

HCS Client Incident Reporting and Management Procedure

Purpose: The purpose of this procedure is to outline the steps, roles and responsibilities for responding, reporting and managing client incidents across Home & Community Services (HCS).

Scope: The procedure applies to Catholic Healthcare HCS staff (which includes employees, volunteers and contractors) providing direct services to clients.

STEP	INSTRUCTIONS	EXAMPLES / TIPS	Person Responsible	Timeframe
1. Immediate Response	<ul style="list-style-type: none"> Identify an incident has occurred. Make sure the environment and persons involved are safe. Assess the support and assistance required to ensure the safety, health and well-being of persons impacted by the incident Provide support and assistance to those persons Take steps to immediately reduce the risk or manage the incident (provide first aid, medical treatment, contact emergency services) 	<ul style="list-style-type: none"> All staff to complete e-learning on incident management on induction or orientation. Incidents can be reported by anyone including staff, contractor, client or a family member. Report all immediate actions taken including first aid treatment 	<ul style="list-style-type: none"> All staff 	<ul style="list-style-type: none"> Immediately after the incident
2. Report / Record	<ul style="list-style-type: none"> Community Workers to report an incident by calling the Customer Service Centre on 1800 225 474 Customer Service Centre employees and all other HCS employees must record an incident in the Incident log on Connect at Community Incidents - New Item (sharepoint.com) Description of the incident should include: <ul style="list-style-type: none"> What happened and what is the harm caused or potential harm. Where and when the incident occurred 	<ul style="list-style-type: none"> Call 1800 225 474 Staff can access the Customer Service Centre using the staff number 8878 5910. The SIRS Field on the incident Management form should be completed for incidents that could be considered 'serious' under the 'Serious Incident Response Scheme'. 	<ul style="list-style-type: none"> Staff involved in Incident. Staff notified of the incident (by Community Worker, Client, Person involved, and 	<ul style="list-style-type: none"> Incidents must be reported immediately or when it is safe to do so.

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	<ul style="list-style-type: none"> How the incident happened and how it was managed 		/ or customer care team.	
3. Notification	<p>Once logged in Connect, the system sends an email to:</p> <ul style="list-style-type: none"> Relevant Care Manager (CHSP Coordinator or Care Advisor) Relevant Regional Manager General Manager, HCS, HR Business Partner, and Quality and Standards Manager if CAS 1 or CAS 2 	The person logging the incident in Connect must ensure that the relevant care manager and regional manager is entered in the system.	Automated Workflow	Immediately after incident logged (automatic)
4. Escalation	<p>All CAS 1 and 2 incidents are automatically notified to the General Manager, HCS, HR Business Partner and Quality and Standards Manager by email.</p> <p>The person logging the incident must notify the relevant Business Manager by phone if they believe this is a SIRS incident (refer to policy). In the absence of the Business Manager the person logging the incident must notify by phone the regional manager.</p> <p>Reportable Incidents Under SIRS include:</p> <ul style="list-style-type: none"> Unreasonable use of force including alleged domestic assault. Unlawful sexual Contact or inappropriate sexual conduct Psychological or emotional abuse 	<ul style="list-style-type: none"> Person logging the incident must have as much information as can be gathered at the time of reporting. If you are unsure as to whether the incident is reportable, use the SIRS decision support tool Aged Care Quality and Safety Commission 	Person logging the incident.	Immediately

