INCIDENT MANAGEMENT
Governance and Management

Policy Statement

Capecare is committed to ensuring a systematic and proactive approach to identifying, managing, and resolving incidents. We foster a safe and responsive environment for all our individual and staff by promptly addressing incidents, thoroughly investigating their causes, and implementing effective corrective actions.

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1. Purpose

To outline the Capecare Incident Management Procedure (IMP) for all incidents.

Capecare defines incident management as a complete process incorporating; immediate intervention, alerting others; reporting/notification, allocation, investigation, review, assignment, and completion of corrective actions, testing effectiveness of actions implemented, and closure.

This procedure ensures all incidents are identified, reported, and investigated in a manner which; is timely, proportionate, facilitates determination of root cause where relevant, reveals the right corrective actions and tests their effectiveness, where required. While providing guidance through all stages of the incident management process, this procedure should be used in conjunction with program-specific Work Instructions.

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2. Scope

This procedure applies to all members of the Board, officers, employees, volunteers, students, contractors, sub-contractors, agents, and consultants engaged by Capecare. This procedure is to be read in line with relevant program-specific work instructions.

3. Team and Responsibilities

The team that contributes to incident management includes:

- **Management and Governance Personnel:** provide leadership and promote a safety culture; report incidents; participate in governance processes to review incident trends; provide resources to ensure incidents are managed effectively and harm is prevented; ensure processes to share incident data with stakeholders are implemented.
- **Medical Practitioner**: reports incidents; medical assessment and treatment; professional advice regarding incident management and prevention relevant to role.
- **Nurse Practitioner**: reports incidents; medical assessment and treatment within their scope of practice; professional advice regarding incident management and prevention relevant to role.
- **Registered Nurse** (and Enrolled Nurse within scope of practice): report incidents; nursing assessment; development and delivery of appropriate care/support plans to prevent and manage outcomes of incidents; provide emotional and nursing support to those involved in incidents; document incidents; determine if incidents are reportable (SIRS) and following SIRS Management; analyse incidents and provide recommendations for risk management and prevention of harm; participate in multidisciplinary team meetings to discuss and analyse incidents and develop strategies to prevent individual harm; participate in clinical governance forums; provide information and training for staff on incident management.
- **Health Professionals (Including Allied Health and other Clinicians)**: report incidents; document incidents; participate in multidisciplinary team meetings to discuss and analyse incidents and develop strategies to prevent individual harm.
- **Care and Lifestyle**: report incidents; provide emotional support to those involved in incidents; document incidents; implement care/support to prevent incidents; participate in education and training regarding incidents.
- **Other Workers (including Students, Volunteers and Contractors)**: reporting incidents to Supervisor/Registered Nurse; receive information regarding incident management practice.
- **Individual/representatives/visitors**: report incidents to Supervisor/Registered Nurse; receive information regarding incident management practices.

4. Principles [1]
We adhere to the following principles in the management of incidents:

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[1]   Adapted from the Australian Government Aged Care Quality and Safety Commission 2022 Effective Incident Management Systems: Best Practice Guidance pg 15-16

- **Person-centered:** We base our approach to managing incidents and near misses[2] on individual dignity and choice. We are responsive to each individual's identity, needs and preference whilst supporting their safety and wellbeing. Individual and their substitute decision maker/s or representative/s are actively engaged in incident resolution and actions to prevent incidents.

- **Outcomes-focused:** We focus on the health, safety and wellbeing of individual, staff, and others by taking steps to understand risk and prevent incidents from occurring, minimising the harm caused by incidents and taking action to prevent incident recurrence.

- **Open disclosure:** We use open disclosure when things go wrong including apologising to and facilitating open discussions with those affected by incidents to ensure their immediate needs are met and determining how to prevent similar incidents occurring (See *GOV SOP Feedback Management*).

- **Accountability:** We understand we are accountable for effective incident management, determining staff roles and responsibilities in incident management, and holding all stakeholders accountable for decisions and/or actions taken in responding to incidents.

