CONSUMER CASE NOTES POLICY AND PROCEDURE

Version 2.0: July 2026

CONSUMER CASE NOTES POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure describes how consumer case notes and handover communications are created, used, stored, shared and retained by Bilingual Care to ensure information is accurate, current, accessible to the right people, and meets privacy requirements. It provides staff with guidelines on how to record case notes and conduct handovers to ensure consumer information is documented in a standardised, timely and accountable manner.

Documentation and handover information may be captured in multiple formats, including:

- paper (hard copy) documents
- electronic records (soft copy) within approved digital systems
- multimedia files such as photographs, videos, or audio recordings captured with informed consent

All formats must be handled securely and integrated into the consumer's record in accordance with Bilingual Care's *Record and Information Management* and *Privacy and Confidentiality Policies and Procedures*.

Handover processes covered by this policy and procedure include, but are not limited to:

- shift-to-shift communication
- staff-to-staff or team-to-team transitions
- escalation handovers to case managers or clinicians
- handover occurring when a consumer's condition, risks, or service needs change
- external handover to allied health, medical practitioners, hospitals, or other providers (with consent)

This policy and procedure applies to all staff involved in documenting or accessing consumer information or participating in handover processes across Bilingual Care. This includes support workers, case managers, clinicians, coordinators, volunteers, and any other authorised personnel involved in planning, delivering, or reviewing Bilingual Care's services. It meets relevant legislation, regulations, and Standards.

Applicable Strengthened Aged Care Quality Standards

- *Standard 1. The Person*
- *Standard 2. The Organisation*
- *Standard 3. The Care and Services*
- *Standard 4. Clinical Care*

Definitions

Case note – a chronological record of interactions, observations and actions relating to a particular consumer. Case notes are an essential part of a consumer's file, where staff succinctly record details to document the consumer's support services. Case notes are a tool for reflecting on a consumer's progress towards their goals and represent a record of events on each support session, interaction, and event. They also promote efficient communication between staff.

Handover – a structured process where responsibility and accountability for a consumer's care is transferred from one worker or team to another. It involves sharing accurate, timely, and relevant information about the consumer's current condition, care needs, risks, preferences, recent changes, and any actions required, ensuring continuity of care and consumer safety.

Informed consent: permission that is given after receiving information that is understood about the collection, use, storage, and disclosure of personal information.

Personal or health information: information about an identified individual, including health information, protected under the *Australian Privacy Principles (APPs)* of the *Privacy Act 1988 (Cth)*. See also Bilingual Care's *Privacy and Confidentiality Policy and Procedure*.

Policy

Bilingual Care is committed to the transparent, consistent and accountable recording and communication of consumer information to ensure safe, high-quality service delivery. The recording of accurate and quality case notes is integral to supporting the following functions of the business:

- recording and planning service delivery
- supervising staff
- legal accountability
- risk management planning
- assessment and planning and
- care reviews.

Bilingual Care is dedicated to ensuring consumer safety is maintained at all times by having systems in place to provide a consistent approach to handover. This includes the involvement of the consumer and their family and/or carers as key participants of the handover process. Information shared during handover must enable the effective transfer of professional responsibility and accountability for a consumer's care between staff or teams, ensuring continuity, reducing risks during transitions, and supporting best-practice communication standards.

Procedures

Handovers

Handover is an essential process that must be followed to ensure critical information about a consumer's needs, current condition or situation are communicated in a timely manner to the next person involved with the consumer's care.

Handover is the giving and receiving of information about a consumer and their plan of care.

It helps to provide safe care by making sure that all important information is communicated. Handover allows staff, consumers and carers to understand all aspects of a consumer's care and have an opportunity to contribute and inform the *Care Plan* and review the *Care Plan* for any risks or unexpected events.
Handover is expected of all staff involved with consumer care and includes:

- nursing staff
- allied health professionals
- support staff

SHARED Handover

Bilingual Care follows the SHARED Model of handover, as it provides a structure to communication and handover and is commonly used by other healthcare staff. SHARED can also be used by consumers and carers during handover.

S	*Situation*	• Identify yourself - name and role • Identify the consumer • Identify reason for handover i.e. any changes in condition • Acknowledge and include family/carer/supporters when present
H	*History*	• Relevant past medical, environmental, or event information
A	*Assessment*	• Discuss any results, reports, or updates

R	*Risk*	• Identify Risks:
		  ○ Infection control
		  ○ Mobility/Falls
		  ○ Allergies
		  ○ Skin Integrity
		  ○ Behaviours of Concern
		  ○ Language or communication barriers

E	*Expectation*	• Expected outcomes • Plan of care • Timeframes • Discharge plan (if relevant) • Escalation (if relevant) • Know what to do or who to speak to if any of these expectations aren't met
D	*Documentation*	• Complete Case Notes • Update *Care Plan/s* as required

SHARED Model Adapted from Australian Commission on Safety and Quality in Health[1]

Handover should be completed using the SHARED Model. It must be used at any time there is a transfer of professional responsibility and accountability for some, or all aspects of a consumer's care to another person or service either temporarily, or permanently. Handover can therefore and should occur at various points within the consumer's care such as:

