Maryland
DEPARTMENT OF HEALTH

*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary*

Office of Health Care Quality
Maryland Hospital Safety Program
7120 Samuel Morse Drive
Second Floor
Columbia, MD 21046

Please send encrypted reports and RCAs to hospital.selfreport@maryland.gov

# INITIAL REPORT OF AN ADVERSE EVENT

## SECTION I: GENERAL INFORMATION

Hospital Name:_____

Person completing this report: _____

Title:_____Phone Number:_____Email:_____

Date of Report:_____Date of Event:_____

Location of Event:_____

Area or Service (e.g. ED, OR, Med/Surg etc.):_____

Was TJC notified? ◯ YES ◯ NO

## SECTION II: PATIENT INFORMATION

**Patient #1** initials or patient number only: _____

Date of Admission:_____Age:_____

Admitting Diagnosis: _____

Current Status:_____

Prognosis:_____

Was the patient /family informed of the adverse event? ◯ YES ◯ NO

**Patient #2** initials or patient number only: _____

Date of Admission:_____ Age:_____

Admitting Diagnosis: _____

Current Status:_____

Prognosis:_____

Was the patient /family informed of the adverse event? ◯ YES ◯ NO

## SECTION III: INTENTIONALLY UNSAFE ACTS

If the event was the result of an intentionally unsafe act such as abuse, please complete the following:

Position/Title:_____ License #_____

If the staff person was licensed or certified, was the applicable professional board notified?

◯ YES ◯ NO

If the staff is employed through an agency or through a contract company and is not a hospital employee or member of the medical staff, please provide the employer's name.

_____

If the police were notified, please provide the jurisdiction and the report number if known:_____

## SECTION IV: EQUIPMENT

If the event was the result of equipment or medical device malfunction or failure please provide the following information.

Equipment or Device:_____ Model number:_____

Nature of Malfunction: _____

_____

Was FDA Notified? ◯ YES ◯ NO

**SECTION V: DESCRIPTION OF THE EVENT:** (Briefly describe the event and include the outcome to the patient, use additional pages if necessary)