- **Clear, simple, and consistent:** We have simple policies and procedures outlining our incident management system including flow charts, information, education and training for staff and access to information for individual

- **Timely:** We respond to incidents in a timely manner, taking immediate actions to keep the individual and staff safe. We endeavor to resolve incidents (and take preventive actions) as soon as possible. We keep stakeholders informed and updated with our actions to remedy incidents

- **Continuous improvement:** Incident management is a part of our continuous improvement and risk management systems, enabling us to identify trends and areas for improvement at all levels, from individuals to our organisation as a whole.

5. Principles Leadership and Safety Culture

The Board provides strategic direction to and monitors the operations of Capecare including the safety of Individual and the processes for ensuring safety. The Board meets monthly and amongst other responsibilities, reviews the Quality Care Advisory Body report, that includes improvements from the Clinical Governance Management Committee derived, in part, from incident management.

Our clinical governance framework includes the Clinical Governance Management Committee and Clinical Governance Committee which review and analyses data (including incidents) over the short and long term to identify improvements. All improvements are evaluated to assess their effectiveness. Members of both groups include clinicians to ensure effective clinical input. The groups meet monthly and provided information to the Board for consideration of the adequacy of improvements, risks, and controls.

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[2] Australian Government Aged Care Quality and Safety Commission 2024 Draft Glossary of Terms
Near Miss: An incident or potential incident that was averted and did not cause harm but had the potential to do so.

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The key committee for clinical care discussion and improvement is the Clinical Governance Management Committee (CGMC). They meet monthly to review clinical governance processes, clinical indicators, and issues across all service provision to identify clinical improvements. The committee is provided with all information on individual incidents. The minutes of the CGMC meetings detail any successes, issues, recommended improvements, identified risks, and recommended controls.

The Facility Manager/Community Manager and/or the Quality and Clinical Governance Manager is available to address Clinical Governance Committee (CGC) Board Meetings (as required) regarding clinical governance issues. Our risk management framework ensures the identification and management of risks including incidents.

Staff are engaged in the incident management system, receiving education, training, and supervision. We have a blame-free culture, preferring to use incidents to improve our care, services, and systems. Individual and substitute decision makers/representatives are reminded that individual have a right to feel safe and are encouraged and supported to let us know if they have concerns regarding an individual's safety (their own, their loved one or another individual).

We provide information about the incident reporting process in the Resident/Client Handbook and other communications. Individual and substitute decision makers/ representatives are encouraged to report any concerns they may have to our staff. Individual and representatives/substitute decision makers are advised of our incident management processes, kept informed if incidents occur, and are provided with information on our clinical indicator performance through our newsletter, emails, and meetings (See *GOV DOC Clinical Governance Framework*).

We have policies, procedures, practices, and systems that define our approach to managing incidents that are available to all stakeholders, including contractors.

6. Incident Management Procedure

Our incident management procedure is part of our clinical governance, continuous improvement, and risk management processes. This allows us to prevent, understand and manage risks to individual and improve our systems of care and services. Our approach is outlined in **Figure 1: Incident Management Procedure.**

Figure 1: Incident Management Procedure Flow Chart (individual related)

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7. Incident Management Step by Step Guide

Step	Actions	Person	When
1	**Determine if an incident has occurred –** An incident relating to an individual is defined as any unplanned or unintended event or circumstance* which could have resulted or did result in harm.[3] Incidents (and near misses) can be identified in several ways including: • Staff observing or witnessing an incident, suspecting that an incident or near miss has occurred or being informed by others that an incident occurred • Individual, substitute decision makers / representatives disclosing that an incident has occurred to themselves or others • Recognising that an error, omission, or hazard to an individual has occurred that may have potentially caused harm. We take all incident reports seriously (including those made by individual living with cognitive impairment or mental illness) and investigate all incidents, providing emotional support and care to those affected. **Incidents are classified as:** • Aggressive Behaviours (e.g. verbal and physical aggression or threatening behaviour) • Allergic reaction • Choking • Fall • Infections • Medication • Near miss • Other incident/injury • Self-harm • Skin injury (e.g. skin tear, bruise, new pressure injury, incontinence associated dermatitis) • Sudden/unexpected clinical deterioration • Unexpected death • Unexplained absence from care • Victim or an alleged, suspected, or actual reportable incident Reportable incidents are described in Serious Incident Response Scheme Guidance Material and include:	Employee	Immediately

