



SIRS notification example response

Psychological or emotional abuse

February 2022

These case studies cover a range of examples to provide **general guidance** to assist approved providers on the content and form of information that may be included in a notification to the Commission. They are intended to be illustrative but not exhaustive of approved provider reporting requirements. Any similarities to an actual reportable incident or individual is purely coincidental. The case studies do not constitute legal advice or other professional advice. Approved providers should seek legal or other professional advice on their legislative requirements, as appropriate.

SIRS notification example response

Psychological or emotional abuse

A good-quality incident notification requires more than simply transcribing the details taken from progress notes about the incident or copying text from the provider's incident management system. It is important that the person making the notification is familiar with what happened, has applied a problem-solving approach to understanding the causes and risks involved and has a good understanding of how the response to the incident will be managed.

Here is an example response to questions in the MyAgedCare portal for reportable psychological or emotional abuse.

Web portal question	Answer
Type of incident	Psychological or emotional abuse
Victim first name	Henry
Victim last name	Lee
Select the most relevant incident type	Psychological or emotional abuse
Please select the appropriate level of cognition of the victim	Moderate cognitive impairment
Does the care recipient reside within a secure unit?	No

SIRS notification example response – psychological or emotional abuse

Following are the MyAgedCare portal questions and examples of possible responses. The blue numbers relate to the tips box on the pages following these questions on what details to include in your response.

Web portal question	Answer
<p>Please provide a detailed description of the incident.</p> <p>In your SIRS report please provide a detailed description of the incident that has occurred or is alleged or suspected to have occurred.</p>	<p>Example response:</p> <p>Donald Shaw (consumer) was reported to have verbally threatened Henry Lee (consumer) at 11:00 on 7 June 2021. The altercation occurred when Mr Lee was sitting in an armchair in the common area watching television. There were two other consumers in the common area who witnessed the altercation who required reassurance as they appeared to have been frightened by the incident. 1,2,3,4,8</p> <p>The Personal Care Worker (PCW) on duty Bella Mosley saw Mr Shaw walk up very close to Mr Lee, cursing and threatening him, telling Mr Lee ‘if he did not get off from his chair, he would kill him’. There was another staff member Jessica Williams on duty in the common area, who overheard the incident and rushed over to assist in the situation, by disrupting and redirecting Mr Shaw to the dining room area. Staff member Jessica Williams then checked on Mr Lee and provided him with reassurance. Staff member Jessica Williams then reported the incident to Registered Nurse (RN) Bob Green. 1,4,6</p> <p>Mr Shaw suffers from a mild cognitive impairment whilst Mr Lee suffers from moderate cognitive impairment. Both consumers were separated immediately. Mr Shaw was redirected to the dining room, and Mr Lee was taken for a walk around the facility. 5,7</p> <p>Staff observed both Mr Shaw and Mr Lee for the next two hours. RN Bob Green had a talk with both consumers, and Mr Shaw appeared not be affected by the incident, but Mr Lee verbalised that he was very upset over the incident. 7,8,9</p>

Web portal question	Answer
<p>Harm Did the consumer suffer physical impacts? Level of physical impact. Did the consumer suffer psychological impacts? Level of psychological impact.</p>	<p>Example response:</p> <p>Both consumers experienced nil discomfort/injuries. Mr Lee was quite shaken up by the experience and he started to cry when talking about the incident to RN Bob Green. Mr Lee expressed his concerns about being around Mr Shaw, stating that he doesn't know how he is going to get to sleep tonight. 8, 9, 10</p> <p>Mr Lee is now receiving well-being checks every 30 minutes to monitor for any ongoing effects. This will be done by checking in and having a quick chat and providing him with reassurance if needed. A reminder was given to Mr Lee to notify staff or press his call bell if Mr Shaw approaches him or if he feels concerned. 11</p> <p>Mr Shaw was a lot less talkative than usual. When asked what was wrong, he said how he really did not want to talk about it, and he then left to go to his room. Mr Shaw is not usually very talkative but after the incident occurred, he did not speak to anyone for quite a while. 11</p>

In response to the above questions, you should consider the following:

