

Note: The information in this PowerPoint is true and accurate at time of presentation (27 /11/24) and is subject to change.



November Information Session

Safeguarding Our Seniors



SESSION OVERVIEW: Safeguarding Our Seniors

TOPICS TO BE COVERED:

- **Serious Incident Response Scheme (SIRS)**, including processes and expectations.
- Effective strategies for **identifying and managing incidents**
- Key protocols for **recognising and responding to elder abuse**

IMPORTANT ACTIONS TO BE TAKEN BY CARE COORDINATORS:

Are required to lodge Incidents and suspected SIRS as soon as they are aware.

SESSION PROTOCOLS:

- Microphones and Cameras are on mute
- Questions, please type in the chat- these will be monitored by one of the team
- All questions across the three sessions will be collated and responded to as part of the final presentation that will be sent to you by COB- Friday 29th October.

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TRILOGY CARE STAFF:

Tiffany Whitelaw:
*Partnership Liaison
Manager*

Rhiannon East:
Clinical Nurse



What is covered...

1. Serious Incident Response Scheme: SIRS
2. Incidents: Identifying and Managing
3. Elder Abuse: Recognising and Responding
4. Key Points: to remember
5. Support Material: Links
6. Follow up: Evaluation
7. Questions: Responses to questions raised

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SERIOUS INCIDENT
RESPONSE SCHEME
(SIRS)

SERIOUS INCIDENT RESPONSE SCHEME (SIRS)

From 1 December 2022, the Serious Incident Response Scheme (SIRS) extends from residential aged care to include Commonwealth-funded aged care delivered in a home or community setting.


The scheme requires aged care providers to identify, record, manage, resolve, and report all serious incidents to the Aged Care Quality and Safety Commission (the Commission) that occur, or are alleged or suspected to have happened.

Providers must have an incident management system in place as part of the SIRS requirements. An effective incident management system helps you to:

- identify, manage and resolve incidents that happen during the delivery of care and services to older Australians
- help prevent future incidents.

SIRS Serious Incident Response Scheme

Aims to reduce abuse and neglect among people receiving aged care.



IMPORTANT: All incidents need to be reported to Trilogy Care as soon as reasonably possible after being made aware of the incident. Trilogy Care will review the incident and determine whether it needs to be reported to the Commission as priority 1 (24-hour timeframe) or priority 2 (30-day timeframe) or whether this is not a reportable incident.

A reportable incident is:

*an incident that has occurred, by act of Omission or Commission and is alleged or suspected of having occurred, in connection with the provision of care, to a consumer, that has been **perpetrated by a paid worker under the HCP** and has caused harm or could reasonably have been expected to have caused harm, to a consumer.*

There are 8 types of reportable incidents under the SIRS:

Unreasonable use of force – like kicking, punching or rough handling

Unlawful sexual contact or inappropriate sexual conduct – like stalking, making sexual advances or unwanted sexual touching

Psychological or emotional abuse – like yelling, name calling or ignoring

Stealing or financial coercion by a staff member – like stealing money or pressuring you to give money or overcharging for services

Neglect – like not giving you the care you need to stay well

Inappropriate use of restrictive practices – like using physical force or medication to restrict your freedom or movement

Unexplained absence from care / missing Care Recipients – where a care recipient goes missing

Unexpected death – like someone dying unexpectedly because they did not receive proper care and services.

Under the SIRS, an allegation, suspicion, or witness account of any of the above serious incidents must be reported to the Commission.

SIRS- Actions to be taken:

if there is an allegation, suspicion or witness account of SIRS reportable offence.

by Care Coordinator

1. Submit the Online Incident Form: Access the form on your Resource Page or through the Trilogy Care website as soon as you are aware of an incident.

2. Support the Care Recipient:

- Inform them that a report has been lodged with Trilogy Care.
- Provide open and transparent communication with any Authorised Representative or Enduring Power of Attorney (EPOA).
- If necessary, involve immediate family members such as a partner or children.

3. For Care Recipients Without a Support Network: Assist them by contacting OPAN together or provide them with the OPAN contact number for additional support.

4 .Ongoing Duty of Care: Continue to uphold your duty of care while Trilogy Care investigates the reported concerns.



SIRS- Actions to be taken:

if there is an allegation, suspicion or witness account of SIRS reportable offence.

