



Document Type	Procedure
Document ID	BCM PR 12.4
Document Circulation	Internal

CLINICAL INCIDENT MANAGEMENT AND INVESTIGATION PROCEDURE

TABLE OF CONTENTS

1	Purpose	2
2	Scope and Applicability.....	2
3	Definitions.....	2
4	Responsibilities	3
5	Procedures.....	4
5.1	Clinical Incident Management Procedure	4
5.1.1	Assess the Situation	4
5.1.2	Report the Incident	4
5.1.3	Document the Incident	4
5.2	Clinical Incident Investigation Procedure	5
5.2.1	Incident Timeframes, Level of investigation, responsibility and escalation.....	7
5.2.2	Community Timeframes.....	9
5.2.3	Initiating Investigation and determining Contributing Factors.....	9
5.2.4	Risk Assessment	10
5.2.5	Investigation.....	11
5.2.6	Corrective Actions.....	11
5.2.7	Root Cause Analysis.....	12
5.2.8	Corrective Outcomes	12
5.2.9	Sign off and closure of incident.....	13
5.3	Clinical Incident evaluation and monitoring	13
5.3.1	Evaluation of incidents	13
5.3.2	Feedback on Incidents.....	13
6	Consequences of Procedural Breach.....	13
7	Related Documents.....	14
8	Document Control.....	14



1 Purpose

This procedure provides guidance in the effective management of a clinical incident to ensure Bethanie complies with legislative requirements as set out in the Aged Care Act 1997 and NDIS Act 2013 and their required Standards.

2 Scope and Applicability

Who must use this policy:	This procedure applies to all Bethanie Residential and Community staff including casual staff and agency staff.
Why this policy is important:	<p>This procedure must be followed by all Bethanie Residential and Community staff to ensure that:</p> <ul style="list-style-type: none"> • An effective clinical incident management system is in place, including a set of protocols, processes, and standard operating procedures that staff are trained to use. • Bethanie complies with the Aged Care Act 1997, NDIS Act 2013 Aged Care Quality Standards and the NDIS Practice Standards regarding reporting of clinical incidents. • All clinical incidents are reported as soon as practicable to the most senior member of staff on duty. <p>All clinical incidents are entered directly into the Clinical Incident Management database (ARCH) within 24 hours (for severity 1, 2 and 3 incidents) and within 12 hours (for severity 4 and 5 incidents).</p>
When this policy applies:	This procedure applies when a clinical incident has occurred.
Who to ask for more information:	GM Clinical Care & Services Residential Facility Manager Community Regional Manager Your Manager

3 Definitions

Term	Definition
Clinical Incident:	A clinical incident is an event or circumstance resulting from care, which could have or did lead to unintended harm to a person, loss or damage and/or a complaint.
Contributing factors	A circumstance, action or influence which is thought to have played a part in the origin or development of an incident or to increase the risk of an incident. Also known as causation or causative factors
Continuous Improvement activities	Continuous improvement is a systematic, ongoing effort to improve the quality of care and services.
Corrective actions	Corrective action is the process of taking the appropriate steps to identify the root cause of a problem and implementing a solution that corrects the root cause as to prevent its recurrence.
Incident analysis	A structured process that aims to identify what happened, how and why it happened, what can be done to reduce the risk of recurrence and make care safer, and what was learned
Investigation	Systems review of what happened and why to determine how a similar incident can be prevented.
Near miss	Incidents that may have, but did not, cause harm.



Risk Assessment	<ul style="list-style-type: none"> • A risk assessment is a systematic process performed by a competent person which involves identifying, analyzing, and controlling hazards and risks present in a situation or a place.
-----------------	---

