

|  |
| --- |
| Investigation outcome and case review template |
| Client incident management system |

# When and how to use this template

[The investigation manager should use this investigation outcome and case review template when they are, on the balance of probabilities, able to determine an outcome for an allegation of abuse or poor quality of care at the time of screening and a case review is a more appropriate response. All documents must be stored in a secure location to protect the privacy of the parties involved and to ensure the integrity of the investigation is maintained.

The investigation outcome and case review report template must be completed within 28 working days of the divisional office endorsing the recommendation to conduct this follow up action. It must be approved by the service provider chief executive officer/senior delegate and recorded on the service provider’s client incident register.

**The text in brackets throughout this template serves as a guide and should be deleted.**]

## 1. Incident reference number

|  |
| --- |
| <Enter incident report ID (IRD) here> |

## 2. Service Providers details

|  |  |
| --- | --- |
| Organisation name | <Enter organisation name here> |

## 3. Incident details

### 3.1 Details of clients involved in the incident

#### Client 1

[This section only required to be completed if IR does not contain sufficient details of the client/s.]

|  |  |
| --- | --- |
| Client’s full name | <Enter the client’s full name here> |
| Date of birth | <Enter the client’s date of birth here> [DD/MM/YYY] |
| Primary incident type | <Enter primary incident type, as identified in the incident report, here> |
| Secondary incident type (applicable for incident types of abuse only) | <Enter secondary incident type, as identified in the incident report, here> |
| List allegations/unexplained injuries | [Described in more specific detail the nature of the allegation/s. List allegations/unexplained injuries for example allegation 1 – physical abuse, allegation 2 – sexual abuse, when providing specific detail] |

[Copy and paste the Client 1 table for each client impacted by the incident, as required, up to a maximum of 10.]

### 3.2 Details of alleged perpetrators

[This section only required to be completed if IR does not contain sufficient details of the alleged perpetrator/s.]

#### Alleged perpetrator 1

|  |  |
| --- | --- |
| Alleged perpetrator’s full name | <Enter the alleged perpetrator’s full name here> |
| Date of birth | <Enter the alleged perpetrator’s date of birth here>  [DD/MM/YYY] |
| Sex | <Enter the alleged perpetrator’s sex here> |
| Home address | <Enter the alleged perpetrator’s current home address here> |
| Indigenous status | <Enter the indigenous status of the alleged perpetrator, as identified in the incident report, here> |
| Role in incident | <Enter alleged perpetrator’s role in incident here>  [Include the capacity the alleged perpetrator was acting in, for example the position title if staff and type of carer for volunteers.] |
| Client unique ID | <Enter client’s unique ID, if applicable, here> |
| Client unique ID type (e.g. CRIS or CRISSP number, HiiP ID, etc.) | <Enter client’s unique ID type, if applicable, here> |

[Copy and paste the Alleged perpetrator 1 table for each alleged perpetrator, as required, up to a maximum of 10.]

## 4. Allegation findings

[The outcomes are to be clearly and concisely stated. Each substantiated allegation is to have an outline of the processes, the witnesses interviewed, and evidence examined which led to the outcome.]

| Allegation | Evidence considered | Outcome |
| --- | --- | --- |
| <Enter outcome for allegation 1 here> | <Enter the relevance of the evidence considered, that is, how the evidence, on the balance of probability, substantiates the allegation here>. |  |
|  |  |  |
|  |  |  |

[Add additional lines if required.]

## 5. Rationale for conducting the case review

[Why is a case review the most appropriate course of action?]

|  |
| --- |
| <Enter the rational for conducting the case review here> |

## 6. Communication strategy

Used to notify clients, staff and others of the review while it is underway

[Note: Confidentiality procedures and protection of the client’s and any alleged perpetrator(s) identities must be followed at all stages]

| Description | Timeline |
| --- | --- |
| <Enter the communication strategy here>  [How will each of the key stakeholders involved in the review be kept up to date with the progress and any outcome of the review?] | <Enter timeline here>  [For each of the communication steps identified provide timeline details for when they will be conducted, who will be responsible for communicating with each person and when will it be completed.] |

## 7. Incident response plan

[The Incident response plan outlines the follow up actions identified by the service provider to respond to the incident outcomes. If the allegations are not substantiated, service provider practice improvements must still be identified with the service provider service improvement section of the Incident response plan completed below.]

| Outcome | Response theme | Response | Expected result | Timeline | Monitoring |
| --- | --- | --- | --- | --- | --- |
| <Enter outcome here> | <Choose one theme / category of response here> | <Enter response planned for outcome, including actions and support for clients (client impacted / alleged perpetrator / witness) here> | <Enter expected result / rational for planned response here> | <Enter anticipated timeline for planned response here> | <Enter how action will be monitored by service provider here> |

[Note: one response theme is mandatory unless the outcome of the investigation is ‘not substantiated – no further action’.

