



C.13 Incident Management Policy

REVIEWED: MARCH 2021

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PURPOSE

This policy outlines Mercy Services' (Mercy) organisational approach to incident management across its services in aged care, disability support, community transport and AOD. It documents the framework and procedures in place to identify, record and report incidents that occur within services.

1. POLICY PRINCIPLES

The following principles guide the expectations and practices of Mercy's Incident Management Policy:

- All clients, residents, staff and volunteers are afforded **procedural fairness** in dealing with an incident, including appropriate investigation free from conflict of interest;
- Clients or residents are supported in resolving incidents, with **transparency and engagement** over the process including feedback;
- Incidents are monitored and reviewed to identify areas for **continuous improvement** in practices;
- **Maintaining accurate records** of incidents to enable effective reporting to committees and the Board to provide oversight and identify trends.

1. SCOPE & RESPONSIBILITIES

All staff and volunteers have a responsibility to notify or report any incident(s) to their supervisor/manager that arises within the course of their work at Mercy. A reportable incident (as outlined in the next section) must be escalated immediately to a supervisor or manager.

2. INCIDENTS & REPORTABLE INCIDENTS

What is an Incident

An incident includes:

- Any event that have or could have, caused harm to a client/resident receiving supports or services;
- Any event that have or could have, caused harm to Mercy staff or volunteers whilst performing their role; and
- Acts by a client/resident that occur in connection with the provision of supports or services and that have caused harm or a risk of harm to another person.

All incidents must be recorded and reported as per the process outlined in section 4.

What are Reportable Incidents

Reportable incidents are serious incidents which require prompt escalation to management and reporting to statutory authorities or agencies. They include (but not limited to) any incident leading to:

- Death, serious injury or hospitalisation;
- Any form of abuse or neglect including sexual or physical assault;
- Sexual misconduct; or
- Unlawful use of restrictive practices.

Mercy has established an incident reporting framework for each of the services it provides (as outlined in the Appendix), which specifies the process to follow to report an incident to the required statutory authority or agency.

4. INCIDENT MANAGEMENT SYSTEM (PROCESS)

Mercy has developed an incident management system to help identify, manage and resolve incidents. A flowchart outlining the process for each service is available in the Appendix. Incidents are identified through errors in staff practice, accidents, complaints or client/resident issues.

An incident can be reported by either the person involved, a witness to the incident or if staff are advised of an incident occurring. Once an incident is identified, the reporting person should complete an incident form, as available on Mercy's [website](#) and discuss the situation with their supervisor/manager. The manager will then identify any potential corrective actions to address the incident and report the matter via the incident mailbox (incidents@mercyservices.org.au). Clients or residents are to be kept informed of how incidents they are involved in have been managed, including their designated representative.

All incidents that are reported via the incidents mailbox are reviewed by the Quality, Clinical & Safety Advisor (QCSA). They will review incidents to ensure appropriate corrective actions are undertaken and report incidents to respective committees/councils. Management of incidents will vary, depending on the seriousness of the incident, however all incidents are assessed in relation to:

- Whether they could have been prevented;
- How successfully the incident was managed or resolved;
- If any further remedial or continuous improvement is required to prevent similar incidents or minimise their impact; and
- Whether statutory agencies or individuals are required to be notified.

For more serious or reportable incidents, the QCSA will be in contact with the manager of the service area to ensure the incident is reported to the required authority within the directed timeframes. A risk assessment will be conducted as part of reviewing serious incidents to mitigate the potential for any further harm. An internal investigation on the incident will be undertaken and depending on the seriousness of allegations this could involve engagement with an independent expert to investigate the incident and ensure impartiality. Any serious incident will also be notified to the Chair of the Board.

5. SUPPORTING & ENGAGING CLIENTS IN RESOLVING INCIDENTS

Staff are to ensure clients (and or their representative) are engaged and involved when resolving incidents. Ongoing communication should be maintained with the client and their representative,

informing them of the review into the incident and the outcome in rectifying the matter. Clients and their representative should also be supported during the process of resolving the incident and where appropriate, referred to relevant advocacy groups as outlined in the table below:

<i>Service:</i>	<i>Organisation:</i>	<i>Contact No:</i>
Aged Care	Older Persons Network – OPAN	1800 700 600
	Senior Rights Service	1800 424 079
NDIS	Family Advocacy	1800 620 588
	Disability Advocacy NSW	1300 365 085

For reportable incidents, clients and their families will also need to be provided support services relevant to the incident including trauma and abuse counsellors. The process for investigating and supporting clients and their families for issues of trauma and abuse is outlined in Mercy's Safeguarding Policy.

