Quality and Safety Notifications
Guide to the Revised Forms

General Information

Background

The Mental Health Commission is adopting a new Comprehensive Information System (CIS) in 2019, which will change how services submit notification forms to us.

As part of this project and in light of GDPR we have undertaken a review of our quality and safety notifications. These revised forms will come into effect in January 2019.

How have these forms changed?

Based on feedback from our service providers we have made the forms more user-friendly by:

- Standardising the layout of the form
- Removing unnecessary questions
- Removing GDPR sensitive questions
- Increasing the font size
- Providing more guidance about what information we are looking for and who should submit the forms
- Asking questions in a simple, straight-forward way
- Asking the questions we generally seek further information on

Which forms have been revised?

- Admission of a child to an adult
- Discharge of a child from an adult unit
- CAMHS Child admission and discharge data
- CAMHS Bed occupancy report
- Death notification form
- Serious Reportable Event notification
- Summary of incidents
- New Notification of Overcapacity

Which forms have not been revised?

At this stage, forms relating to regulated practices: Physical Restraint, Seclusion, ECT and Mechanical Restraint have not been revised. The Registers for these practices are under review with the intention to incorporate them into the CIS system as real time data. This will remove the need for a number of forms, including the annual data returns. We will be consulting with services on the revised registers.

There are no changes to the Statutory Forms: Form 16, Form 17 and Form 18.

Where can I find copies of the forms?

The new forms will be available on our website and in use from 1 January 2019.

How can I submit a notification?

Notifications should be submitted by secure email to mentalhealthdata@mhcirle.ie

CIS is a phased project, the go live for web-based form submission is Summer 2019. Until this point the forms can be submitted via secure email. Full training will be provided in advance of the forms being submitted via CIS.

Can I still send a notification in by fax?

No, due to the introduction of GDPR, faxes are no longer deemed secure.

Where can I find more information?

The Guidance on Quality and Safety Notifications is available on the Commission’s website and contains further information on notification requirements.

You can email mentalhealthdata@mhcirl.ie if you have any further questions.
New form layout

Before the forms can be submitted via CIS they will be available in an editable Microsoft Word format. Many of the revised forms follow a similar layout, as we have grouped the questions into 5 distinct sections.

1. About the service

2. About the resident

To comply with GDPR we have removed unnecessary questions which identify the resident i.e. we will never ask for the resident’s full name. In this section we ask for:

3. About the reason for the notification (for e.g. death, admission)

This section deals with logistics of the event. Typical questions include:

4. Additional information

This section is optional. You can use it if there is any supporting information you would like to add to the notification.

5. Sign off

In this section the person with delegated authority to submit the form must provide the following:
## Changes to specific forms

### Notifications relating to children

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<tr>
<th>Form</th>
<th>Changes</th>
<th>New Questions</th>
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</table>
| QSN1: Admission of a child to an adult unit | We have reduced the amount of questions in this form and seek an identifier instead of the child’s full name and address. We have also removed ‘Section C: Compliance with Section 2.5 (a)-(l) of Code of Practice Relating to the Admission of Children under the Mental Health’ and ask four specific questions | 3.1 – Time of admission  
3.7 – Is the child accommodate in a single room? Yes/No  
3.8 – Does the child have access to a segregated bathroom area? Yes/No  
3.9 – Is there 1:1 nursing for the child which is gender sensitive? Yes/No  
3.10 – Is there Child and Adolescent Psychiatrist advice available? Yes/No |
| QSN2: Discharge of a child to an adult unit | Aside from the form layout there are no substantive changes to this form. We now seek an identifier instead of the child’s full name. This form will be combined with QSN1 in the new CIS system. | N/A                                                                           |
| QSN3: CAMHS Child admission and discharge data | This is no longer an Excel document, aside from this there are no substantive changes to this form | N/A                                                                           |
| QSN4: CAMHS Bed occupancy report          | For ease of reference we have put this notification into a calendar format. One form should be submitted per month. Other than this there are no substantive changes to this form | N/A                                                                           |

### Notifications of deaths and incidents

<table>
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</table>
| Death Notifications                       | There are now two different death notification forms; one for a resident of an approved centre, the other for a person accessing a community mental health service. The one you use depends on the type of service the person was using prior to their death. | 2.5 – Service user status at time of death (tick-box)  
3.4 – Cause of death  
3.4 – Is the cause of death known? Yes/No  
Was this death sudden and unexplained? Yes/No  
Was this death as the result of a natural illness or disease? Yes/No |
| QSN5: Death notification for a resident in an approved centre | This form should also be used for residents of an approved centre including those who have died while:  
- On leave  
- Absent without leave  
- Transferred to another service for treatment.                                                                 |                                                                            |
Questions relating to status of service user at time of death, cause of death and review of death have been consolidated and simplified.  

