


DCOP NF39E Form	Health Information and Quality Authority Designated centres for older people (DCOP) Quarterly notification of incidents * NF39E Any pressure ulcer (category II or higher) sustained by a resident	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
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Section 1. Centre details.		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>
Unit or ward name (if applicable)		<input type="checkbox"/>
Reporting year		<input type="checkbox"/>
Reporting quarter	Quarter 1 (Jan, Feb, Mar) Quarter 2 (Apr, May, Jun) Quarter 3 (Jul, Aug, Sep) Quarter 4 (Oct, Nov, Dec)	<input type="checkbox"/>

* Please complete this form with HIQA's notification guidance. You can download the guidance at www.hiqa.ie

Section 2. Details of pressure ulcer sustained by residents during the quarter.

#	Category of pressure ulcer	Did pressure ulcer require medical treatment?	Did pressure ulcer require hospital treatment?	Where was pressure ulcer sustained?	Other details
1.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
2.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
3.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
4.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
5.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	

Section 2. Details of pressure ulcer sustained by residents during the quarter.

#	Category of pressure ulcer	Did pressure ulcer require medical treatment?	Did pressure ulcer require hospital treatment?	Where was pressure ulcer sustained?	Other details
6.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
7.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
8.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
9.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
10.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	

Section 3. Declaration.		For official use
I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.		
Name (print)		<input type="checkbox"/>
Position	Person in charge Authorised signatory for and on behalf of the registered provider	<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

This form should be either:

- **emailed** to: rst@hiqa.ie or,
- **posted** to: Regulatory Support Team, Regulatory Support Services, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y.

Telephone no: (01) 814 7400

Email: rst@hiqa.ie