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	<ul style="list-style-type: none"> ▪ Unexpected death of a consumer ▪ Stealing from or financial coercion ▪ Neglect of a consumer ▪ Use of restrictive Practice ▪ Unexplained absence of a consumer <p>Business Manager must first assess whether the incident is a serious incident. To do this, the Business Manager may need to contact the complainant or the person reporting the incident or the victim of the incident to clarify and seek further information.</p> <p>Then, (using the SIRS Decision Tool), determine whether the incident is a serious incident and if so, whether it is priority 1 or 2. If so, notify Regional Manager</p> <p>Business Manager will assume responsibility for leading the investigation unless notified that an independent investigation is required.</p> <p>Investigation lead will be appointed by GM, HCS or CGSC GM</p>				
<p>5. External Reporting</p>	<p>SIRS reporting</p> <ul style="list-style-type: none"> ▪ Business Manager is responsible for entering the report into the My Aged Care Portal and noting the reference number, once received, in the incident log. <p>Police reporting</p>	<ul style="list-style-type: none"> ▪ If you are unsure as to whether the incident is reportable, use the SIRS decision support tool Aged Care Quality and Safety Commission 	<p>Business Manager / Regional Manager</p>	<ul style="list-style-type: none"> ▪ SIRS P1 incidents must be reported within 24 hours. 	
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	<ul style="list-style-type: none"> ▪ Business Manager must contact police where criminal conduct is suspected or alleged. <p>WHS reporting</p> <ul style="list-style-type: none"> ▪ Where there are serious injuries, illnesses and dangerous incidents that occur in the workplace contact WHS Manager for advice regarding reporting to SafeWork. 			<ul style="list-style-type: none"> ▪ SIRS P2 incidents must be reported within 14 days
<p>6. Investigation / Follow-up</p>	<ul style="list-style-type: none"> ▪ Not all incidents require investigation. See Criteria for when an investigation is required. ▪ A subset of serious incidents must be escalated to the Clinical Governance and Safe Care Investigation Team for an independent investigation. These serious incidents are: <ul style="list-style-type: none"> ○ Unexpected death ○ Significant physical and/or psychological abuse, ○ Unlawful sexual/indecent conduct ○ Stealing /financial coercion but only where: <ul style="list-style-type: none"> ▪ The amount is greater than \$20k, or ▪ The stealing/financial coercion is alleged to be systemic – multiple occurrences over time. ○ Circumstances where independence from the Operations Team is critical. This may be because management is/may be implicated, media or other significant interest or significant exceptional circumstances. 	<ul style="list-style-type: none"> ▪ Investigation methodology should be documented: what steps were taken in finding out the root cause/ contributing factors? ▪ Take notice of ensuring that all relevant fields are filled in and other relevant policies and procedures are followed e.g., Open Disclosure Policy. ▪ Incidents requiring Independent Investigation as identified by General Manager HCS/ GM CGSCT ▪ Ensure open disclosure approach for all investigations. ▪ Use investigation tools for Serious Incidents including:  HCS Serious Incident Investigation Checklist 	<ul style="list-style-type: none"> ▪ Investigation Team (Care advisor or CHSP coordinator CAS 3-5 incidents) ▪ Care Advisor / Business Manager CAS 2 ▪ Regional Manager / Business Manager CAS 1 ▪ Investigation team for 	<ul style="list-style-type: none"> ▪ Serious and High-Risk Incidents (CAS 1 & 2) require initial investigation within 24 hours of the incident being identified and completed within 14 days. ▪ All other Incidents require investigation to be commenced within 2 working days and completed within 14 days.

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	<ul style="list-style-type: none"> The GM, HCS, HCS Quality & Standards Manager or Regional Manager is responsible for escalating these incidents. Assess how to appropriately involve each person affected by the incident or their representative in the management and resolution of the incident and involve each person in this way. Review the cause of the incident by reviewing relevant documentation and interviewing relevant persons Assess whether the incident could have been prevented and what remedial action should be undertaken to prevent similar incidents from happening again. Document all investigation actions in the investigation field in the incident log or attach an investigation report to the incident. Provide feedback to the client / primary contact about the incident. 	<p>HCS Serious Incident Investigation Plan Template</p> <p>HCS Serious Incident Investigation Report Template</p>	<p>subset of Serious Incidents listed under Instructions.</p>	
<p>7. Corrective Actions</p>	<p>What remedial action needs to be undertaken to prevent similar incidents from occurring and minimising their harm</p> <p>he Investigation Team is responsible for documenting the Corrective Actions taken to reduce the risk of the incident reoccurring.</p>	<ul style="list-style-type: none"> The corrective action field should be used to record all corrective actions to prevent the incident from reoccurring. Where there are no corrective actions, the field should contain phrase N/A. 	<p>Investigation team</p>	<p>As above.</p>

