

Complaints Management System Reporting: How-to Guide:

Introduction

The purpose of this guide is to assist users in generating reports on the Complaints Management System.

The guide contains a list of the key reporting fields and an explanation of their use and also provides a step by step guide of how to generate views.

It is the responsibility of the report creator to ensure that the reports they build are fit for the purpose intended, fully anonymised and are not shared with any unintended third party. The below section on “Best Practice”, should help in this regard.

Should you require any further assistance please contact:

CMSTraining@hse.ie

1. Reporting Best Practice

1.1. Security

The type of data and the volume of data that is stored in NIMS / CMS is of a highly confidential nature. It is therefore important that only persons who have the correct authorisation should have access to the CMS and data. Please ensure you adhere to your local IT security and information sharing policies.

1.2. Creation and storage of views/reports

To prevent storage issues, do not create multiple instances of the same report, use existing reports and amend criteria, where appropriate.

If reports have not been accessed over a specified period, they will be deleted.

1.3. Report Naming Conventions

All views on the CMS should be accurately named to reflect the data that they are summarising / detailing. For example, an “All closed complaints created year to date” report should not be called “All closed complaints year to date”, unless you have specified the “Complaint Status” as being “Closed”. Also all reports created for formal complaints should be prefixed with ‘FC –’ as this will make it easier to find your reports.

1.4. Quality Assurance

It is important that there are quality assurance procedures at local level to ensure the quality of the reports that are being produced. All reports that are being sent to a third party should be checked to ensure the following:

1. The criteria for running the report has been checked and verified as being correct and there are not incorrect filters or groupings on the report.
2. The information provided matches what has been requested. For example if a request is received looking for “Access incidents year to date”, the report should not reflect, “Access incidents 2017-2018”.
3. If the requestor is requesting complaints that occurred in 2017 then the report should be run based on the “date complaint received” and not “create date” which would be the date the complaint was logged.
4. The report doesn’t contain any personal data; for example, the “Patient / Service User Name”.
5. Also when providing data to third parties, it is important that the information that is being provided is accurately explained. For example, if providing a report on “All complaints that occurred in 2017”, it needs to be specified on the accompanying email or document that the report depicts information, “All Complaints that occurred from 01/01/2017 – 31/12/2017”.
6. In addition, it is important that you specify the run date of the data. So if the report was run on the 16 Jan 2018 then the, “Data reflects the position as at 16/1/2018”.
7. If the third party is not familiar with the system, it may be helpful to provide definitions of the terminology used, which is supplied in section 2 of this document.

If a request is received and you are unsure what criteria should be used please contact:

CMSTraining@hse.ie

2. Key Reporting Fields

Field Name	Definition
Complainant Age Group	Is the Patient / Service User a “child” or an “adult”?
Complaint Format	How was the complaint received?
Complaint Outcome	Was the complaint upheld?
Complaint Resolution	How was the complaint resolved?; “recommendations”, “resolved informally” etc.
Complaint Status	Status of the complaint i.e. Open or closed?
Date Acknowledged	This is the date when the Patient/Service User was sent a letter of acknowledgement.
Date Complaint Closed	The date the complaint was closed.
Date Complaint Received	This is the date on which the actual complaint was received into the organisation.
Did this happen?	OnSite/OffSite?
Division	This is to capture the service the issue was attached to e.g. “Acute Hospital”, “Mental Health” etc.
HIQA Standard	What HIQA standard did the complaint relate to?
Is the Complaint subject to legislation?	Is the complaint covered by Part 9 of the 2004 health Act?
Issue Category	Category of Issue i.e. “Access”, “Dignity and Respect”, “Accountability” etc.
Issue Category Type	Category type driven by the Issue Category selection
Issue Category Sub-Type	Sub category type driven by the Issue Category Type selection
Issue Outcome	Was the issue “upheld”/“not upheld”?
Issue Resolution	How was the issue resolved?; “recommendations”, “resolved informally”? etc.
Issue Status	Status of issue i.e. “Open” or “Closed”?
Location Level (A – G)	A description of where the complaint occurred. Choose any letter between A – G depending on what level of your hierarchy you wish to report by.
Profession	Profession of staff involved if any e.g. “Administration”, “Nursing” etc.
Report Date	The date the complaint was created on the CMS.
Service	HSE Division Service. Dependant on the value selected in the Division drop down menu.
Sub Service	HSE Division Sub Service. Dependant on the value selected in the Service drop down menu.
Weekdays to Close	Working days to close. This is calculated as 35 working days. This allows 5 days for the acknowledgement and 30 working days for investigation and report.

3. Views / Report

NOTE: Login in at <https://www.csstars.eu/Enterprise/login.cmdx??c=NIMS>

Information is obtained from the CMS through the creation of VIEWS.

