

Guidance on Quality and Safety Notifications

Mental Health Commission

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Contents	Page
Key Terms	3
Related Documents	3
Overview	4
Scope	4
Quality and Safety Notifications	4
Use of Quality and Safety Notifications	4
How to Make a Quality and Safety Notifications	4
Notification Requirements – Summary Table	5
Notification Requirements – Detailed Requirements Table	6
Appendix 1 – Common Serious Reportable Events (SREs) Reported to the Commission	11

Key Terms

Act

The “Act” means the Mental Health Act 2001.

Approved Centre

A “centre” means a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder. An “approved centre” is a centre that is registered pursuant to the Act. The Mental Health Commission establishes and maintains the Register of Approved Centres pursuant to the Act.

Mental Health Service

Any service providing mental health care and treatment to people suffering from a mental illness of a mental disorder under the clinical direction of a consultant psychiatrist. For example: Approved centres; day centres; day hospitals; community residential services; outpatient departments and/or clinics; etc.

Patient

A person to whom an involuntary admission or renewal order relates. The term patient is to be construed in accordance with Section 14 of the 2001 Act (as amended).

Regulations

Refers to the Mental Health Act 2001 (Approved Centre) Regulations 2006.

Resident

A person receiving care and treatment in an approved centre.

Related Documents

- Code of Practice Governing the Use of Electro-convulsive Therapy for Voluntary Patients, Version 3, 2016.
- Code of Practice on the Use of Physical Restraint in Approved Centre, 2009.
- Rules Governing the Use of Electro-convulsive Therapy, Version 3, 2016.
- Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint, 2009.
- Serious Reportable Events (SREs), HSE Implementation Guidance Document, Version 1.1, 2015.

All of the above Codes and Rules are available on the Commission’s website https://www.mhcirl.ie/for_H_Prof/. The SRE guidance document is available on the [HSE website](#).

Overview

This document provides guidance to mental health services on their requirements to submit quality and safety notifications to the Commission. These requirements apply to independent/private services and HSE services.

This document supersedes the *Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting*. In 2018 the Commission formally reviewed this Code of Practice. The outcome of the review was that the Code was no longer in line with best practice and the Code was removed from use.

In 2019 the Commission introduced the Comprehensive Information Service (CIS), an online platform and database which facilitates the submission of Quality and Safety Notifications. Links to CIS training documents for relevant medical practitioners and administrators are located [here](#).

The reporting requirements outlined in this document are without prejudice to the provisions of the Coroner's Act 1962 and the Coroner's (Amendment) Act 2005.

It does not set out requirements for open disclosure, or replace or amend any other reporting requirements to other statutory agencies and external bodies (e.g. HSE, Health and Safety Authority, Clinical Indemnity Scheme, Irish Public Bodies, other Clinical Indemnifiers, etc.).

Services should refer to the *National Standards for the Conduct of Reviews of Patient Safety Incidents (2017)* for guidance on the standards for reviewing patient safety incidents.

Quality and Safety Notifications

The Mental Health Commission's mandate is to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to protect the interests of persons admitted and detained under the Mental Health Act 2001 (the Act). Our Mission is to safeguard the rights of service users, encourage continuous quality

improvement, and to report independently on the quality and safety of mental health services in Ireland.

Approved centres and other community mental health services are required to submit quality and safety notifications as defined by the Commission, pursuant to the Act.

There are **18** Quality and Safety Notifications which relate to incidents and adverse events and regulated practices, including:

- Child Admissions
- Deaths
- Incident Reporting
- Serious Reportable Events
- Overcapacity
- Operational Bed Capacity
- Electro-Convulsive Therapy
- Restrictive Practices

A summary table of all of the Quality and Safety Notifications can be found overleaf and the detailed requirements for each notification are set out in this document.

Use of Quality and Safety Notifications

All notifications received are reviewed by the Standards and Quality Assurance (S&QA) division of the Commission, to ensure the quality and safety of care provided to the residents of approved centres and service users in receipt of mental health services.

The S&QA division may request further information from a service in relation to a notification, in order to fulfil its functions.

How to Make a Notification

As of 1 January 2020, certain quality and safety notifications are required to be submitted to the Commission via CIS. Guidance documents in relation to the use of CIS are available on the Commission's website.

Notifications relating to seclusion and physical restraint will be required to be submitted via CIS in 2021. The Commission will notify services in advance of this change.

Any queries relating to the submission of a quality and safety notification on CIS should be addressed to mentalhealthdata@mhcirl.ie.

As of 1 November 2018, submissions by fax are no longer accepted by the Commission.

