

Aged Care Quality and Safety Commission

Introduction to SIRS and the importance of Incident Management Systems -
Webinar - 25 February 2021

The Aged Care Quality and Safety Commission (the commission) held a webinar for Approved Providers on 25 February 2021 to introduce SIRS – the Serious Incident Response Scheme.

This article is written by me, Donna Dark, Owner and Principal Consultant at Lighthouse Advisory Services and is an update of some notes published on LinkedIn on 25 February.

Five years ago, I started my own consultancy, and prior to this I have held senior governance roles in aged care organisations operating across multiple states and territories. I have a Bachelor of Science (exercise physiology), Master of Business Administration, Master of Business (research) and a Graduate Diploma of Occupational Health and Safety.

I have designed and implemented paper based incident management systems, helped tweak electronic incident systems, investigated incidents of all types and analysed incident data for trends and learning opportunities.

The week that the webinar was viewing I decided to watch this webinar live to see if I could help Providers get up to speed on what they needed to do with SIRS. This article reflects what was discussed, and my own observations regarding what Approved Providers already have in place, and where they need to focus their attention in the coming weeks and months.

If you would like to contact me to discuss this article or how I may be able to help your organisation, please contact me via LinkedIn or donna_lighthouse@outlook.com.

The webinar was recorded and is now available on the Aged Care Quality and Safety Commission page, under the SIRS topic on the Provider tab:

<https://www.agedcarequality.gov.au/node/99929>

Background

The commission stated during the webinar that the announcement of Serious Incident Response Scheme (SIRS) has been received positively by consumers, the community, and Providers.

Why do we need to do this?

Underpinning an effective clinical governance system is the goal to provide safe, high quality consumer-led services. This includes acknowledging the fundamental human right of older people to live safe from harm.

What is SIRS?

SIRS – the Serious Incident Response Scheme - is all about providers strengthening their systems to prevent harm occurring. There are two elements:

1. Effective incident management system (IMS)
2. Reportable incident obligations

The new SIRS scheme replaces compulsory reporting obligations.

Goals of the scheme:

- Improving governance system
- Building provider skills
- Enabling consumers to report issues, promote consumer advocacy

What do consumers want?

OPSAN tells us that consumers want to build back confidence in aged care. They also want to see the system learn from things that happen.

What about our current incident management system?

It is important to recognise that Providers already have an incident management system in place, and this was emphasised by the commission in the webinar. However, it is the commission's view that Providers need to review their system and strengthen it to be better placed to prevent and mitigate risk.

Important elements of incident management systems

The commission focused on the following four elements, and I have expanded these to explain what you may need to consider when reviewing your system.

No	Element	Focus for review
1.	Policies and Procedures	Do they clearly outline how to identify, respond, investigate, and learn from incidents? Do you have these policies available to staff as well as residents and families?
2.	Incident Reporting tools	They can be computer based or manual (paper) – the commission is agnostic (they do not have a view) but they expect the tool to be in place and functional.
3.	Staff training program	Are staff inducted and regularly reminded so that it (reporting incidents) becomes second nature, and they know how to deal with it and are supported to do so. I would add to this – what training do we provide residents, families, and volunteers? What do we tell contractors and students on placement?

4.	Governance	Does the organisation and specifically the Board and Management understand who oversees 1,2,3 above - who is ensuring that incidents attended to, who holds staff to account re responding, reporting, and following up. Who ensures the incident management system is fit for purpose? How is the Board assured that incidents are reported, followed up and investigated? How is the Board advised of contributing factors or trends regarding incidents and what is being done to remedy risks or system gaps identified?
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Key points about incident management systems

The commission expects to see Providers tailor the incident management system according to the characteristics of the service – that is your location, type, and consumer needs. It was stressed that it must be customised, not just implemented "off the shelf".

The commission views the incident management system as a tool for the provider to ensure matters are reported and responded to and encompass all incident types. This system should support Providers to meet their obligations.

Reportable incidents under SIRS

Reportable incidents include those listed below.

Unreasonable use of force – *for example, hitting, pushing, shoving, or rough handling.*

Unlawful sexual contact or inappropriate sexual conduct – *such as sexual threats or stalking, or sexual activities without consent.*

Psychological or emotional abuse – *such as yelling, name calling, ignoring a consumer, threatening gestures, or refusing a consumer access to care or services as a means of punishment.*

Unexpected death – *in the event of a fall, untreated pressure injury, or the actions of a consumer result in the death of another consumer.*

Stealing or financial coercion by a staff member – *for example, if a staff member coerces a consumer to change their will to their advantage or steals valuables from the consumer.*

Neglect – *includes withholding personal care, untreated wounds, or insufficient assistance during meals.*

Inappropriate physical or chemical restraint – *for example, where physical or chemical restraint is used without prior consent or without notifying the consumer's representative as soon as practicable; where physical restraint is used in a non-emergency situation; or when a provider issues a drug to a consumer to influence their behaviour as a form of chemical restraint.*

Unexplained absence from care – *this occurs when the consumer is absent from the service, it is unexplained and has been reported to the police.*

From <<https://www.agedcarequality.gov.au/sirs>>

No exclusions are to occur to reporting to the Commission based on cognitive impairment.

