

QA/PI Loop Enclosure

Patient Name: _____ Date of Service: _____

FIN #: _____ Diagnosis: _____

Form Completed by: _____ Date of Form: _____

Indicator Fallout (Core Measure/Meaningful Use): _____

Reason for Referral:

Referred out to: (check blank and write name of staff member)

☐ RN or LVN _____

☐ Tech or other non-licensed nursing staff _____

☐ Ancillary Staff (indicate department and name) _____

☐ Physician _____

.....
Please respond to the above information and return to the Quality Coordinator of your facility within **7 days** of receipt. Your response will then be reviewed by the Quality Coordinator and you will be informed if there is any further action, education or discussion needed.

Plan of correction or comments from above agency, staff or department:

Write additional comments on reverse or attach another page if necessary.

Signature: _____ Date: _____

Printed Name: _____

.....
Quality Coordinator Follow Up

Action Taken: ☐ No action required
☐ Need for education

☐ Discussion with manager
☐ Monitor only

Quality Coordinator Signature: _____ Date: _____

CONFIDENTIAL QA / PI DOCUMENT

Date Developed: Mar-16
Revised: May-16