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| Client incident management system (CIMS)  Self-paced learning module  Module 1: The CIMS end-to-end model  March 2020 |

Department of Health

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# Module 1: The CIMS end-to-end model

## Learning objectives

Module 1: The CIMS end-to-end model outlines the aims, objectives and principles of the Department of Health and Human Services (the department) client incident management system (CIMS). It provides some key definitions that will be expanded on in future learning modules.

When participants complete this learning module they will have an understanding of why the CIMS has been introduced and how the information collected through the CIMS will be used to improve client outcomes and service delivery.

Participants will also have an understanding of:

* why CIMS is being introduced
* which services are required to report under CIMS
* the main aims, objectives and principles of CIMS
* the difference between major impact and non-major impact incidents, and the different incident types
* the five CIMS stages
* how the information can be used to improve safety and quality of care.

This is the first of four self-paced learning modules to support participants’ understanding of the CIMS, as outlined in detail in the CIMS policy document, the Client incident management guide. It is not necessary for participants to read the Client incident management guide in order to complete the learning modules. The first two self-paced learning modules are relevant to any staff member working for an in-scope service provider to gain an overview of the CIMS and requirements for responding to and reporting client incidents.

Classroom-based training programs will also be available. The classroom-based training, along with learning modules 3 and 4, is targeted at people who will be required to undertake investigation and review of client incidents in their organisation. It is recommended that all those who are attending the classroom-based training should first complete the self-paced learning modules.

Table 1 outlines the four self-paced learning modules and the classroom-based training programs, and what they cover.

| Self-paced learning Module 1  **The CIMS end-to-end model** | Module 1 is a self-paced module that introduces the aims, objectives and principles of the CIMS, along with the five stages of the CIMS, as outlined in the *Client incident management guide*. |
| --- | --- |
| Self-paced learning Module 2  **Responding to and reporting client incidents** | Module 2 is a self-paced learning module that focuses in more detail on CIMS stages 1 and 2, responding to and reporting client incidents. This module describes how to respond to a client incident and what information is required to complete an incident report. |
| Self-paced learning Module 3  **Introduction to investigating client incidents** | Module 3 is a self-paced learning module on CIMS incident investigations. It describes what incident types require an investigation to be undertaken and the requirements for conducting an incident investigation. |
| Self-paced learning Module 4  **Introduction to reviewing client incidents** | Module 4 is a self-paced learning module on CIMS incident reviews. It provides an overall picture of what incident reviews are and how they are undertaken. |
| Classroom-based training program  **Investigating client incidents** | ‘Investigating client incidents’ is a classroom-based training program that focuses on CIMS stage 3, incident investigations. This workshop will build participants’ capability to undertake and report on a client incident investigation as required under the CIMS. |
| Classroom-based training program  **Reviewing client incidents** | ‘Reviewing client incidents’ is a classroom-based training program that focuses on CIMS stage 4, incident reviews. This workshop will explore the two types of incident reviews, case reviews and Root Cause Analysis, and build participants’ capability to conduct them. |

Table : CIMS self-paced modules and classroom-based training programs

The four CIMS self-paced learning modules will be available at [client incident management system](https://providers.dhhs.vic.gov.au/cims) <https://providers.dhhs.vic.gov.au/cims>.

Participants will have a better understanding of the requirements of the CIMS once the four self-paced learning modules are completed.

The other modules are one-day classroom-based training programs which are relevant for people who are required to complete client incident reviews and client incident investigations.

Each of the self-paced modules (1–4) will take one to two hours to complete. The modules do not have to be completed in one sitting.

## Introduction to the client incident management system

Welcome to the Department of Health and Human Services (the department) client incident management system (CIMS) self-paced learning module.

The CIMS has clear requirements for responding to, reporting and managing client incidents. The main aim of the CIMS is to support the safety and wellbeing of clients. The objectives of the CIMS are to ensure:

* timely and effective responses to client incidents
* effective and appropriate investigations of client incidents
* effective and appropriate review of client incidents
* learnings are used to reduce the risk of harm to clients and improve the quality of the service system
* accountability of service providers to clients.

1. Identification and response
2. Reporting
3. Incident investigation
4. Incident review
(Stage 3 or 4 is required for major impact incidents)
5. Analysis and learningThe CIMS includes the five stages outlined in Figure 1.

Figure : The five stages of the CIMS

## Learning 1.1: What is the CIMS and why is it being introduced?

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| **What is the CIMS?**  The CIMS is the new policy and processes required for responding to, reporting and managing client incidents that result in harm to clients during service delivery.  Learnings [1.2](#_Learning_1.2:_Services) and [1.4](#_Learning_1.4:_Major) cover the services that are in scope for the CIMS and definitions of clients and incident types. |

### Why is the CIMS being introduced?

The department received feedback from a range of stakeholders (internal and external) indicating that a change to the process of managing client incidents was required to ensure a stronger focus on the most serious client incidents. A number of external reviews, including the Royal Commission into Institutional Responses to Child Sexual Abuse and the Victorian Ombudsman's Reporting and investigation of allegations of abuse in the disability sector, have informed the development of the CIMS.

After consulting with service providers, peak bodies and external oversight bodies, and reviewing best practice locally and internationally, it was identified that the new CIMS should:

* focus on the impact the incident has on the client rather than the incident itself
* support decision-making at a local level

be streamlined to reduce duplication and multiple reporting systems.

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| **The CIMS has been introduced to:**   * support service providers to provide better quality of care for clients * provide a consistent approach to client incident management * increase the accountability of service providers in managing client incidents * drive improvements in the system with the ultimate goal being to deliver better outcomes for clients. |

The CIMS requires service providers to record and report the details of any client incident via an **online web based incident report form**. Submitting client incident reports online will improve the quality of incident management by reducing possible errors and misinterpretation of information. Some service providers will have their own client incident register. However, all service providers will still be required to align their information technology (IT) to be able to lodge client incident reports to the department through the CIMS IT.