Reporting of incidents: Services will be using the My Aged Care Provider portal – it is essential that services have enough staff who can access to report (and that those staff training on how to use it and what they should be entering).

SIRS and implementation

The implementation of the scheme is a Phased approach.

Phase 1	1 April 2021 - Providers are expected to have an effective incident management system and report Priority 1 incidents within 24 hrs of becoming aware of the incident.
Phase 2	1 October 2021 - Providers required to add reporting of all Priority 2 incidents within 30 days of becoming aware of the incident.

Specific Commission advice: Providers need to understand the definitions of reportable incidents well for both Priority 1 and 2 categories.

Reporting timeframes and broad definitions

- ‘Priority 1’ incidents must be reported to the Commission **within 24 hours** of becoming aware of the incident. **This is a reportable incident where the incident has caused, or could reasonably have caused, a care recipient physical or psychological injury or discomfort that requires medical or psychological treatment to resolve.**
- ‘Priority 2’ incidents must be reported to the Commission **within 30 days** of becoming aware of the incident. **This includes all other reportable incidents that do not meet the criteria for a ‘Priority 1’ incident.**

From <<https://www.agedcarequality.gov.au/sirs>>

How can consumers have a role in incident management?

Consumers want to see that reports happen in a timely manner, and that consumers and their family are treated with dignity and respect during the incident reporting and incident follow up/investigation process.

Honesty and transparency in discussions with those impacted is essential - be open that something went wrong. Consumers expect assurances that privacy and confidentiality will be maintained and that you are going to investigate what happened. This should be part of the organisations open disclosure policy and framework.

TIP: The NSW Health Clinical Excellence Commission has just released some excellent material on open disclosure. Yes - it is focused on health services, but the principles are the same and you could look at this material and work out how you could adapt it if you are not satisfied with what you already have in place.

<https://www.cec.health.nsw.gov.au/Review-incidents/open-disclosure>

See also the commission video on open disclosure:

<https://www.agedcarequality.gov.au/resources/open-disclosure-video>

Consumers want to be involved in discussions that look at contributing factors to incidents. They have knowledge, skills, and experience that they are willing to share. Organisations should look at how older people could be part of a "learning system".

Consumers should also be encouraged and supported to report incidents to the service! The more eyes and ears we have helping our services to be safe, the better.

Best Practice in Incident Management – what does it look like?

An incident management system (if effective) is providing rich data regarding trends and identifying where high risks lie.

Conversations with consumers are occurring about what is going wrong, what the Provider is doing about it, seeking their thoughts on what else could be done.

Engagement of family in incident management and response is second nature - involve the resident **first** and talk to them about what they want to happen.

***NOTE:** There will be further modification of Standard 8 to specifically capture the responsibility of the organisation to report, manage and work to prevent incidents. Adjustment to be made by the Commission to make this obligation more specific.*

Tips from the Commissioner for improving Incident Management Systems

- The system should be clear, simple, and succinct - easily applied.
- Make sure that responses are timely.
- Ensure your service is seen to react quickly to reduce impact to residents.
- Take a proportionate approach regarding the speed and shape of your response, according to the type of incident reported.
- Adopt a continuous improvement response.
- Be a learning organisation.
- Underpinning all of this is your organisational culture (i.e., a no blame culture).
- Your incident management system needs to face the consumer and should be calibrated to consumer needs.
- Open disclosure policy- helps to ensure risk and impact is mitigated as those impacted are kept engaged and informed with the response and outcome.
- Ensure you are explaining what went wrong and how you will prevent occurring again – to all relevant stakeholders.
- Engineer oversight, responsibility, and accountability. Be more transparent about what you are going to do to get better.

The role of the Commission

The role is to quickly understand where consumers are at immediate risk, and whether the Provider or regulator needs to take immediate action. This includes assessing what the Provider is reporting and what follow up actions are occurring. The commission expects you to be conducting an internal investigation. Key questions the commission will seek to answer:

- How has the Provider understood the risk?
- How will the Provider use what they have learned to improve?
- Has the Provider met compliance obligations?

SIRS - new powers - where appropriate to address issues of non-compliance – the commission can issue notices of non-compliance and conduct their own investigation. Actions to be taken can include guidance and education where a provider is clearly trying to do the right thing. Or apply enforceable regulatory actions where needed. If immediate or severe risk – there will be no hesitation to apply heavier actions.

What can services/organisations do to prepare?

- Most (if not all) Providers already have something in place.
- Processes and procedures – review, strengthen and further develop (to meet new requirements).
- Remember - this is an amplification of an existing scheme.
- Start with a gap analysis - what do you have right now, and what do you need to have in place under SIRS? Here is an example below.