4 Responsibilities

Role	Responsibilities
Residential and Community staff	<ul style="list-style-type: none"> • Documenting the incident onto ARCH as soon as practicable, where ARCH access is not available, document the incident on a down time incident form. • Conducting an initial assessment to identify any potential or actual hazards
Clinical Lead/ Senior Registered Nurse Delegate	<ul style="list-style-type: none"> • Delegate review and investigation duties to nominated delegate, where required. • Will meet the obligations under the Serious Incident Response Scheme, reporting SIRS incidents to the ACSQC within the statutory timeframes. • Conduct comprehensive incident investigation of what happened and why to determine how a similar incident can be prevented. • Coordinate incident management activities including the development of recommendations and agreed remedial actions. • Analyse monthly incidents to identify trends and further control actions (if required). • Document any Continuous Improvement Activities derived from Clinical Incidents and indicators using ARCH. • Escalate and report any Incidents of a serious nature to the Facility Manager (Residential) or Regional Manager (Community) as soon as possible of the incident occurring.
Facility Manager	<ul style="list-style-type: none"> • Coordinate incident management activities including the development of recommendations and agreed remedial actions. • Escalate and report any Incidents of a serious nature to the Operational Support Manager as soon as possible of the incident occurring. • Ensure serious and critical incidents are reported to relevant external regulatory bodies (ASQSC, NDIS) within the statutory timeframes.
Senior Management (Including Regional Manager, Operational Support Manager, General Manager Care and Services, General Manager Community, Chief Operating Officer)	<ul style="list-style-type: none"> • Awareness of KPI trends, consideration of global contributing factors such as workforce, skill mix, team support • Review of Severity Level 4 incidents to take place by Clinical Governance Team and reported to GM CCS (if clinical) or another appropriate General Manager e.g., WHS • Follow-up by GM to determine ongoing risks and escalation to Executive if risk analysis identifies ongoing or high-risk scenario. • For Severity 5: COO (or equivalent for Business Area affected) provided with details of incident and determines next steps which may include informing CEO, Staff and/or Family Comms, Legal advice, reporting to Board members or standing up Business Continuity Procedures.
Clinical Governance Committee	Review all clinical incidents on ARCH monthly.
Clinical Governance Team	<ul style="list-style-type: none"> • Partner with Managers to assist with incident investigation which includes conducting a formal Root Cause Analysis when requested by the Chief Operating Officer.
NDIS Lead	<ul style="list-style-type: none"> • Partner with Managers to assess if an incident is reportable under the NDIS.



	<ul style="list-style-type: none">• Support Managers in reporting NDIS incidents to the NDIS Commission within the statutory timeframes• Document incidents in the NDIS Reportable Incidents register.• Act as point of contact with the NDIS Commission
--	--

5 Procedures

5.1 Clinical Incident Management Procedure

5.1.1 Assess the Situation

- Conduct an initial assessment to identify any potential or actual hazards. Raise the alarm if applicable.
- Reassure the customer and make them as comfortable as possible.
- Apply immediate first aid if required and/or call for immediate assistance.

5.1.2 Report the Incident

- Report the incident to the Supervisor/EN/RN/Case Manager on duty as soon as practicable or RN on Call where applicable. This person is then responsible for escalating the incident as necessary depending on the severity of the event.
- In the event of a missing customer, unlawful sexual contact or inappropriate sexual conduct or unexplained death this must be immediately reported to the Manager.
- If the customer is also a NDIS participant, in the event of death, serious injury, abuse or neglect, unlawful sexual or physical contact and sexual misconduct, this must be immediately reported to the Manager.
- Customers/Representatives must be made aware of incidents in line with the open disclosure requirements of the Customer Feedback Management Policy.

5.1.3 Document the Incident

5.1.3.1 Residential Care

- All clinical incidents are entered directly into the Clinical Incident Management database (ARCH) within 24 hours (for severity 1, 2 and 3 incidents) and within 12 hours (for severity 4 and 5 incidents).
- The staff member who has identified the incident should, wherever possible, be the person to log and report the incident. This allows for accurate accounts of the event being reported.
- All incidents should be entered directly into ARCH. In the event of a down time, the downtime Incident form should be used, and the data entered into ARCH when power is restored.
- A Progress Note entry must be made outlining the detail of the incident reported in ARCH.
- Only record the facts that are observed and witnessed.
- If other people's comments or observations are recorded, these must state exactly who made the comments and what they stated and be written in inverted commas (Mary Smith stated that ".....").