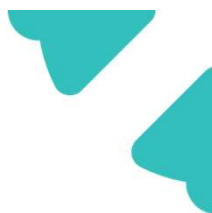
by Trilogy Care

1. **Incident Review:** Assess the incident to determine if it needs to be reported to the Commission.
2. **Providing Additional Information:** Be prepared to supply any requested information promptly to support the review process.
3. **Incident Prioritisation:**
 - **Priority 1 Incidents:** Investigated and addressed within 24 hours.
 - **Priority 2 Incidents:** Investigated and addressed within 30 days.
4. **Non-Reportable SIRS Incidents:** If the incident is not classified as a reportable SIRS incident, Trilogy Care will take appropriate follow-up actions as directed by the Clinical or Care Team.

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INCIDENTS

Understanding and Managing



UNDERSTANDING KEY RISK TYPES

Some of the common risks we see are:

- Falls
- Pressure injuries
- Wounds/skin integrity
- Nutrition/hydration
- Swallowing/choking
- Medication safety
- Medical (e.g. diabetes)
- Cognition/mental health

**What is a
Risk?**



HELPFUL DEFINITIONS

INCIDENT:

- An unexpected event that disrupts normal operations or poses a risk of harm or damage.

ACCIDENT:

- An unplanned event resulting in harm, injury, or damage. Unlike incidents, accidents usually lead to actual adverse outcomes, not just potential risks.

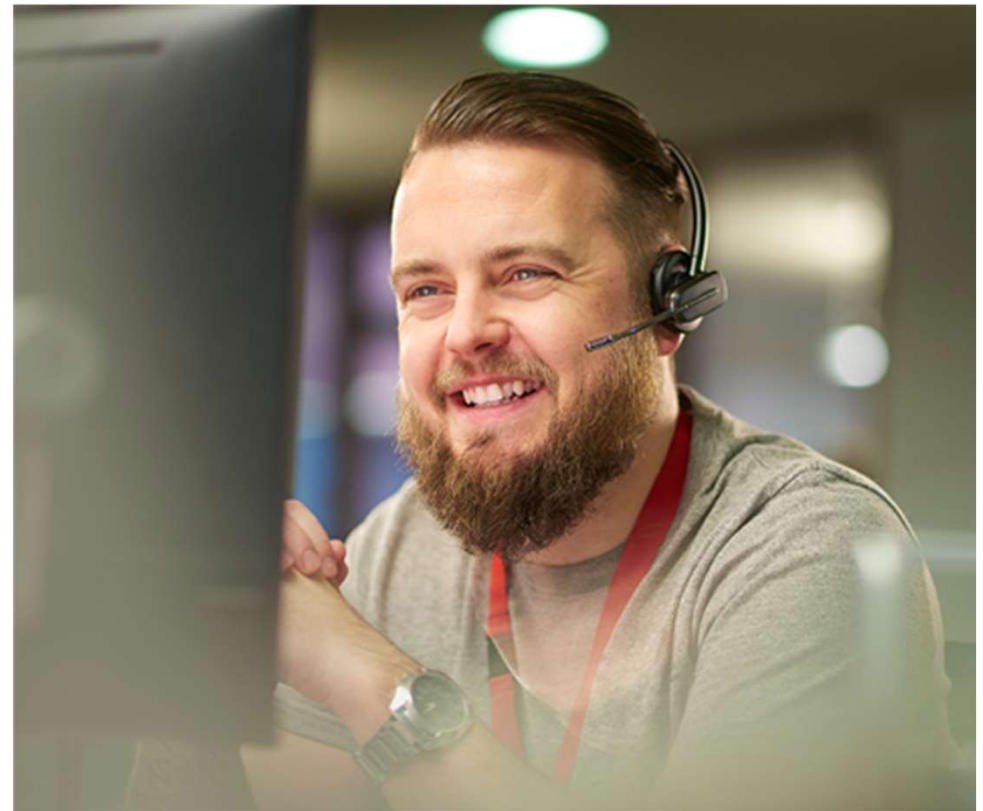
CHANGE/DETERIORATION:

- A noticeable decline or shift in the health, mood, or daily functioning of a care recipient.

NON-CLINICAL INCIDENT:

- An event that does not directly affect the physical or mental health of the care recipient.

Note: All incidents are reviewed by a clinical nurse who determines if they should be categorised as clinical events.