- 1.** Who was directly involved in the incident (include full names)?
- 2.** What time and date the incident occurred (or was alleged or suspected to have occurred)?
- 3.** Where at the service did the incident occur (or was alleged or suspected to have occurred)?
- 4.** Who else saw the incident (include their name, position, and contact details)?
- 5.** What is the level of cognitive impairment of the consumers directly involved in the reportable incident? (e.g., Dementia substance-induce cognitive impairment, developmental disorders).
- 6.** What was happening immediately before the incident occurred?
- 7.** What occurred immediately after the incident? (your answer to this question must describe any actual harm that was caused to the consumer AND any harm that could reasonably have been expected to have been caused to the consumer).
- 8.** Details of actual harm caused (type of seriousness of injury/illness, symptom and/or clinical observations).
- 9.** Describe the consumer's response (This could include any observed behaviours such as crying, shaking, throwing things, not speaking, not wanting to be around other people, or doing usual activities).
- 10.** Explain how and why any behaviour identified is different from the person's usual behaviour.
- 11.** Describe any medical and/or psychological treatment provided.
- 12.** Include enough information so that a person who wasn't there can understand what happened.



When assessing and describing what harm an incident ‘could reasonably have been expected to have caused’.

(When considering whether an incident could reasonably have been ‘expected to have caused’ discomfort, physical or psychological injury, it is important to think about the general vulnerability of aged care consumers. Would it be reasonable to expect the incident would have caused discomfort, physical or psychological injury to other consumers in your service, such as instances where a consumer has medical or psychological limitations.)

Note: when you provide clear and comprehensive information early on, it is less likely that the Commission will need to ask for further details, or require you to conduct an investigation, or in some cases, directly investigate the matter itself.

Web portal question	Answer
<p>What specific action(s) has been and will be taken in response to the incident to ensure the immediate AND ongoing safety, health, well-being, and quality of life of the consumer affected by the incident?</p>	<p>Example response:</p> <p>The incident was reported to the police on 7 June 2021, at around 17:00 (Service IMS Report # 2022013). The Police decided not to proceed with a report as they stated that it should be dealt with in house due to the cognitive impairment of the consumers and nil physical injuries being sustained. 1</p> <p>The two consumers were separated by staff and they both underwent well-being assessments to establish how they were impacted by the incident, and how they were feeling afterwards. 2</p> <p>Both were also given a head-to-toe physical check and clinical test to rule out infection as the cause of the behaviour. The two other consumers that were in the common room at the time were asked if they were okay and staff checked that they were not shaken by the incident, by sitting with them and having a chat to identify any sign of distress. 2</p> <p>The family representatives of the consumers involved and the consumers who witnessed the incident were notified of the incident, and how it will be managed and resolved. Mr Lee’s representative was concerned about him residing in the same building as Mr Shaw. Staff reassured Mr Lee’s son that he will be monitored every 30 minutes, and the incident has been recorded in the Incident Management System. 3</p> <p>Mr Shaw’s representative, his daughter, stated how her father has said similar things from time to time but would never act on them. We assured his daughter that whilst we understand that we still need to monitor him closely. 3</p> <p>A behavioural plan has been initiated for Mr Shaw, and the incident details have been added to our Incident Management System, and we will review the plan in two weeks to identify if his aggressive behaviours have increased or decreased and possible triggers. 4,7</p> <p>Mr Lee has undergone extensive well-being checks, including psychological monitoring, and he will continue to undergo these checks for the next two months. Mr. Lee has also been referred for counselling by an external provider. 2</p>

Web portal question	Answer
<p>What specific action(s) has been and will be taken in response to the incident to ensure the immediate AND ongoing safety, health, well-being, and quality of life of the consumer affected by the incident? (continued)</p>	<p>Mr Shaw has been involved in two prior incidents, involving unreasonable use of force. The first was on 3 May 2021, and the second was on 19 May 2021. Both incidents were reported to the Commission. One of the incidents involved him shoving another consumer, resulting in a minor skin tear. 6,7</p> <p>Apart from the incident on 3 May 2021, Mr Shaw has not been known to display aggressive behaviours, but is prone to outbursts by yelling at other consumers when they are touching his belongings. 6,7</p> <p>Mr Shaw also underwent extensive health checks: medication check, food chart analysis, activity engagement, and behavioural plan. None of Mr Shaw’s health checks indicated anything out of the ordinary. 2</p>

In response to the above question, you should consider the following:

