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| Frequent asked questions |
| Client incident management system (CIMS)  Policy update 1-2020  January 2020 |

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# Purpose of frequently asked questions (FAQs)

The Department of Health and Human Services (the department) requires in-scope funded service providers to report client incidents that occurred during service delivery in the client incident management system (CIMS).

The purpose of these CIMS FAQs is to provide in-scope funded **service providers** with answers to common questions asked in relation to the CIMS, in particular the policy and IT changes applicable from 3 February 2020.

For technical questions regarding the CIMS Application Program Interface (API), please contact cims@dhhs.vic.gov.au.

## Overview of Policy update 1-2020 (effective 3 February 2020)

### Why are policy changes required?

During the rollout of CIMS in 2018, the department made a commitment to review the effectiveness of the new client incident reporting policy and supporting IT system. Stakeholder feedback and data analysis indicated several areas where policy and practice could be amended to clarify and streamline reporting processes, and to reduce administrative burden.

A number of the changes also bring the system into closer alignment with the Commission for Children and Young People’s Reportable Conduct Scheme, and represent part of the work underway across the department to review and, where possible, streamline the investigative processes that clients and carers may face in the event of an incident or allegation of neglect, abuse or poor quality of care.

### What are the changes?

The changes to reporting under CIMS include:

* extending reporting timelines for major impact incidents from 24 hours to three business days of the incident occurring or of the service provider becoming aware of the incident
* removing the monthly bulk submission of non-major impact incidents so that these incidents are reported within three business days of the incident occurring or of the service provider becoming aware of the incident
* streamlining the process for major impact incidents, such that incidents that include an allegation of abuse (client-to-client or staff-to-client), poor quality of care, or unexplained injury will proceed automatically to investigation
* requiring service providers to upload case review outcomes into CIMS IT so the department, as system steward, can be assured that case reviews are occurring in a timely way to improve client outcomes
* replacing the phrase, ‘alleged perpetrator’ with ‘subject of allegation’.

### Will policy changes be applied retrospectively?

Only incidents that occur or the service provider becomes aware of from 3 February 2020 will be subject to the policy changes. Existing incidents within CIMS will be subject to the existing policy and reporting requirements.

## Major impact incident reporting timelines

### What are the parameters of the new *three business days* reporting timeline?

The *three business days* reporting timeline is based on the time the incident is disclosed. Under CIMS, the term ‘business days’ means Monday to Friday, excluding public holidays.

For example:

* an incident that is disclosed at noon on Monday would be due for submission by the service provider by noon on Thursday
* an incident that is disclosed at 3pm on Thursday would be due for submission by the service provider by 3pm on Tuesday the following week
* an incident that is disclosed at 3pm on the Thursday before the Good Friday Easter holiday would be due for submission by the service provider by 3pm on Thursday the following week (as Good Friday and Easter Monday are public holidays).

### Does CIMS account for differences between metropolitan and regional public holidays?

The three business day rule excludes public holidays based on the metropolitan calendar and does not allow for substituted regional public holidays.

### Will major impact incidents still be actioned by the department with 24 hours of being received?

To align with new major impact incident submission requirements for service provider, the department requirement for responding to major impact incidents has changed from 24 hours to one business day.

## Non-major impact incident timelines

### Does the approval workflow process for non-major impact incidents change with the new timelines?

Non-major impact incidents created from 3 February 2020 will no longer be approved and held in batch awaiting submission during the following month. Once a non-major impact incident has been approved by a manager level user, the incident will be immediately escalated to the senior delegate level user for endorsement and submission.

### How will non-major impact incidents be submitted within three business days?

Changes have been made to the CIMS IT and application program interface (API) so that non-major impact incidents can be created, endorsed and submitted individually as they occur. The process for submitting non-major impact incidents will be the same as the process for submitting major impact incidents (excluding follow-up requirements).

## Follow-up recommendations

### What do the policy changes mean for the current follow-up recommendation requirement?

*Policy update 1-2020* streamlines the reporting process for major impact incidents, such that incidents that include an allegation of abuse (client-to-client or staff-to-client[[1]](#footnote-1)), poor quality of care, or unexplained injury will proceed automatically to investigation. All other major impact incidents will proceed automatically to review (case review or root cause analysis), as outlined in the business rule matrix in Table 1.