Response theme options (choose one per outcome): Client placement/mix, Client plan, Client access to support services, Staff capability, Staff or Carer qualification/accreditation, Staff terminated/stood down, Staff rostering/support model, Operational policy/procedure, Property repair/upgrade/modifications required, Human resources policy/procedures, Organisational governance, Notify relevant parties, Other]

[Copy and paste the Investigation response plan template as required.]

## 8. Incident investigation report approval/Allegation outcome report

### Details of person who prepared the incident investigation report

|  |  |
| --- | --- |
| Prepared by | <Enter name of person who prepared incident investigation report (the investigation manager)> |
| Position/title | <Enter position or job title of person who prepared incident investigation report> |
| Conflict of interest declaration: | I declare that I have not had any prior personal involvement in this matter, nor do I have any personal bias or inclination, obligation or loyalty, that would in any way affect my conducting this investigation; nor any comments or critical analysis that I provide. As the investigation manager, I have verified that any other staff member involved in conducting the investigation also does not have a conflict of interest relating to this incident. |
| Signature | <Enter signature of person who prepared incident investigation report. Electronic signatures are acceptable.> |
| Date | <Enter date of above signature> [DD/MM/YYY] |

### Details of the person who approved the prepared incident investigation report

|  |  |
| --- | --- |
| Approved by  [Service provider’s Chief executive officer or delegated authority] | <Enter name of person who approved the incident investigation report> |
| Position/title | <Enter position or job title of person who endorsed incident investigation report > |
| Signature | <Enter signature of person who approved the incident investigation report. Electronic signatures are acceptable> |
| Date | <Enter date of above signature> [DD/MM/YYY] |

# Case review

Case reviews provide a professional practice framework to generate insight as to why an incident happened and to capture the key learnings from that incident. It is intended to support continuous improvement by reflecting on the client incident, exploring what might have caused it and documenting the lessons and actions the service provider will take to reduce the risk of the same type of incident occurring again in future. A case review in CIMS should primarily be based on a desktop review of available documentation. A separate template is available for reference and use as appropriate for when root cause analysis methodology is used to conduct an incident review.

## Review period

|  |  |
| --- | --- |
| Proposed review start date | <Enter the proposed review start date here> [DD/MM/YYY] |
| Proposed completion date  [Within 28 working days of the department endorsing the recommendation to conduct this follow up action] | <Enter the proposed review completion date here> [DD/MM/YYY]  [A provisional due date will be provided by the department divisional office upon endorsement of the recommendation to undertake a case review in response to a major impact incident] |

## Service details

[The section only required to be completed if not the service provider identified in the IR.]

|  |  |
| --- | --- |
| Address of service delivery | <Enter address of service delivery here> |
| Area  [As identified in the incident report] | <Enter Department of Health and Human Services service area here |
| Program  [As identified in the incident report] | <Enter program here> |
| Service type  [As identified in the incident report] | <Enter service type here> |

## Case review manager details

[Refer to the *Client incident management guide* for the role, responsibilities and independence of the review manager]

|  |  |
| --- | --- |
| Surname / family name | <Enter surname / family name here> |
| Given name | <Enter given name here> |
| Position title | <Enter position title here> |
| Telephone | <Enter telephone here> |
| Email | <Enter email here> |

## Defining the problem

[Include a clear concise description of the issue(s) that are in scope of the review]

|  |
| --- |
| <Enter the details of the problem here> |

## Case review methodology

[Outline the key activities undertaken as part of the Case Review process, noting that the Case Review Manager may be required to undertake document reviews and speak with clients and staff members present at the incident and managerial staff. It is not mandatory for interviews to be conducted face to face, however it is likely there are circumstances where it is desirable, for example when speaking with the victim.

[Examples include, but are not limited to, reviewing client file notes, medication chart records, organisation occupational health and safety policies, other relevant reports about the service provider and speaking with relevant clients and staff.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Activity | Rationale for activity | Responsibility | Timeline |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

[Add additional lines if necessary]

## Interviews

Where deemed necessary interviews should be concise and targeted to the issues that are identified as in scope of the case review and not as detailed as would be expected for a Root Cause Analysis Review.