Information available at [client incident management system](https://providers.dhhs.vic.gov.au/cims) <https://providers.dhhs.vic.gov.au/cims>

The aim of the CIMS is to ensure and support consistency of understanding in managing and responding to client incidents, as well as improving the standard of responses to incidents.

### Task 1.1.1: Why has the CIMS been introduced?

For each statement below, indicate whether the statement is correct or incorrect. Answers can be reviewed against the [self-check](#_Self-check) guide at the end of the module.

|  |  |
| --- | --- |
| The CIMS has been introduced to: | Yes/No |
| * + 1. Focus solely on the most serious client incidents |  |
| * + 1. Provide a consistent approach to client incident management |  |
| * + 1. Provide a centralised system for all incidents regardless of whether they relate to staff, clients or equipment |  |
| * + 1. Increase the accountability of service providers in managing client incidents |  |
| * + 1. Drive improvements in the system with the ultimate goal being to deliver better outcomes for clients |  |
| * + 1. Improve client safety and wellbeing through better quality and more consistent reporting |  |

Identify whether the following statements are correct with a ‘yes’ or incorrect with a ‘no’.

Refer to [Self-check](#_Self-check) at the back of the module for answers.

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| **In the context of the CIMS, who is a ‘client’ and which services are in scope?**  A client is a person who is receiving services delivered or funded by the department.  The CIMS applies to department-delivered and funded services in areas including department-funded organisations; disability services; children, youth and family services; youth services; the housing and community sector. These include Victorian registered National Disability Insurance Scheme (NDIS) service providers until the full NDIS rollout in 2019.  Table 1.2.1 provides more details about the services that are in scope. |

## Learning 1.2: Services in scope for the CIMS

|  |  |
| --- | --- |
| Sector | Services |
| **Health services** | Home and community care services (for people under 65 years and under 50 years for Aboriginal people). Excludes services funded through the NDIS.  Aged care and carer’s support services  Community palliative care services  Alcohol and drug treatment services  Mental health community support services:   * youth residential rehabilitation * adult residential rehabilitation * individualised support packages * accommodation, respite and community support |
| **Department delivered or department funded disability services** | Department delivered disability accommodation services:   * Group homes * Ararat Day Program   Disability justice:   * Disability Forensic Accommodation and Treatment Services (DFATS) * Disability justice case management * Specialist Forensic Disability Accommodation (SFDA) * Forensic Disability State-wide Access Services (FDSAS) |
| **Children, youth and family services** | Family and community services:   * Aboriginal community-controlled organisations (residential services) * early parenting services * placement prevention / Families FIRST * placement prevention and reunification / Family Coaching Victoria * Cradle to Kinder program * family intervention services * Child FIRST and family services * family violence and sexual assault services   Home-based care:   * permanent care (pre-finalisation of permanent care order) * lead tenant * foster care * therapeutic foster care * leaving care * kinship care   Residential care:   * residential care – general, complex and intensive * therapeutic residential care   Secure welfare:   * secure welfare services   Statutory child protection services:   * child protection services * child protection after hours   Therapeutic care |
| **Youth services** | Youth services:   * adolescent support * Finding Solutions * Refugee Minor Program * youth outreach and diversion services |
| **Housing and community-building services** | Homelessness assistance:   * supported accommodation assistance * homelessness service support * transitional housing management * crisis accommodation services and crisis support services   Department-managed:   * public housing (but not community-managed housing)   Long-term housing assistance:   * long-term assistance * Public Housing Infrastructure Program |

Table : Services in scope for the CIMS

### Task 1.2.1: Services in scope for the CIMS

Choose the services below that **are in scope** for the CIMS (the services that will be required to use the CIMS).

|  |  |
| --- | --- |
| Service in-scope | Yes/No |
| Aboriginal community-controlled organisations |  |
| Secure welfare |  |
| Privately funded day-care centre |  |
| Supported accommodation for homeless people |  |
| Prisons |  |
| Respite services for people with a disability |  |
| Alcohol and drug treatment service |  |
| Transitional housing management |  |
| Department-managed public housing |  |
| Foster care |  |
| Public hospital |  |
| Mental health community support services |  |
| Community palliative care |  |
| State primary school |  |
| Refugee Minor Program |  |
| Youth detention centre |  |

Refer to [Self-check](#_Self-check) at the back of the module for answers.

### Aligning organisational policies and procedures to the CIMS

Organisations contracted to provide services to clients may have their own policies and procedures in place for responding to client incidents. However, service providers must ensure that these internal policies and procedures are aligned to the CIMS and meet the minimum requirements under the CIMS.

The CIMS is focused on responding to, reporting and managing incidents that **result in harm to clients only**. It is not focused on incidents that affect other people – for example, incidents that affect a staff member or a bystander who is a member of the public.

It is important to respond to and report other (non-client) incidents through the appropriate channels – but not through the CIMS. Staff need to know what the organisation they work for expects of them in regards to incident management. Your employer may even have additional measures in place over and above what is required under the CIMS. This information is typically found in the service provider’s local policies and procedures documents. Processes may be found in induction manuals, safety management plans or internal policies.

Staff should speak to their supervisor or manager if they need more information or direction on their organisation’s policies and procedures (including which ones are relevant and where to find them).

### Task 1.2.2: Reporting documents and response

Use the table below to identify any organisation-specific documents that indicate how to respond to and report a client incident (and where to find this information). This can be a handy reference guide after completing this module.