Notification Requirements

Summary Table

Notification Type	Service Type	Timeframe
Child Notifications		
Admission and discharge of a child to a child or adolescent unit	CAMHS approved centres ¹	Within 7 days
Admission and discharge of a child from an adult unit	Adult approved centres ¹	Within 72 hours
Death Notifications		
Death of a resident	All approved centres	Within 48 hours
Sudden and unexplained death of a service user	All mental health services	Within 7 days
Incident Reporting and SRE Notifications		
Summary of incidents	All approved centres	6 monthly
Serious Reportable Event involving a resident	All approved centres	Within 48 hours
Serious Reportable Event involving a service user	All mental health services	Within 7 days
Overcapacity		
Overcapacity notification	All approved centres	Within 48 hours
Operational Bed Capacity		
Change in Operational Bed Capacity	All approved centres	2 weeks prior to planned works
ECT Notifications		
Use of ECT	All approved centres	Within 7 days
Restrictive Practices		
Seclusion of a resident over 72 hours	All approved centres	Within 7 days
Seclusion of a resident seven orders in seven days	All approved centres	Within 7 days
Annual report of all uses of Seclusion	All approved centres	Annually
Annual report of all uses of Mechanical Restraint	All approved centres	Annually
Annual report of all uses of Physical Restraint	All approved centres	Annually

¹ Includes child units in any Approved Centre; CAMHS = Child and Adolescent Mental Health Service

Notification Requirements

Detailed Requirements Table

Description	Submission Format	Service Type	Timeframe for submission	Sign off responsibility
Child Notifications				
Adult units in approved centres are required to notify the Commission of the admission of a child	<i>Via CIS</i> CIS202 – Admission of Child to Adult Unit	Adult approved centres	Within 72 hours of the child's admission	Registered proprietor, clinical director, or person with delegated authority
Adult units in approved centres are required to notify the Commission of the discharge of a child	<i>Via CIS</i> CIS203 – Discharge of Child from Adult Unit	Adult approved centres	Within 72 hours of the child's discharge	Registered proprietor, clinical director, or person with delegated authority
Child units in approved centres are required to submit admission data	<i>Via CIS</i> CIS206 – Admission to CAMHS Unit	CAMHS approved centres	Within 7 days of the child's admission	Registered proprietor, clinical director, or person with delegated authority
Child units in approved centres are required to submit discharge data	<i>Via CIS</i> CIS207 – Discharge from CAMHS Unit	CAMHS approved centres	Within 7 days of the child's admission	Registered proprietor, clinical director, or person with delegated authority

Death Notifications				
Pursuant to <i>Regulation 14: Care of the Dying</i> , approved centres are required to notify the Commission of all deaths of any resident of an approved centre, including deaths of residents on leave, AWOL or transferred to another facility.	<i>Via CIS</i> CIS205 – Death	All approved centres	Within 48 hours of the date of death	Consultant Psychiatrist

Description	Submission Format	Service Type	Timeframe for submission	Sign off responsibility
<p>All community mental health services are required to notify the Commission of all sudden and unexplained deaths of:</p> <ul style="list-style-type: none"> Any person in receipt of a mental health service, or Recently discharged (within four weeks of the date of occurrence) from a mental health service, including those not in receipt of a mental health service. 	<p><i>Via Form until 31 December 2020</i> Death Notification Form <i>Via CIS from 1 January 2021</i> CIS205 – Death</p>	<p>All mental health services</p>	<p>Within 7 days of the date of death</p>	<p>Consultant Psychiatrist</p>
<p>Incident Reporting Notifications</p>				
<p>Pursuant to <i>Regulation 32: Risk Management Procedures</i>, approved centres are required to return incident summary reports including but not limited to: number, incident category / classifications, and any additional information</p>	<p><i>Via CIS</i> CIS208 – Summary Incident Report</p>	<p>All approved centres</p>	<p>6 monthly (January-June report due by 31 August each year) (July-December report due by 28 February the following year)</p>	<p>Registered proprietor, clinical director, or person with delegated authority</p>