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STEP	INSTRUCTIONS	EXAMPLES / TIPS	Person Responsible	Timeframe
8. Complete Report	<p>Follow up corrective actions and record in the client care plan and/or client file as necessary.</p> <p>Close the incident and enter the date of closure.</p> <p>SIRS incidents cannot be closed until notification from ACQSC.</p>		As above	Within 14 days of incident being logged
9. Monthly Review of incidents	<p>Regional Managers review incidents on a monthly basis to monitor closure of reports and to identify any trends in their services/regions and report to General Manager.</p> <p>Incident trends to be tabled and analysed at Regional Care Management Committee Meetings.</p> <p>Monthly review and analysis SIRS trends to inform continuous improvement initiatives (MOA) and assess how well serious incidents were resolved.</p> <p>Quality & Standards Manager reviews incidents monthly and provides incident trends/information in Monthly Reports.</p>		<p>Regional Managers</p> <p>Quality and Standards Manager</p>	Monthly




Version History:

- Version 7 February 2023
- Version 8 May 2023

Reference & Related Material:

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- [HCS Incident Reporting and Management Policy](#)
- [CHL Open Disclosure Policy](#)
-  [HCS Serious Incident Investigation Checklist](#)
-  [HCS Serious Incident Investigation Plan Template](#)
-  [HCS Serious Incident Investigation Report Template](#)
- [CHL Voluntary Assisted Dying Policy and Procedure](#)

Keywords:

Incident, notify, near miss, investigation, reportable incidents

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Appendix 1: CAS Ratings

Category	CAS 1	CAS 2	CAS 3	CAS 4	CAS 5
	Serious Risk	High Risk	Moderate Risk	Low Risk	Negligible Risk
	Consider SIRS Report	Consider SIRS report			

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Category	CAS 1	CAS 2	CAS 3	CAS 4	CAS 5
Client Incident	<p>CRITICAL INCIDENT / SIRS</p> <ul style="list-style-type: none"> Death/ Serious Injury of a client during OR because of service delivery Allegations / Suspected unlawful sexual contact or inappropriate sexual conduct committed by a CHL staff member (employee/volunteer contractor) against a person Privacy/Confidentiality Breach <p>Escalate to the Business Manager via phone immediately</p> <p>Business Manager to escalate to Regional Manager immediately</p> <p>Regional Manager to escalate to GM, HCS immediately</p>	<p>SERIOUS INCIDENT / SIRS</p> <ul style="list-style-type: none"> Incident that causes or could have reasonably caused client physical or psychological injury or discomfort that requires medical or psychological treatment. Unreasonable use of force by HCS staff member, volunteer, contractor or another HCS Client– for example, hitting, pushing, shoving, or rough handling a consumer Neglect of a client Psychological or emotional abuse by a HCS staff member or contractor – such as yelling, name calling, ignoring a client, threatening gestures, or refusing care and services as a form of punishment Allegations of stealing or financial coercion by a CHL staff member (employee/volunteer/contractor). Inappropriate use of restrictive practices Unexplained absence – client goes missing during service delivery <p>VOLUNTARY ASSISTED DYING (VAD)</p> <ul style="list-style-type: none"> Any client-initiated discussions or queries must be recorded as an CAS 2 Incident and escalated as such. <p>Escalate to the Business Manager via phone immediately</p> <p>Business Manager to escalate to Regional Manager</p> <p>Notify HR Business Partner for any allegations against CHL employees or volunteers.</p>	<ul style="list-style-type: none"> Incident that indicates client deterioration of health and condition including falls, client unwell, medication incident Incident that requires medical treatment including hospital transfer Non-response to a scheduled visit A scheduled service does not occur due to unplanned leave or scheduling failure 	<ul style="list-style-type: none"> Incident requiring minor treatment/first aid only 	<ul style="list-style-type: none"> Incident requiring no medical treatment or medical follow-up

