

Guidance on Quality and Safety Notifications

Mental Health Commission

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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.

- 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](#).

Related Documents

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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.

The Commission is undertaking a wider review of the form and substance of our Quality and Safety Notifications with the ultimate goal of moving to online submissions through a Comprehensive Information System (CIS). We will update this document as necessary following this review.

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

- Child Admissions
- Deaths
- Incident Reporting and Serious Reportable Events
- Overcapacity
- 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 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 Standards and Quality Assurance division may request further information from a service in relation to a notification, in order to fulfil its functions.

How to Make a Notification

All quality and safety notification forms, including guidance in relation to their completion, are available on the Commission's website.

Services are required to submit all quality and safety notifications by email 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 of a child to an adult unit	Adult approved centres ¹	Within 72 hours
Discharge for a child from an adult unit	Adult approved centres ¹	Within 72 hours
Child admission and discharge data	CAMHS approved centres ²	Monthly
Bed occupancy report	CAMHS approved centres ²	Monthly
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
ECT Notifications		
Annual report of all uses of ECT	All approved centres	Annually
Uses of ECT where resident was unable to consent [Form 16]	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 admission and discharge to any adult units in an Approved Centre

² Includes child units in any Approved Centre; CAMHS = Child and Adolescent Mental Health Service

Notification Requirements

Detailed Requirements Table

Description	Form	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	Notification to the Mental Health Commission of the admission of a child to an approved centre for adults form	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	Notification to the Mental Health Commission of the discharge of a child from an approved centre for adults	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 and discharge data	No form specified	CAMHS approved centres	Monthly (by seventh day of the month of the following month e.g. January report must be returned by 07 February)	Registered proprietor, clinical director, or person with delegated authority
Child units in approved centres are required to submit a bed occupancy report	Child Unit Bed Occupancy Template	CAMHS approved centres	Monthly (as above)	Registered proprietor, clinical director, or person with delegated authority

Description	Form	Service Type	Timeframe for submission	Sign off responsibility
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.	Death Notification Form	All approved centres	Within 48 hours of the date of death	Responsible Consultant Psychiatrist
All community mental health services are required to notify the Commission of all sudden and unexplained deaths of: <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. 	Death Notification Form	All mental health services	Within 7 days of the date of death	Responsible Consultant Psychiatrist
Incident Reporting Notifications				
Approved Centres are required to return incident summary reports including but not limited to: number, incident category / classifications, and severity of injury / risk rating	MHC Summary Incident Report Template or services may submit a report from their own incident management system e.g. National Incident Management System (NIMS)	All approved centres	6 monthly (January-June report due by 31 August each year) (July-December report due by 28 February the following year)	Registered proprietor, clinical director, or person with delegated authority

Description	Form	Service Type	Timeframe for submission	Sign off responsibility
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. The most common SRE's which are reported to the Commission are outlined in Appendix 1. However, services should be aware of the definitive SRE list outlined in the HSE's <i>SREs Implementation Guidance Document</i>. Any SRE resulting in the death of a resident requires a death notification form. A separate SRE form is not required.</p>	Serious Reportable Event Notification form	All approved centres	Within 48 hours of occurrence	Registered proprietor, clinical director, or person with delegated authority
		All mental health services	Within 7 days of occurrence	Service manager, clinical director, or person with delegated authority
Overcapacity Notifications				
Approved Centres are required to notify the Commission when they are operating over their registered bed capacity.	Overcapacity Notification form	All approved centres	Within 48 hours of occurrence	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 Centre must record all uses of ECT in the ECT 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

Description	Form	Service Type	Timeframe for submission	Sign off responsibility
In line with the requirements outlined in the <i>Rules Governing the Use of Electro-convulsive Therapy</i> where a patient is assessed as being unable to consent to ECT the Approved Centre must submit a copy of the completed Form 16.	Form 16: Electro-convulsive Therapy Involuntary Patient (Adult) – Unable to Consent	All approved centres	Within 7 days of the Form 16 being completed	Responsible Consultant Psychiatrist and another consultant psychiatrist following referral of the matter to him or her by the first-mentioned 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

Description	Form	Service Type	Timeframe for submission	Sign off responsibility
Restrictive Practices – Mechanical Restraint Notifications				
<p>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.</p>	<p>ECT, Mechanical Means of Bodily Restraint, Seclusion and Physical Restraint Annual Data Returns Template</p>	<p>All approved centres</p>	<p>Annually (by 31 January of the following year)</p>	<p>Registered proprietor, clinical director, or person with delegated authority</p>
Restrictive Practices – Physical Restraint Notifications				
<p>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.</p>	<p>ECT, Mechanical Means of Bodily Restraint, Seclusion and Physical Restraint Annual Data Returns Template</p>	<p>All approved centres</p>	<p>Annually (by 31 January of the following year)</p>	<p>Registered proprietor, clinical director, or person with delegated authority</p>

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 or person in receipt of a mental health service.

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.