REPORTING INCIDENTS, ACCIDENTS & CHANGES

Incident Submission Form

Consumer Name

When did the incident occur?

dd MMM-yyyy

Please select event type *

-Select-

Please detail the change in condition or the event that occurred *

Provide as many details as possible, including the individuals involved, the time of the incident, and any other relevant information.

Did this event occur while care was being provided? *

-Select-

What was the outcome of this event?

☐ Permanent or serious injury and/or death, Intensive Care Unit Admission

☐ Non-Clinical Event

☐ Serious illness (Example: heart attack or stroke)

☐ Elder abuse

☐ SIRS

☐ Suicide Attempt

☐ Time critical review required by a healthcare professional



Why it matters:

Reporting a change in condition, an incident or accident is critical in ensuring Trilogy Care can continue to safely support a client's care needs and manage their home care package effectively.

An incident or accident may relate to an event that occurred whilst receiving care services or not.

What will happen:

The Care Management team will contact the client and their representative (if applicable) to discuss the matter and determine the most appropriate course of action.

IMPORTANT: you must ensure full name and correct spelling of the consumer as it is recorded on The Portal.



YOUR TURN...
Is the following a SIRS or an INCIDENT?

Your turn: Is this SIRS or an Incident?

What would you submit to Trilogy Care?



Joe states he was treated roughly by his Support Worker causing him to injure his shoulder. Joe tripped as he was leaving the house to see the GP and struck his head on the floor. Joe was reviewed by GP and found to have a soft tissue injury in his right shoulder. Joe states he did not lose consciousness and GP cleared him of any Head Injury. Joe reports this is not the first time he has been treated roughly by this support worker. Joe needs a new bed, the OT has completed an assessment and has sent a recommendation through to Trilogy, please advise when the bed will be purchased?

I think this support worker is great and is not capable of this behavior, in my opinion Joe has dementia and would not be able to tell what is going on.

Was it a SIRS or an INCIDENT?

It was BOTH...

Two incidents would need to be submitted as all the events did not happen on the same day.

The SIRS:

Joe states he was treated roughly by his Support Worker causing him to injure his shoulder. Joe was reviewed by GP and found to have a soft tissue injury in his right shoulder. Joe reports this is not the first time he has been treated roughly by this support worker.

The INCIDENT:

Joe tripped as he was leaving the house to see the GP and struck his head on the floor. Joe states he did not lose consciousness and GP cleared him of any Head Injury.

DISTRACTING:

Joe needs a new bed, the OT has completed an assessment and has sent a recommendation through to Trilogy, please advise when the bed will be purchased?


The last line in the example is of no Clinical interest and is pure speculation



EXAMPLE AN INCIDENT REPORT:

Remember to check – the options you feel are appropriate (no more than three) Trilogy Care Clinical Team will review and adjust within triage process.
Ensure the Care Recipients name is spelt as it appears on the Portal




Incident Submission Form

Consumer Name
Joe Blogs

When did the incident occur?
18-Nov-2024

Please select event type *
Incident

Please detail the change in condition or the event that occurred *

- * Arrived at Joes home for evening support services
- * Found door unlocked entered and found Joe on ground beside bed
- * Joe was alert and oriented
- * Joe states he fell out of bed this morning
- * Joe had pain to lower back on movement
- * Made comfortable on floor
- * Ambulance called
- * Paramedics assessed Joe and transported to hospital
- * Joe admitted, no further information available
- CONTACT:
- * Joe suffers from anxiety, to support Joe, please contact me prior to contacting Joe, so I can make him aware that Trilogy Care will be contacting him.

Provide as many details as possible, including the individuals involved, the time of the incident, and any other relevant information.

Did this event occur while care was being provided? *
No

What was the outcome of this event?

