CONFIDENTIAL MEDICAL PEER REVIEW

UNOS

## Member Quality Department: Non-Routine Intake and Triage Form

**Staff Completing Intake:** [redacted]

**Mode of Notification** (e.g., member complaint, self-report, observation on site survey): Member Complaint

**Method of Intake** (e.g., phone call, site survey, PSP): PSP 101227

**Receipt Date (UNOS):** 2/27/17 **Receipt Time (UNOS):** 4:42 pm

**Receipt Date (MQ):** 2/27/17 **Receipt Time (MQ):** 4:42 pm

**Intake Date (MQ IH Staff):** 2/27/17 **Intake Time (MQ IH Staff):** 4:42 pm

## Case Details

**Reporting Institution or Individual:** AZMC

**Subject of Report (Institution or Individual):** MSDP

DOE 2/25/17

**Brief Description of Issue:** [redacted] NGL (Network Global Logistics) used as a courier and organs did not arrive in time to make flight, resulting in cancelled KI tx

## Section A

1. Does the presenting issue meet any of the criteria listed on Attachment I of this document? ☐ Yes ☒ No
   a. If yes, describe issue below and proceed to question 2.
   b. If no, proceed to question 2.
2. Was there direct and specific harm to an identified patient or patients? ☐ Yes ☒ No
   a. If yes, i. Identify the patient or patients:
      ii. Specify the harm (e.g., diagnosis, injury, condition):
      iii. When did the harm occur (date, time)?
      iv. Then, skip to question 4.
   b. If no, proceed to question 3.
3. Was there high potential for direct and specific harm to an identified patient or patients? ☐ Yes ☒ No
   a. If yes, i. Identify the patient or patients:
      ii. Specify the potential harm:

n S.

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t this s tuat on co d recur in the near future (i.e., within

TY and procee to Case sposition section of this fo m.

ORITY and p oceed to Case Disposition se n of this form

6 Does the s uation or ssue repr sent a threat to e i egrity or us in the OPTN? ☐ Yes o

a. I yes, report issue wit n 4 hours to you Manager through direct commu ication (phone or face-to fa . Then, proceed o the Case Disposition section of this f rm

o p oceed to question 7.

7 s here s spicion or allegation o criminal ac vi ☐ Yes No

a If yes, repo issue immediately to your Manager rough irect comm nication hone or face-to fac . hen, proceed to the Case Disposition sect on of t is fo m.

b n , proceed to quest on 8

8 s there ed a involvement? ☐ Yes No

a f yes, send an e mai not fication to your Manager AND the DEQ Assistant Director (Audit & Monitoring).

b no, assign LOW PRIORITY and proceed with Routine Investigation Pathway.

## Case Disposition

**Intake Form must be completed within 2 hours of receipt despite assigned priority:**

**Initial Category Assigned:**

☐ High (Your manager must be notified through direct communication immediately.)

☐ Medium (Your manager must be notified within 4 hours of intake.)

☐ Low (Your manager must review a copy of this form within 1 week of intake.)

☐ Other (Your manager must notified immediately.)

☐ Case Referred (see list) Group:

Assigned Case ead 1 week)? ☐ Yes

Potential Policy/Bylaw Violations (if ap licable):

When d d this pote

iv. Then, go to question 4

b f no, procee to Secti n B

4 Was there a spec f c member action or inaction that led o the harm or the potential or harm? ☐ Yes ☐ No

a If yes, State he action or inaction (be specific) harm take place?

**Management Review (required for all case types):**

Management Notified (Date/Time): 2/20 1130 Management Initials: _____

(In manager's absence, notify your Assistant Director.)

**Category Assigned:**

- ☐ High (AD/Director to notify Executive Director and Assistant Executive Director immediately. Preliminary investigation complete within 24 hours.)
- ☐ Medium (AD/Director to notify Executive Director and Assistant Executive Director within 3 days of receipt of intake.)
- ☐ Low (DEQ A.D. Audit & Monitoring, OPTN Exec. Director and HRSA will be provided a listing of all cases designated "low" priority status on a monthly basis.)
- ☐ Other (Notify executive-level UNOS leadership within two business days of intake)

**Assistant Director Review ( required for high, medium and other):**

Assistant Director notified (Date/Time): _____ Assistant Director Initials: _____

Agree with previously assigned category? ☐ Yes ☐ No

If no, reassigned category: ☐ High ☐ Medium ☐ Low ☐ Other

OPTN Executive Director notified (Date/Time): _____

HRSA Notified (Date/Time): _____

☐ Included in monthly HRSA report? Month: _____

☐ Quality Inspection Complete? Date: _____ Initials: _____

**Events that should be reported to the OPTN leadership within 1 business day (Excludes Saturday, Sunday and holidays).**

1. Suspected or significant potential of (non HIV) disease transmission from a donor to a transplant recipient
2. Any sanction taken by a state medical board or other professional body against a transplant professional working for an OPTN member.

**Events that should be reported to the OPTN leadership within 24 hours of issue in like:**

1. A transplant of the wrong organ into an organ recipient
2. A near-miss transplant of the wrong organ into an organ recipient
3. A transplant into the wrong organ recipient
4. A near-miss transplant to the wrong organ recipient
5. A suspected (or confirmed) human immunodeficiency virus (HIV) transmission from a donor (deceased or living) to a transplant recipient
6. Any complaint, issue or concern that may pose a serious or time-sensitive threat to public health or patient safety (including failure to provide a safe environment to patients), regardless of whether there is a suspected or actual violation of OPTN policy or the OPTN final rule
7. A living donor death, regardless of the time period after surgery and regardless of the cause of death.
8. Failure of a native organ in a living organ donor.
9. Evidence of an attempt to deceive the OPTN or the Department (e.g., falsifying medical records).
10. Use of a device for a condition, diagnosis, or procedure that is contraindicated by the Food and Drug Administration (FDA).
11. Any "Never Event," as included in the Centers for Medicare and Medicaid Services (CMS) policies for selected hospital-acquired conditions (HAC's), in an OPTN member hospital that impacts transplant patients or living organ donors (including those under evaluation for living organ donation)

With respect to Items 1 and 2, an event should be considered a "near-miss" if the error was not caught before the recipient is brought to the surgery holding area. With respect to Items 1,2 3, or 4, errors that might lead to the transplant of the wrong organ or patient, or near-miss events, may include documentation errors involving donor ABO, donor identification information (ID), intended recipient name or other ID, packaging or labeling errors (of organ, tissue specimens, blood) involving donor ABO, donor ID, intended recipient name or other ID, and/or the organ type, or an organ that goes to the wrong destination