

**Referral to Patient Safety Together Learning Team**

\*\* This referral form can be used by staff working in health services in Ireland to refer patient safety learning suggestions for potential development and publishing.

* Referred from: [insert name] on behalf of [insert team/service/committee]
* Referral Category:
	+ Potential for National Patient Safety Alert □
	+ Potential for Patient Safety Supplement □
	+ Potential for Patient/Service User or Staff Story □
	+ Upcoming QPS Event □
	+ QPS Journal Article □
	+ Other □
* Detail:

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* Please include evidence (National and International) to support:

[Validated Data / Journal articles / Policy / Case Reviews etc.]

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* Please include evidence for any actions or recommendations that are to be included:

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The [insert Line Manager / QPS Governance Team] have been informed and consent for this referral to be forwarded to the PST Learning Team for further consideration, and if accepted to be disseminated nationally via the PST website and/or the HSE QPS eAlert system **Yes □**

Signature of Line Manager (General Manager or above) / QPS Lead (or designate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approval Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date: