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| Case review report template |
| Client incident management system (CIMS) |

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[The following report template is to be completed when undertaking a case review of a major impact client incident as required under the client incident management system (CIMS).

Case reviews provide a professional practice framework to generate insight as to why an incident happened and to capture the key learnings from that incident. It is intended to support continuous improvement by reflecting on the client incident, exploring what might have caused it and documenting the lessons and actions the service provider will take to reduce the risk of the same type of incident occurring again in future. A case review in CIMS should primarily be based on a desktop review of available documentation. A separate template is to be used for when root cause analysis methodology is used to conduct an incident review.

Service providers are required to complete and submit case review outcomes to the department within 21 business days of the divisional office endorsing the incident.

# Service details

|  |  |
| --- | --- |
| Organisation name | <Enter organisation name here> |
| Address of service delivery | <Enter address of service delivery here> |
| Area  [As identified in the incident report] | <Enter Department of Health and Human Services service area here > |
| Program  [As identified in the incident report] | <Enter program here > |
| Service type  [As identified in the incident report] | <Enter service type here > |

## Case review manager details

[Refer to the *Client incident management guide* for the role, responsibilities and independence of the review manager]

|  |  |
| --- | --- |
| Surname / family name | <Enter surname / family name here > |
| Given name | <Enter given name here > |
| Position title | <Enter position title here > |
| Telephone | <Enter telephone here > |
| Email | <Enter email here > |

# Incident summary details

## Incident reference number

|  |
| --- |
| <Enter incident report ID (IRD) here> |

## Incident dates

|  |  |
| --- | --- |
| Date of the incident | <Enter date of the incident here > [DD/MM/YYY] |
| Date the incident disclosed to the service provider | <Enter the date incident was disclosed to the service provider here > [DD/MM/YYY] |

## Details of client(s) involved in incident

### Client one

[This section applies to the alleged victim/s of the incident. Please address the information outlined below individually for each client involved. Where a client is the subject of allegation or a witness to the incident provide client details in the appropriate section below.]

|  |  |
| --- | --- |
| Surname / family name | <Enter the client’s surname / family name here > |
| Given name | <Enter the client’s given name here > |
| Date of birth | <Enter the client’s date of birth here > [DD/MM/YYY] |
| Sex  [As identified in the incident report] | <Enter the client's sex. If unknown, enter 'not stated/inadequately described' here.> |
| Address | <Enter the client’s current home address here > |
| Indigenous status  [As identified in the incident report] | <Enter the indigenous status of the client here > |
| Client unique ID | <Enter client unique ID here > |
| Client unique ID type (e.g. CRIS or CRISSP number, HiiP ID, etc.) | <Enter client unique ID type here > |

#### Impact of incident on the client and incident type

|  |  |
| --- | --- |
| Incident category  [As identified in the incident report. Only major impact incidents are required to be reviewed] | <Major impact or non-major impact here > |
| Primary incident type  [As identified in the incident report] | <Enter primary incident type here > |
| Secondary incident type (applicable for incident types of abuse only)  [As identified in the incident report] | <Enter secondary incident type here > |

[Copy and paste the client details and impact on the client tables for each client that is an alleged victim of the incident, if required, up to a maximum of 10.]

# Case review report

## Review period

|  |  |
| --- | --- |
| Start date | <Enter start date here> [DD/MM/YYY] |
| Completion date  [Within 21 business days] | <Enter end date here> [DD/MM/YYY] |

## Incident details

### Summary of incident/s

[Based on the incident/s report description and the impact to the client]

|  |
| --- |
| <Enter summary of incident/s here> |

## Defining the problem

[Include a clear concise description of the issue(s) that are in scope of the review]

|  |
| --- |
| <Enter the details of the problem here> |

## Rationale for conducting the case review

[Why is a case review the most appropriate course of action?]

|  |
| --- |
| <Enter the rational for conducting the case review here> |

## Case review methodology

[Outline the key activities undertaken as part of the Case Review process, noting that the Case Review Manager may be required to undertake document reviews and speak with clients and staff members present at the incident and managerial staff.

[Examples include, but are not limited to, reviewing client file notes, medication chart records, organisation occupational health and safety policies, other relevant reports about the service provider and speaking with relevant clients and staff.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Activity | Rationale for activity | Responsibility | Timeline |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

[Add additional lines if necessary]

## Interviews

The interviews should be concise and targeted to the issues that are identified as in scope of the case review and not as detailed as would be expected for a Root Cause Analysis Review.

