

QMP SELF-REPORT INCIDENT FORM

Your name _____

Address: _____

Phone number: _____

Email address: _____

Date of Incident: _____

What is the sentinel event and why do you think this meets criteria for incident review?

Please describe **legibly** the incident that meets the self-reporting criteria on a separate page. Make sure to include the following details, as relevant, to help determine whether this case warrants a full review: maternal age, parity, gestational age, length of various stages of labor, duration of ROM/meconium?, GBS status and treatment, FHTs, vital signs, Apgars, method and time of decision to transport, and hospital course/outcome. Thank you. Please continue on the back of this form or attach additional pages as needed.

In the event the QMP determines that this does not warrant an incident review, do you still feel you would benefit from an incident review? If so, what would you hope to gain from an incident review and what aspects would you like to focus on during the review?

Would you like to invite one additional individual, beyond the 3 panel members selected, who was present at this case to participate in this review? If so, please provide the name, role at the birth, and contact information:

If you do not receive an acknowledgement in approximately one month from the time you send it, please contact the QMP (qmp@washingtonmidwives.org). Please retain a copy of this for your records; in the event a review is planned, you will need to provide it to the review panel.

Mail this form to:
MAWS QMP Committee
16830 NE 9th Place
Bellevue, WA 98008

Thank you!
QMP Committee Members