<input type="checkbox"/> Permanent or serious injury and/or death, Intensive Care Unit Admission	<input type="checkbox"/> Non-Clinical Event
<input type="checkbox"/> Serious illness (Example: heart attack or stroke)	<input type="checkbox"/> Elder abuse
<input type="checkbox"/> SIRS	<input type="checkbox"/> Suicide Attempt
<input type="checkbox"/> Suicidal Ideation	<input type="checkbox"/> Time critical review required by a healthcare professional
<input type="checkbox"/> Palliative Care	<input type="checkbox"/> End of life stage (actively dying)
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Hospital admission
<input type="checkbox"/> Medication Error	<input type="checkbox"/> Routine GP or healthcare professional follow up
<input type="checkbox"/> Change and Deterioration	<input type="checkbox"/> Self-management of the minor injury, illness or infection
<input type="checkbox"/> Chronic Disease	<input checked="" type="checkbox"/> Anticipated Fall (Example: Due to age decline, known falls risk, accidental fall)
<input type="checkbox"/> Unanticipated Fall (Example Caused by Heart Attack Seizure, Collapse, or Serious Event)	<input type="checkbox"/> Accidental Falls (Example: Occur in low-risk patients due to environmental hazard)
<input type="checkbox"/> Escalation from Care Plan Review	<input type="checkbox"/> Infection (skin, covid, UTI, flu)

Please select all that apply

Have any actions been taken in response to the incident? *
☒ Yes ☐ No

Please detail the action(s) taken in the response to the incident, below:

- * Reported the incident to Trilogy Care
- * scheduled to contact Joe and check in

Details of Reporter

Please fill out your details below

Please enter your name *
Tiffany Whitelaw

Please enter your contact number *
1234 567 890

Please enter your email
tiffanyw@trilogycare.com

Relationship to Care Recipient

☐ Family Member ☒ Care Coordinator

☐ Support Worker ☐ Care Recipient (Myself)

☐ Other

If you have any actions planned in response to this incident, please list them here.

- * This is the first incident for Joe
- * Waiting to hear from family as to the outcome from the hospital
- * Joe suffers from anxiety, to support Joe, please contact me prior to contacting Joe, so I can make him aware that Trilogy Care will be contacting him.