HANDY HINT: You may like to take the opportunity to work with a colleague on this exercise, and check with a supervisor or manager to see if all the relevant documents have been identified. An example has been provided in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of policy and name of document | Where is the document found? | Contact person | What information is given? |
| Client incident policy  ABC’s policy for responding to client incidents | Found in ABC’s quality management manual | Zali Jones, XXX | This document states ABC’s commitment to ensuring client safety, and the roles and responsibilities of staff when responding to incidents. |
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## Learning 1.3: Aims, objectives and principles of the CIMS

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| **What is the main aim of the CIMS?**  The overarching aim of the CIMS is to support the safety and wellbeing of clients, and to focus on the most serious of incidents. |

The CIMS has been designed to:

* ensure that timely and effective **responses** to incidents address client safety and wellbeing
* support effective and appropriate **investigation or review** of client incidents
* inform **system-wide learning** from individual incidents and from patterns of client incidents to reduce the risk of future harm to clients, and improve the overall quality of services
* promote the **accountability** service providers have to clients

**protect and maintain the personal and sensitive information** of clients, service provider staff or carers and others.

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| **What are the core principles underpinning the CIMS?**  There are seven core principles that underpin the design of the CIMS and guide all resulting actions. Client incident management should be:   * client-centred * outcome-focused * clear, simple and consistent * accountable * continually improving * fit-for-purpose * proportionate. |

Table 3 outlines the seven core principles underpinning the CIMS.

| Principle | Definition |
| --- | --- |
| **Client-centred** | The CIMS puts the client at the centre of all incident management processes – incidents must be managed in a way that is respectful of and responsive to a client’s needs, preferences and values. |
| **Outcome-focused** | The outcome in managing a client incident should always be about enhancing the client’s safety and wellbeing first and foremost. |
| **Clear, simple and consistent** | The CIMS is easily understood and accessible to all stakeholders across the service system. It applies consistently to all in-scope service providers, both department-delivered and department-funded organisations. |
| **Accountable** | Service providers have primary accountability for managing the response to client incidents. Each party involved in the management of an incident should understand their role and responsibilities, and will be accountable for decisions or actions taken. |
| **Continually improving** | The CIMS facilitates ongoing learning from issues that arise and the implementation of changes that result in better outcomes for client safety and wellbeing. |
| **Fit-for-purpose** | A client incident management system that really works and doesn’t just tick boxes. |
| **Proportionate** | The nature of any investigation, review or other actions following an incident will be proportionate to the harm caused to the client and the risk of future harm to the client. |

Table : CIMS principles

### Task 1.3.1: Describing CIMS in your own words

By now you should have a good understanding of the main aim, objectives and principles of the CIMS.

Imagine that you bump into a colleague in an elevator or in the foyer of your workplace, or perhaps you are in a meeting with your manager, and they ask you what you’ve been doing today. You tell them you’ve been completing the self-paced module on the CIMS end-to-end model, and they ask you to tell them all about it. They want to know who is it for, why it is being introduced and what it is supposed to achieve.

In your own words, what would you tell them?

|  |  |
| --- | --- |
| Who is it for?  Who is in scope for the CIMS? |  |
| Why?  Why is the CIMS being introduced?  Why is the system changing? |  |
| What?  What are the key benefits and features of CIMS (for clients and service providers)? |  |
| In a nutshell -  If you were to describe the purpose and key benefits of CIMS in one sentence, what would you say? |  |

Refer to [Self-check](#_Self-check) at the back of the module for answers.

## Learning 1.4: Major impact and non-major impact incidents and incident types

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| **What is a client incident?**  A client incident in the CIMS is an event or circumstance that occurs during service delivery and results in harm to a client. |

### What is a client incident?

This section considers the definition of a client incident and explains what happens when an incident occurs.

#### During service delivery

‘During service delivery’ means that a staff member is working with the client (for example, on a telephone call with a client or providing an online service):

* The client might be at a service or in the surrounding area (for example, within sight of the service).
* The client might be in their own home, which is the place where the service is provided.
* For clients under the care of 24-hour services (for example, in residential care, supported accommodation or statutory child protection), any incident is deemed to occur ‘during service delivery’.

#### Harm to a client

‘Harm to a client’ means the person receiving services was the subject of harm (for example, physical or emotional/psychological harm).

Where a staff member, or member of the public is harmed, there are other systems for reporting this. Such incidents (where the person who experiences harm is not a client) should not be reported under the CIMS. Refer to the relevant workplace policies and procedures for advice on reporting other events.

### Client incident categories

Client incidents in the CIMS are defined in two categories: **major impact** and **non-major impact**.

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| **What determines whether an event is a major impact or non-major impact incident?**  A client incident is categorised as major impact or non-major impact based on an assessment of the level of harm to the client (the severity of impact on the client). The most senior staff member present must use their professional judgement to determine the impact an incident has had on a client. It is important to note that there are some incident types which must always be reported and managed as major impact incidents. |

All major and non-major impact incidents must be reported to the department within three business days of the incident occurring or the service provider becoming aware of the incident.

Table 4 provides more information on how to determine the level of impact.

| Major impact | Non-major impact |
| --- | --- |
| * All unexpected or unanticipated deaths of clients, including suicides * Severe physical, emotional or psychological injury or suffering which is likely to cause ongoing trauma * A pattern of incidents related to one client which, when taken together, meet the level of harm to a client defined above. This may be the case even if each individual incident is a non-major impact incident | * Incidents that cause physical, emotional or psychological injury or suffering, without resulting in a major impact * Impacts to the client which do not require significant changes to care requirements, other than short-term interventions (for example, first aid, observation, talking interventions or short-term medical treatment) * Incidents that involve a client but result in minimal harm * Incidents that do not otherwise meet the criteria for ‘major impact’ |

Table : Classification of client incidents according to the impact on the client

Client incident categories and impacts are explored more in [Learning 1.5](#_Learning_1.5:_The) and again in Module 2.

#### What are some other factors that might affect client impact?

The service provider must consider specific client characteristics that might influence the client’s experience of an incident (for example, the client’s age, development or personal history) when assessing the effect of an incident on a client.

