



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 report

Method of Intake (e.g., phone call, site survey, PSP): [REDACTED] [REDACTED]

Receipt Date (UNOS): 9/25/15 Receipt Time (UNOS): 9:52 AM

Receipt Date (MQ): 9/25/15 Receipt Time (MQ): 9:52 AM

Intake Date (MQ IH Staff): 9/25/15 Intake Time (MQ IH Staff): 9:52 AM

Case Details

Reporting Institution or Individual: FLJM

Subject of Report (Institution or Individual): SCOP - 07930K

Brief Description of Issue: [REDACTED] [REDACTED] : @ki accepted by FLJM
from SCOP. ki misplaced by American Airlines.
- Ki Band @ 0700 + declined by FLJM due
to CFT.

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: _____

- iii. When did this potential for harm take place? _____
- iv. Then, to question 4.
- b. If no, proceed to Section B.
4. Was there a specific member action or inaction that led to the harm or the potential for harm? ☐ Yes ☐ No
- a. If yes, i. State the action or inaction (be specific): _____
- ii. Proceed to question 5.
- b. If no, assign to MEDIUM PRIORITY and proceed to Case Disposition section of this form.
5. Is there a reasonable concern that this situation could recur in the near future (i.e., within 1 week)? ☐ Yes ☐ No
- c. If yes, assign to HIGH PRIORITY and proceed to Case Disposition section of this form.
- d. If no, assign to MEDIUM PRIORITY and proceed to Case Disposition section of this form

Section B

6. Does the situation or issue represent a threat to the integrity or trust in the OPTN? ☐ Yes ☒ No
- a. If yes, report issue within 4 hours to your Manager through direct communication (phone or face-to-face). Then, proceed to the Case Disposition section of this form.
- b. If no, proceed to question 6.
7. Is there suspicion or allegation of criminal activity? ☐ Yes ☒ No
- a. If yes, report issue immediately to your Manager through direct communication (phone or face-to-face). Then, proceed to the Case Disposition section of this form.
- b. If no, proceed to question 7.
8. Is there media involvement? ☐ Yes ☒ No
- a. If yes, send an e-mail notification to your Manager AND the DEQ Assistant Director (Audit & Monitoring).
- b. If 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 be notified immediately.)
- ☐ Case Referred (see list) _____ Group: _____

Assigned Case Lead: _____

Potential Policy/Bylaw Violations (if applicable): TBD

Management Review (required for all case types):

Management Notified (Date/Time): 9/28/15 9:24 AM

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: _____

Attachment 1: HRSA-Reported Events

Events that should be reported to the OPTN leadership within 24 hours of issue intake:

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 into 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 is 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.

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.