Table 1: Business rule matrix for determining follow-up action after a major impact incident

| Incident impact | Incident type | Client involvement | Additional parameters | Follow-up action |
| --- | --- | --- | --- | --- |
| Major | Physical abuse | Victim | * Incident type - more information is: staff to client or client to client | Investigation |
| Major | Sexual abuse | Victim | * Incident type - more information is: staff to client or client to client | Investigation |
| Major | Sexual exploitation | Victim | * Incident type - more information is: staff to client or client to client | Investigation |
| Major | Financial abuse | Victim | * Incident type - more information is: staff to client or client to client | Investigation |
| Major | Emotional / psychological abuse | Victim | * Incident type - more information is: staff to client or client to client | Investigation |
| Major | Poor quality of care | Victim | * Incident type - more information is: staff to client | Investigation |
| Major | Injury | Participant | * The injury is unexplained | Investigation |
| Major | Incident types other than abuse (staff to client or client to client), poor quality of care, or unexplained injury | Any | * Service processes and systems were not, or do not appear to be, a significant causal or contributing factor | Case review |
| Major | Incident types other than abuse (staff to client or client to client), poor quality of care, or unexplained injury | Any | * Service processes and systems were, or appear to be, a significant causal or contributing factor | Root cause analysis |

### Are both primary and secondary incident types considered when determining the follow-up action required?

If the primary or secondary incident type of one client meets the criteria for investigation, the incident will automatically progress to investigation irrespective of the incident parameters for any other clients included in the incident report.

### How does CIMS capture whether an incident of injury is unexplained?

Where ‘Injury’ is reported as either the primary or secondary incident type, service providers will be asked in CIMS IT whether the injury resulted from known cause/s (explained injury) or from unknown cause/s (unexplained injury).

### When is the follow-up recommendation submitted?

With the policy update and CIMS IT changes, the follow-up action for major impact incidents will be automatically created and submitted to the Department at the same time as the incident report. Service providers will be asked additional questions during the endorsement process which will be used to populate the follow-up recommendation details.

### Is there still a 72 hours KPI for service providers to submit a follow-up recommendation.

There will no longer be a 72 hour KPI for the submission of follow-up recommendations as they will be automatically created during the incident report submission process.

### How are outcome due dates calculated with the automation of the follow-up recommendation?

Investigation, root cause analysis and case review due dates will be calculated from the date of incident endorsement due to the follow-up recommendation being endorsed at the same time.

### Does the department still endorse follow-up recommendations?

Department monitoring and oversight teams will no longer be assessing and endorsing follow-up recommendation types or rationales. Upon endorsement of the incident report by the department, the follow-up recommendation will also be automatically endorsed.

Note: Department monitoring and oversight teams are still responsible for determining if a joint investigation or review is required.

### What if I don’t know who the investigation manager will be at the time of submitting the report for an incident that will be investigated?

### During the endorsement and submission process of a major impact incident, the senior delegate is responsible for assigning an investigation or review manager. If this is not known, then the investigation or review should be assigned to the staff member most likely to manage the process and be updated later once confirmed.

### With removal of the screening step, do we have to undertake a full and detailed investigation for every incident that meets the criteria for investigation?

Service providers have the option to undertake a short form investigation in instances where the information and evidence available (such as CCTV footage) enables a conclusion to be reached during the initial follow-up and assessment as to whether allegations can (or cannot) be substantiated

For further information about this process, please refer to section 4.2.2 of the CIMS guide

### When and how are recommendations for joint investigations made?

It is generally the direct responsibility of the service provider to oversee, direct, conduct or commission the investigation and implement any actions in response.

If a service provider wishes to undertake a joint investigation, joint investigation should be selected during the incident endorsement process and a rationale included as to why a joint investigation is required.

Departmental staff will receive service provider requests for joint investigation when the incident report is first submitted. They will determine what level of involvement is necessary, applying a risk-based approach.

The department may determine that joint management is appropriate even if not recommended by the service provider. If departmental staff wish to initiate a joint investigation, the incident report will be withdrawn with a request for the service provider to update the details in the report.