The staff member must exercise their professional judgement to determine what type of incident has occurred. Factors to consider include:

#### Client experience

* Was the client physically, emotionally or psychologically harmed in the incident? If so, to what extent?
* What level of treatment or care did the client require as a result of the incident?
* Is the client still at risk of further harm?

#### Severity of outcome

* What was the nature and extent of the harm suffered?
* What was the level of distress or suffering caused to the client?

#### Vulnerability of client

* Does the client’s age, stage of development, culture or gender increase the severity of suffering and trauma experienced?
* Does the balance of power or position between the subject of any allegation and the victim affect the impact of the incident on the client?
* Does the client’s mental or physical capacity, understanding of potential risks or communication skills affect how the incident impacts them?
* Does the client have a history of trauma or other factors which increase the impact of the incident? For example, abuse, homelessness, social isolation, health status (particularly poor health or other incapacity), poverty and discrimination.

#### Pattern and history of behaviour

Some clients may have a history of engaging in dangerous activities that are known to the service provider and are being actively case-managed. In cases like this, the service provider may classify an incident as a non-major impact incident, because it is not unusual for that particular client – even though it might be considered otherwise with another client or in another circumstance. That is, unless the event is linked to:

* an **escalation** in the severity or frequency of dangerous actions (for example, a client who has been known to get into physical altercations from time-to-time has recently been doing so on a daily basis)
* **abnormal** actions outside the known behavioural patterns of that client.

In these cases the event should be reported as a major impact incident.

### Client incident types

The CIMS has 16 incident types. Some incident types must be reported as major impact incidents. For example, allegations of physical or sexual abuse must always be categorised as a major impact incident. Table 4 and Table 5 define the 16 incident types. For more detailed information, refer to the Client incident management guide, Appendix A: Definitions of incident types.

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| Incident | Definition |
| **Escape from a secure facility** | This incident type only applies to clients in custodial care or disability services clients subject to compulsory treatment or judicial orders. This incident type includes:   * a client escaping a centre with defined boundaries * failure of a client to return from temporary leave. |
| **Death** | The death of a client during service delivery where the death is unanticipated or unexpected. This includes death as a result of the use or misuse of drugs, alcohol or other substances. |
| **Physical abuse** | Actions that involve the inappropriate use of physical contact or force against a person that result in major impact harm to the client. This includes impact resulting from:   * threats of physical abuse made to a client by another person * excessive use of physical force or restraint by a staff member * physical abuse perpetrated by other clients, as well as by a caregiver or staff.   Physical abuse does not include an act or omission that constitutes a lawful exercise of force, such as the lawful and duly authorised use of physical restraint. |
| **Sexual abuse** | Actual or attempted unwanted sexual actions (or allegations of such actions) that result in major impact harm to the client or which are otherwise forced upon a client against their will or without their consent, through the use of physical force, intimidation or coercion. |
| **Sexual exploitation** | Sexual exploitation is defined as the abuse of a person under 18 or a person with a cognitive disability. This may include:   * the exchange of sex or sexual acts for money, goods, substance or favours * involving a child in creating pornography * contact with a known sex offender. |

Table : Summary of mandatory major impact incident types

|  |  |
| --- | --- |
| Incident | Definition |
| **Financial abuse** | The misuse of a client’s assets, property, possessions and finances without their consent. It includes:   * denying a client the use of their own assets, property, possessions and finances * theft, fraud, exploitation and pressure in relation to assets, property, possessions and finances * obtaining assets through deception.   This also includes financial abuse perpetrated by other clients.  Allegations of financial abuse of a client by a staff member, volunteer carer or member of the carer’s household are usually classified as a major impact incident. |
| **Absent client** | A client is unexpectedly absent from the service or absent without authorisation and there are concerns for their safety. |
| **Dangerous actions – client** | Dangerous actions that cause client harm or place the client at risk of harm. This includes:   * dangerous actions as a result of the misuse of drugs, alcohol or other substances * high-risk activities such as arson or train surfing * sexually orientated actions by a client in circumstances that place their safety at risk. |
| **Emotional / psychological abuse** | Actions or behaviours that reject, isolate, intimidate, or frighten by threats. Could also be the witnessing of family violence, to the extent that the client’s behaviour is disturbed or their emotional and psychological wellbeing has been, or is at risk of being, seriously impaired. This includes:   * rejecting, isolating, terrorising and ignoring behaviours * denying cultural or religious needs and preferences * emotional abuse perpetrated by other clients.   Always consider any potential power imbalance between the client and the person engaging in the behaviour. |
| **Emotional / psychological trauma** | A reaction or set of reactions which develop in a client because they have witnessed, heard, or otherwise been exposed to, a traumatic event which has threatened the client’s life or safety – or that of others around them. As a result, the person experiences feelings of intense anxiety, fear or helplessness. This includes (but is not limited to):   * the witnessing of catastrophic events such as the severe injury or death of a close family member or friend * the diagnosis of a life-threatening condition. |
| **Inappropriate physical treatment** | Actions that involve the inappropriate use of physical contact or force against a person that result in non-major impact harm to the client. This includes impact resulting from:   * threats of physical abuse made to a client by another person * excessive use of physical force or restraint by a staff member * physical abuse perpetrated by other clients, as well as by a caregiver or staff.   Inappropriate physical treatment does not include an act or omission that constitutes a lawful exercise of force, such as the lawful and duly authorised use of physical restraint. |
| **Inappropriate sexual behaviour** | Actual or attempted unwanted sexual actions (or allegations of such actions) that result in non-major impact harm to the client, unless the relevant behaviour meets the definition of sexual abuse, in which case it must always be reported as a major impact incident. |
| **Injury** | Actions or behaviours that unintentionally cause harm which requires first aid or medical attention. Includes both explained and unexplained injuries. |
| **Medication error** | Refers to any error in the administration of a client’s prescribed medication, where the service provider is responsible for such administration. Includes:   * the administration of incorrect medication * missed medication * the incorrect or unauthorised administration of PRN (from the Latin ‘pro re nata’) restraint medication * psychotropic medicines misuse * client refusal of prescribed or authorised medication * pharmacy error (an error in the dispensing of medication).   Misuse of psychotropic medicines administered by a staff member must be reported as major impact. |
| **Poor quality of care** | Inappropriate or inadequate care by caregivers or staff in the context of service delivery.  Note: Abuse by a caregiver or staff member should be categorised under the sexual abuse, physical abuse, emotional/psychological abuse or financial abuse types.  Neglect of a client must be reported as a major impact incident. Neglect is the failure to care adequately for a client to the extent that the health, wellbeing and development of the client are significantly impaired or at risk. |
| **Self-harm/ attempted suicide** | * Actions that intentionally cause harm or injury to self. * Actions to attempt suicide (the intention to end one’s own life). * Attempted suicide must be reported as a major impact incident. |