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[3] *This includes abuse, harm from an illness, or its treatment, that was not anticipated or was an unexpected or abnormal deviation for a disease progression.*

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	• Inappropriate use of restrictive practices • Neglect • Psychological or emotional abuse • Stealing from, or financial coercion by a staff member • Unexpected death • Unexplained absence of care • Unlawful/inappropriate sexual contact • Unreasonable use of force			
2	**Immediate response** – After an incident occurs, provide immediate support and assistance to the person/people impacted by the incident as the highest priority. • If required and where possible, re-establish a safe environment. • An immediate response may include calling for assistance. Seek medical attention in a timely way for incidents that require a response outside your scope of practice. • If the injury is life threatening immediately call St John WA Ambulance Service on '000' and begin first aid treatment. • Capecare staff will organise other emergency assistance if required (police or fire services) as soon as possible. • If the incident requires police or a workplace health and safety investigation, ensure the area or site is not disturbed (other than to make the area safe). Immediate response and any assistance should only be undertaken within an individual's capability. Employees will respond to an incident within their scope of practice, knowledge, and skill level, including CPR and first aid, and seek the support of other staff to assist in the response as needed. **If emergency services are involved, these personnel have responsibility for coordinating and controlling the immediate response.** We ensure the health, safety and wellbeing of all people affected by incidents. The Registered Nurse/Supervisor is responsible for ensuring this support is provided and documented in the care management system. We do this by: Monitoring those affected to ensure their health, safety and wellbeing and assessing the level of psychological or physical harm caused by the incident (including by engaging with relevant clinicians where necessary) and providing first aid if necessary. We are also aware of the impacts on individual, staff, and representatives of being involved in or witnessing a serious incident and refer to the SIRS Impact Assessment Tool to assist us to understand the impacts and to support decision making in seeking additional support for people affected. Ensuring people affected by an incident are provided with timely and appropriate (physical or psychological) treatment or support that is proportionate and appropriate to the level of harm.	Employee	Immediately	

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3	**Immediate notification –** once safety is reestablished, as required, report to Line Manager, or other relevant Manager/on-call, if there is an immediate need to escalate. Refer to business unit-specific work instructions for escalation guidelines, where required.	Employee	As soon as possible after the incident
	Incidents are reported as soon as practicable to the Registered Nurse/Supervisor, and within four hours of incidents occurring		
	The Registered Nurse/Supervisor ensures the physical and psychological safety of all concerned, noting any witnesses to the incident (so that information can be sought from them as needed)		
	Incidents are reported to the individual/s, individuals next of kin/substitute decision maker/representative as soon as practicable after the incident (and within four hours of the incident occurring) by telephone unless another communication method is preferred by the next of kin.		
	If the individual is transferred to an acute care facility, or a SIRS is required, the next of kin/substitute decision maker/representative is notified immediately (use the preference identified in the care plan).		
4	**Register/enter incident into system –** enter initial details into the appropriate incident management system	Employee	Same working day
	• Anyone within Capecare can report an incident by directly entering and logging into the electronic system, or by advising someone who can (e.g. a Team Leader, Coordinator or Registered Nurse).		
	• Incidents are recorded using the **Incident Report** or (if available) **Medication Incident Report**[4], with a summary of the incident (outlining actions taken) also documented in the relevant care management system. Updates to the records are made as events progress including actions taken to support individual and staff.		
	• There are several electronic systems, and some paper-based processes utilised for registering of incidents.		
	For incidents involving the individual these are:		
	○ Residential Aged Care = AutumnCare		
	○ Community Aged Care = TurnPoint		
	For Staff & WHS incidents:		
	○ As per Staff Incident Management Procedure = Paper-based QF04 Staff hazard and incident report form.		
	• Some incidents may span more than one incident category e.g. an individual falls and a person other than the individual is also injured. Individuals reporting incidents must identify all relevant incident categories.		
	Incident records are stored securely in the appropriate care management system (or in paper files in the Manager's office) and privacy and confidentiality of information is maintained, including when records are shared with outside agencies, as necessary. Capecare privacy and confidentiality processes apply to the collection and sharing of information regarding incident reporting (see *GOV SOP Privacy and Confidentiality*).		
	Information relating to SIRS / Notifiable incidents is kept in the MOA (Moving on Audit) system.		

