

Client incident management system (CIMS)

Presentation to Chief Executive Officers

Centre for Excellence in Child and Family Welfare

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CIMS in-scope programs

Health funded organisations

- Home and community care (HACC) services (for people aged under 65 and under 50 for Aboriginal people). Excludes services funded through the National Disability Insurance Scheme (NDIS).
- Aged care and carer's support services
- Community health services
- Community palliative care services
- Community dental services (the department health funded via Dental Health Services Victoria (DHSV))
- Alcohol and drug treatment services
- Mental health community support services (MHCSS)

Disability services

- Individual support
- Information, planning and capacity building
- Targeted services
- Residential accommodation services

Children, youth and families services

- Family and community services
- Home-based care
- Kinship care
- Residential care
- Secure welfare
- Statutory child protection services

Housing and community building services

- Homelessness assistance
- Department managed
- Long-term housing assistance

Youth services and youth justice

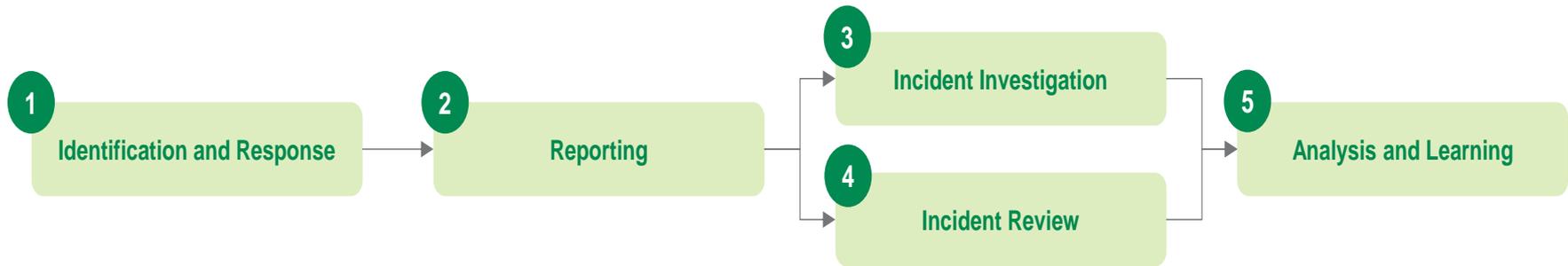
- Youth justice statutory community services
- Refugee minor program
- Youth services

Youth justice custodial services

- Youth justice custodial services

The CIMS framework

The effective management of a client incident comprises five stages:



Steps 3 or Step 4 are required for Major incidents

CIMS aims and objectives

Aim:

To support the safety and wellbeing of clients.

Objectives:

- Ensure timely and effective responses to incidents address client safety and wellbeing.
- Ensure effective and appropriate investigation of client incidents.
- Ensure effective and appropriate review of client incidents.
- Learn from individual incidents and patterns of client incidents, to reduce the risk of harm to clients, and improve the quality of services and the service system.
- Ensure accountability of service providers to clients.

CIMS Principles

The following principles underpin the design of the CIMS, and guide all actions undertaken:

- Client centred.
- Outcome focussed.
- Clear, simple and consistent.
- Accountable.
- Continually improving.
- Fit for purpose.
- Proportionate.

What has changed?

The new client incident management system is focused on incidents that have a direct impact on clients.

Identification and Response Stage

Current systems

- Limited detail guiding service provider response to client incidents.
- Separate guidance in Critical Client Incident Management Instruction and Responding to Allegations of Physical and Sexual Assault policy document.

CIMS

- Clear client-centred minimum standards.
- Specific requirements for preservation of evidence and notification of police (if required).
- Immediate response and planning for ongoing support.
- Specific guidance for responding to allegations of physical and sexual abuse will be included in the one document.

What has changed? (continued)

Client Incident Reporting Stage

Current systems

- All incidents are individually reported to the department.
- Inconsistent categorisation and incident types between Health and Human Services.
- Separate protocols are documented for follow up between health and human services.
- No relationship between different categories of incidents, and no clear requirement to identify cumulative and escalating harm to clients.

CIMS

- Revised incident categorisation and list of incident types to simplify and streamline classification across services.
- Two categories will be used: 'major impact' and 'non-major impact'. The service provider must exercise professional judgement to identify the level of impact.
- All 'major impact' incidents will be reported on an individual basis to the divisional office by the service provider.
- All 'non-major impact' incidents will require information to be reported at an aggregate level to the divisional office on a monthly basis.

What has changed? (continued)

Client Incident Reporting Stage (continued)

Current systems

CIMS

- Service provider CEO or Operational Deputy Secretaries will be required to review their monthly reports and identify patterns of persistent non-major incidents, which will trigger a major impact incident to reflect cumulative harm, or other patterns of concern.
- Dangerous actions that are understood and being actively case-managed by the service provider will be reported as non-major incidents, unless it is considered by the service provider there is an escalation or abnormality in the behaviour that triggers a Major impact incident.