5.1.3.2 Community Care

- Where a Support Worker becomes aware of an incident, they must call the Case Manager/RN at base or RN on Call if after hours to report the incident. Case Manager/RN at base is responsible for logging an ARCH incident report.
- ENs should be encouraged to complete the Incident Forms electronically via the ARCH mobile application.
- Where this is not possible, staff must hold a supply of blank downtime Incident Forms. These are to be completed by ENs and provided to the base within 24 hours of the incident occurring or the next working day. In exceptional circumstances, an ARCH incident report can be entered based on details provided over the phone by a Staff Member who is unable to access the mobile app or desktop platform.
- The Case Manager or delegate is then responsible for entering the incident onto ARCH once received.
- Staff should record the incident detail in the dated notes and only record the facts that are observed and witnessed.
- If other people's comments or observations are recorded, these must state exactly who made the comment and what they stated and be written in inverted commas (Mary Smith stated that ".....").

For incidents of a sensitive nature, staff are to use the confidentiality feature to protect and safeguard individuals' rights to privacy, this can be achieved by ticking the Confidential Record box.

Is This a Confidential Record? ⓘ

* Summary Title of Incident / Injury ⓘ

* Please describe sequence of events as they occurred from before the incident to aft

* What type of Incident happened?

— Path to current category

Select Incident Type - Blue Node

- Customers
- Staff / Contractor / Visitor / Volunteer / Student

Refer to the *How to Guide: Registering an ARCH Incident* document, which provides instructions with how to lodge an incident on ARCH.

5.2 Clinical Incident Investigation Procedure

The Clinical Incident Investigation Process includes determining contributing factors, applying corrective actions, assessing the actual and residual risk, undertaking a root cause analysis if required and evaluating corrective outcomes (Figure 1).



The key steps to investigating an incident is to identify 'care delivery problems' and the contributory factors which influence practice and outcomes. The key questions of "What happened?" (the outcome and sequence of events); "How did it happen?" (the care delivery problems) and "Why did it happen?" (the contributory factors) frame this methodology.

Figure 1: Clinical Incident Investigation Process



Document Type	Procedure
Document ID	BCM PR 12.4
Document Circulation	Internal

5.2.1 Incident Timeframes, Level of investigation, responsibility and escalation

Incident Severity Rating	Investigation Timeframe	Residential Responsible Staff Level and Escalation	Community Responsible Staff Level and Escalation	Level of Investigation	Operational Actions by Senior Management (OSM and above)
1	Incident Report and initial actions to be completed within 24 hours. *Community: Refer to point 2.2 Community Timeframes	Residential Responsible Staff Level Clinical Lead or Delegated RN	Community Responsible Staff Level Clinical Nurse	<ul style="list-style-type: none"> Ensure initial actions have been taken and comply with Bethanie Policies and Procedures. Complete concise incident analysis to determine what happened, how and why it happened and trends. Identify interventions to reduce the risk of recurrence. Consider discussing the incident and findings at the Care Team Meeting/ Community Multidisciplinary Team Meetings. Monitor and assess the effectiveness of actions and interventions. 	Awareness of KPI trends, consideration of global contributing factors such as workforce, skill mix, team support.
2	Incident review/investigation to be completed within 14 days. Incident closed out within 28 days	Residential Escalation Clinical Lead, Facility Manager, NDIS Lead (if applicable)	Community Escalation Case Manager		
3	Incident Report and initial actions to be completed within 24 hours. Incident review/investigation to be completed within 21 days. Incident closed out within 28 days	Residential Responsible Staff Level Clinical Lead or Delegated RN Residential Escalation Clinical Lead, Facility Manager, NDIS Lead (if applicable)	Community Responsible Staff Level Clinical Nurse Community Escalation Case Manager, Regional Manager	<ul style="list-style-type: none"> Ensure initial actions have been taken and comply with Bethanie Policies and Procedures. Complete concise incident analysis to determine what happened, how and why it happened and trends. Identify interventions to reduce the risk of recurrence. Incident and findings to be discussed at the Care Team Meeting/ Community Multidisciplinary Team Meetings. Monitor and assess the effectiveness of actions and interventions. 	<p>Awareness of KPI trends, consideration of global contributing factors such as workforce, skill mix, team support.</p> <p>Consider escalation to OSM / Regional Manager for support with Comms or Family or if legal implications.</p> <p>Care Team Meetings to review effectiveness of strategies implemented for groups or individuals.</p>