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Appendix 2: Types of Incidents and Definitions

- **Absconded missing**
Client is missing, and no one is aware where they are or when a client absconds from care.
- **Challenging Behaviour or Behaviour of Concern**
Client acts in a way that is harmful or potentially harmful to themselves or others i.e. verbal aggression, physical aggression, sexual harassment, assault.
- **Client Deceased**
Client is found deceased or passes away during a service
- **Client Illness**
Client's wellness is at risk due to an event that has occurred including client feeling unwell, injured without Client Wellness falling or client taken to hospital
- **Elder Abuse (witnessed / alleged / suspected)**
Physical, sexual, psychological, financial abuse is suspected, alleged or witnessed
- **Exposure to blood, body fluid or chemical**
A client, staff member or family member has been exposed to blood, body fluids or a chemical.
- **Fall – Unwitnessed**
A client falls without a CHL staff member observing the fall. This includes falls that occur during service and falls that occur outside of service delivery.
- **Fall – witnessed**
A client fall is observed by CHL staff member.
- **Medication**
An incident relating to Medication including client not taking medication, wrong medication, missing medication, client already taken medication, medication chart not signed
- **Missed service**
Client misses their service due to CW not turning up. This is NOT to be used if a client is not responding to a scheduled
- **Motor Vehicle Incident**
Incident involves a Motor Vehicle. Motor vehicle accident (at fault or not), car broken into, any damage to vehicle during service
- **Not responding to a scheduled visit**
The client is not answering for a scheduled service
- **Professional Conduct (staff related)**
A client, family member, member of the public reports that a staff member is behaving in an unprofessional manner
- **Property/equipment theft**
Allegations, suspicion, witnessed property / equipment theft or damage
- **Skin tear / wound /rash**

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Client skin tear, wound, or rash observed

- **Struck by an object**
A client struck by an object
- **Other**
Any incident that does not fit the categories above

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Appendix 3: Criteria for determining if an investigation is necessary

Consider the following factors when deciding if an incident needs to be investigated, and if so, the scope and extent of the investigation process that's required. This includes:

- any direction from the Commission about the need to conduct an investigation or engage an external investigator
- the severity of the incident and its impact on any affected consumer/s (e.g. death or serious injury or trauma)
- whether it has been alleged that a staff member has engaged in inappropriate conduct e.g. sexual misconduct, or an incident may have resulted from the conduct of a staff member (e.g. neglect)
- whether the incident may be the result of service gaps or failures in your systems, policies, procedures or practices
- the seriousness of the potential consequences for any person that is the subject of an allegation
- the views of the affected consumer/s and their family/representative, where appropriate
- the extent to which the facts of the incident are immediately clear and agreed to by those involved
- the extent to which the underlying causes of the incident and/or the appropriate actions to prevent a similar incident from reoccurring, or minimising harm, are immediately clear
- whether a similar incident has occurred in the past and/or involves a person or people who have been involved in other incidents in the past
- if an allegation has been criminally investigated, the outcome of that investigation
- whether there is substantial public interest in the matter.

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Appendix 4: Advocacy and other emergency supports for older people.

Older Persons Advocacy Network - OPAN – Australia-wide support

OPAN provides services to help older people understand and exercise their aged care rights, seek aged care services that suit their needs and find solutions to issues they may be experiencing with their aged care provider.

Translating and Interpreting Service (TIS National)

Free translating and interpreting services

Protecting the rights of older people - Seniors Rights Service

Provides legal services, advocacy service and advice

Elder Abuse Phone Line

1800 ELDERHelp (1800 353 374)

Ageing & Disability Commission (nsw.gov.au)

Promote the rights of older people and people with a disability to live free from abuse in their home

National Aged Care Advocacy Program (NACAP) | Australian Government Department of Health and Aged Care

NACAP provides free and confidential advocacy support to older people and their carers. It also helps aged care service providers to understand their responsibilities and the consumer rights of the people they care for.

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