Office of Long Term Living

Preventable Serious Adverse Event (PSAE) Provider Reporting Guide

Provider Name: MA Provider #:

Recipient Name: Recipient ID #: DOB:

Attached is information relating to the reported possible PSAE, which at a minimum includes the following information:

- Description/analysis of possible PSAE
- Date/timeframe possible PSAE occurred
- Describe if possible PSAE could have been prevented and how
- Specific adverse effects experienced by the resident
- Detail if/how event was a result of system failure, equipment failure, human error or other
- Actions taken to identify and minimize the adverse effect(s) in the resident, i.e., hospitalization, diagnostic evaluations, treatments, etc.
- When the adverse effect(s) resolved in the resident; or if not resolved, the current status of the resident
- Actions taken to prevent this occurrence in the future
- Describe any non-covered days submitted, or to be submitted, on a claim to coincide with the PSAE, i.e., day of event or for bed hold days while recipient in hospital

Pertinent medical records and policies and procedures related to the possible PSAE are enclosed as follows: (If any of this material is illegible, a typewritten transcript is to be additionally submitted.)

___Policies and Procedures

___Resident Care Plan

___Progress Notes: (circle those attached) Physician, Nursing, Therapy, Wound Care, Dietary, Other:_____

___Diagnostic Tests: Specify if certain tests requested: _____

___Physician/Nurse Practitioner Orders

___Other Information/Comment as Determined Relevant

Note: If you agree that a PSAE has occurred and you choose to waive additional review, beyond the OLTL Medical Director, i.e., Levels I and II Roundtable Reviews, please check here. ☐

_____ _____

Signature of Administrator Print Name of Medical Director

Print Name:_____ Phone Number: _____