6. DOCUMENTING & REPORTING

On an incident has been reported via incident@mercyservices.org.au, the matter will be reviewed by the QCSA. If further information or actions are required, they will be in contact with the reporting manager to clarify circumstances and corrective actions taken. All incidents are documented in a central register and reported monthly to the Risk & Continuous Improvement committee for review. This provides awareness of issues across services to identify if other services could be impacted by similar issues. Clinical incidents are also reported monthly to the Clinical Advisory Council and matters concerning work, health & safety are reported to the H&S Committee.

The Board receive a summary of incidents by service area each month, with commentary on any significant movements or trends, including actions taken for continuous improvement.

7. CONTINUOUS IMPROVEMENT

As outlined above, incidents reported across Mercy Services are collated and reported to various committees and councils for review, monitoring any trends and for identifying opportunities for continuous improvement in practices or procedures. This provides management the opportunity to review incidents and implement actions to minimise the occurrence of further incidents. If an incident highlights the need for improvement in practices, these would be logged on Mercy's continuous improvement register.

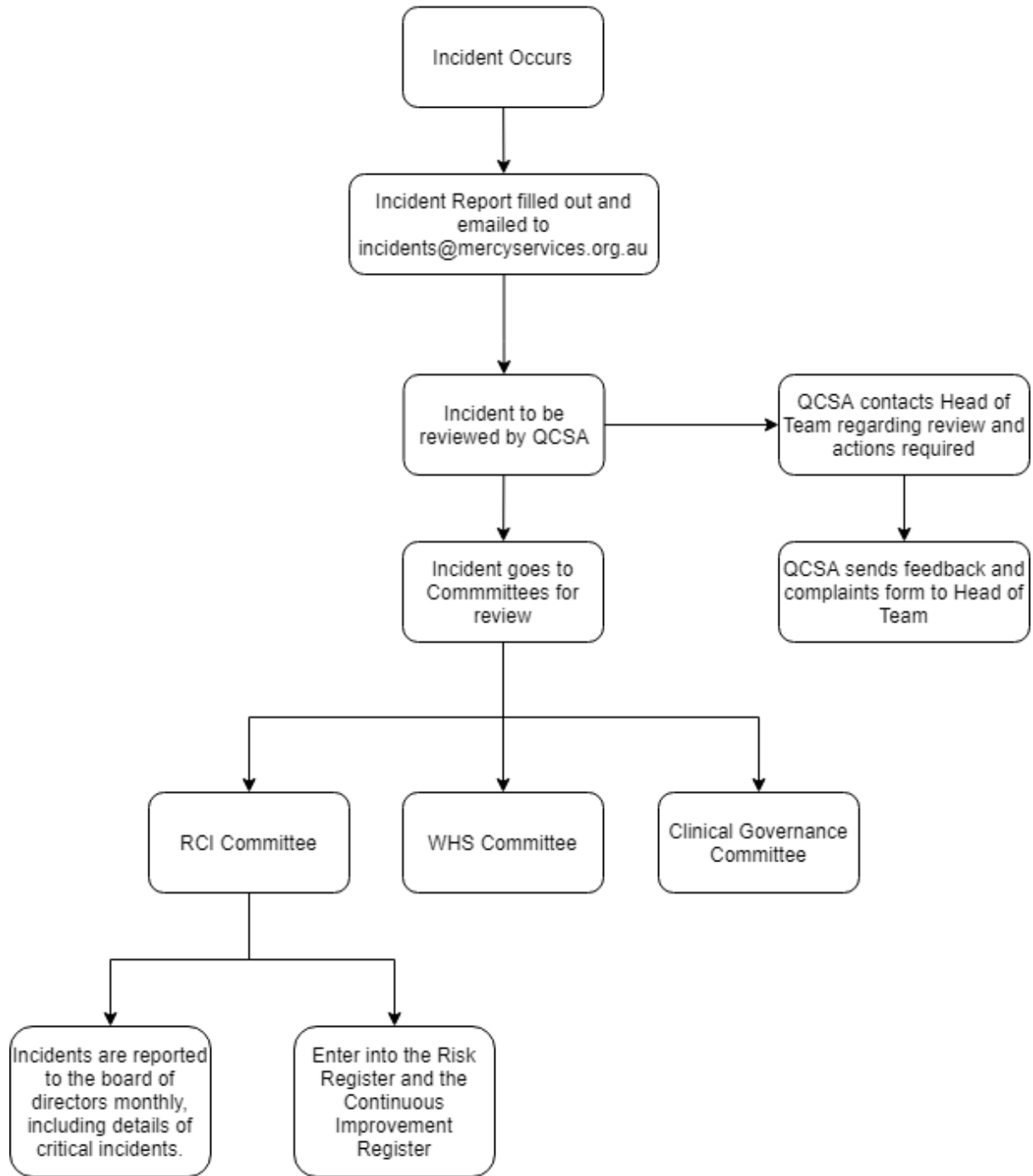
A review of the incident management system will also be undertaken periodically to ensure its effectiveness in capturing incidents and reporting them in a meaning way to committees and the Board.