Consideration should be given as to whether it would be appropriate to interview the client/s involved.

| Information required | Response |
| --- | --- |
| Name  [Including position title if a staff member] | <Enter the name of person interviewed here > |
| Date, time and location | <Enter date, time and location of interview here> |
| People present | <Enter all people present at the interview and their role here > |
| Purpose of interview | <Enter Reason for person interviewed here > |
| Key information collected in Interview:  [Include only relevant information. Full case notes of interviews can be attached to the case review report if required] | <Enter summary of information here > |
| Assessment of information:  [Is it relevant, credible and objective?] | <Enter assessment of information here> |

[Copy and paste the interview details table for additional interviews, if required.]

## Documentary or other evidence reviewed

[Unless other considerations have been given under allegation findings there is no need to reproduce.]

| List of documentary or other evidence reviewed | Date and source of documentary or other evidence reviewed | What is the relevance of the documentary or other evidence reviewed? |
| --- | --- | --- |
| [Examples include, but are not limited to, reviewing client file notes, medication chart records, service provider occupational health and safety policies, other relevant reports about the service provider.] | [This is the date when the documentary or other evidence was originally completed and where/who it was obtained from.] | [For example: does it support verbal accounts of the impact to the client? Does it demonstrate that adequate actions were taken to support the client both immediately after and following the incident? Were actions consistent with organisational policies and procedures?] |
| <Enter documentary or other evidence reviewed here > | <Enter the date and source of documentary or other evidence reviewed here > | <Enter the relevance of documentary or other evidence reviewed here > |
|  |  |  |
|  |  |  |

[Add additional lines if necessary]

## Assessment and key issues identified

### Incident management assessment

Describe how the client/s involved were supported both during and after the incident and had their safety needs met (examples include, but are not limited to, engagement of a support person or advocate for the client, contacting police or seeking medical attention for the client, the use of communication aids)

|  |
| --- |
| <Enter the incident management assessment here> |

If the client/s were interviewed, describe their account of how their needs were met during and following the incident.

|  |
| --- |
| <Enter the details of the client account/s here> |

Was the service provider’s response and actions consistent with both department and service provider policies and procedures?

|  |
| --- |
| <Enter the assessment of whether the service provider’s response and actions were consistent with policy here> |

### Key Issues identified

[What information has been assessed as pertinent to inform the case review recommended action plan and why? What does the information tell us about why the incident occurred? Is there a possibility of a similar incident occurring again and why?] [If the client accounts differ from the service providers account, what needs to happen to resolve this?]

|  |
| --- |
| <Enter the key issues identified here> |

### Key learnings

[What are the lessons that have emerged from this incident? What can be done differently in future to avoid or reduce the same thing happening again?]

|  |
| --- |
| <Enter the key learnings identified here> |

# Case review action plan

[In the table below, outline any specific actions to be implemented in response to the identified contributing factors/causes of the incident/s, who is responsible for these actions (that is, a specific individual, all staff who work with the client, a memo to be sent to all staff in the organisation, etc.) and when this is to be implemented (ongoing or a specific date).]

| Identified contributing factors/causes | Action/recommendations | Responsibility | Timeline |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

[Add additional lines if necessary]

# Case review report endorsement

## Prepared by

|  |  |
| --- | --- |
| Prepared by | <Enter name of person who prepared the case review report (the review manager) here> |
| Position/title | <Enter position or job title of person who prepared the case review report here> |
| **Conflict of interest declaration** | As the review manager, I declare that I have not had any prior personal involvement in this matter, nor do I have any personal bias or inclination, obligation or loyalty, that would in any way affect my conducting this review; nor any comments or critical analysis that I provide. As the review manager, I have verified that any other staff member involved in conducting the review also does not have a conflict of interest relating to this incident. |
| Signature | <Enter signature of person who prepared the case review report > |
| Date | <Enter date of above signature> [DD/MM/YYY] |

## Approved by

|  |  |
| --- | --- |
| Approved by  [Service provider’s Chief executive officer or delegated authority] | <Enter name of person who approved the case review report here> |
| Position/title | <Enter position or job title of person who endorsed the case review report here> |
| Signature | <Enter signature of person who approved the case review report here. Electronic signatures are acceptable> |
| Date | <Enter date of above signature here> [DD/MM/YYY] |

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