Are you a listed Authorised Representative for the Care Recipient?
☐ Yes ☒ No

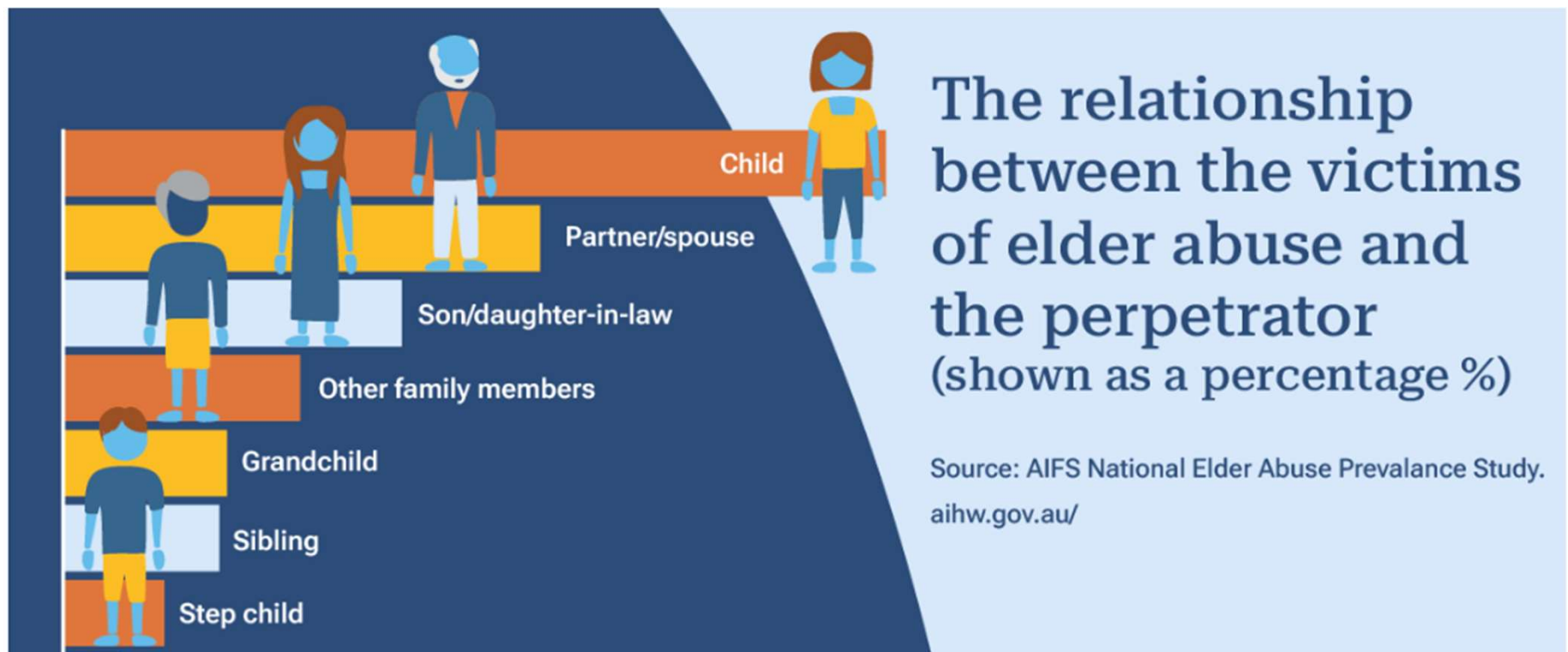
Acknowledgement of Contact *
☒ Yes

Reported incidents will be reviewed and addressed promptly by Trilogy Care. By selecting 'yes', you acknowledge that the reporter and care recipient may be contacted to facilitate resolution and support.

3

ELDER ABUSE Recognising and Responding...

UNDERSTANDING ELDER ABUSE



UNDERSTANDING ELDER ABUSE

Elder abuse is a deeply concerning issue that [affects millions of older people worldwide](#). According to the [Australian Institute of Health and Welfare](#), 1 in 6 adults (15%) or 598,000 experienced elder abuse in 2023. Understanding elder abuse is crucial to safeguarding the dignity and wellbeing of older individuals. The impact of abuse on elders can be profound, affecting their physical health, emotional state, and overall quality of life.

It can take many forms, including physical, emotional, financial, and sexual abuse, as well as neglect, and can occur in various settings, such as within families, in residential care facilities, and in the broader community.

It's important to recognise that elder abuse is often hidden and underreported, which is why it's essential to approach the issue with empathy and a commitment to advocacy. By fostering a compassionate and informed community, we can better protect our elders and ensure they receive the respect and care they deserve.



SIGNS TO LOOK OUT FOR

Recognising the [signs of elder abuse](#) is crucial in protecting older individuals from harm. Some common indicators include:

Physical signs: Unexplained bruises, cuts, burns, or injuries. Frequent visits to different healthcare providers or delay in seeking medical treatment can also be a red flag.

Behavioral changes: Sudden changes in behaviour, such as withdrawal, depression, anxiety, or fearfulness around certain individuals, can indicate abuse.

Financial red flags: Unusual or large withdrawals from bank accounts, changes in financial situations, or missing belongings and valuable assets may suggest financial exploitation.

Neglect: Poor hygiene, untreated medical conditions, malnutrition, dehydration, or unsanitary living conditions can be signs of neglect.

Isolation: An elder being isolated from friends, family, or social activities, especially if it is sudden or unexplained, might be a sign of abuse.



TAKE ACTION

Awareness is the first step towards preventing elder abuse. By recognising the signs and knowing where to get help, we can all play a part in [protecting our older population](#).

Here are some ways you can take action:

Educate yourself and others: Learn more about elder abuse and share this information with your community. Awareness campaigns, workshops, and discussions can help spread knowledge and prevent abuse.

Support older individuals: Reach out to older friends, family members, and neighbours. Regular contact can help detect any signs of abuse and provide emotional support.

Advocate for stronger protections: Advocate for stronger laws and policies to protect older people. Support organisations working to end elder abuse and promote the rights of the elderly.

Volunteer: Offer your time to organisations that support older individuals. Volunteering can make a significant difference in the lives of those who may be vulnerable to abuse.

Report suspected abuse: If you suspect someone is being abused, don't hesitate to report it. Contact the appropriate helplines or authorities to ensure the person gets the help they need.

IDENTIFYING AND RESPONDING TO ELDER ABUSE

STEP 1: IDENTIFY ABUSE
(suspected, witnessed or disclosed)

STEP 2: ASSESS IMMEDIATE SAFETY

STEP 3: PROVIDE SUPPORT

**STEP 4: INFORM MANAGER &
DOCUMENT**

STEP 5: RESPOND & REFER



A teal abstract graphic consisting of two overlapping shapes, resembling a stylized arrow or a corner bracket, pointing towards the top right.

IDENTIFYING AND RESPONDING TO ELDER ABUSE

Step 1: Identify Abuse:

- Recognise signs of abuse (suspected, witnessed, or disclosed). These can include Financial, Psychological, Neglect (intentional or unintentional), Physical or Sexual abuse.
- Ask appropriate questions and gather additional information to clarify the situation.