8. PUBLICATION & POLICY AWARENESS

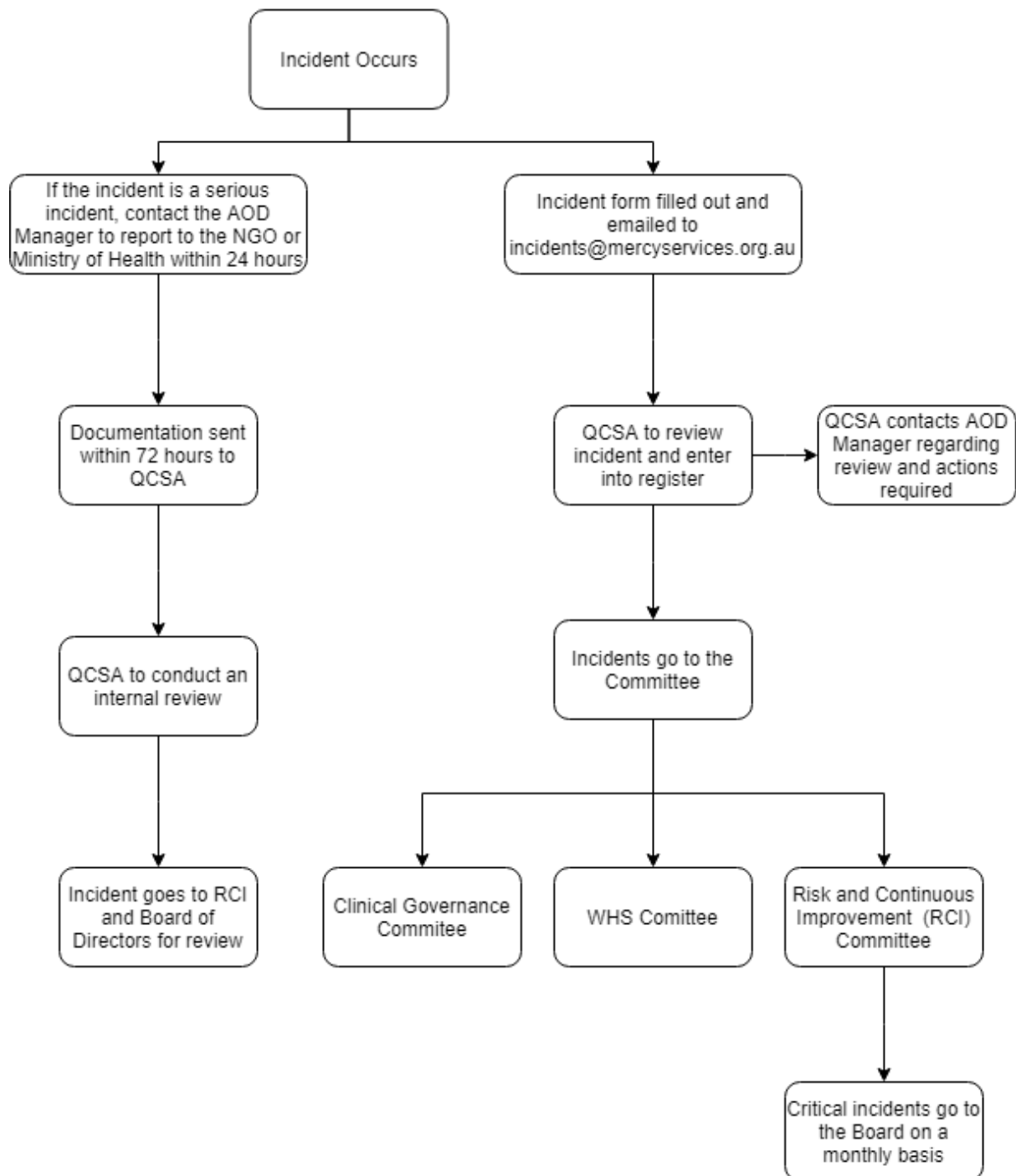
This policy will be made freely available to staff, volunteers, residents, clients and their representatives via Mercy's public website. This policy will also be advised to new staff as part of the induction process.