What has changed? (continued)

Client Incident Investigation Stage

Current systems

- Separate protocols are documented for follow up between health and human services.
- Separate policies on specific types of investigation across services.
- Some programs do not have documented process for investigations.
- The department has a specific role in undertaking some types of investigations, for example, quality of care concerns in out-of-home care.

CIMS

- Investigations will be the primary responsibility of the service provider (including the department where it is the service provider).
- The service provider will be required to consider what level of independence is appropriate for each investigation.
- Includes minimum standards for an investigation, clear thresholds for when an investigation will be required, guidelines for when an external investigator should be commissioned, and oversight/quality assurance.
- The service provider will be required to have robust, documented processes for investigations and will be required to submit the investigation report to the divisional office for quality assurance.

What has changed? (continued)

Client Incident Investigation Stage (continued)

Current systems

CIMS

- In exceptional cases meeting strict criteria the department may become involved in the investigation as joint investigation manager.
- Divisional office joint management of incident investigation if required to be signed off by the relevant divisional office Director.
- Where there are concerns about a service provider's performance more generally, beyond an individual incident, funded organisation performance monitoring mechanisms such as Service Reviews would be activated.
- Existing investigation processes such as Quality of Care for concerns in out-of-home care will need to be assessed for relevance and alignment with the framework outlined above.
- Employment and carer schemes and screening processes such as the Suitability Panel and Disability Worker Exclusion Scheme will continue.

What has changed? (continued)

Client Incident Review Stage

Current systems

- Separate protocols are documented for follow up between health and human services.
- Involves separate policies on specific types of review across services.
- Some programs do not have documented process for review.
- The department has a specific role in undertaking some types of reviews, for example quality of support reviews.

CIMS

- The department will not perform reviews of individual incidents itself, except for services it delivers directly.
- Purpose of a review will be to determine whether the management of an incident was handled appropriately, and to identify any learnings to apply in practice.
- Every Major Impact incident must be subject to a review, either a Case Review or a more detailed Root Cause Analysis.
- Includes minimum standards for an incident review, and clear thresholds for when each type of review will be required.
- In circumstances where there is a demonstrated lack of capacity of the Service Provider to undertake a Root Cause Analysis review, the department will have an option to jointly manage the review.
- Divisional office joint management of an incident review to be signed off by the relevant divisional office Director.

What has changed? (continued)

Client Incident Review Stage (continued)

Current systems

CIMS

- Where there are concerns about a service provider's performance more generally, beyond an individual incident, funded organisation performance monitoring mechanisms such as Service Reviews would be activated.
- External oversight bodies will continue to conduct reviews pursuant to legislative processes.
- Existing review processes such as Quality of Support Reviews, operational debriefs, and Promoting Better Outcomes reviews will need to be assessed for relevance and alignment with the framework outlined above.
- The divisional office may opt to jointly manage a service review if there is a demonstrated lack of capacity by the service provider to conduct a review that meets the required standards.
- The divisional Director will apply a risk-based approach based on the severity of the incident and capability of the service provider to determine whether the divisional office involvement in managing the review is required.

How the new CIMS is different than previous (continued)

Analysis and learning

Current systems

CIMS

- Understand what is happening in relation to incidents (i.e. with trends in the volume and type of client incidents, key risk areas)
- Understand why this is happening (i.e. what is driving these events - why are certain types of incidents / services / clients / locations seeing increases / decreases in incidents?)
- Inform what we can do to produce better outcomes for client safety and wellbeing (i.e. based on this understanding, how can we make changes to policy / practice / case management in order to prevent and mitigate the risks of incidents and improve the quality of services and the service system for the benefit of clients).

Sector capability and readiness for change survey

Responses:

- Distributed to in excess of 1,700 service providers
- 123 (7%) service providers responded to survey

Key capability issues identified:

- ability to identify emotional or psychological impact of an incident on a client
- incident investigation
- case reviews and root cause analysis
- data entry and analysis tasks
- Identification of issues and develop recommendations

Next steps

Privacy impact assessment.

The final policy will be provided to the Commissioner for Privacy and Data Integrity as part of the department's consultation process

Further analysis of impact of policy on current incident reporting.

Analysis of findings of sector readiness survey to inform the development of capability building and guidance materials.

Commence build of IT solution to support launch sites.

Determine launch sites for initial roll out.

Commence development of additional guidance, e-learning modules and implementation support.

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Next steps (continued)

Commence roll out of information sessions and e-learning to launch sites.

Commence new CIMS at launch sites, including IT solution.

Monitor feedback from launch sites and provide additional implementation support as needed.

Conduct information sessions and roll out e-learning modules to in-scope service providers in preparation for state-wide roll out.

Full implementation of CIMS across all in-scope services is expected by mid 2017.

Where to get more information

Department of Health and Human Services website

<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/projects-and-initiatives/cross-departmental-projects-and-initiatives/client-incident-management-system>

Email

CIMS@dhhs.vic.gov.au

Funded Agency Channel

<http://www.dhs.vic.gov.au/funded-agency-channel/about-service-agreements/incident-reporting>