If service providers have questions about the suitability of a joint investigation for individual incidents, they can contact departmental staff directly to discuss.

Further information on joint investigations can be found in section 4.2 of the *Client incident management guide*.

## Case review outcome submission

### What case review details need to be submitted?

Upon completion of the case review, service providers are required to submit the case review outcome, themes (if applicable), case review outcome report and relevant supporting documentation to the department.

Chapter 5 in the *Client incident management guide* provides guidance in relation to the information required. Case review report templates, while not mandated, have been developed by the department to assist service providers in identifying relevant information.

### Will case review outcomes and reports be quality assured and endorsed by the department?

Case review outcomes and outcome reports will **not be subject to a dedicated quality assurance process** and will not require endorsement by the department.

### Do case review outcomes and attachments for existing incidents need to be submitted?

This policy change applies only to incidents where the incident report was created on or after 3 February 2020. Case reviews that are completed post 3 February 2020 for incidents that were reported prior to this date do not need to be submitted.

## Terminology change to “subject of allegation”

### Will the term “alleged perpetrator” be updated for historical incidents?

Only incidents created from 3 February 2020 will have the terminology “subject of allegation” used within the incident report. Historical incidents will maintain the existing terminology.

### Are service providers required to update previously undertaken investigation reports to include the new terminology of “subject of allegation”?

Only investigations commenced from 3 February 2020 are required to use the new terminology of “subject of allegation”. There is no requirement to update historical outcome reports.

## Organisations submitting via the Application Program Interface (API)

### Will the policy updates apply to organisation using the API from 3 February 2020?

Policy updates that do not require system changes will be applicable from 3 February 2020 and include:

* Major impact incidents to be submitted to the department within three business days of the incident occurring or of the service provider becoming aware of the incident
* Follow-up recommendations for major impact incidents to align with the follow-up business rule matrix
* Terminology of “alleged perpetrator” to be updated to “subject of allegation”

Policy updates where system changes are required (non-major impact submissions, automation of the follow-up recommendation process and submission of case review outcomes) are required to be implemented by 1 July 2020.

### Can organisations implement the required changes and transition to the new version of the API prior to 1 July 2020?

Organisations are encouraged to initiate and complete the system changes as soon as possible. The CIMS technical support team will be available to support organisations and vendors in making the changes and in the testing process.

### How do I get the required documentation to make the system changes prior to 1 July 2020?

Communications have previously been provided to nominated contacts within each organisation using the API. If you require a copy of the information pack, please email [CIMS.API@dhhs.vic.gov.au](mailto:CIMS.API@dhhs.vic.gov.au)

### Who is responsible for communicating required changes to vendors?

Service providers are responsible for engaging their vendors in relation to the required changes.

### Where can I ask technical questions in relation to the required API changes?

Please email [CIMS.API@dhhs.vic.gov.au](mailto:CIMS.API@dhhs.vic.gov.au) where a technical support team will be able to respond.

### Can organisations submit non-major impact incidents individually within three business days if their system allows for it?

The CIMS API will be updated to allow for non-major impact incidents to be submitted individually as they occur. Service providers are permitted and encouraged to submit non-majors individually as they occur if system capabilities allow for it.

### Will follow-up recommendations still be quality assured and endorsed by the department from 3 February 2020 if submitting recommendations separately from the incident report (current practice)?

Follow-up recommendations will be assessed against the new follow-up business rule matrix in regard to whether it is an appropriate recommendation. Rationale for decision will not be assessed from 3 February 2020 in order to determine whether the follow-up recommendation is accepted.

### Are case review outcomes and outcome reports required to be provided to the department from 3 February 2020?

Case review outcomes and outcome reports must be provided to the department upon request. The submission of case review outcome and outcome reports electronically via the API is not mandated prior to 1 July 2020.

# More information

## Where do I find more information?

* See the [CIMS page](http://providers.dhhs.vic.gov.au/cims) on the Service Providers website <http://providers.dhhs.vic.gov.au/cims>.
* Email [CIMS@dhhs.vic.gov.au](mailto:CIMS@dhhs.vic.gov.au).

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1. References to staff members also include people who are volunteers [↑](#footnote-ref-1)