Step 2: Assess Immediate Safety:

- Evaluate the level and urgency of safety concerns for the older person and others involved.

In Emergencies:

- Contact emergency services immediately.
- Note that the older person's consent is not required in emergency situations.
- Take steps to record concerns as best as possible.
- Follow your workplace's policy and procedures for internal reporting. Record all information accurately for reporting purposes.
- If it is not an emergency, proceed to Step 3.

IDENTIFYING AND RESPONDING TO ELDER ABUSE



Step 3: Provide Support:

- Listen actively to the care recipient.
- Acknowledge and validate their experience.
- Assess for any indicators of capacity to ensure appropriate response.

Step 4: Inform Manager & Document

- Report any suspected, witnessed, or disclosed abuse to your manager or supervisor.
- Accurately document the abuse and actions taken, following workplace policies and protocols.
- Complete and submit Trilogy Care Incident report-ensuring a factual detailed account.
- If the older person has capacity and refuses intervention, record this clearly in the documentation.



IDENTIFYING AND RESPONDING TO ELDER ABUSE

Step 5: Respond & Refer

Engage the Older Person

- Ask them what they want to do about their situation.
- If they lack capacity, include the substitute decision-maker (if not the abuser) in the discussion.

Discuss Referral Options

- Seek consent from the older person or their substitute decision-maker (when capacity is lacking) to proceed with referrals.
- Make appropriate referrals to relevant support services or agencies.

If Assistance is Refused

- Leave helpful information (if it is safe to do so).
- Keep communication open to allow for future support opportunities.

Follow Regional Protocols

- Provide contact information for Elder Abuse hotline and or OPAN
- Ensure there are procedures in place for ongoing coordination, monitoring, and follow-up as required.

4

KEY POINTS To Remember ...

LODGING INCIDENTS & SIRS



1. Avoid Stacking

- Submit one incident per submission.
- For multiple incidents, create separate submissions for each (e.g., two incidents = two submissions).

2. Stay Focused on the Incident

- Only include details directly related to the Incident or SIRS.
- Avoid irrelevant or distracting information.

3. Provide Objective Information

- For SIRS, supply as much factual and objective information as possible.
- Refrain from sharing opinions, gossip, personal beliefs, or attempting to diagnose.

4. Use Professional Language

- Use phrases like “Xxx states...” or “Xxx reports...” to present information clearly and accurately.

INCIDENT INFORMATION: an example

- Arrived at Xxx home for evening support service
- Found door unlocked entered and found Xxx on ground beside bed
- Xxx was alert and oriented
- Xxx states he fell out of bed this morning
- Xxx had pain to lower back on movement
- Made comfortable on floor
- Ambulance called
- Paramedics assessed Xxx and transported to hospital
- Xxx admitted, no further information available



FINAL TAKE HOME MESSAGES



- ALL SIRS are INCIDENTS
- Not ALL INCIDENTS are SIRS
- ALL Incidents need to be reported to Trilogy Care **as soon as you are aware**
- The Incident form is currently under review.
- REPORT and SUPPORT

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SUPPORT MATERIAL

Links



WHERE TO GET HELP

In Australia, there are several resources and organisations dedicated to supporting older individuals experiencing abuse and those who suspect abuse. Here are some key places to get help:

[National Elder Abuse Phone Line](#) (1800 ELDERHelp or 1800 353 374): This is a free, confidential helpline providing information, support, and referrals to local services.

[Seniors Rights Service](#) (02 9281 3600): This organisation offers free, confidential advocacy, advice, and education to older people in New South Wales.

[Elder Abuse Helpline](#) (1300 651 192): For residents in Queensland, this helpline offers information, support, and referrals to appropriate services.

[Victorian Advocacy League for Individuals with Disability \(VALID\)](#) (03 9416 4003): While primarily focused on disability advocacy, VALID also provides support to older people with disabilities who may be experiencing abuse.

[Council on the Ageing \(COTA\)](#): COTA is a national organisation representing the rights and interests of older Australians. They provide information and support through their state and territory offices.

Aged Care Quality and Safety Commission: If you wish to raise concerns about your aged care support, you can contact the [Aged Care Quality and Safety Commission](#) to file a complaint or seek guidance.