Serious Reportable Events Notifications				
<p>All mental health services are required to notify the Commission of Serious Reportable Events (SREs, HSE 2015) involving any residents of an Approved Centre.</p> <p>The most common SRE's which are reported to the Commission are outlined in Appendix 1.</p> <p>However, services should be aware of the definitive SRE list outlined in the HSE's <i>SREs Implementation Guidance Document</i>.</p> <p>Any SRE resulting in the death of a resident requires a death notification form.</p> <p>A separate SRE form is not required.</p>	<p><i>Via CIS</i> CIS204 – Serious Reportable Event</p>	All approved centres	Within 48 hours of occurrence	Registered proprietor, clinical director, or person with delegated authority
	<p><i>Via Form until 31 December 2020</i> Serious Reportable Event Notification Form <i>Via CIS from 1 January 2021</i> CIS204 – Serious Reportable Event</p>	All mental health services	Within 7 days of occurrence	Service manager, clinical director, or person with delegated authority
Overcapacity Notifications				
<p>Adult Approved Centres are required to notify the Commission when they are operating over their registered bed capacity.</p>	<p><i>Via CIS</i> CIS210 – Overcapacity in Adult Unit</p>	All approved centres	Within 48 hours of occurrence	Registered proprietor, clinical director, or person with delegated authority
Operational Bed Capacity Notifications				
<p>All Approved Centres are required to notify the Commission when there is a temporary change in their operational bed capacity.</p>	<p><i>Via CIS</i> CIS212 – Change in Operational Bed Capacity</p>	All approved centres	<p>Minimum 2 weeks prior in the case of planned changes Within 48 hours of emergency changes</p>	Registered proprietor, clinical director, or person with delegated authority

Electro-convulsive Therapy Notifications				
In line with the requirements outlined in the <i>Rules Governing the Use of Electro-convulsive Therapy</i> and the <i>Code of Practice Governing the Use of Electro-convulsive Therapy for Voluntary Patients</i> , Approved Centres must record all uses of ECT in the ECT Register and submit an annual report to the Commission. Notifications should include a copy of the completed Form 16 where applicable	Via CIS CIS215 - ECT	All approved centres	Within 7 days of completion of the programme	Consultant Psychiatrist
Restrictive Practices – Seclusion Notifications				
In line with the requirements outlined in the <i>Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint</i> , Approved Centres must record all episodes of seclusion in the Seclusion Register and submit an annual report to the Commission.	ECT, Mechanical Means of Bodily Restraint, Seclusion and Physical Restraint Annual Data Returns Template	All approved centres	Annually (by 31 January of the following year)	Registered proprietor, clinical director, or person with delegated authority
In line with the requirements outlined in section 6.3 of the <i>Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint</i> , Approved Centres must notify the Commission where a decision is made by the Consultant Psychiatrist responsible for the care and treatment of the resident (or the duty Consultant Psychiatrist acting on their behalf) to continue to seclude a resident for a total period exceeding 72 hours.	Rule 6.3 Notification to the Inspector of Mental Health Services of a decision to continue to seclude a resident for a total period exceeding 72 hours form	All approved centres	Within 7 days of the event	Treating Consultant Psychiatrist or Duty Consultant Psychiatrist

In line with the requirements outlined in section 6.4 of the <i>Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint</i> , Approved Centres must notify the Commission where a resident has had seven or more seclusion orders over a period of seven consecutive days.	Rule 6.4 Notification to the Inspector of Mental Health Services of a resident who has seven or more seclusion orders over the period of seven consecutive days form	All approved centres	Within 7 days of the event	Treating Consultant Psychiatrist or Duty Consultant Psychiatrist
Restrictive Practices – Mechanical Restraint Notifications				
In line with the requirements outlined in the <i>Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint</i> , Approved Centres must record all episodes of mechanical means of bodily restraint to prevent <u>immediate threat to self or others</u> in the Mechanical Means of Bodily Restraint Register and submit an annual report to the Commission.	ECT, Mechanical Means of Bodily Restraint, Seclusion and Physical Restraint Annual Data Returns Template	All approved centres	Annually (by 31 January of the following year)	Registered proprietor, clinical director, or person with delegated authority
Restrictive Practices – Physical Restraint Notifications				
In line with the requirements outline in the <i>Code of Practice on the Use of Physical Restraint in Approved Centres</i> , Approved Centres must record all episodes of physical restraint in the Physical Restraint Register and submit an annual report to the Commission.	ECT, Mechanical Means of Bodily Restraint, Seclusion and Physical Restraint Annual Data Returns Template	All approved centres	Annually (by 31 January of the following year)	Registered proprietor, clinical director, or person with delegated authority

Appendix 1

Common Serious Reportable Events (SREs) reported to the Commission

This table is intended to provide a summary of the SREs most commonly reported to the Commission. For full specifications of these SREs and all other SREs which are required to be notified to the Commission please see the [Serious Reportable Events \(SREs\), HSE Implementation Guidance Document, Version 1.1, 2015](#).

Please note that for the purposes of reporting requirements to the Commission, throughout this table patient refers to any resident of an approved centre.

