

REQUEST TO CHANGE THE CLASSIFICATION OF A REPORTED ADVERSE EVENT

COMAR 10.07.06 requires that a Level 1 adverse events be reported to the Office of Health Care Quality within 5 days of the hospital becoming aware of the event. If further investigation by the hospital has uncovered information that changes the status of an event previously reported to the Office of Health Care Quality as a Level 1 adverse event, hospitals may request a change in the status of an event by completing this form and submitting it to the Office of Health Care Quality, Patient Safety Unit, Spring Grove Center, Bland Bryant Building, 55 Wade Avenue, Catonsville, Maryland 21228, FAX (410) 402-8167.

1. OHCQ event number:
2. Date reported:
3. Initial level classification:
4. Change requested by:
5. Phone number:
6. Requested new classification:
7. Rationale for change:

8. If the hospital believes that peer review is the only appropriate response to this event, please answer the following questions:
 - a. Was the standard of care met?

 - b. Did the organization look for underlying system issues such as communication, work environment and availability of information?

 - c. Were the actions immediately preceding the adverse event under the sole control of the provider(s)?

 - d. Have you observed a trend with this (or these) provider(s)?

Staff of the Office of Health Care Quality will notify the hospital's Patient Safety Director or designee by phone if additional information is needed.