4	<p>Incident Report and initial actions to be completed within 12 hours.</p> <p>Incident review/investigation to be completed within 28 days.</p>	<p>Residential Responsible Staff Level Facility Manager, Clinical Lead or Delegated RN</p> <p>Residential Escalation Operational Support Manager, Clinical Governance, GM Care and Services, NDIS Lead (if applicable)</p>	<p>Community Responsible Staff Level Clinical Nurse, Regional Manager, Case Manager</p> <p>Community Escalation Operational Support Manager, Clinical Governance, GM Care and Services, GM Community Care</p>	<ul style="list-style-type: none"> • Ensure initial actions have been taken and comply with Bethanie Policies and Procedures. • Complete concise incident analysis to determine what happened, how and why it happened and trends. • Identify interventions to reduce the risk of recurrence. • Incident and findings to be discussed at the Care Team Meeting/ Community Multidisciplinary Team Meetings. • Root Cause Analysis (RCA) to be completed as requested by Senior Management. • Shared Learnings to be presented at site meetings and relevant committees. • Link Continuous improvement activities to the Incident and findings. • Discuss incident and findings with the consumer and their representative. • Monitor and assess the effectiveness of actions and interventions. 	<p>Awareness of KPI trends, consideration of global contributing factors such as workforce, skill mix, team support.</p> <p>Care Team Meetings to review effectiveness of strategies implemented for groups or individuals.</p> <p>Review of Severity Level 4 incidents to take place by Clinical Governance Team and reported to GM CCS (if clinical) or another appropriate General Manager e.g. WHS.</p> <p>Follow-up by GM to determine ongoing risks and escalation to Executive if risk analysis identifies ongoing or high-risk scenario.</p> <p>For Severity 5: COO (or equivalent for Business Area affected) provided with details of incident and determines next steps which may include informing CEO, Staff and/or Family Comms, Legal advice, reporting to Board members or standing up Business Continuity Procedures.</p>
5	<p>Incident closed out within 60 days.</p> <p>RCA Actions to be closed out within 6 months</p>	<p>Residential Responsible Staff Level Facility Manager, Clinical Lead or Delegated RN</p> <p>Residential Escalation NDIS Lead (if applicable), Operational Support Manager, Clinical Governance, GM Care and Services, GM Residential, COO,</p>	<p>Community Responsible Staff Level Clinical Nurse, Regional Manager, Case Manager</p> <p>Community Escalation Operational Support Manager, Clinical Governance, GM Care and Services, GM Community Care, COO</p>		



Document Type	Procedure
Document ID	BCM PR 12.4
Document Circulation	Internal

5.2.2 Community Timeframes

- Severity 1 and 2 incidents that occur "Out of Service" or over the weekend must be reviewed within 72 hours. This review requires that an RN or higher logs the incident or views it with their login after it has been raised.
- Severity 3 and higher incidents that are "In Service" must be reviewed within 24 hours.
- The requirements and timeframes for incident investigation, corrective actions, outcomes, and closure remain as outlined in the Incident Timeframes table above.

5.2.3 Initiating Investigation and determining Contributing Factors

The Clinical Lead (or senior delegate) is required to review the incident record and establish what happened, how it happened and the initial actions taken. To establish building a comprehensive picture, data needs to be collected and analysed. Data can be collected through a number of sources such as interviews, inspecting the scene of the incident and accessing the customers records (i.e., progress notes, assessment, charts, medication profile and care plan). Any relevant further details around both the cause (agency of incident) and what happened (mechanism of incident) is to be added to the incident.

The Clinical Lead (or senior delegate) is to review what immediate action(s) have been taken and investigate that the initial action(s) was implemented. The severity rating for the incident is to be reviewed to ensure it is correct (Refer to Severity Rating Guide).

The next step is to analyse the incident and identify contributing factors. The goal of an investigation into a clinical incident is to uncover and articulate contributing factors which are related to the incident and thus provide the 'backbone' for the development of corrective actions. Clinical incidents will generally have more than one contributing factor.

