



QUALITY IMPROVEMENT – CBAS INCIDENT REPORT

CBAS Name:		CBAS Address:		
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:			
NON-CRITICAL INCIDENT (Check Appropriate Box)			
<input type="checkbox"/> Diagnosis-related issue <input type="checkbox"/> Treatment-related issue <input type="checkbox"/> Unexpected death <input type="checkbox"/> Utilization review issue	<input type="checkbox"/> Fall, accident, etc. <input type="checkbox"/> Communication problem <input type="checkbox"/> Inappropriate behavior <input type="checkbox"/> Service issue	<input type="checkbox"/> System/operations issue <input type="checkbox"/> Fall, accident, etc. requiring admission to acute facility <input type="checkbox"/> Other (please explain):	

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 other CalOptima Health Departments.

INCIDENT SUMMARY:
OTHER DEPARTMENTS CASE REFERRED TO:

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