Class	Description
Patient Protection Events (3B)	Patient death or serious disability associated with a patient absconding from a healthcare service facility but excluding where a patient advises the healthcare provider that he or she is leaving against medical advice.
Patient Protection Events (3C)	All sudden unexplained deaths or injuries which result in serious disability of a person who is an inpatient / resident in a mental healthcare facility.
Care Management Events (4A)	Patient death or serious disability associated with a medication error but excluding reasonable differences in clinical judgment involving drug selection and/or dose.
Care Management Events (4I)	Stage 3 or 4 pressure ulcers acquired after admission to a health and social care residential facility.
Care Management Events (4K)	Patient death or serious disability resulting from or associated with the use of restrictive interventions such as physical, mechanical, manual or environmental restraint (e.g. seclusion) to a patient while being cared for in a healthcare service facility.
Environmental Events (5A)	Patient death or serious disability associated with an electric shock while being cared for in a healthcare facility but excluding events involving planned treatments such as cardioversion.
Environmental Events (5C)	Patient death or serious disability associated with a burn incurred within a healthcare service facility.
Environmental Events (5D)	Patient death or serious disability associated with a fall <ul style="list-style-type: none"> a) While being cared for in a healthcare service facility, and/or b) During a clinical intervention from a healthcare professional (includes in the community setting, pre hospital care and Ambulance Service).
Criminal Events (6C)	Sexual assault on a patient or other person within or on the grounds of a healthcare service facility.
Criminal Events (6D)	Death or serious injury / disability of a patient or other person resulting from a physical assault that occurs within or on the grounds of a healthcare service facility.

Appendix 2

How to submit notifications to the Mental Health Commission through the Comprehensive Information System (CIS)

This quick guide explains how to record and submit most notifications through CIS. Full training manuals, as well as training videos, can be found in the **Training Materials** Link on the CIS Login Page.

Please note that at the moment CIS can only be used for notifications relating to approved centres. Notifications for other types of mental health services can be submitted by completing the appropriate notification form and sending it to mentalhealthdata@mhcirl.ie.

Logging into CIS:

- Go to mhcirl.ie.
- Click on the CIS Login icon, in the top right hand corner of the page.
- Enter your user name and password.
- Please see guidance below if you are having difficulties logging on.

Submitting a new notification to the MHC:

- Click on Notifications in the left hand menu.
- Click on the type of notification you wish to record or submit, eg Serious Reportable Event.
- Click the **New** button in the top right hand corner of the page. The full name of this button will depend on which notification screen you are in eg it will say New SRE Notification if you are in the Serious Reportable Event screen.
- Complete the appropriate fields in the notification.
- If you are ready to submit the notification to the Commission, then press Submit. Please remember notifications can't be edited after they are submitted.
- If you are not ready to submit the notification, then press Save. This saves the information you have entered, so you can submit it at a later time.
- Some types of notifications can only be submitted by consultant psychiatrists; specifically notifications of Deaths, and use of electro-convulsive therapy (ECT). However, any user with the appropriate permission can create and update these notifications.

Submitting a notification that's been saved but not yet submitted.

- After logging into CIS, click on Notifications in the left hand menu.
- Click on the type of notification you wish to update or submit.
- The next screen will show you a list of notifications that have been saved, but not yet submitted to the Commission.
- You can use the white search fields underneath the column headings to search for specific notifications, eg to search by date of birth.
- To update or submit the notification, click the down arrow next to the View button on the far right hand side of the notification. Then select Edit.
- Complete or update the appropriate fields in the notification
- If you are ready to submit the notification to the Commission, then press Submit. Remember that notifications can't be edited after they are submitted. Otherwise, just press Save to come back to the notification at another time.

Notifications for the discharge of children and the use of ECT

There are some additional steps when submitting a notification about the discharge of a child from an approved centre, or recording the administration of ECT.

Please refer to the full training manuals on the CIS log in page for further information.

Finding a notification that has been recorded or submitted

- Log into CIS, and click on Notifications in the left hand menu.
- Click on the type of notification you wish to update or submit.
- To find a notification that has already been sent to the Commission, click the Show All button at the stop of the screen. This will then let you see all notifications.
- You can use the white search fields underneath the column headings to search for specific notifications, eg to search by date of birth.
- To view, just click on the View button on the far right hand side of the notification.
- To update or submit the notification, click the down arrow next to the View button on the far right hand side of the notification. Then select Edit and follow the instructions above.
- Please remember you cannot edit notifications that have already been sent to the Commission.

Trouble logging on?

- If you have forgotten your password, click on the Forgot Password link on the CIS login page.
- If you have forgotten your username, please email cis@mhcirl.ie and one of our team will re-issue it to you. Please note the username can only be sent to the email we have recorded on our systems.
- If you do not have a username, ask your approved centre's registered proprietor to send us a CIS User Authorisation Form.