| QSN6: Death notification form for community mental health services | Was the person in receipt of palliative care? Yes/No | Was this death an unnatural or violent death? Yes/No | Based on the information available to you, was this death a suspected suicide? |
| QSN7: Summary of incidents | 4.2 – What review is planned for this death? |  

This form should be used for all other community mental health services. This includes:  
- A resident of a community residence,  
- 24 hour staffed/high, medium or low support hostel,  
- A person recently discharged (within 4 weeks) from a residential mental health service.  
- A person who was accessing Outpatient services, Homecare services, Day Hospital, Day centres or outreach services.  

| QSN8: Serious Reportable Event | Total Number: | Total Number: | Total Number: | Total Number: |
| 3.1 Category 1: Extreme/Catastrophic | 3.2 Category 2: Major | 3.3 Category 3: Moderate | 3.4 Category 4: Minor | 3.5 Category 5: None/Negligible |
| 3.1 - SRE Category | [Tick-boxes] Patient Protection Events (3B), Patient Protection Events (3C), Care Management Events (4I), Environmental Events (5D), Criminal Events (6C), Criminal Events (6D), Other, Please Specify: | 3.4 - Location | [Tick-boxes] Bedroom, Communal Area, Bathroom, Corridor, Seclusion Room, Garden/Grounds, On leave, Other, Please Specify: |
| 3.6 – Was the event witnessed by staff? Yes/No/Unknown/N/A | 4.1 – Next of kin or representative notified? Yes/No/Not consented | 4.2 – Immediate actions taken following event? | 4.3 – Actions taken to safeguard the residents? |

The changes to this form mirror those for SQNS: Death notification for a resident in an approved centre. This form seeks more detail information about the nature and location of the mental health service.

We no longer require the level of detail which was previously provided. We now require that incidents are reported by total number of incidents, broken down into five categories based on their risk impact.

This is no longer an Excel document We also have asked questions in a more prescriptive way. Several free text box questions have now been replaced with tick box options. We now ask a number of questions on the notification that currently form part of our standard SRE follow up.
QSN9: Notification of Overcapacity

This is a new form, which will need to be submitted within 48 hours when the approved centre is operating over its registered bed capacity.

Notifications of regulated practices

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<thead>
<tr>
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<tbody>
<tr>
<td>Registers for ECT, Seclusion and Physical Restraint</td>
<td>The ECT Register, Seclusion Register, and Physical Restraint Register are under review. We intend to incorporate these registers into the CIS system and remove paper registers.</td>
<td></td>
</tr>
<tr>
<td>QSN10: Notification of Seclusion &gt;72 hours</td>
<td>This form will be removed when the Seclusion Register is incorporated into the CIS system.</td>
<td>N/A</td>
</tr>
<tr>
<td>QSN11: Notification of Seclusion 7 in 7 days</td>
<td>This form will be removed when the Seclusion Register is incorporated into the CIS system.</td>
<td>N/A</td>
</tr>
<tr>
<td>QSN12: Annual return use of seclusion</td>
<td>This form will be removed when the Seclusion Register is incorporated into the CIS system. As a reminder – Entries should be reported per episode, not per order (e.g. an episode that last for 22 hours, should be reported as one episode, not as three separate orders).</td>
<td>N/A</td>
</tr>
<tr>
<td>QSN13: Annual return use of ECT</td>
<td>This form will be removed when the ECT Register is incorporated into the CIS system.</td>
<td>N/A</td>
</tr>
<tr>
<td>QSN16: Annual return use of physical restraint</td>
<td>This form will be removed when the Physical Restraint Register is incorporated into the CIS system.</td>
<td>N/A</td>
</tr>
<tr>
<td>QSN17: Annual return use of mechanical restraint</td>
<td>There are no changes to this form.</td>
<td>N/A</td>
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### Statutory forms

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<tr>
<td>Statutory Form 16 – Electroconvulsive Therapy Involuntary Patient (Adult) – Unable to Consent</td>
<td>No change to form – Form to be included in the new CIS system to be scanned an uploaded.</td>
<td>N/A</td>
</tr>
<tr>
<td>Statutory Form 17 – Treatment Without Consent Administration of Medicine</td>
<td>No change to form – Form to be included in the new CIS system to be scanned an uploaded.</td>
<td>N/A</td>
</tr>
<tr>
<td>Statutory Form 18 – Treatment of a Child in respect of whom an Order under S25</td>
<td>No change to form – Form to be included in the new CIS system to be scanned an uploaded.</td>
<td>N/A</td>
</tr>
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