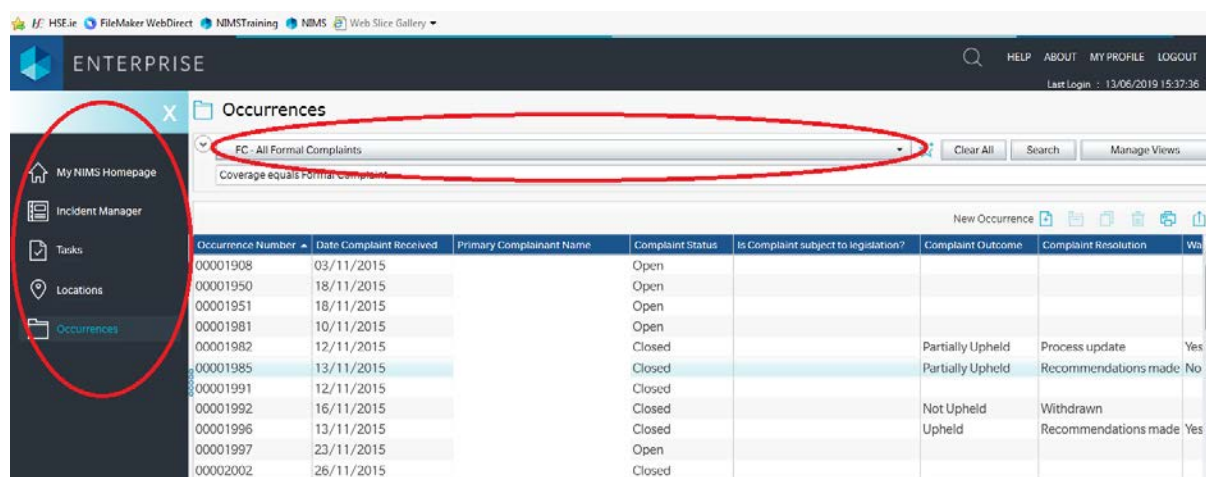
VIEW: A 'view' is a particular way of selecting specific columns of information for a set of items you are interested in. You can create Views for **Issues** (Incident Manager), **Complaints** (Occurrences) and **Recommendations** (Tasks).

In this example there is a requirement to create a report for **All complaints that occurred in Quarter One 2018**.

Fields requested: **Occurrence Number, Date Complaint Received, Complaint Status and Complaint Outcome**.

Step 1: Create a View for Complaints (Occurrences)

1. To create the new view go to the '**Occurrences**' module. Within '**Occurrences**' there is a defined list of existing views for you to choose from but you can also create your own personal views. The default view is **FC – All Formal Complaints**. See figure 1.0



Occurrence Number	Date Complaint Received	Primary Complainant Name	Complaint Status	Is Complaint subject to legislation?	Complaint Outcome	Complaint Resolution	Wa
00001908	03/11/2015		Open				
00001950	18/11/2015		Open				
00001951	18/11/2015		Open				
00001981	10/11/2015		Open				
00001982	12/11/2015		Closed		Partially Upheld	Process update	Yes
00001985	13/11/2015		Closed		Partially Upheld	Recommendations made	No
00001991	12/11/2015		Closed				
00001992	16/11/2015		Closed		Not Upheld	Withdrawn	
00001996	13/11/2015		Closed		Upheld	Recommendations made	Yes
00001997	23/11/2015		Open				
00002002	26/11/2015		Closed				

X

Figure 1.0

Complaints Management System Reporting: How-to Guide:

2. To create a new view, select the **'Manage Views'** button and click **'Copy view'**. See figure 2.0

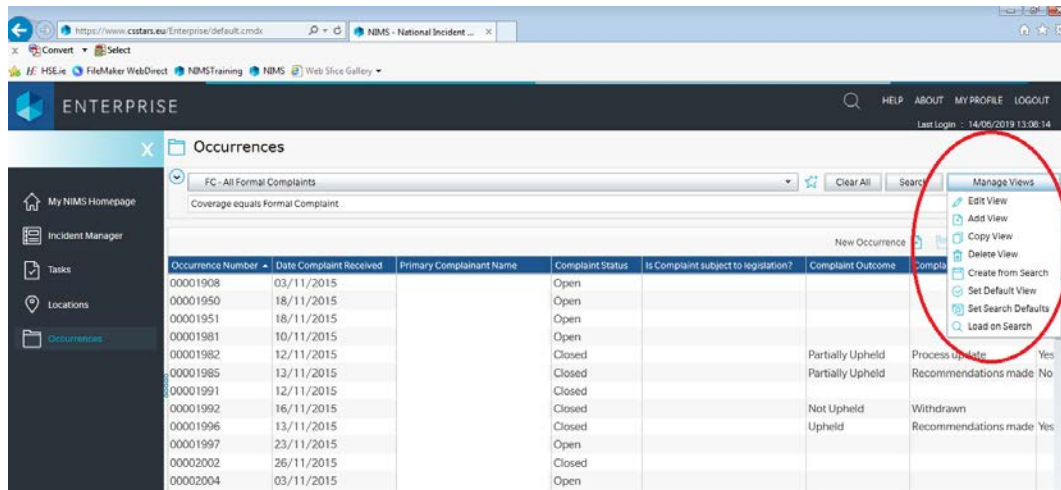


Figure 2.0

This will open a window where there are 4 relevant pages which we use to create a view. (**General Info, Select Data, Select Columns and Preview**). See figure 3.0