Table : Summary of incident types that might be classified as EITHER major impact or non major impact based upon assessment and professional judgement of the Service provider

The client incidents listed above are further defined in the Client incident management guide, Appendix A: Definitions of incident types. These definitions will assist in deciding whether an incident should be considered as a major impact or non-major impact incident.

### Task 1.4.1: Categorising incident types

Take a moment to think about the categorisation of client incidents, and what this will look like in practice. There may be certain incident types that are more likely to happen in a particular environment than in others, depending on the nature of services that a provider delivers.

Think of some client incident examples to use for the purpose of this exercise. You can choose to come up with several different examples in a few different service provider settings. If you work for a service provider, you might like to focus on the incident examples that you could imagine happening in your specific workplace. You can also choose real-life client incident examples if you have dealt with any in the past.

Consider what you have learnt in this module so far. Complete the table below, focusing on the categorisation (major impact or non-major impact) of client incidents and the rationale for categorisation. More information about client incident categorisation can be found in the Client incident management guide, Appendix A: Definitions of incident types.

You might like to discuss this activity with a colleague or your manager to test your understanding.

|  |  |  |
| --- | --- | --- |
| Incident type  What happened to the client? How were they harmed?  (Provide a short description.) | Categorisation  Major impact incident  or non-major impact incident? | Rationale  Detail the reasons for categorisation. |
|  |  |  |
|  |  |  |
|  |  |  |

## Learning 1.5: The five CIMS stages

### 1. Identification and response 2. Reporting 3. Incident investigation 4. Incident review (Stage 3 or 4 is required for major impact incidents) 5. Analysis and learningWhat are the five stages of the CIMS?

Figure : The five stages of the CIMS

Table 6 outlines the CIMS stages in more detail.

| Stage | Definition and process |
| --- | --- |
| **1. Identification and response** | **Identification** is when an incident is disclosed to, or observed by, a service provider at any service delivery setting (for example, provider premises, outreach location, client’s home). This can include disclosure by a client, family member or other professional, to the service provider.  **Response** covers the immediate activities undertaken to ensure the safety and wellbeing of clients, staff and witnesses, preserve evidence and notify emergency services and family or other support people. |
| **2. Reporting** | **Reporting** captures specific information regarding the incident identified.  As part of this stage, follow-up is undertaken to ensure the information provided in an incident report is accurate, and that service providers and the department are assured that appropriate actions are being planned or undertaken to manage the incident. |
| **3. Incident investigation** | An **incident investigation** is a formal process of collecting information to ascertain the facts. This information may inform any subsequent criminal, civil penalty, civil, disciplinary or administrative sanctions.  In the context of the CIMS, the purpose of an incident investigation is to determine whether there has been abuse or neglect of a client by a staff member or another client, in relation to an allegation in a client incident report.  Not all client incidents will require an incident investigation – only specific incident types will be investigated. Module 4 explains the client incidents requiring an incident investigation and outlines how to conduct an incident investigation. |
| **4. Incident review** | An **incident review** is an analysis of an incident to identify what happened, determine whether an incident was managed appropriately, and to identify causes of the incident and subsequent learnings to apply to reduce the risk of future harm.  There are two types of review that can be conducted as part of the CIMS: a case review and a root cause analysis review. Module 3 explains the two types of review.  Note that reviews are distinguished from incident investigations (above), which have a focus on determining whether there has been abuse or neglect of a client by a staff member or another client. In general, if an investigation has been carried out, there is no requirement for the service provider to undertake an incident review, so long as the investigation sufficiently covered any relevant issues of quality assurance and continuous improvement that would otherwise be considered by a review. |
| **5. Analysis and learning** | **Analysis and learning** includes regular analysis of summary incident data to identify patterns, trends and issues that can inform service improvements. |

Table : CIMS stages – definition and process

## Learning 1.6: Using CIMS data to improve service delivery

Analysis of incident information provides significant opportunities for service providers, including departmental service providers, to learn and therefore improve services for clients. The CIMS allows both major impact and non-major impact incidents to be evaluated through the systematic collection and analysis of data.

|  |
| --- |
| **How can the data collected through the CIMS help improve service delivery?**  Effective data collection means greater visibility of issues. The CIMS allows service providers and the department to systematically review incident data. This means that there will be new capacity to identify patterns, trends and issues so that appropriate changes can be made to the system to enhance the safety and wellbeing of clients and improve service delivery. |

The CIMS collects information at multiple levels:

* client
* service provider
* area and division
* state-wide.

This summary data can be analysed to identify patterns, trends and issues. The data will then be used to inform service improvement, planning and review.

