

QUALITY IMPROVEMENT – CRITICAL INCIDENT & ABUSE REPORT

Check the Appropriate Service:	<input type="checkbox"/> MSSP	<input type="checkbox"/> LTC/SNF	Date of Notification:	
Member Name:				
Member DOB: (MM/DD/YYYY)		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	CIN #:
Health Network:		Diagnosis:		

PHYSICIAN/PROVIDER		ADDRESS (where incident occurred)	
Name:		Name:	
License #:		Address:	
Date of Incident		Date Reported to CalOptima Health:	

Name of Staff Reporting Incident:	
CRITICAL INCIDENT <i>Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of a member.</i> (Check Appropriate Box)	
<input type="checkbox"/> Epidemic outbreaks <input type="checkbox"/> Poisonings <input type="checkbox"/> Fires or burns <input type="checkbox"/> Major accidents <input type="checkbox"/> Death from unnatural causes	<input type="checkbox"/> Catastrophes <input type="checkbox"/> Unusual occurrences that threaten the welfare, safety or health of patients <input type="checkbox"/> Suspected or alleged abuse, neglect, exploitation, and/or mistreatment

SUMMARIZE THE INCIDENT

Attach related records and supporting documentation, including reports made to others.

INCIDENT SUMMARY:
CASE REFERRED TO (i.e. CDPH, PD, Ombudsman):

PLEASE FORWARD TO:
 CalOptima Health Quality Improvement Department 505
 City Parkway West, Orange, CA 92868
 Email: qualityofcare@caloptima.org | FAX: 657-900-1615