Consideration should be given as to whether it would be appropriate to interview the client/s involved.

|  |  |
| --- | --- |
| Name  [Including position title if a staff member] | <Enter the name of person interviewed here > |
| Date, time and location | <Enter date, time and location of interview here> |
| People present | <Enter all people present at the interview and their role here > |
| Purpose of interview | <Enter Reason for person interviewed here > |
| Key information collected in Interview:  [Include only relevant information. Full case notes of interviews can be attached to the case review report if required] | <Enter summary of information here > |
| Assessment of information:  [Is it relevant, credible and objective?] | <Enter assessment of information here> |

[Copy and paste the interview details table for additional interviews, if required.]

## Documentary or other evidence reviewed

|  |  |  |
| --- | --- | --- |
| List of documentary or other evidence reviewed | Date and source of documentary or other evidence reviewed | What is the relevance of the documentary or other evidence reviewed? |
| [Examples include, but are not limited to, reviewing client file notes, medication chart records, service provider occupational health and safety policies, other relevant reports about the service provider.] | [This is the date when the documentary or other evidence was originally completed and where/who it was obtained from.] | [For example: does it support verbal accounts of the impact to the client? Does it demonstrate that adequate actions were taken to support the client both immediately after and following the incident? Were actions consistent with organisational policies and procedures?] |
| <Enter documentary or other evidence reviewed here > | <Enter the date and source of documentary or other evidence reviewed here > | <Enter the relevance of documentary or other evidence reviewed here > |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

[Add additional lines if necessary]

## Assessment and key issues identified

### Incident management assessment

Describe how the client/s involved were supported and had their safety needs met (examples include, but are not limited to, engagement of a support person or advocate for the client, contacting police or seeking medical attention for the client, the use of communication aids)?

|  |
| --- |
| <Enter the incident management assessment here> |

If the client/s were interviewed, describe the account of how their needs were met during and following the incident. If the client accounts differ from the service providers account, what needs to happen to resolve this?

|  |
| --- |
| <Enter the details of the client account/s here> |

Was the service provider’s response and actions consistent with both department and service provider policies and procedures?

|  |
| --- |
| <Enter the assessment of whether the service provider’s response and actions were consistent with policy here> |

### Key Issues identified

[What information has been assessed as pertinent to inform the case review recommended action plan and why? What does the information tell us about why the incident occurred? Is there a possibility of a similar incident occurring again and why?]

|  |
| --- |
| <Enter the key issues identified here> |

### Key learnings

[What are the lessons that have emerged from this incident? What can be done differently in future to avoid or reduce the same thing happening again?]

|  |
| --- |
| <Enter the key learnings identified here> |

# Case review action plan

[In the table below, outline any specific actions to be implemented in response to the identified contributing factors/causes of the incident/s, who is responsible for these actions (that is, a specific individual, all staff who work with the client, a memo to be sent to all staff in the organisation, etc.) and when this is to be implemented (ongoing or a specific date).]

|  |  |  |  |
| --- | --- | --- | --- |
| Identified contributing factors/causes | Action/Recommendations | Responsibility | Timeline |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

[Add additional lines if necessary]

# Case review report endorsement

|  |  |
| --- | --- |
| Prepared by | <Enter name of person who prepared the case review report (the review manager) here> |
| Position/title | <Enter position or job title of person who prepared the case review report here> |
| **Conflict of interest declaration** | As the review manager, I declare that I have not had any prior personal involvement in this matter, nor do I have any personal bias or inclination, obligation or loyalty, that would in any way affect my conducting this review; nor any comments or critical analysis that I provide. As the review manager, I have verified that any other staff member involved in conducting the review also does not have a conflict of interest relating to this incident. |
| Signature | <Enter signature of person who prepared the case review report > |
| Date | <Enter date of above signature> [DD/MM/YYY] |

|  |  |
| --- | --- |
| Approved by  [Service provider’s Chief executive officer or delegated authority] | <Enter name of person who approved the case review report here> |
| Position/title | <Enter position or job title of person who endorsed the case review report here> |
| Signature | <Enter signature of person who approved the case review report here. Electronic signatures are acceptable> |
| Date | <Enter date of above signature here> [DD/MM/YYY] |

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