STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Bland Bryant Building ● Spring Grove Center
55 Wade Avenue ● Catonsville, Maryland 21228

INITIAL REPORT OF AN ADVERSE EVENT

SECTION I: GENERAL INFORMATION

Hospital Name:____

Person completing this report: ____

Title:__________________________________Date of Report:______________________

Date of Event:____________________Location of Event:_________________________

Area of Service (e.g. ED, OR, Med/ Surg etc.):__________________________________

Was JCAHO notified? YES NO

SECTION II: PATIENT INFORMATION

Patient # 1: _________________________________Date of Admission: _____________

Date of Birth: ________________Reason for Admission: __________________________

Current Status:____

Prognosis:____

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

Patient # 2: ________________________________Date of Admission: _______________

Date of Birth: __________________Reason for Admission: _________________________

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:

Staff Name: ____

Position/Title: __________________________License #__________________________

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.

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If the police responded, please provide the following:

Police Dept.: _________________________Police Report #_______________________

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 #_________________________Type of Equipment: _______________________

Nature of Malfunction: ____

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Was FDA Notified? YES NO

SECTION V: DESCRIPTION OF THE EVENT:
Briefly describe the event, use additional pages if necessary)