1. Whether the incident was reported to a relevant authority (e.g., coroner, AHPRA).
2. How the consumer was treated and supported immediately after the incident (consider both physical and psychological treatment and/or support). This could include whether external health advice was sought such as onsite or offsite counselling session.
3. Whether the consumer’s representative was immediately contacted regarding the incident; for e.g., to discuss and review support needs or to be involved in the management and resolution of the incident.
4. Any assessment or planning changes; for e.g., development or update to a risk management plan for the consumer and subject of allegation (if also a consumer).
5. Any immediate or planned changes to the duties/supervision of any staff members.
6. Whether you assessed immediate risk to other consumers affected or who could have been affected by the incident.
7. Whether you have used the outcome of any incident assessment, analysis, or investigation to identify/ implement actions to improve the safety, health, well-being, and quality of life to all consumers.

Web portal question	Answer
<p>What specific action(s) has been taken or is planned to manage or minimise the risk of re-occurrence of this or a similar incident in the future?</p>	<p>Example response:</p> <p>Using root cause analysis, staff attempted to identify the source of the incident. There were no abnormalities apparent in Mr Shaw’s health checks. On 7 June 2021, staff were asked to review Mr Shaw’s activities for the previous three months and no abnormalities were spotted. 1,2,3</p> <p>Both consumers’ behavioural plans will be updated. Mr Shaw’s behavioural plan will be updated in consultation with his GP and monitored for changes, including identifying and attempting to prevent triggers for his aggressive behaviours. 4,5</p> <p>The risk management plan will be updated to address verbal threats of violence more comprehensively, although it has been identified that Mr Shaw is protective of his things. An alternative chair will be established for Mr Lee to attempt to minimise the risk of re-occurrence. 4,5,6</p> <p>Mr. Lee will be commenced on a 30-minute sight chart overnight, as per his family’s wishes. Mr Shaw will also be monitored more closely, especially when entering, and interacting with other consumers in, the communal areas. 4,5</p> <p>Our assessment is that the incident could have been prevented: when staff noticed an aggravated Mr Shaw enter the common room, staff should have intervened and identified the source of his aggravation earlier. 5,6</p> <p>The incident management system has now been updated to address verbal acts of aggression more comprehensively, and a list of de-escalation techniques has been updated. Representatives of consumers will also be notified of our intention to address these situations better. 6,7,8</p> <p>To embed these updates into the service all staff are to do follow-up modules on ‘How to Address Verbal and Physical Altercations’. The training should work to close the loop on how staff address psychological and emotional abuse. 7,8,9</p>

In response to the above question, you should consider the following which may refer to the relevant aspects from your Incident Management System:

- 1.** The actions you have taken or plan to take to identify the causes of the incident (e.g., assessment, used problem solving methodology, root causes analysis, internal/external investigation, other methods).
- 2.** Describe what further actions are proposed in response to the incident. Include any open disclosure actions taken or proposed.
- 3.** Describe what actions have been taken or are being taken to reduce the risk of a similar incident occurring in the future.
- 4.** Whether the incident has been assessed to determine whether it could have been prevented or caused less harm, and the outcome of that assessment.
- 5.** The preventative measures, including remedial actions that have been put in place to identify and manage similar risks. For example, details on planned updates to your processes and procedures to ensure the risk of re-occurrence of this or a similar incident, including near misses, in the future is minimised.
- 6.** Describe the observable differences the Commission, consumers, family members and staff will be able to see as a result of changes made.
- 7.** Describe how you are embedding changes within the service and how you are measuring the effectiveness of the changes.
- 8.** Describe how you have 'closed the loop' by analysing any incident trends to identify and address any systemic issues.



Reminder:

If further information is available to you, then please ensure any Priority 1 notifications

are updated within five days with the further relevant information once incident analysis or investigation is complete.

The information is to be provided in the form located on the Commission website:

agedcarequality.gov.au/sirs/provider-resources#approved-forms

The purpose of this document is to give practical guidance to providers when making reports about serious incidents via the SIRS tile on the My Aged Care Provider Portal.

We have chosen four of the most important questions from the portal to help demonstrate the type of information that should be included in a notification.

The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.



Phone

1800 951 822



Web

agedcarequality.gov.au



Write

Aged Care Quality and Safety Commission
GPO Box 9819, In Your Capital City