

Quick Reference Guide to Review Categories and Actions

Response Determination Categories

Step I

- No substantial improvement opportunities are identified **or**
- Care could have been better (proceed to Step II):

Step II

- Care was grossly and flagrantly unacceptable
- Care failed to follow generally accepted guidelines or usual practice
- Care could reasonably have been expected to be better

Quality of Care Concern Categories

Step III

If care could have been better, select a C category:

- C01- Apparently did not obtain pertinent history and/or findings from examination
- C02- Apparently did not make appropriate diagnoses and/or assessments
- C03- Apparently did not establish and/ or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care (excludes laboratory and/ or imaging [see C06 or C09] and procedures [see C07 or C08] and consultations [see C13 and C14])
- C04- Apparently did not carry out an established plan in a competent and/or timely fashion (e.g. omissions, errors of technique, unsafe environment).
- C05- Apparently did not appropriately assess and/ or act on changes in clinical/ **other** status results.
- C06- Apparently did not appropriately assess and/or act on laboratory tests or imaging study results.
- C07- Apparently did not establish adequate clinical justification for a procedure which carries patient risk and was performed.
- C08- Apparently did not perform a procedure that was indicated (other than lab and imaging, see C09).
- C09- Apparently did not obtain appropriate laboratory tests and/ or imaging studies.
- C10- Apparently did not develop and initiate appropriate discharge, follow-up, and/ or rehabilitation plans.
- C11- Apparently did not demonstrate that the patient was ready for discharge.
- C12- Apparently did not provide appropriate personnel and/ or resources.
- C13- Apparently did not order appropriate specialty consultation
- C14- Apparently specialty consultation process was not completed in a timely manner.
- C15- Apparently did not effectively coordinate across disciplines.
- C16 - Apparently did not ensure a safe environment (medication errors, falls, pressure ulcers, transfusion reactions, nosocomial infection)
- C17 - Apparently did not order/follow evidence-based practices.
- C18 - Apparently did not provide medical record documentation that impacts patient care.
- C40- Apparently did not follow-up on patient's noncompliance.
- C99- Other quality concern not elsewhere classified.

ACTIONS

- Initiation of sanction activity.
- Immediate referral to licensing authority.
- Initiation of intensified review activity.
- Recommend that provider/ practitioner develop and implement a quality improvement plan (QIP).
- Recommend that the provider/ practitioner consider an alternative approach to future care.
- Offer advice to the provider/practitioner about an alternative approach to future care.
- No recommendations are made.