Appendix – Incident Management Frameworks by Service

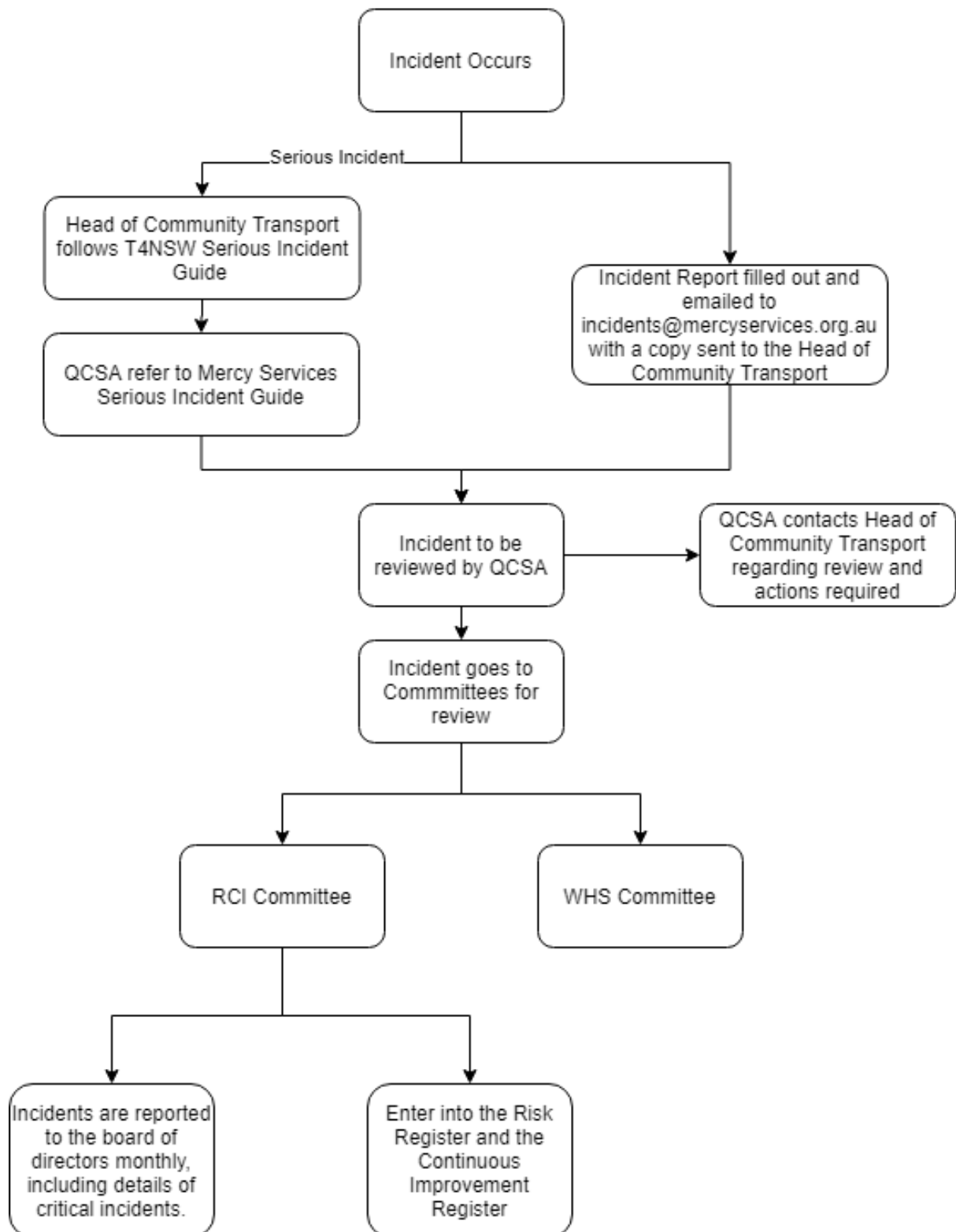
