



23 August 2018

Ms Sanchia Nigli
Coroner's Registrar
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK 3006

Dear Ms Sanchia Nigli

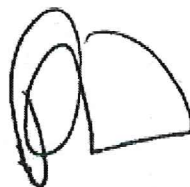
**Investigation into the death of Rohan Grindrod
COR2011 004334**

I acknowledge receipt of Coroner English's findings into the death of Mr Grindrod which was handed down on 6 June 2018.

The TAC's response to the findings and recommendations made by the Coroner, which are relevant to the TAC, are attached.

Should you require further information, **Sarah Middleton** on 5225 7787 would be pleased to assist.

Yours sincerely



Phillip Imfeld
Senior Manger Independence Active
Transport Accident Commission

INQUEST INTO THE DEATH OF ROHAN GRINDROD

RESPONSE TO CORONER'S RECOMMENDATIONS

Introduction

On 6 June 2018, Coroner English handed down her findings into the death of Rohan Grindrod. In that finding, Her Honour made a number of recommendations for the TAC.

The TAC's response to those recommendations is as follows:

- 1. The TAC writes to all clients who are users of Vital Call devices such as Mr Grindrod's, if it has not done so already, warning them of the dangers of disconnecting the device from the telephone or power supply and advising a technician is required to transfer the unit.**

The TAC has sent a letter to all clients identified as having life- saving equipment. A copy of the letter is attached.

- 2. The TAC when providing case management services (either internal or outsourced) for TAC clients include or require a risk assessment is performed regarding the potential risks involved in the task requiring case management**

The TAC now outsources all case management services and has updated referral forms and progress report forms to include identifying any risks related to life support/medical equipment.

The Case Management Referral form now includes under section 9 **Support Needs** – other eg life support and medical/safety monitoring equipment to bring to the Case Manager's attention that the client relies on this equipment.

The Progress Report form under section 6 **Crisis/Risk Management** identifies as a potential risk if a client has a personal alarm or life support and requires the risk mitigation approach to be identified and implemented.

Copies of these updated forms are attached and the relevant sections highlighted.

- 3 That TAC implements a hot note warning or flag on their electronic systems as an alert that a client has a personal emergency response device**

Currently, the TAC's electronic file system (Avanti) does not have the capacity to add a specific hot note warning that a client is in receipt of life support/ medical equipment such as personal alarm equipment. The TAC is investigating whether the use of risk flags similar to the flag used for staff safety can be modified to this specific purpose.

In the interim, all clients with life supporting /medical equipment such as personal care alarms will have a message on the Notes Board on Avanti as follows "*Warning: Client in receipt of life saving equipment (eg personal alarm), notify equipment supplier if there is a change in address to ensure equipment is working*".

- 4. The TAC conduct a review to ensure that all clients with life-saving equipment are recorded on their electronic systems so the equipment is identified as a risk requiring evaluation in the event of any change to the client's circumstances, such as moving address.**

The TAC has conducted a review to identify relevant clients and a report will be run every 6 months to ensure all clients receiving life-saving equipment are identified and details are documented on the client's electronic file.

The equipment brokerage team will also be encouraged to direct any claims staff who order new personal/safety alarms for clients to refer to the TAC's work practices and ensure the client's electronic file is updated accordingly to reflect that the client is now in possession of this equipment.

The TAC has also drafted a Team Talk Kit to communicate the claims management changes for all claims staff. The **Equipment (Rehabilitation) – Personal alarms and monitoring services (safety items)** and the **Maintaining Addresses or Contact details within Avanti** work practices are also to be updated.

The TAC will ensure that a broad communication will be conducted across the Claims Divisions about all the changes made and the importance of updating the client's electronic file.

It is anticipated that all changes to the claims management systems, work practices and the staff communications about the changes will be rolled out prior to 6 September 2018.

InsertDate

Name

Address1

Address2

Dear FirstName_1

Regarding **Important information about your personal alarm service**
Your claim number **ClaimNumber_1**

I am writing to you about the personal alarm pendant and monitoring service that has been installed by the TAC to support your safety and independence

The role of the TAC

Under the *Transport Accident Act 1986*, the TAC can provide a personal alarm and monitoring service if it is assessed that a client's safety is at risk due to the injuries sustained in a transport accident.

