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Responsible Officer:	Nicole Martin	Approving Committee	Quality, Safety & Risk Management
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INCIDENT REPORTING

Description	Purpose and Scope	Definitions & Abbreviations	Procedure Standards
Legislation, Acts & Standards	Key Aligned Documents	References	Governance

Description

All incidents that occur at Upper Murray Health & Community Services will be investigated, reported internally and reported externally to the Department of Health, VMIA, Work Safe and the Health Services Commissioner as required.

Procedure Applies To

All Staff

Purpose and Scope

This procedure outlines the requirement for the reporting and investigation of incidents that occur at Upper Murray Health & Community Services (UMHCS). It also outlines the requirements for statutory reporting of incidents to the Department of Health, VMIA, Worksafe and the Health Services Commission as required.

Definitions & Abbreviations

DoH- Department of Health
HSC- Health Services Commission

Incident -Any unplanned event that has the potential to cause, an injury or illness and/or damage to people, equipment, buildings, plant or the natural environment. Incidents range from near-miss incidents to serious incidents and emergencies.
ISR - Incident Severity rating
VHIMS/RiskMan -Victorian Health Incident Management System
VMIA - Victorian Managed Insurance Authority

Procedure Standards

Principles

- All incidents (i.e. Clinical, Staff incident and/or near miss and hazards) must be recorded in VHIMS/RiskMan on the day the incident occurred i.e. before the end of shift.
- All staff must e registered to use Riskman computer incident management system

Logging an incident

- Access is via an icon which is installed on Sharepoint on your computer as a quick links icon

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- The Log-in and password will have been provided to you by Front Reception
- All new users must assign a manager prior to logging an incident. This is achieved by clicking on the "create a New Login Tab on the RiskMan home page. To assign a new manager, click on "Assign Manager" at base of the incident page, select your new manager's name, click on Assign, then click on continue.
- Fields or "drop down lists" (which cannot be changed)- are sometimes extensive, however there is a search function which is available for items in the drop down lists
- Mandatory fields are either yellow or marked with a "red" asterisk * or "red" number 1. All of the yellow fields are required data, you cannot submit your incident until all of these have been completed. Items with * or 1 are transmitted to the DoH or VMIA.
- If you have trouble please see front reception staff or the Quality Safety Risk Manager for help.

Type of Incident Notification

This is where you select the type of incident you are reporting.

- Clinical Incident- use this notification to record harm or potential harm to patient/ client/ resident or community member
- OHS incident- Use this notification to record staff, contractor, volunteer, visitor or other non-patient/ client
- Non Clinical/Non OHS Incident/Issue- use this notification to record hazards in VHIMS.
- Who is reporting- you are the reporter
- Who was affected- Select either self/patient/client according to the incident
- What happened- be objective as this information is obtainable under the Freedom of Information Act.
    - Summary Section : Should be brief and descriptive and not contain names. For example, patient fell from showerstool while reaching for soap.
    - Details section: Here you give as much relevant information as possible in a clear sequential order.
- How is it classified:
    - Primary incident type- select the classification that best describes the cause of the incident
    - Related incident type- select any classification that contributed to the incident occurring
    - Specific incident class- specific list of reportable items to DoH, select any that are applicable
- When did it occur- this always defaults to today's date. If the exact time of the incident is unknown, "uncheck the box". Select from the drop down lists the duration and number of times the incident has occurred.
- Where did it happen:
    - Choose the site you work at
    - Select the location
    - Physical setting- review the list and select the best fit. Click "Save & Exit"
- Incident Assessment- Answer the 3 questions from the drop down lists to assign the Incident Severity Rating (ISR)
- Submission- Check you are set up to report to your current manager and click "submit"

Following Submission

Following submission the following events occur:

- Notification to your direct manager and Executive Manager
- Notification to the Quality Safety Risk Manager
- Notification to the OH&S Representative (If an OH&S incident)
- Notification to the Falls Prevention working party if it is a fall.

- Notification to the Pressure Care working party if it is a pressure care incident.
- Acknowledgement to the reporter via email
- Investigation and response begins

Where an incident effects more than one person, a separate incident report must be completed for each person/ item.

