISUTILIZATION ISSUE**

- 1. Premature discharge
- 2. Prolonged hospitalization/ delay of discharge
- 3. Denial of medically necessary treatment
- 4. Inappropriate level of care
- 5. Failure to recognize prescription drug abuse

**F. OUTCOME/ SAFETY ISSUE**

- 1. Failure to treat
- 2. Unexpected death
- 3. Suicide attempt requiring medical attention
- 4. Preventable injury
- 5. Preventable complication or infection
- 6. At-risk member missing from facility

**G. PROFESSIONAL CONDUCT ISSUE**

- 1. Breach of confidentiality
- 2. Abuse, neglect, or exploitation of member
- 3. Provider non-compliance with established  
policies or regulations
- 4. Egregious provider conduct
- 5. Failure to communicate diagnosis, condition,  
or treatment

Description of Incident (attach additional documentation as available or necessary):

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Date Notification Received in QM Dept: \_\_\_\_\_ By: \_\_\_\_\_