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[4] The Incident Report is for all incidents related to individual and visitors. The Medication Incident Report is used for medication incidents. SIRS reportable incidents are reported on an Incident Report and reported to the Aged Care Quality and Safety Commission through the My Aged Care Service Provider Portal.

	The Facility Manager/Community Manager will seek legal advice (after discussion with the COO and/or CEO) in the management of incidents if necessary.			
5	**Determine incident severity and if reportable and escalate as required –** Consider the severity of the incident against the Severity Matrix (Fig.2) and ensure the incident is reported according to timeframes. Consider if the nature of the incident requires notifying other business areas/services within/used by Capecare. Factors prompting this action could be: • potential for performance management • possible legal liability issues • reputational risk, etc. Business areas/services to consider notifying include: • People & Culture • Legal Counsel • Work Health and Safety • Property • IT Support • Insurance Notification	Line Manager or delegated on call person	See Severity Matrix and Reporting Timeframe Matrix
5.1	**Escalate to reporting body –** if required, ensure mandatory reporting to statutory and funding bodies meets relevant reporting timelines. Note, reporting to the Police may also be required where the incident relates to a crime, including for example alleged stealing or unlawful use of force. See business unit-specific work instructions. **Reportable Incidents** If an incident is reportable, the SIRS Management procedure is followed and relevant authorities contacted. **Notifications** Some incidents will require reporting to other entities such as: • WorkSafe WA (if the incident occurred because of a workplace incident) • Australian Health Practitioner Regulation Agency (AHPRA) or Exercise & Sports Science Australia ESSA (Exercise Physiology) (if the incident has been caused by the professional conduct of a registered health practitioner)	Line manager in collaboration with employee, as required	As soon as possible after the incident

| | • The Health Department of Western Australia Public Health Unit (if the incident involves a notifiable disease)[5]

• ACQSC Carer Banning Register

• The NDIS Quality and Safeguards Commission (where an incident relates to a NDIS participant)

The relevant line manager will determine if incidents are required to be reported, taking appropriate action in a timely manner in consultation with the COO and/or the CEO. | | |

Step	Actions	Person	When

6	**Review/Allocate** – Review incident information entered the system, amend if needed and allocate for the completion of the investigation. This should be completed by the Line Manager by close of business the same day, or the next business day if the notification occurs outside of business hours. When an incident is reported, the person responsible for reviewing/allocating (e.g. direct line manager or team leader) will be notified by email/message within the electronic system that the incident has occurred. The reviewer:
	  o Will check that the initial report appears correct, and all relevant fields are complete.
	  o Will allocate the incident to a staff member for investigation (this will often be themselves).
	  o May allocate incidents with higher severity rating (SAC 1 Extreme or SAC 2 Major) or increasing trend to an investigator outside the immediate business line for a full Serious Incident Review Root Cause Analysis.
	  o We use the Commission's [Effective serious incident investigations guidance for providers](#) to aid us in investigations of serious incidents
	Note: Some incidents that have been entered will be minor and the investigation and subsequent control measures may have been undertaken and implemented at the time of the incident. In this case, the manager reviewing the incident should satisfy themselves that no further action is needed in the management of this incident, in which case it can be closed.
		Line Manager	See Reporting Timeframes Matrix