The case study below shows how data may be used in practice to improve service delivery.

|  |
| --- |
| A residential service provider with several facilities for young people is reviewing data on its non-major impact incidents. The CIMS information shows there has been an increase in the number of client injuries reported in a cluster of shared accommodation units the provider operates in one geographic area. The information further reveals that the injuries are occurring in houses where higher numbers of temporary agency staff are used.  The service provider undertakes a review of the staff rostering processes for the shared accommodation units in that area. The review identifies a high level of sick leave for permanent staff, which has led to an increased use of temporary agency staff who are not adequately trained in the manual handling of residents with limited mobility. Equipment to support the appropriate manual handling of residents, such as hoists, is lacking or damaged.  The review proposes several actions to address the manual handling issues, including more training for agency staff and new equipment. It also proposes strategies to reduce over-reliance on agency staff and to explore the drivers for the high sick leave of substantive staff. |

# Sector application

The aim of this section is to apply learnings to the relevant sectors. A selection of case studies is provided – choose one or more that are most relevant to you. In determining your answers, you are encouraged to discuss these case studies with your colleagues and line manager. Responses may be reviewed against the [self-check](#_Self-check) section at the end of Module 1.

One of the key principles underpinning the CIMS is ‘client-centred’. The CIMS puts the client at the centre of all incident management processes and incidents must be managed in a way that is respectful of and responsive to a client’s needs, preferences and values. In each of these case studies, consider whether the needs, preferences and values of the client were prioritised.

## Case study 1: Homelessness sector

### Introducing Zeb

Brookfield is an outreach program that provides assertive outreach to people who are sleeping rough in Melbourne. Zeb is a 40-year-old client who has been difficult to contact over the past week. Two staff members, Josephine and Bill, decide to visit him in the park where he normally sleeps.

### The incident

Josephine and Bill find Zeb in the park at 6.00 am. He appears to be intoxicated, with two empty casks of wine nearby. He is shaking uncontrollably and says that he has considerable pain in his abdomen. Josephine calls an ambulance while Bill reassures Zeb and monitors his condition.

The ambulance arrives and the paramedics assess Zeb and recommend that he needs to go to hospital. Zeb refuses initially, but after some discussion with Josephine and Bill, agrees to go. An hour later, Bill rings the hospital and is told that Zeb has been admitted to a ward for observation.

Zeb is offered short-term accommodation following his discharge from hospital. Zeb refuses this offer, but agrees to accept a daily visit from the Brookfield outreach workers in the park while the service continues to try to find him appropriate long-term accommodation.

### In this scenario, which of the following statements do you agree with?

|  |  |
| --- | --- |
| Which statements do you disagree with? | Agree or disagree |
| The client was respected in this response |  |
| The client’s needs were supported |  |
| The wellbeing of the client was put first and foremost in the response |  |
| This matter should have been reported as a client incident using the CIMS |  |

## Case study 2: Child protection sector

### Introducing Katie

Katie is 13 years old and lives in a four-bedroom residential care unit run by a community service organisation. It is recorded on Katie’s file that six months prior to coming under the care of this organisation, she was a victim of sexual abuse and had trouble settling into multiple foster care arrangements. It is also noted that Katie is very vulnerable to sexual exploitation.

### The incident

On Monday night Katie tells Li, the residential care worker, that an older man in his forties had been chatting with her at the bus stop. He asked her some personal questions about where she lived and whether she had tried smoking marijuana before. Just before her bus arrived, Katie stated, she had given her mobile phone number to him.

Katie told Li that the man had been sending her text messages all afternoon. Li was immediately concerned about the appropriateness of the man contacting Katie and the nature of their interactions. Li asked Katie if he could view the text messages they had exchanged, which Katie allowed him to do. The text messages were sexually suggestive in nature and the man had asked Katie to tell him about her sexual experience. He had also shared some of his sexual fantasies with her.

Katie leaves the placement with another client later that afternoon, advising they are going to the shops. Katie returns that evening and she informs Li that she met the man at the local train station and that he sexually assaulted her.

Li contacts the local police, his organisation’s on-call service and child protection after hours. The police come to the facility and interview Katie. They take her to receive medical treatment and take her mobile phone so they can follow up any leads.

### In this scenario, which of the following statements do you agree with?

|  |  |
| --- | --- |
| Which statements do you disagree with? | Agree or disagree |
| The client was respected in this response |  |
| The client’s needs were supported |  |
| The wellbeing of the client was put first and foremost in the response |  |
| This matter should have been reported as a client incident using the CIMS |  |

## Case study 3: Community mental health

### Introducing Tina

Tina is a young woman in her early twenties; her parents died when she was 14 and she now lives with her grandfather. Tina was diagnosed with an anxiety disorder when she was 18 and has recently started experiencing panic attacks. Her grandfather and her close friend Ping Wang, whom she has known since early school days, are her main supports.

Tina’s grandfather came with Tina to Chapman Community Mental Health Service because Tina’s anxiety had reached a point where her life was really impacted and she has taken a leave of absence from her part-time job. Tina has stopped going anywhere that’s crowded or enclosed, including places she used to enjoy like shopping centres and cinemas, and she finds using public transport really hard.

Tina was allocated a counsellor from the service – Fabio Santamaria. Fabio is a practicing psychologist who works with people experiencing anxiety and depression. Fabio’s treatment plan has included accompanying Tina and her grandfather to a cafe and the supermarket. At these outings, he has helped Tina to implement the strategies they have worked on, including identifying triggers for her anxiety and responding with actions like regulating her breathing and thinking processes. Tina is making progress and has gone back to her part-time job. Tina is really pleased with the improvements she is making and continues to attend regular sessions with Fabio.

### The incident

Ping Wang, Tina’s friend, contacted the Chapman Community Mental Health Service Director, Chris Rogers, to raise concerns about Fabio’s relationship with Tina. She alleges that Fabio has been offering support that is outside of his role, including taking Tina to a cafe and to the movies.

Ping advises that Tina has told her that Fabio is always very friendly and that she thought he was very handsome. Ping is aware that Fabio had also invited Tina to the football this coming weekend. Ping had asked if she could come with them, but Tina told her that Fabio said, ‘it would be better if it was just the two of them’. Ping is worried that Fabio might be exploiting her friend and that his approach isn’t professional.

