MAWS PMB 2246 – 10002 Aurora Ave N #36 WA 98133

SELF REPORTED INCIDENT FORM

Your name: _____
Address: _____
Phone number: _____
Email address: _____
Date the incident occurred: _____

Please describe the incident that meets the self-reporting criteria. If your case is a NICU or hospital admission for a baby, please make sure to include the following details to help determine whether this case warrants a full review: Maternal age and parity, gestational age, presence of meconium, duration of ROM, GBS status/treatment, Apgars, time pp of decision to transport, method of transport including to higher level hospital, how long the baby was/is in the hospital; also, whether it was an intrapartum transfer in which ultimately the baby went to the NICU, and if so, how long was the labor in the hospital before delivery when the client was under the receiving provider's care.

In selected cases NICU/hosp admission cases will NOT be reviewed—for example: labor transport well before birth, observation only, no treatment, congenital anomalies not immediately apparent. In any case in which you explicitly want a review, we will organize one; please indicate that too!

Thank you! ~ QMP committee (You are welcome to use the other side or attach pages as needed.

_____
_____
_____
_____
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_____

Other information you feel is important:

_____
_____

You should receive a response in regards to this self-reported incident form within 14 working days from the time you send it to us.

Retain a copy of this report for you records (in the event of a review you will need to give a copy to the review panel) and please mail this form to:

MAWS QAQI Committee
PMB 2246
10002 Aurora Ave N #36
Seattle, WA 98133-9348