Contributing factors are the circumstances, actions or influences which are thought to have played a part in the origin or development of a clinical incident or to increase the risk of a clinical incident. If a clear cause is identified, with or without a root cause analysis, this should be included as part of the investigation. Contributing factors are to be documented in the **Incident Investigation- Part 1** field.



Incident Investigation - Part 1

* Name of Person Completing
Karen Allen

* Were issues relating to communication a factor in this event?
Yes

Communication Contributing Factors
Documentation

* Were issues relating to knowledge / skills / competence a factor in this event?
Yes

Knowledge / Skills / Competence Contributing Factors
New or unfamiliar employee Use /misuse of equipment
Language or cultural barriers

Once the contributing factors have been established, the date is recorded in the **Incident Investigation Commenced Field** which is located at the bottom of Incident Investigation Part 1 field.

* Were issues relating to policies, procedures and guidelines a factor in this event?
No

Policies, Procedures & Guidelines Contributing Factors

Other Contributing Factors Identified - that do not fall into the above categories

Date Policies, Procedures & Guidelines Contributing Factors Identified

Other - Policies, Procedure & Guidelines Contributing Factors

* Incident Investigation Commenced
04/09/2023

5.2.4 Risk Assessment

Locate the Risk Assessment section and access the Bethanie Risk Register Reference Table (which can be access by clicking the information tab) to determine the actual risk and residual risk score. Input the Actual Risk and Residual Risk in the Risk Assessment field.

- Actual Risk: Chance of the incident occurring prior to corrective actions being implemented.
- Residual Risk: Chance of the incident occurring after corrective actions being implemented.

RISK ASSESSMENT ⓘ

Who completes this section: None selected

Actual Risk ⓘ

* Likelihood - Chance of this incident having occurred
Please Select

* Consequence - Of Incident Occurring
Please Select

Residual Risk ⓘ

Likelihood - After Controls Implemented ⓘ
Please Select

Consequence - After Controls Implemented
Please Select



5.2.5 Investigation

Once all available information and evidence related to the incident has been collected, this data can be analysed to identify the root causes and contributing factors. This is to be documented in the **Investigation** field. The investigation can be inputted by clicking on add new on the Investigation field.

5.2.6 Corrective Actions

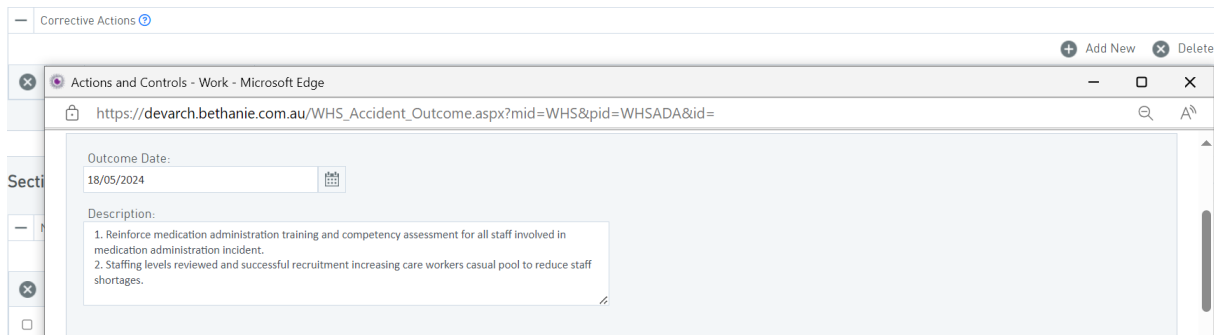
Having identified the Contributing Factors, it is now necessary to apply **Corrective Actions**.

The development of corrective actions is a fundamental component in clinical incident management and aims to address the root causes identified during investigation. Corrective actions provide the framework in improving or preventing clinical incidents from occurring. The success of the action is dependent on the quality of findings identified in the contributing factors.