Mercy Services Incident Framework



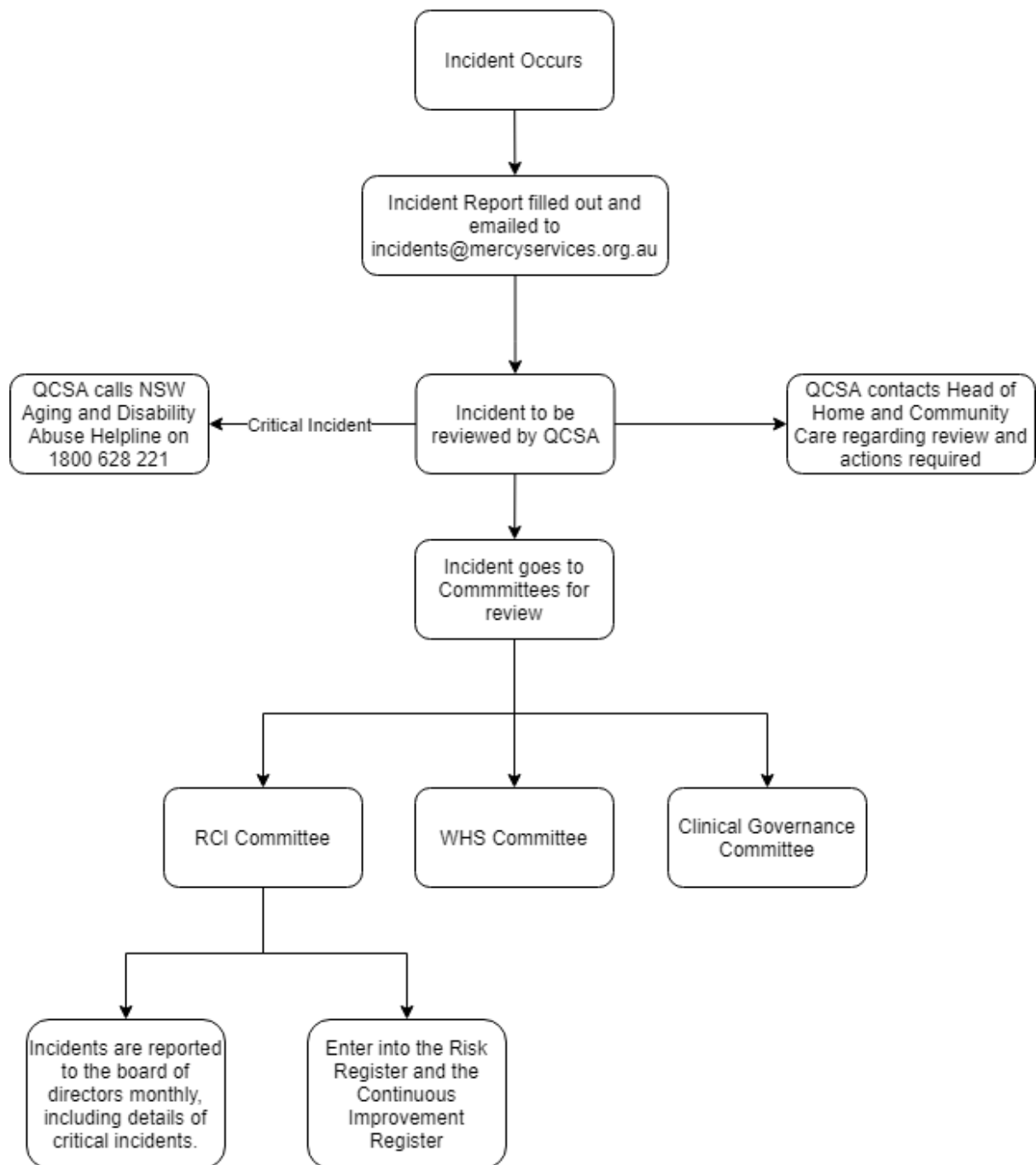
AOD INCIDENT FRAMEWORK
FOR CLINICAL INCIDENTS