7	**Investigation: Data & Information Collection and Analysis** –
	
	Incidents are investigated by parties involved in the incident. The person assigned to investigate the incident will:
	• Gather relevant information. Sources will be
	  dependent on the complexity and severity of the
	  incident.
	Note: Information can be collected through documentation review, interviews, audit reports, maintenance records etc. Information collected may relate to Process, Environment, Management Systems, Equipment or People.
	• Update the incident documentation record.
	  Record and attach any data or information
		Reviewer (Line Manager or delegated reviewer)	See Timeframes Matrix

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[5] [Notification form and information for notifiable infectious diseases in Western Australia. (health.wa.gov.au)](#)

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	collected to the incident document. ○ AutumnCare = the relevant electronic incident form ○ TurnPoint = the relevant electronic incident form ○ Staff & WHS incidents = Paper-based QF04 Staff hazard and incident report form • Analyse **NB:** The analysis is where the investigator drills down to the primary reason the incident occurred. The investigator will: ○ Identify key aspects of the information gathered and analyse to determine the primary cause(s) by utilising the 5 Why's technique[6] or similar. The depth of this step will be relative to the severity or complexity of the incident. ○ Record this information in the investigation document. ○ Record the primary cause(s) why the incident occurred. ○ If using an electronic system always complete all question fields Like our processes for dealing with complaints, open disclosure principles underpin all communication (See *GOV SOP Feedback Management/* Open Disclosure and Other Principles in Managing Complaints)[7] The people involved in the incident are provided with ongoing input and are kept up to date on all aspects of the incident review process When the incident is finalised, a staff member is identified by the Manager to support and make sure the individual and/or their representatives feel comfortable continuing to access the service.		
8	**Establish root cause/s and contributing factors.** Root cause analysis (RCA) is a process analysis used to identify the underlying causes of system failures. It provides the information needed to solve problems and address these failures.[8] RCA is normally only performed on high-risk, high-impact events, such as incidents that have an incident severity rating of 1 or 2 (SAC 1or 2) The RCA process should not be performed for incidents involving criminal acts or requiring disciplinary action. Timelines for root cause analysis - The RCA investigation process should be started as soon as possible after an incident has occurred. - An RCA team should be convened as soon as possible after the incident has occurred. - The RCA report should be signed off within an agreed and acceptable time frame. The key principles of a root cause analysis investigation are to: - focus on systems and processes, not individual performance,	Reviewer (Line Manager or delegated reviewer)	See Reporting Timeframes Matrix

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[6] How to Master the 5 Whys Technique for root-cause analysis
[7] ACQSC_Open_Disclosure.pdf
[8] Refer to RCA Procedure Document (in production) for further guidance.