Some key features which have been identified as effective when developing corrective actions include:

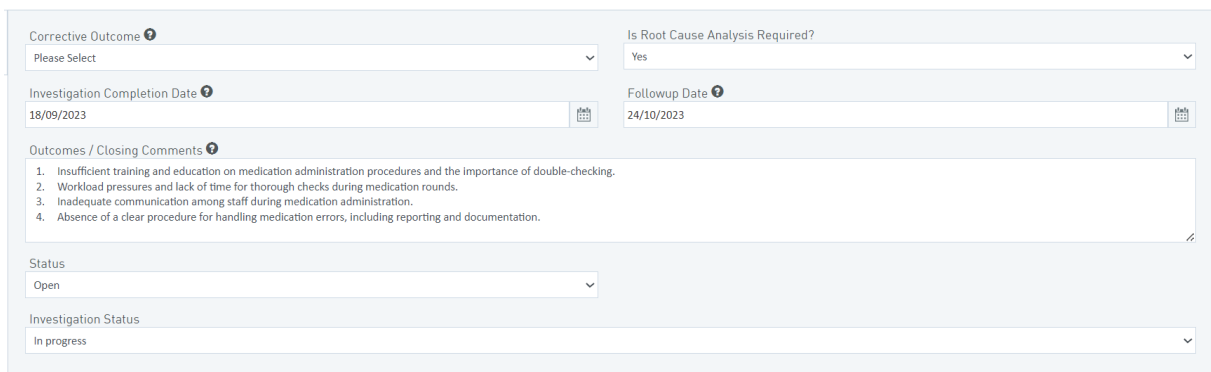
- **Appropriate:** Addresses the risk associated with findings.
- **Reasonable:** Uses the most effective solution that is reasonable or possible given the circumstances
- **Long term:** Solutions are long term to the problem.
- **Right system level:** Actions are at the right level in the system.
- **Right responsibility level:** Assign responsibility at the appropriate level in the organisation.
- **Consequences are thought through:** Ensure there is a greater positive response on other processes – balance any consequences (unintended or otherwise) which may come out of the action.
- **Evidence based:** Consider research literature, other jurisdictional evidence if appropriate that shows the impact of any similar recommendations.
- **Context:** Provide enough context to ensure that during implementation, the rationale for the change is well understood.

Corrective Actions can be inputted by clicking on *add new* on the Corrective Actions.



5.2.7 Root Cause Analysis

Incidents of a serious nature may require a formal Root Cause Analysis (RCA) in partnership with Clinical Governance. An RCA is a comprehensive type of analysis. The goal of a RCA is not just to address the immediate or surface-level causes but to delve deeper into the factors that contributed to the problem, with the aim of preventing its recurrence. A RCA is to be undertaken when requested by Senior Management. When an RCA has been undertaken, the details can be inputted into the **Root Cause Analysis** field.

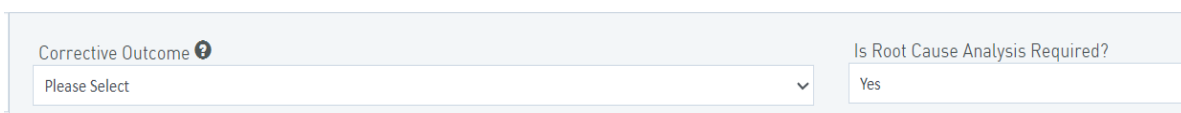


5.2.8 Corrective Outcomes

It is important to evaluate the effectiveness of the corrective actions to prevent recurrence, drive continuous improvement and reducing risk. Some examples of how staff can evaluate the corrective action effectiveness include:

- Auditing to assess compliance with procedures and ongoing staff training and competency assessment.
- Monitoring of incidents for example if the corrective actions are effective then there should be a reduction in incidents.
- Feedback from staff, residents, and their families.