Once Chris gets off the phone with Ping, he arranges a meeting to speak with Fabio at the earliest opportunity to discuss the allegations Ping has made about his relationship with Tina. In the interim while he waits to meet with Fabio, he also makes arrangements for a new counsellor to be assigned to Tina to ensure any misconduct, if substantiated, does not continue. It also seemed to Chris an appropriate thing to do until he could look into things further. Chris plans to speak with Tina separately after he speaks with Fabio.

### In this scenario, which of the following statements do you agree with?

|  |  |
| --- | --- |
| Which statements do you disagree with? | Agree or disagree |
| The client was respected in this response |  |
| The client’s needs were supported |  |
| The wellbeing of the client was put first and foremost in the response |  |
| This matter should have been reported as a client incident using the CIMS |  |

## Case study 4: Disability sector

### Introducing Frank

Frank is a 45-year-old man with Down syndrome. Frank lives with four other people in a five-bedroom group home located in the community.

### The incident

On Monday, while Frank was attending a day service outing run by the local activity centre, he was required to walk down a flight of stairs. Frank was very hesitant about taking the stairs as he finds stairs hard to navigate. A new staff member, Maurizio, held Frank’s hand encouraging him to take care with the steps. Despite Maurizio’s assistance, Frank lost his balance and fell down the stairs. Frank was in significant pain and it appeared he had broken his leg.

Maurizio called an ambulance while another staff member comforted Frank and monitored his condition. The ambulance arrived and the paramedics took Frank to the local hospital where it was confirmed that Frank had broken his leg. Frank was treated at the hospital and was able to return to the group home that evening. It is expected he will make a full recovery.

### In this scenario, which of the following statements do you agree with?

|  |  |
| --- | --- |
| Which statements do you disagree with? | Agree or disagree |
| The client was respected in this response |  |
| The client’s needs were supported |  |
| The wellbeing of the client was put first and foremost in the response |  |
| This matter should have been reported as a client incident using the CIMS |  |

# Summary

## Module 1: The CIMS end-to-end model

### ****What is CIMS?****

The CIMS is the new policy and processes required for responding to, reporting and managing client incidents (incidents that result in harm to clients during service delivery).

Services covered under the CIMS, and the definitions of clients and incident types are covered in Learnings [1.2](#_Learning_1.2:_Services) and [1.4](#_Learning_1.4:_Major).

#### ****Why is the CIMS being introduced?****

The CIMS has been developed to:

* support service providers to provide better quality of care for clients
* provide a consistent approach to client incident management
* increase the accountability of service providers in managing client incidents
* drive improvements in the system
* achieve the ultimate goal of delivering more positive experiences for clients.

#### ****Who is a ‘client’ and which services are in scope in the context of the CIMS?****

* + - 1. Who is a client?

A client is a person who is receiving services delivered or funded by the department.

* + - 1. Which services are in scope?

The CIMS applies to department-delivered and funded services in areas including department-funded organisations; disability services; children, youth and family services; youth services; the housing and community sector. Table 1.2.1 provides more specific details about the services that are in scope.

#### ****Aims, objectives and principles of the CIMS****

**What is the main aim of the CIMS?**

The overarching aim of the CIMS is to support the safety and wellbeing of clients, and to focus on the most serious client incidents.

#### ****What are the core principles underpinning the CIMS?****

There are seven core principles that underpin the design of the CIMS. These principles guide all resulting actions. Client incident management and reporting should be:

* client-centred
* outcome-focused
* clear, simple and consistent
* accountable
* continually improving
* fit-for-purpose
* proportionate.

#### ****Major impact and non-major impact incidents and incident types****

* + 1. What is a client incident?

A client incident in the CIMS is an event or circumstance that occurs **during service delivery** and **results in harm to a client.**

* + 1. What determines whether an event is a major impact or non-major impact incident?

A client incident is categorised as major impact or non-major impact based on the resulting level of harm to the client (the severity of impact on the client). The most senior staff member present must use their professional judgement to determine the impact an incident has had on a client. It is important to note that there are some incident event types that must always be treated as major impact incidents.

#### ****How can the information collected through the CIMS help improve service delivery?****

Effective information collection means greater visibility of issues. The CIMS allows service providers and the department to review incident information. There will be new capacity to identify patterns, trends and issues so that appropriate changes can be made to the system to enhance safety for clients and improve service delivery.

# Self-check

## Tasks – expected responses

Check your understanding of the tasks given during the module against the expected responses below. Refer back to the Client incident management guide and review the relevant sections.

### Task 1.1.1: Why has the CIMS been introduced?

Identify whether the following statements are correct or incorrect.

|  |  |
| --- | --- |
| The CIMS has been developed to: | Correct /Incorrect |
| * + 1. Focus solely on the most serious client incidents   **There are two incident categories in the CIMS: major impact and non-major impact incidents. Both incident categories have specific response and reporting requirements attached to them.** | **Incorrect** |
| * + 1. Provide a consistent approach to client incident management | **Correct** |
| * + 1. Provide a centralised system for all incidents regardless of whether they relate to staff, clients or equipment   **The CIMS is for incidents that occur during service delivery and result in harm to a client. A client is defined as a person receiving services delivered or funded by the department. Issues that don’t impact clients, but that otherwise affect staff, other people such as members of the public, property or reputation should be managed and reported through other appropriate channels, rather than through the CIMS.** | **Incorrect** |
| * + 1. Increase the accountability of service providers in managing client incidents | **Correct** |
| * + 1. Drive improvements in the system with the ultimate goal being to deliver more positive experiences for clients | **Correct** |
| * + 1. Improve client safety and wellbeing through better quality and more consistent reporting | **Correct** |

See the Client incident management guide, Section 1.2: CIMS aims, objectives and principles.