Example of a Gap Analysis – Incident Management System	
Element	What to check/questions to ask
Documented policies and procedures	Check content that should be included to meet SIRS requirements.
Recording tools for incidents	How do you currently record how an incident has happened? - Do you need to be adjusting re fields to capture information required for SIRS.
Staff training program	Ensure new staff are familiar with what needs to be done re compulsory reporting - do you need to induct differently? Expect staff training on this over the next 5 weeks.
Culture	Does your organisation have a positive or just culture regarding quality and safety - do you encourage reporting of incidents and take a continuous improvement approach?
Governance - oversight	What does the Board know? Have they been advised, and have you told them about the work you have done- are they clear on who is accountable and responsible for each element of your IMS? Is this clear to your management team?
Resident engagement	Consultation so they know what is happening regarding SIRS, how they will be engaged. Raise awareness of advocacy and their rights under the charter. Explain your incident management system.
Communication channels re IMS	Think about different messages/channels for different stakeholders.
Employee input	How are staff engaged in the gap analysis? step back and think about all relevant team members that can help you get a rich perspective on what is needed.
Access to My Aged Care Portal for incident reporting.	Consider process for submitting incident via portal - registered for the portal and know how to use it. Back-up plan for portal or your IT system going down.

Action: Block out 2 hours maximum, get the relevant stakeholders in the room and answer these questions, and ask for evidence of what is in place. Then develop a project plan to build on the elements that you need to remedy and include who is doing what, by when.

What if you do not have everything in place by 1 April?

There is an expectation from the Commission that services have a “fit for purpose” incident management system in place by 1 April and will meet reporting requirements for Priority 1 incidents. However, if services can demonstrate that they are giving it their all (actively working to address gaps) this will be considered.

If you (as a Provider) are aware there is more to be done and volunteer that to the Commission, this will be considered. Services that chose to not do what is required, hide information, wait for the Commission to find it, or attempt to ignore it as they think no one will be checking from 1 April will not be viewed favourably.

Aged Care and NDIS reporting – what about the duplication?

Where a reportable incident occurs - and the consumer is an NDIS client – Providers are required to report to both the Aged Care Quality and Safety Commission and the NDIS Quality and Safeguards Commission. Definitions between may differ and timeframes for reporting and information required may differ. The commission is clear that it is up to Providers to understand the differences.

NDIS Provider responsibilities <https://www.ndiscommission.gov.au/providers>

Incident management and reportable incidents (NDIS providers).

<https://www.ndiscommission.gov.au/providers/incident-management-and-reportable-incidents>

Other considerations – victim impact

If a person has a cognitive impairment – research has found that particularly for incidents or allegations of abuse, the impact on the consumer can be underestimated, and this needs to be considered in communication and support to the victim and perpetrator where either or both have a cognitive impairment. You may need to bring in family members and friends. This was specifically raised by the commission so I expect that they will look more closely now at assessment of impact on victims and the perpetrator (when this is another consumer) and support mechanisms in place.

How does SIRS relate to the current complaints procedure?

If there are disputes between a Provider and consumer/representative as to whether an incident should be or has been reported occur - it may mean that a complaint about an incident will come through an aged care advocate or the consumer to the Commission, even if it does not meet the incident definition.

It is important to understand why a consumer or their family have chosen to make a complaint if you are already practising open disclosure - try and understand why they made a complaint so that you can consider any changes to your communication and support processes that may need to occur for the future.

Free training available from the Aged Care Quality and Safety Commission

Online education modules will be available from March. Can access free licences until October.

Resources about SIRS

Can be found in the resources library on the commission website. This includes information you can provide to consumers.

<https://www.agedcarequality.gov.au/resource-library?query=SIRS>

Next webinar on SIRS - 11 March - Topic: Incident Management Systems – keep an eye out for registration details. Two further webinars are planned, dates yet to be advised by the commission.

Summary and reflections

This is an opportunity to critically look at your incident management system and think about how it may need to be adjusted to meet current and future expectations. Have some faith in what you have but also think about how it could be better.

In the webinar there was discussion about “forward facing” documents, that is documents and messages that you release outside the organisation to consumers, families, and other interested parties about what you do. Tailoring your messages and policies about how your incident management system to speak to the various stakeholders helps to demystify what you do, as well as promote trust and confidence in your organisation. Of course, what you promise needs to be delivered – otherwise this trust and confidence may be lost.

With the arrival of COVID-19 and all that has happened, all Providers should be very experienced in tailoring messages and documentation to different audiences, as well as the need to engage with consumers and their representatives about what is happening, and why. I suggest that you harness these learnings and think about how you can modify your approach to communicating about your incident management system. If there is information developed by the commission – take it and use it and link your own documentation to it.

Finally, encouraging reporting of incidents by everyone, having the skills and experience to respond and investigate robustly, and sensitively engage with consumers and their representatives on the outcomes and learnings will be a prized quality. Boards and Management should be driving this outcome.

I see this as an opportunity for us to learn to be better together. Are you in?