All incidents will be reviewed and prioritised to assess the level of investigation required. The ISR (incident severity rating) rating guides the level of investigation. If an incident is identified as an ISR 1 or ISR2 it must be reported immediately to your Senior Manager who shall report to the CE/DON & QSRM.

Line Managers/ Supervisors

Incident Investigation

It is the responsibility of the Department Head to complete the investigation and review any work practices and/or processes associated with the recorded incident and to determine the necessary interventions to assist in preventing any future incidents. The investigation must commence as soon as practical with the initial investigation completed within 3 days. Department Heads should be guided by the DoH – guide to effectively reviewing incident reports.
http://docs.health.vic.gov.au/docs/doc/A-guide-to-effectively-reviewing-incident-reports

Posting an Incident

- To post an incident, go to the Inbox (under the Management tab on menu selection) select the incident
- Add the results of the investigation or journal entries and further tasks
- Scroll to the bottom of the screen and post the incident by clicking on the red post button
- After an incident has been posted, if it is updated the incident appears in the inbox again with an unopened envelope.

Closing an incident

- All ISR 3 & 4 incidents should be investigated and closed within 10 working days (2 weeks).
- All incidents should be posted before closing them
- To close the incident, click close and post (before closing an incident, ensure all information is correct)
- Once the incident is posted, it will now appear in the Entered Incidents under My Workspace Tab
- The incident does not have to be closed at this time if you are waiting for investigation results. You can come back and close the incident later.
- You can accept all further amendment changes or additions by accepting the changes
- If you only agree with some of the changes you can accept them individually by going through each change in the incident
- Then click Update the Posted Record

Transmission of incidents to the Department of Health, VMIA, and the Health Services Commission

- All incidents will be reviewed for accuracy by the Compliance Manager prior to any transmission
- Significant incidents with a severity rating of 1 or 2 must be reported to VMIA and DoH within 1 working day (ISR1) and 2 working days (ISR2). ISR 1 &2's also require an internal investigation. UMHCS uses The DoH Root Cause Analysis system to investigate serious incidents as per our RCA procedure
- Serious complaints are transmitted to the Health Services Commissioner (HSC)

Workcover must be notified if an incident that results in:

- Death of a person
- Medical treatment within 48 hours of being exposed to a substance (such as chemicals or biological material or if there is a dangerous occurrence which creates an immediate risk to the health and safety of persons in the immediate vicinity)
- Electric shock
- Amputation
- Serious head or eye injury
- Spinal injury
- Serious laceration etc

Notifiable dangerous occurrences are:

- The collapse, overturning, failure or malfunction of or damage to certain items of plant
- The collapse or failure of an excavation or of the shoring supporting an excavation
- The collapse or part of a building or structure
- An implosion, explosion or fire
- The escape, spillage or leakage of substance
- The fall or release from a height of any plant, object or substance

Reportable Death to the Coroner

The coroner must be notified where a death has occurred during a medical procedure or following a medical procedure where a medical practitioner immediately before the procedure, would not have expected the death to have occurred.

Review of Incidents

A monthly review of all incidents will be performed by the VHIMS incident reports working party. This is made up of the Compliance Manager, Quality Safety Risk Manager, Director of Clinical Services, Director of Corporate Services and Nurse Unit Manager. This working party has Terms of reference and ensure timely incident management, and reporting back to Clinical Aged Care & Governance Committee, Quality of Care Committee and Team meetings as relevant.

Legislation, Acts & Standards

- Australian Standard AS1885.1 (1990) Workplace Injury and Disease Recording
- NSQHS Standard: 1.14.1, 1.14.14
- Occupational Health & Safety Act 2004 (Vic)
- Open Disclosure Standard (Aust. Commission on Safety and Quality in Health Care)

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Key Aligned Documents

- Risk Management Policy
- Risk Management Framework
- Root Cause Analysis Policy
- Root Cause Analysis Procedure

References

- www.health.vic.gov.au/clinrisk/vhims
- DoH incident reporting Instructions, May 2013
- Alpine Health Incident Reporting Procedure

Governance

Version Control and Change History		
Version Number	**Approval Date**	**Amendment**
	22/04/2014	New Procedure

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