### Task 1.2.1: Services in scope for the CIMS

Circle the services below that **are in scope** for the CIMS (the services that will be required to use the CIMS).

|  |  |
| --- | --- |
| Service in-scope | Yes/No |
| Aboriginal community-controlled organisations | Yes |
| Secure welfare | Yes |
| Privately funded day-care centre | No |
| Supported accommodation for homeless people | Yes |
| Prisons | No |
| Respite services for people with a disability | Yes |
| Alcohol and drug treatment service | Yes |
| Transitional housing management | Yes |
| Department-managed public housing | Yes |
| Foster care | Yes |
| Public hospital | No |
| Mental health community support services | Yes |
| Community palliative care | Yes |
| State primary school | No |
| Refugee Minor Program | Yes |
| Youth detention centre | No |

### Task 1.3.1: Describing the CIMS in your own words

In Task 1.3.1, you were asked to describe the CIMS in your own words. This is a reflective exercise designed to help you consolidate your understanding of the main aim, objectives and principles of the CIMS. There is no one right answer and each person will have their own unique way of explaining the CIMS. However, the completed table below may be a good reference point to check against your own understanding of what the CIMS is and why it has been introduced.

|  |  |
| --- | --- |
| Who is it for?  Who is in scope for the CIMS? | The CIMS has a range of services in-scope including both department-delivered and department-funded services. Some of the programs in scope for the CIMS include community mental health programs, alcohol and drug services, disability services; children, youth and family services; youth services; housing and community sector. |
| Why?  Why is the CIMS being introduced?  Why is the system changing? | One of the key reasons for the introduction of CIMS is to ensure a stronger focus on the most serious client incidents. CIMS focuses on the impact the incident has on the client rather than the incident itself. All client incidents are reported via an online web form. The CIMS is designed to ensure and support consistency of responding to and managing client incidents. |
| What?  What are the key benefits and features of CIMS (for clients and service providers)? | The CIMS puts client safety and care at the very centre of the system. The CIMS will provide consistent guidance for the reporting and management of all client incidents. The CIMS will support decision-making at a local level. With all incidents reported via an online web form through the CIMS IT system, information can be used to identify patterns or trends and provides the opportunity to use the information to improve service delivery. |
| In a nutshell -  If you were to describe the purpose and key benefits of CIMS in one sentence, what would you say? | The CIMS focuses on the impact the incident has on the client rather than the incident itself. The CIMS ensures that the incidents that have the most serious impact upon our clients are effectively managed irrespective of who the client is and which program they are receiving services from. |

## Case studies – expected responses

Check your understanding of the case study selected against the expected responses below. Refer back to the Client incident management guide and review the relevant sections.

### Case study 1: Homeless sector

In this scenario, which of the following statements do you agree with?

|  |  |
| --- | --- |
| Which statements do you disagree with? | Agree or disagree |
| The client was respected in this response | **Agree** |
| The client’s needs were supported | **Agree** |
| The wellbeing of the client was put first and foremost in the response | **Agree** |
| This matter should have been reported as a client incident using the CIMS | **Agree** |

See the Client incident management guide, Section 1.2: CIMS aims, objectives and principles (specifically looking at principles).

### Case study 2: Child protection sector

In this scenario, which of the following statements do you agree with?

|  |  |
| --- | --- |
| Which statements do you disagree with? | Agree or disagree |
| The client was respected in this response | **Agree** |
| The client’s needs were supported | **Agree** |
| The wellbeing of the client was put first and foremost in the response | **Agree** |
| This matter should have been reported as a client incident using the CIMS | **Agree** |

See the Client incident management guide, Section 1.2: CIMS aims, objectives and principles (specifically looking at principles).

### Case study 3: Community mental health

In this scenario, which of the following statements do you agree with?

|  |  |
| --- | --- |
| Which statements do you disagree with? | Agree or disagree |
| The client was respected in this response | **Agree** |
| The client’s needs were supported | **Agree** |
| The wellbeing of the client was put first and foremost in the response | **Agree** |
| This matter should have been reported as a client incident using the CIMS | **Agree** |

See the Client incident management guide, Section 1.2: CIMS aims, objectives and principles (specifically looking at principles).

### Case study 4: Disability sector

In this scenario, which of the following statements do you agree with?

|  |  |
| --- | --- |
| Which statements do you disagree with? | Agree or disagree |
| The client was respected in this response | **Agree** |
| The client’s needs were supported | **Agree** |
| The wellbeing of the client was put first and foremost in the response | **Agree** |
| This matter should have been reported as a client incident using the CIMS | **Agree** |

See the Client incident management guide, Section 1.2: CIMS aims, objectives and principles (specifically looking at principles).

# Evaluation form

## Module 1: The CIMS end-to-end model

Please help us improve this self-paced learning module by responding candidly to the following statements, using a five‑point scale where:

1 = Strongly disagree; 2 = Disagree; 3 = Neither agree nor disagree; 4 = Agree; 5 = Strongly agree

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| By the end of this self-paced learning module I had a good understanding of the CIMS end-to-end model | 1 | 2 | 3 | 4 | 5 |
| The content was easy to understand, and the activities useful and easy to follow | 1 | 2 | 3 | 4 | 5 |
| There was enough information about where I could find out more about the CIMS | 1 | 2 | 3 | 4 | 5 |
| Overall, the self-paced learning module was informative and provided a sufficient overview of the CIMS | 1 | 2 | 3 | 4 | 5 |

What did you like most about this self-paced learning module?

|  |
| --- |
|  |

How can we improve this self-paced learning module?

|  |
| --- |
|  |

Any other comments:

|  |
| --- |
|  |

Please provide your contact details if you would like to discuss your response:

|  |  |  |
| --- | --- | --- |
| Name | Email | Telephone number |
|  |  |  |

Please send this form to [CIMS Learning](mailto:CIMS.Learning@dhhs.vic.gov.au) <CIMS.Learning@dhhs.vic.gov.au>.