WHERE TO GET HELP

Legal Aid Commissions: Legal Aid provides legal advice and representation for older people experiencing abuse. Each state and territory in Australia has its own Legal Aid Commission.

Local Health and Community Services: Many local health and community services offer support and resources for elder abuse. This includes GPs, social workers, and community health centres.

Police: In cases of immediate danger or suspected criminal activity, contacting the police is crucial. They can provide immediate assistance and ensure the safety of the older person.



HELPFUL LINKS:



TRILOGY CARE: Resources

[Webpage](#) (Search Resources)

Coordinated Consumer Resource Page:

Resources for care coordinators

Compliance and governance (SIRS)

Health, wellness and lifestyle

AUSTRALIAN GOVERNMENT: Department of Health and Aged Care

[SIRS](#)

[Home Care Package Operational Manual](#) (Section 3.7, 10.7)

ELDER ABUSE:

[Relationships Australia Queensland](#)

[Australian Government: Australian Institute of Health and Welfare](#)

[Elder Abuse Prevention Unit: Know the signs](#)

[Elder Abuse Prevention Unit: How to support someone experiencing elder abuse](#)

KEY BODIES



To help Care Recipients navigate the Home Care Packages (HCP) program, aged care services, housing, guardianship, and trustee appointments, additional support may be necessary. As a Coordinator, you can connect Care Recipients and their care circle with various advocacy services to assist them in areas beyond the scope of their Home Care Package.

Advocacy services

Older Persons Advocacy Network (OPAN): OPAN, is an advocacy organisation that operates Australia wide and is able to make further referrals to state operating advocacy services. (Phone: 1800 700 600)

Aged and Disability Advocates (ADA): ADA Australia are your aged and disability advocates and community legal service, helping older people and people with disability to speak up for their rights and needs. (Phone: 1800 818 338)

Carer Gateway: Carer Gateway is an Australian Government program providing free [services and support](#) for carers. (Phone: 1800 422 737)

Elder Abuse National Hotline: Elder abuse can raise complex social and legal issues. Reassure the person that help is available and encourage them to seek support. The Elder Abuse Helpline provides confidential information, support and referrals to appropriate services including legal, community support and advocacy services. (Phone: 1800 353 374)

FURTHER LEARNING WITH TRILOGY CARE



[REMEMBER TO REGISTER](#)

6

FOLLOW UP Evaluation

EVALUATION:



We kindly ask that you take a moment to complete the evaluation via the link below.

[NOVEMBER_Care CoordinatorTrainingFeedback](#)

At Trilogy Care, your feedback is highly valued, and it helps us improve our sessions.

Thank you for your participation today!

SAVE THE DATE:

DECEMBER INFORMATION SESSION...

Wednesday 18th December 2024

7

QUESTIONS

Responses to Questions Raised

QUESTIONS FROM THE INFORMATION SESSION

The following is a record of all the questioned raised during the three Information Sessions...

QUESTION... (copied from presentation chat)	TRILOGY CARES RESPONSE
<i>What if client fears reprisal after reporting. To re-assure them.</i>	Ensure that the Care Recipient's concerns are appropriately documented in the report and reassure them that their concerns have been acknowledged. Additionally, for added reassurance, consider reviewing the Charter of Rights with the Care Recipient.
<i>What about informal carer burnout?</i>	This may have a direct impact on the health and well-being of our Care Recipients. It is essential to document this information and escalate it appropriately to ensure that support and resources can be provided. Episodes of Carer burnout should also trigger an Incident submission to the Clinical team. Also, recommend options such as Carer Gateway to them for support options.
<i>What would be the first thing that would happen once an elder abuse report was made. Would someone phone or turn up at the client's house to investigate?</i>	Trilogy Care will never conduct in-person visits. Trilogy Care would expect that steps have already been taken to ensure the safety of the Care Recipient, including calling the Police if required. Failure to ensure the immediate safety of the Care Recipient would result in a SIRS investigation. Our team members may make contact for additional information or to provide guidance and support unless specific reasons have been established to refrain from contacting certain individuals.
<i>Is it acceptable for us to share these training slides with our independent support workers or contractors so they are made aware of the requirements?</i>	<p>Yes, it is acceptable to share these training slides with your independent support workers or contractors to ensure they are informed about the requirements and expectations, particularly around the Serious Incident Response Scheme (SIRS) and elder abuse protocols.</p> <p>To ensure clarity and compliance:</p> <ul style="list-style-type: none">• Please emphasize that the information is accurate as of the presentation date and is subject to change.• Clearly communicate that the material is for informational purposes and directly relates to their roles and responsibilities.• Avoid sharing any information not relevant to their scope of work.

