



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, 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