	- be fair, thorough, and efficient, - focus on problem solving, - use recognised analytical methods, - use a scale of effectiveness to develop recommendations. Attributes of an RCA investigation - RCA investigations have four main attributes. - Thoroughness - a complete review of all potential causes is required. - Fairness - all staff members associated with the incident are required to participate. - Efficiency - the time taken to undertake the investigation should be consistent with the significance of the problem being investigated. - Independence - independent team members should be involved in the investigation to reduce the impact of bias and ensure impartiality.			
9	**Identify and Implement any Corrective Actions** - Determine and record corrective actions that need to be implemented to reduce the risk of reoccurrence. When selecting a corrective action always consider the: - Hierarchy and effectiveness of Controls, see Figure 3 - Capecare Just Culture Guide, see Figure 4. - Any recommendations made by key stakeholders or associated compliance / legislative requirements Corrective actions should be achievable and able to be effectively closed by the assigned person within the agreed timeline. Corrective actions of a substantive nature should be entered into the Continuous Improvement (PCI) Register or equivalent. Provide immediate and ongoing support to those affected by incidents. Engage with individual/substitute decision makers or representatives and staff to ensure their safety and wellbeing following incidents and discuss with them, in incident analysis, how we could have done better. Implement any changes to care and services to minimise the risk of the incident occurring again and reduce harm from incidents in the individual's care/support plan and evaluate its effectiveness through care/support plan reviews. Analyse, review, evaluate and report all incidents through the clinical governance framework to identify improvements to our care, services, and systems (See *GOV DOC Clinical Governance Framework*). Supporting workers: Undertake the support of staff involved in incidents by ensuring they are provided emotional support at the time by the Registered Nurse/Line Manager and provided an opportunity to debrief following incidents. Encourage staff to access our Employee Assistance Program (See *HR PROC Workforce Development*)	Reviewer (Line Manager or delegated reviewer)	See Reporting Timeframes Matrix	

	Provided ongoing supervision and support to staff in their roles and facilitate additional support from the Registered Nurse.		
10	**Monitoring and Closure –** The completion of corrective actions and closure of the incident should be monitored through an appropriate reporting and scheduled meeting process, e.g., dedicated meeting, PCI meeting and register. This will vary between service steams. This helps to ensure the right level of investigation is occurring, incident closure happens quickly, corrective actions are completed, and (where applicable) the effectiveness of corrective actions are assessed. The incident review meeting may be a standalone or part of a broader meeting format. It can act as the 'hub' of the incident management model and drives effective completion of investigations. In coordinating the meeting: • Ensure appropriate staff are identified to participate in the meeting. • Ensure relevant reports etc. are either circulated prior to, or tabled at the meeting. • Monitor closure of corrective actions to ensure the identified timelines are met. • Feedback relevant data and outcomes from meetings to staff either individually or through staff meetings. • Use reports and the meeting format to monitor compliance against other relevant timelines, as relevant e.g. allocation and completion of investigation.	Quality & Governance	See Reporting Timeframes Matrix
11	**Close Incident** – Once all steps are complete close incident in the system.	Reviewer (Line Manager /delegated reviewer)	See Reporting Timeframes Matrix
12	**Evaluate effectiveness of Corrective Actions** – If the corrective action is substantive (as determined by relevant manager or Quality and Governance) and recorded in the relevant PCI Register, it is to be evaluated as per PCI process. Test the effectiveness of the corrective action/s that have been implemented. The intent of any corrective action is to reduce the risk of reoccurrence or at a minimum reduce the impact should the event/incident happen again. Analysing Incident Trends and Data • Clinicians discuss incidents at the Multidisciplinary Team Meeting to ensure all avenues of care and support are implemented to prevent further incidents for individual and influence systems of care improvement. We: • analyse, review, evaluate and report all incidents through the clinical governance framework to identify system improvements to our care, services, and systems (See *GOV DOC Clinical Governance Framework*).	Quality and Governance	

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- prepare data reports for the clinical governance meetings outlining actions taken to address medication management system improvements. - act on any recommendations made by the Quality Care Advisory Body and/or Medication Advisory Committee. - inform staff and individual of improvements made to the medication management system through usual communication methods. Incident data in clinical governance forums is reviewed to identify improvements to our systems. Some actions in response to incidents include: - policy, procedure, system reviews and updates - staff training, retraining and information provision (e.g. toolbox sessions in handover, directives, memos, posters, and awareness raising activities) - staff performance development activities - Individual and representative awareness raising activities through meetings, forums, newsletters, posters etc. - repairs and maintenance improvements - provision of new equipment - seeking specialist input/advice - other remedial actions, including those recommended by the Quality Care Advisory Body.	

