Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

Quality Improvement Occurrence Report Form

Please use this form to report Quality Occurrence Events to the Quality of Care Department for review and investigation. To report an event, please complete the form in its entirety and submit the form, and any pertinent clinical information/documentation, to the Quality of Care Department at Adverse_Events_Submission@point32health.org

MEMBER AND CASE MANAGER INFORMATION

Member name:		**Member ID#:**	
Name and title of case manager:		**Date of report submission:**	
THP Member ☐ **HPHC Member** ☐		**Email:**	

DESCRIPTION OF QUALITY EVENT AND PROVIDERS INVOLVED IN EVENT

Date of occurrence:				
Provider(s) Involved in occurrence event: (e.g., physicians, facilities)				
If member admitted, please provide:	**Admission date:**		**Discharge date:**	
Brief description of event:				

ADDITIONAL CLINICAL INFORMATION

Diagnosis(es):	
Procedure(s) and date(s) of procedures:	
Past medical history:	
Narrative of Occurrence:	

The Patient Care Assessment/Quality Improvement Committees and its affiliates designates this letter/document(s) and any accompanying materials as minimum necessary protected health information for proceedings, reports, and records of a medical peer review committee, quality assurance program, professional competence committee or peer review board under applicable state law and, as such, all letters and accompanying materials shall be kept strictly confidential.