What you need to do

If it has been more than 2 years since your personal alarm was installed we encourage you to please contact your claims manager to discuss the potential to upgrade your personal alarm. Your safety is of utmost concern for the TAC and we want to ensure that the personal alarm system you have is up to date and will met your ongoing safety needs.

It is also important to note that if ever you require moving your personal alarm due to a change in where you live that you contact your personal alarm provider immediately. They will be able to support you in the transition of the personal alarm. Failure to notify the personal provider may result in your alarm being non-functional for a period of time which may place you at risk.

Getting more information

If you have any questions about this letter you can call me Error! Bookmark not defined., on 1300 654 329 for the cost of a local call.

Yours sincerely

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Transport Accident Commission

cc: Error! Bookmark not defined.
Error! Bookmark not defined.



Privacy

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information.

Without this information, the TAC may be unable to determine entitlements or assess whether treatment is

reasonable and may not be able to approve further benefits and treatment.

If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at www.tac.vic.gov.au

1. Service Type

2. Reason for Referral

3. Consent

Has the client provided verbal consent to this referral?

Yes

No

Has the client provided written consent to this referral?

Yes

No

4. Client Details

Client name

Claim number

Client address

Client telephone number

Postcode

Client Email

Date of accident

Date of birth

Country of birth

Language Spoken

Does the person identify as Aboriginal or Torres Strait Islander?

Yes

No

Is the person from the CALD community?

Yes

No

Interpreter required?

Yes

No



5. Service Provider Details

Provider name Choose a provider	Telephone number
Date of referral Choose date	Fax/email

6. Referring TAC Coordinator

Name	Telephone
Email @tac.vic.gov.au	Fax

7. Current Treatment/Services

Service Type	Provider Details	Has the client consented to this provider being contacted?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. List any known risks with visiting the client in their home/community or other relevant information

Please consider the following: Substance misuse; History of violence; History of self-harm; Known criminal history; Issues with home environment; Any other information that will support improved safety/risk management



9. Support Needs

Accident injuries

Pre-existing conditions

Current treatment

Current medications

Current employment & education status (type / duration / level achieved)

Current accommodation and living situation (type / duration / living with)

Psychosocial history and supports (family / marital status / relationships & supports where relevant)

Other, e.g. life support and medical/safety monitoring equipment, non-transport-related barriers, areas of support, barriers, failed interventions, etc.

Client has a TAC funded personal safety alarm- please consider risk mitigation if moving addresses

10. Additional information

Medical/Treatment reports attached?

Yes

No

If yes, please list reports

Other comments



FOR SERVICE PROVIDER COMPLETION

11. Outreach/CM Service Referral Outcome

Please sign the referral outcome below and send to the TAC within 48 hours of receipt of original referral.

Do you accept the referral for Outreach/CM Services? Yes No

If the referral is accepted:

- Contact the TAC Coordinator to progress client engagement/needs assessment.
- Contact the client within a 2 week period or if the referral is for crisis management, as soon as possible.

If the referral is not accepted:

- Contact the TAC Coordinator to discuss rationale and any recommendations
- Indicate reason for non-acceptance below:

Choose a reason

Signature of service provider worker if referral is accepted

[Signature box]

Print name

[Print name box]

Date

Choose date



Privacy

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Without this information, the TAC may be unable to determine entitlements or assess whether treatment is

reasonable and may not be able to approve further benefits and treatment.

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The TAC requires Service Providers to submit completed Client Progress Reports using this template. Progress reports are to be submitted every three months to the client's TAC Coordinator. The purpose of the report is to provide the TAC with information regarding client progress, it also provides the basis for follow up discussions with the TAC either in person or over the phone.

The TAC is interested in the work and progress your service has made with the client in relation to their goals and/or Independence Plan, as well as your assessment, analysis and recommendations as to the best practise model for supporting this client in the future.