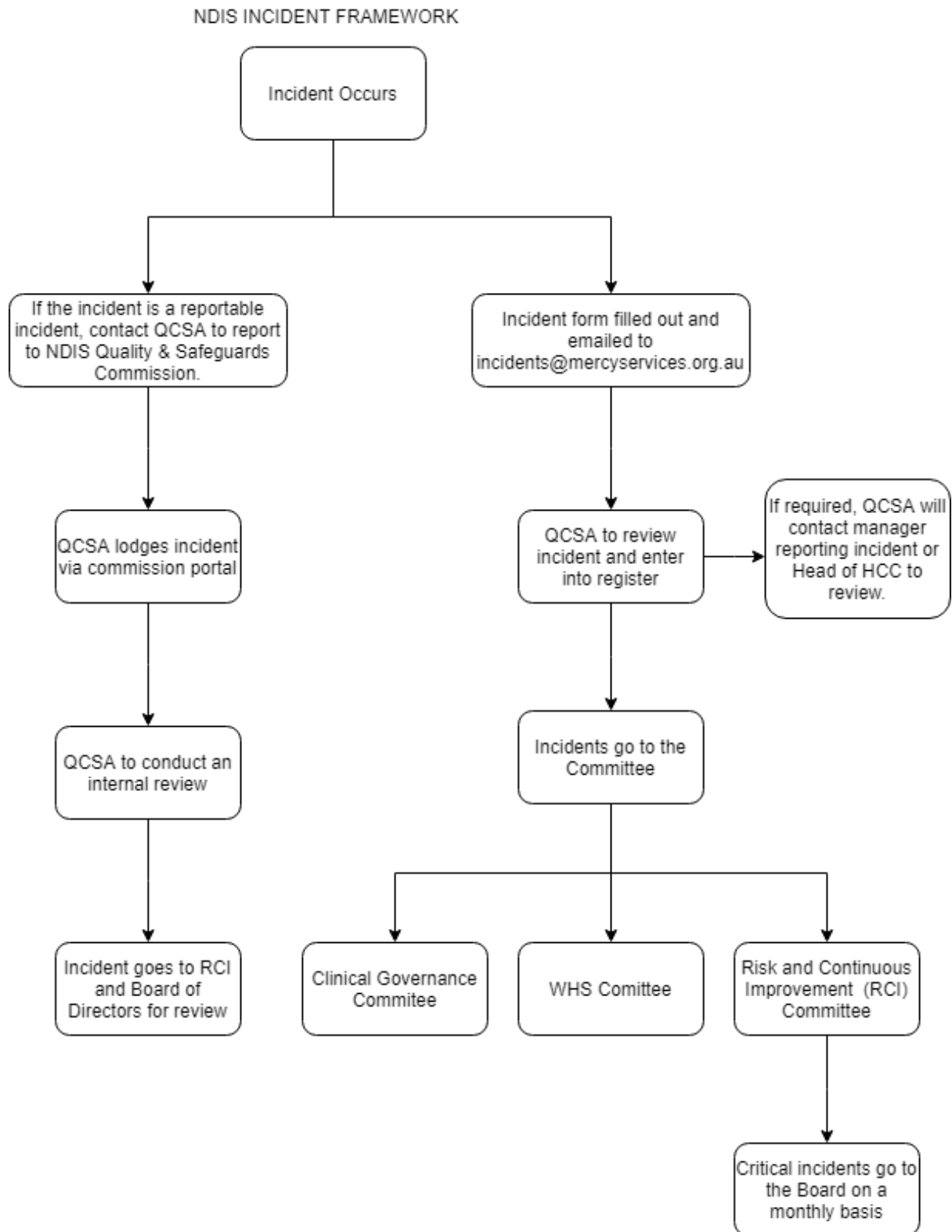


Community Transport Incident Framework

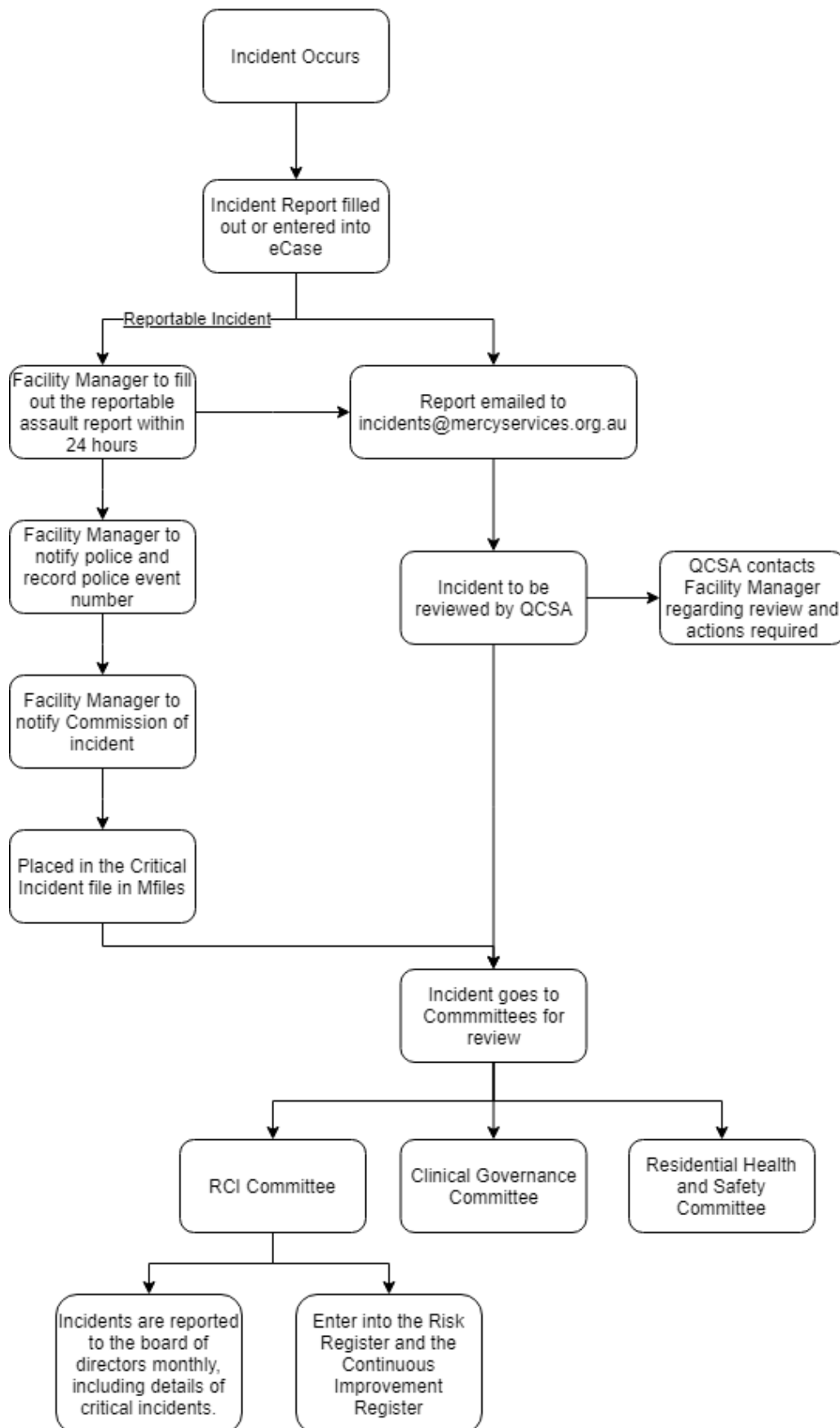


Home and Community Care Incident Framework





Residential Incident Framework



9. VERSION CONTROL AND CHANGE HISTORY

Version	Date Reviewed	Amendments
1.0	15/11/20	Date Created
2.0	02/03/21	Approved by RCI Committee via Poll

Author	Quality, Clinical & Safety Advisor	Date Created	15/11/2020
Endorsed By	RCI on 02/03/21	Review Due	02/03/2024
Status	Current		