 **Director of Mental Health**

**Reportable Event Notification Form**

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| Reason for reporting this event\*:  | [ ]  Section 132 death | [ ]  Suspected suicide of voluntary inpatient |
| [ ]  Special patient event | [ ]  Media attention | [ ]  Other |
| Event category: | [ ]  Death | [ ]  Suspected suicide | [ ]  Homicide | [ ]  Assault |
| [ ]  AWOL | [ ]  Attempted suicide | [ ]  Breach of leave | [ ]  Other |
|  |  |
| Te Whatu Ora district: | Choose an item. | Legal status - Act:eg, MH(CAT) Act | Choose an item. |
| Overseeing DAMHS: | Click or tap here to enter text. | Legal status - section: eg, s.30 | Click or tap here to enter text. |
| Date event occurred: | Click or tap to enter a date. | Legal status - leave: eg, s.52 | Click or tap here to enter text. |
| Narrative description of event\*: | Click or tap here to enter text. |
| First name: | Click or tap here to enter text. | NHI number: | Click or tap here to enter text. |
| Middle name(s): | Click or tap here to enter text. | Date of birth: | Click or tap to enter a date. |
| Last name: | Click or tap here to enter text. | Gender: | Choose an item. |
| Also known as (AKA): | Click or tap here to enter text. | Ethnicity:(based on NHI ethnicity codes) | Choose an item. |
| Diagnoses at time of event: | Click or tap here to enter text. |
| Provisional cause of death\*: | Click or tap here to enter text. | Inpatient/Outpatient: | Choose an item. |
| Provisional mode of death\*: | Click or tap here to enter text. | Date of last contact with mental health services\*: | Click or tap to enter a date. |
| Location where event occurred: | Click or tap here to enter text. | Mental health service responsible for care: | Click or tap here to enter text. |
| Other comments or notes: | Click or tap here to enter text. |

\* Further discussion of these items is on the next page.

 **Director of Mental Health**

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This form is the first step of the event process overseen by the Director of Mental Health. It must be completed and sent to the Director within **14 days** of an event occurring, for all events that meet the Director’s reporting criteria. Depending on the nature of the event, the Director may also require the following documents:

|  |
| --- |
| * + Notification and details of any media coverage and your response.
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| * + Internal adverse event review report.
 |
| * + External adverse event review report.
 |
| * + Coroner’s report confirming cause of death.
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| * + Inquiry/Investigation documents. (eg s.75, s.95, HDC, Coroner, etc)
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| * + Audit documents detailing the implementation of recommendations from the above reports.
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**Reason for reporting this event**

Since 2013, DAMHS have been required to advise the Director of four types of events. These events are:

1. Notifications of patient deaths in accordance with **s.132** MH(CAT) Act 1992. Patients are further defined as either; a person required to undergo assessment under s.11 or s.13; a person subject to a compulsory treatment order; or a special patient.
2. The death of a **voluntary patient** in an inpatient unit by **suspected suicide**.
3. Adverse events involving **special patients**. This includes attempted suicide, AWOL, assault, and breach of leave conditions (e.g. alcohol use).
4. Adverse events likely to draw **media attention**.

Please note that other reportable event systems (such as the Health Quality and Safety Commission reporting) are not connected to the Office of the Director of Mental Health and Addiction Services and are run separately.

**Narrative description of the event**

This is a brief description only, outlining what has happened and including any significant points that may not be captured elsewhere in the form.

**Date of last contact with mental health services**

This contact may be face to face or by telephone.

**Cause and Mode of Death**

The provisional cause and mode of death provided with this form must always be followed up with a definitive cause of death provided by a Coroner’s finding or medical certificate.