Figure 2: Hierarchy and Effectiveness of Controls

Strategies that are system-based such as forcing functions have high leverage and are more effective in preventing errors. However, these strategies may require more planning and effort to implement. Medium leverage strategies are moderately effective but may require periodic updating and reinforcement. Strategies that are person-based are easier to implement but have low leverage and are least effective in preventing errors.

Adapted from ISMP's hierarchy of effectiveness of risk-reduction strategies. 2020.

Figure 3: Cape Care Just Culture Guide

Start here – Q1 – Deliberate Harm Test

1a. Was there any intention to causse harm?

Yes → **Recommendation:** Follow organisational guidance for appropriate management action. This could involve: contact relevant regulatory bodies, suspension of staff, and referral to police and disciplinary processes. Wider investigation is still needed to understand how and why older people, we partner in care, were not protected from the actions of the individual. **End Here**

NO go to the next question – Q2 Health Test

2a. Are there indications of substance abuse?

Yes → **Recommendation:** Follow organisational substance abuse at work guidance. Wider investigation is still needed to understand if substance abuse could have been recognised and addressed earlier. **End Here**

2b. Are there indications of physical ill health?
2c. Are there indications of mental ill health?

Yes → **Recommendation:** Follow organisational guidance for health issues affecting work, which is likely to include occupational health referral. Wider investigation is still needed to understand if health issues could have been recognised and addressed earlier. **End Here**

if No to all go to next question - Q3. foresight test

3a. Are there agreed protocols/accepted practice in place that apply to the action/omission in question?
3b. Were the protocols/accepted practice workable and in routine use?
3c. Did the individual knowingly depart from these protocols?

Yes → **Recommendation:** Action singling out the individual is unlikely to be appropriate; the incident investigation should indicate the wider actions needed to improve safety for future older people. These actions may include, but not be limited to, the individual. **End Here**

if Yes to all go to next question - Q4. substitution test

4a. Are there indications that other individuals from the same peer group, with comparable experience and qualifications, would behave in the same way in similar circumstances?
4b. Was the individual missed out when relevant training was provided to their peer group?
4c. Did more senior members of the team fail to provide supervision that normally should be provided?

Yes → **Recommendation:** Action singling out the individual is unlikely to be appropriate; the incident investigation should indicate the wider actions needed to improve safety for future older people. These actions may include, but not be limited to, the individual. **End Here**

if No to all go to next question - Q5. mitigating circumstances

5a. Were there any significant mitigating circumstances?

Yes → **Recommendation:** Action directed at the individual may not be appropriate; follow organisational guidance, which is likely to include senior HR advice on what degree of mitigation applies. The incident investigation should indicate the wider actions needed to improve safety for future older people with whom we partner in care. **End Here**

If NO

Recommendation: Follow organisational guidance for appropriate management action. This could involve individual training, performance management, competency assessments, changes to role or increased supervision, and may require relevant regulatory bodies to be contacted, staff suspension and disciplinary processes. The incident investigation should indicate the wider actions needed to improve safety for future older people we partner in care.

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8. Training

All staff, key personnel and management personnel are provided with training and information about our incident management system. (See *HR PROC Workforce Training* / **Table 1: Training / Incident Reporting**)

9. Improving the Incident Management System

The Incident Report data is reviewed by the Clinical Governance Management Committee (CGMC) meeting and a summary provided to the Quality Care Advisory Body to identify improvements that will:

- Ensure trending and analysis of incidents and the impact on individual and recommend improvements
- Enhance the protection and safety of individual
- Improve the process of reporting and managing incidents
- Improve the process of responding to reportable incidents and
- Identify any other related improvements.

Any recommended improvements to the incident management system are considered and implemented after consideration by the leadership team.