QUESTIONS FROM THE INFORMATION SESSION: continued...

The following is a record of all the questioned raised during the three Information Sessions...

QUESTION... (copied from presentation chat)	TRILOGY CARES RESPONSE
<i>Unusual scenario: Where spouse sends multiple new care workers away during first carer visit and we are exhausting options. Believe it is because she is burnt out and stressed, no one can 'do things right', e.g. 'used wrong towel' but not giving care worker chance to get to know needs/preferences which takes time & communication. Can see client & spouse as both vulnerable, with her maintaining most of the hands-on care and is unsustainable. Is this something to report or can we access Trilogy another way support in such instances?</i>	Yes, this matter should be reported, particularly if there are concerns that it could be affecting the Care Recipient. If you require clarification or guidance, please feel free to contact The Clinical Team directly. When in doubt, it is advisable to submit an incident.
<i>Where can I register for Home Care Academy?</i>	Home Care Academy link: REMEMBER TO REGISTER
<i>How is the incident or accident loop closed? Do clinical do this and put notes in the clients file in the portal? Or is this something we are expected to do?</i>	Upon reporting an incident to Trilogy's clinical team, it is triaged and subsequently assigned to the appropriate team for further follow-up, if necessary. The clinical team oversees the progression of all incident investigations and formally closes them once a resolution or satisfactory plan has been established." After the lodgment of the Incident the team will advise you if you need to take any further actions. Clinical notes are confidential, and not routinely available to you on the Portal, if you have any questions regarding the outcome of an investigation please reach out to one of the Clinical Team Leaders.

QUESTIONS FROM THE INFORMATION SESSION: continued...

QUESTION... (copied from presentation chat):

How does this all work with 3rd party contractors? We are not getting any shift notes from them. (re incident reporting)

TRILOGY CARES RESPONSE: If you have engaged third party contractors, you must liaise directly with the contractors to set this expectation.

Below is a suggestion if your organisation does not have a care management system in place.

Communicate the Requirement Early

- **Initial Agreement:**
 - Include the requirement for shift notes in the initial discussions. Clearly state:
 - What needs to be documented.
 - The format for submission.
 - The timeline for submitting notes (e.g., within 24 hours post-shift).
 - Specify consequences for non-compliance, such as follow-ups or escalation.
- **During Onboarding:**
 - As part of the onboarding process, hold a meeting with contractors to explain the importance of submitting shift notes for client care continuity and compliance.

Develop and Share a Standardised Template

- **Provide a Ready-to-Use Template:**
 - Create a simple and uniform template for shift notes. This ensures consistency and minimises effort for contractors.
 - Key fields might include:
 - **Shift Date and Time**
 - **Tasks Completed**
 - **Client Observations** (e.g., mood, health changes)
 - **Incidents** (if any)
 - **Follow-Up Actions Needed**

QUESTIONS FROM THE INFORMATION SESSION: continued...

PART B of previous question: How does this all work with 3rd party contractors? We are not getting any shift notes from them. (re incident reporting)

TRILOGY CARES RESPONSE continued:

- **Flexible Submission:**
 - Allow contractors to use their preferred tools (e.g., Word, PDF, or email body) as long as they adhere to the template.

Set Up a System for Submission

- **Email:**
 - Create a dedicated email address (e.g., shiftnotes@yourcompany.com) for contractors to send notes.
 - Use filters to automatically organise notes by contractor or client.
- **Online Form:**
 - Provide a simple online form (via Google Forms, Microsoft Forms, etc.) where contractors can fill in the details.
- **Shared Drive:**
 - Set up a secure shared folder (e.g., on Google Drive or OneDrive) where contractors can upload notes.

Regularly Follow Up and Monitor

- **Designate a Point of Contact:**
 - Assign a specific person in your team to liaise with contractors and monitor submissions.
 - Provide this contact's details to contractors for any questions or clarifications.
- **Conduct Regular Reviews:**
 - Periodically review submitted notes to ensure they meet the required standard.
 - Provide feedback to contractors as necessary.





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