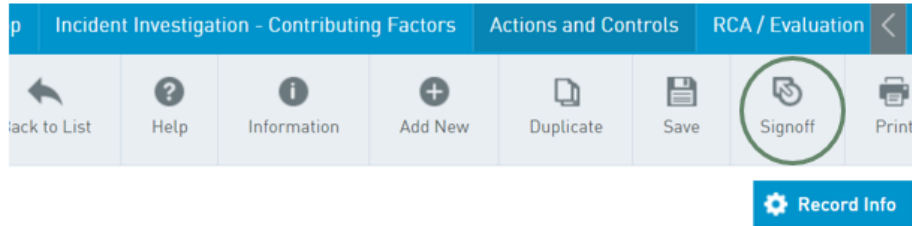
The Clinical Lead (or delegate) is to select the applicable dropdown answers which was used to evaluate the effectiveness of the corrective actions. When corrective actions are not effective, turning to a continuous improvement can be viable strategy to making incremental progress.





5.2.9 Sign off and closure of incident

Once all corrective actions have been addressed this will enable the Clinical Lead (or Senior Delegate) to determine whether the incident can be signed off. To sign off and close the incident, scroll to the top of the page and click *Signoff*.



5.3 Clinical Incident evaluation and monitoring

5.3.1 Evaluation of incidents

- Reported incidents need to be reviewed by the Clinical Manager/ Lead (or senior delegate) to manage and mitigate the risk to the organisation and identify trends.
- Monthly analysis of Clinical Key Performance Indicators (KPI's) to be completed as per the Key Performance Indicator Procedure.
- Incidents form a key part of Bethanie's review of its Clinical Indicators and provide an opportunity to benchmark internally as well as external on a Monthly and Quarterly basis.
- Clinical incidents reported in ARCH are reviewed monthly by Clinical Governance and a summary tabled as a standing agenda item at the monthly Clinical Governance Committee meeting for operational review.
- Continuous Improvements derived from Clinical Incidents and indicators should be logged as Continuous Improvement activities via the ARCH Continuous Improvement module.

5.3.2 Feedback on Incidents









- The guiding principles of the Customer Feedback Management Policy should be considered for all feedback to customers and their representatives.
- An incident analysis of all incidents of a severity rating of three or above should be discussed at the Residential Care Team Meetings (CTM) or the Community Multidisciplinary Team Meetings (MDT).
- Each month Clinical Indicators are to be analysed and discussed at the CTM (Residential) or MDT meeting (Community) to identify trends, further corrective actions required and share any lessons learned from indicator results within their site/ area.
- All staff should be made aware of the actions and outcomes from the reported incidents.

6 Consequences of Procedural Breach

- This procedure is binding on Bethanie staff, as per Section 2: Scope and Applicability.
- Roles and Responsibilities in relation to this policy are set out in Section 4.
- Failure to comply with the policy may constitute a breach of the Bethanie Code of Conduct and business practices.



7 Related Documents

Legislation
<i>Aged Care Act 1997</i>
<i>NDIS Act 2013</i>
Policy and Support Documents i.e. internal Guidelines or Forms
Clinical Governance Framework
<i>Continuous Improvement Procedure</i>
<i>Serious Incident Reporting Scheme Procedure</i>
<i>NDIS Reportable Incidents Procedure</i>
<i>Clinical Key Performance Indicator (KPI) Procedure</i>
Standards
 Standard 1 Consumer dignity and choice
 Standard 2 Ongoing assessment and planning with consumers
 Standard 3 Personal care and clinical care
 Standard 4 Services and supports for daily living
 Standard 5 Organisation's service environment
 Standard 6 Feedback and complaints
 Standard 7 Human resources
 Standard 8 Organisational governance
References
<i>Australian Commission on Safety and Quality in Health Care. Incident Management Guide.</i>
<i>ARCH Clinical Incident Investigation and Management Guide</i>
<i>NDIS (Incident Management and Reportable Incidents) Rules 2018</i>
<i>NDIS Quality and Safeguards Commission Reportable Incidents - Detailed Guidance for Registered NDIS Providers</i>

8 Document Control

Approved by	Clinical Governance Committee (CGC)	Next Review	June 2026
Document Owner or Author	GM Clinical Care and Services	Review Cycle	2 yearly
Version Number	1.0	Version Date	July 2024
Description of Change	Reformatted to new template		
Positions Consulted	n/a		
Key Words			
Previous Versions	Description of Changes	Position	Date
1.0	Introduced	GM Clinical Care & Services	July 2024