IMPORTANT: Please use type or use block letters and **ensure all sections are complete**. Incomplete forms will be returned, so please give reasons if you are unable to complete a section.

1. Service Type

2. Service Provider Details

Provider name Author of report Date of report

Date referral accepted Date of initial assessment Date service commenced

Has the lead support worker/s changed during the reporting period? Yes No

3. Client Details

Client name

Claim number

Date of accident

Date of birth



4. Treating/Care Team

Provider/ Clinician	Position Title	Client Support Focus – Client Goals & Outcomes	Client Support Focus – Risk Factor	Frequency of Client Engagement	Contact Details
		Choose an item Specify if needed or delete	Choose an item Specify if needed or delete		
		Choose an item Specify if needed or delete	Choose an item Specify if needed or delete		
		Choose an item Specify if needed or delete	Choose an item Specify if needed or delete		
		Choose an item Specify if needed or delete	Choose an item Specify if needed or delete		
		Choose an item Specify if needed or delete	Choose an item Specify if needed or delete		
		Choose an item Specify if needed or delete	Choose an item Specify if needed or delete		
		Choose an item Specify if needed or delete	Choose an item Specify if needed or delete		
		Choose an item Specify if needed or delete	Choose an item Specify if needed or delete		

5. Identified Goals and Outcomes

Please summarise the progress and outcomes achieved, including the goals developed in collaboration with and agreed to by the client that are SMART (Specific, Measurable, Achievable, Realistic and Timed). When outcomes have not been achieved please provide a clear rationale to as to why this is with a description of the proactive strategies used to address this.

Number of support hours (per week)

Number of case conferences in this reporting period

#	Client Goal (Choose from drop down box)	Strategies/Activities/Tasks	Progress/Outcome
	Choose an item Specify if needed or delete	Type text here if needed or delete	Choose an item Type text here if needed or delete
	Choose an item Specify if needed or delete	Type text here if needed or delete	Choose an item Type text here if needed or delete
	Choose an item Specify if needed or delete	Type text here if needed or delete	Choose an item Type text here if needed or delete
	Choose an item Specify if needed or delete	Type text here if needed or delete	Choose an item Type text here if needed or delete



6. Crisis/Risk Management

#	Risk Factor	Risk Mitigation Approach
	Personal/Safety Alarm	Transition Plan Case Manager to support client to contact equipment supplier and inform of new address
	Choose an item Specify if needed or delete	Choose an item Specify if needed or delete
	Choose an item Specify if needed or delete	Choose an item Specify if needed or delete
	Choose an item Specify if needed or delete	Choose an item Specify if needed or delete
	Choose an item Specify if needed or delete	Choose an item Specify if needed or delete
	Choose an item Specify if needed or delete	Choose an item Specify if needed or delete
	Choose an item Specify if needed or delete	Choose an item Specify if needed or delete

7. Number of Critical Incidents Forms Submitted

8. Further Outreach Service Support

This client requires further Outreach Services Yes No

If Yes, please use this section to request further Outreach Services. The focus will be on client goals yet to be achieved and the specific strategy/activities/tasks which will be undertaken to support the client to achieve those goals. In instances where outcomes have progressed, but further support is still required please provide a clear rationale for the request with a description of the proactive strategies that will be used, and the proposed number of hours per week.

#	Client Goal	Strategies/Activities/Tasks	Number of hours per week and anticipated date of achievement
	Choose an item Specify if needed or delete	Type text here if needed or delete	Type text here if needed or delete Add anticipated date
	Choose an item Specify if needed or delete	Type text here if needed or delete	Type text here if needed or delete Add anticipated date
	Choose an item Specify if needed or delete	Type text here if needed or delete	Type text here if needed or delete Add anticipated date

If No, please complete the Exit Report. The purpose of the Exit Report is to provide the TAC with relevant information to continue to support the client in their recovery and independence journey, and should include:

- the most appropriate support model for the client
- client profile i.e. strengths and protective factors
- risk management i.e. ongoing risk indicators and mitigating factors

9. Author of Report - Signature