- shift changeover

[1] Mater Health Services Brisbane and Australian Commission on Safety and Quality in Health Care, 2009, *SHARED Resource Guide*. Australian Commission on Safety and Quality in Health Care. Accessed 16 March 2026. https://www.safetyandquality.gov.au/publications-and-resources/resource-library/shared-resource-guide

- escalation of a deteriorating consumer
- multidisciplinary team handover
- transfer to hospital or GP setting
- change of care setting from community to residential aged care facility
- transfer to another service such as ambulance or patient transport
- transfer to a different service provider

Others factors to consider when completing handover include:

- preplan - have an agreed place and set at a predetermined time to allow the consumer and family ample notice to be able to attend
- handover needs to be completed by a relevant member of the consumer's care delivery team and not delegated
- arrive to handover, prepared with the information readily accessible and ready to be communicated
- find a distraction-free space and avoid interruptions except for emergencies
- consider the privacy and confidentiality of the consumer and ensure the environment is appropriate to complete the handover
- where possible, always complete in the presence of the consumer
- consider any cultural and communication needs. For example, consumers who are Aboriginal often have larger family groups involved, and there may be several family members involved in the consumer's care decisions. Involving them in handover can improve the experience of Aboriginal people, by reducing discrimination and other barriers and improving cultural safety[2].

The mandatory requirements for Bilingual Care's handover processes include:

- ensure a documented, consistent approach to clinical handover utilising the SHARED handover method
- involve family and/or supporters and the consumer in handover when possible and as appropriate
- monitor the effectiveness of the handover and documentation process:
    - if you are delivering the handover information, check the person's understanding is correct.
    - if receiving handover information and it is unclear, ask for further clarification.

What to Include in Case Notes

Case notes are to be recorded before the end of shift, or as soon as practically possible at the completion of shift. If there are any delays, this should also be noted as part of the case note.

All consumer case notes are to be filed in the consumer's record in Ezihealth. If handwritten notes have been taken, these should be either transcribed into Ezihealth or a copy/photo uploaded into Ezihealth and the hardcopy destroyed as per the *Records and Information Management Policy and Procedure*.

When recording case notes, staff must ensure the information recorded is related to the following:

- date and name of person making the case note
- a consumer's progress towards goals identified in their *Care Plan* (actions taken, progress made, or barriers identified)

[2] Sydney Local Health District Clinical Governance Unit, 2019. *Clinical Handover: Communicating for Safety (SLHD_PCP2019_029)*, Sydney Local Health District. Accessed 16 March 2026. https://www.slhd.nsw.gov.au/pdfs/Policies/SLHD_PCP2019_029.pdf

- the consumer's significant achievements or changes
- information relevant to any risks (consumer or environment)
- appointments attended
- all communication, including attempts, with other services involved with the consumer
- referrals made
- group activity participation (where relevant)
- any information given to the consumer (e.g. Bilingual Care information, health information, etc.)
- all informed consent decisions (e.g., "consumer provided consent for staff to discuss low mood with the Managing Director.")
- notes from associated providers or other stakeholders
- care reviews (outcomes, follow up actions, progress) and
- any follow up required.

What to Avoid in Case Notes

When making case notes, staff must avoid the following:

- emotional reactions
- personal opinions
- value judgements
- inappropriate language or terminology
- false information and
- unfounded speculation.

Guidelines

Staff should be aware that consumer files can be subpoenaed at any time and staff can be subject to cross examination in court in relation to the content of their case notes. Staff should also be mindful that consumers and their representatives or families have the right to request to read their own file notes at any time.

All personal information relating to consumers must be maintained within the consumer's file and subject to the security, confidentiality, access, and storage requirements detailed in Bilingual Care's *Records and Information Management Policy and Procedure*. Staff must act in accordance with Bilingual Care's *Privacy and Confidentiality Policy and Procedure* when managing and recording personal and sensitive consumer information.

Staff must make notes as soon as possible after care or services are provided, consumer and/or their representative interaction with Bilingual Care, meetings or events and must reflect the consumer's communication and behaviour accurately and fairly.

The Managing Director must ensure appropriate time is allocated for staff to complete case notes at the earliest possible time after any contact with or about a consumer.

If staff find it difficult to complete case notes (due to timing restrictions, access to files, etc.), they should discuss this with the Managing Director.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Records and Information Management Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Care Plans*

Monitoring and Review

This Policy and Procedure will be reviewed at least three yearly by the Leadership Team. Reviews will incorporate staff, consumer, and other stakeholder feedback.

Bilingual Care's feedback collection mechanisms, such as satisfaction surveys, will assess:

- satisfaction with Bilingual Care's records and information management and privacy and confidentiality processes
- whether consumers have received adequate information about privacy and confidentiality including how their records will be stored and disposed of and how they can access and change them and
- the extent to which consumers and their supporters feel their privacy and confidentiality has been protected.

Bilingual Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Bilingual Care's service planning and delivery processes.

DOCUMENT CONTROL

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