

Cork Kerry - Gaps & Blocks Reporting Form
Local DTF Treatment & Rehabilitation Committee Level

This form is for recording when there are issues with the working processes or systems within the NDRIC pilot or partner drugs and/or alcohol services.

Please DO NOT identify the service user. A local identifier or reference code may be required. If more detailed information is required the service user will need to give consent.

Please discuss possible solutions with relevant team members before completing form and referring the matter to the DTF treatment & rehabilitation committee. Initial feedback will be received within ten days of sending the form to the appropriate DTF coordinator.

1. Project name:

Date:

2. Case Manager Name and Contact Details:

3. Please provide a brief overview of the process issues only which the DTF need to be aware of and the reasons why a local solution is not obtainable at this stage.

4. Please list the actions and communications taken thus far to resolve the issue (identify who, what, and outcome for each step).

Which protocol does this form relate to?

Action – what was done to resolve the gap or block	Outcome – what was the result of the local initiative	Reasons – why does the gap or block persist

5. Can you make practical recommendations for how this situation could be resolved?

6. Any other relevant information you need NDRIC need to be aware of:

Before sending this form, ensure that the case manager has discussed this issue with the staff team and / or a peer case manager and feels that this issue warrants attention through the local gaps and blocks protocols.

If the issue persists and a local solution is not possible then the process issues should be notified to the National Drug Rehabilitation Implementation Committee using NDRIC level form, where they will work to address the gap or block at a national level.

Signed _____ Date _____