Figure 4: Incident Severity Matrix

	PRACTICE/ CLINICAL	EMPLOYEE SAFETY	REGULATORY / LEGAL	FINANCIAL	REPUTATION / MEDIA	SERVICE AFFECTED	PROPERTY DAMAGE
Sac 1 Extreme	Death or serious permanent disability of an individual within our care	An incident resulting in the death or serious permanent disability of an individual.	A breach so significant that operations are either discontinued or significantly disrupted for a prolonged duration. (e.g., Sanctions in Aged care, contract lost due to major breach).	➢ An event(s) which results in the loss in aggregate of 10% or more of budgeted annual revenue. ➢ An event(s) which results in an aggregate cost to the organisation of 5% or more of total budgeted expenses	Adverse media that leads to regulatory intervention or operations impact at a catastrophic level. (e.g., Media coverage at a state-wide level over multiple channels on multiple occasions, content on multiple social media channels, which becomes viral for prolonged duration).	Complete loss of service or output. Service suspended for an extended period or indefinitely. 100% loss of service.	Major damage. Damage that repair or replacement value is greater than $100,000
SAC 2 Major	Significant injury or illness of an individual which requires extended hospital admission and the potential of some permanent disability.	An incident resulting in a significant injury or illness and the potential of some permanent disability and extended hospital admission	➢ A breach resulting in a major disruption to operations of medium to short duration. ➢ A high likelihood of a formal investigation by an external regulator or delegate.	➢ An event(s) which results in the loss in aggregate l of 7.5% or more of budgeted annual revenue. ➢ An event(s) which results in an aggregate cost to the organisation of 3.75% or more of total budgeted expenses	Adverse media that leads to operations and probable regulatory impact at a major level. (e.g., Media coverage at state-wide level over multiple channels once only, or defamatory content on multiple social media channels – sharing stops after 24 hours, without reoccurrence).	Major loss of service to individuals. 50% or greater service loss for 10 business days or longer.	Major damage. Damage that repair or replacement value is $10,000-100,000

SAC 3 Moderate	Injury or illness to an individual which may require hospital admission and health professional intervention for a moderate period, but permanent incapacity or disability is not expected. Individual at significant risk of harm e.g., elevated risk of suicide, violence or abuse from another person which requires the use of emergency services.	A medical treatment injury that results in lost time, and there is substantive health professional intervention but permanent disability, is not expected.	Minimal disruption to operations of short duration but still requiring immediate intervention. (e.g., Not met outcome, Aged Care; WHS – Performance improvement notice).	➢ An event(s) which results in the loss in aggregate of 5% or more of budgeted annual revenue. ➢ An event(s) which results in an aggregate cost to the organisation of 2.5% or more of total budgeted expenses	Adverse media that leads to operations impact at a moderate level, possible regulatory impact. (e.g., Media on a single channel, or defamatory content on single social media channel – shared.	Short term or limited-service outage to a group or type of services. 25-50% of service loss for 3-10 business days.	Moderate damage, or damage that repair or replacement value is between $2000-10,000
SAC 4 Minor/ Insignificant	An injury or illness that requires minimal or no health professional attention and has minimal or no psychological or physical impact. Full recovery expected. Individual is at risk of harm e.g., non-suicidal intentional injury; potential abuse or domestic and family violence where no immediate risk but safety planning is needed	An injury or illness that requires minimal or no health professional attention and has minimal or no psychological or physical impact. Full recovery expected and no lost time.	Minor breach by staff/contractor which results in no disruption to operations.	➢ An event(s) which results in the loss in aggregate of 2.5% or more of total budgeted revenue. ➢ An event(s) which results in an aggregate cost to the organisation of 1.25% or more of total budgeted expenses	Adverse media that leads to operations impact at a minimal level, but no regulatory impact. (e.g., Media coverage at local level only, or defamatory content on single social media channel, attracting comments but not shared).	Minor service delays. Less than 25% of service lost for up to 3 days.	Little or no damage, or damage that repair or replacement value is less than $2000

Related Documents
GOV SOP Feedback Management
GOV SOP Privacy and Confidentiality
GOV DOC Clinical Governance Framework
HR PROC Workforce Training
HR PROC Workforce Development