



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 well and if so, how long was the labor in the hosp 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

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.

Please mail this form to:

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