3. The first is the **'General Info'** page where you name your report. In this scenario we will call the view **'FC- All Occurrences Q1 2018'**. Make sure to always properly name your report to reflect what you are reporting on. See figure 3.0

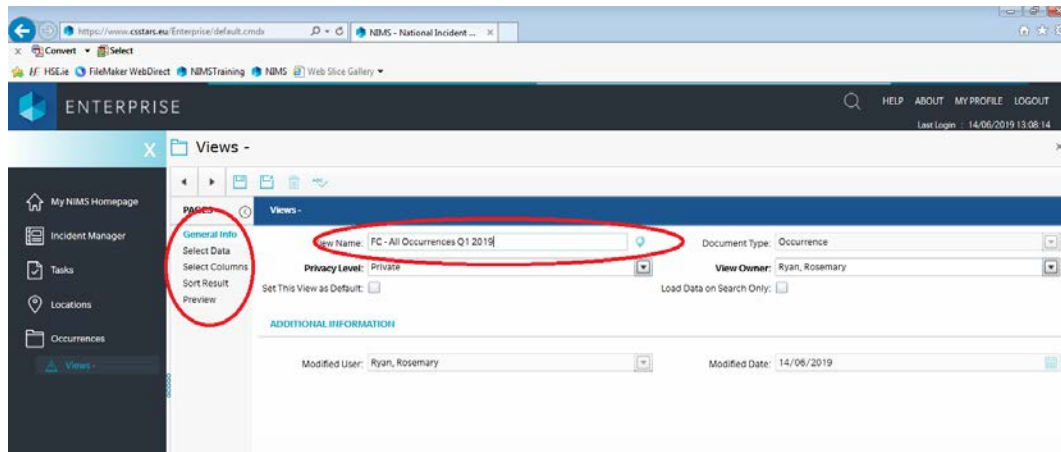


Figure 3.0

Complaints Management System Reporting: How-to Guide:

4. The second page '**Select Data**' is where we select our criteria. As I am looking for all occurrences Q1, my condition is '**Date Complaint Received**' is between 1st January 2018 and 31st March 2018. See figure 4.0

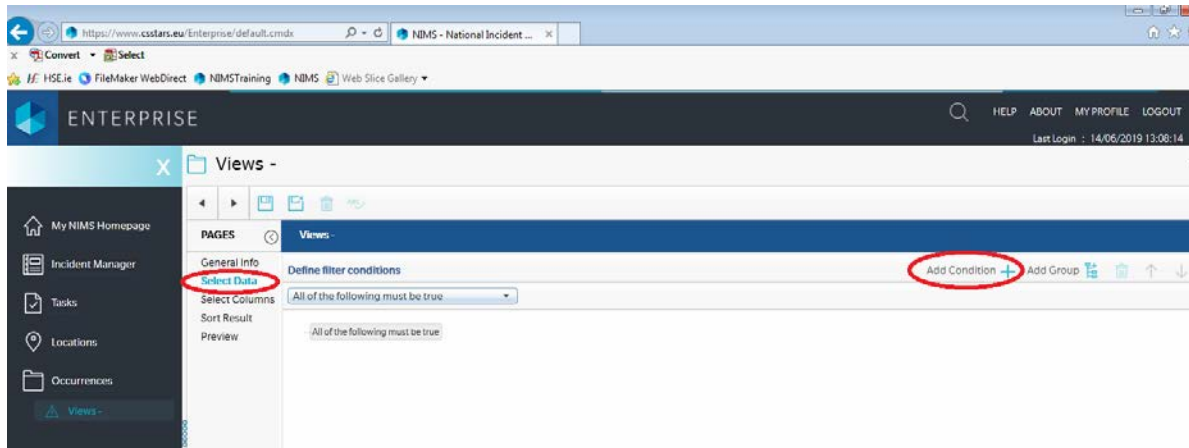


Figure 4.0

1. Select **Add Condition** – by default the first field displayed under Define Filter Condition will be '*Adverse Occ Number*'.
2. Change the text in the text box under Define Filter Condition to '**Date Complaint Received**'.
3. In the next drop down box select '**is**'
4. In the next drop down box select '**between**'
5. And finally enter your date range in the 2 fields provided by selecting the calendar option. Then **Save**.
(Note: This is the only condition for this scenario but if there were more you would continue adding conditions until all criteria are established.) See figure 4.0 and figure 4.1

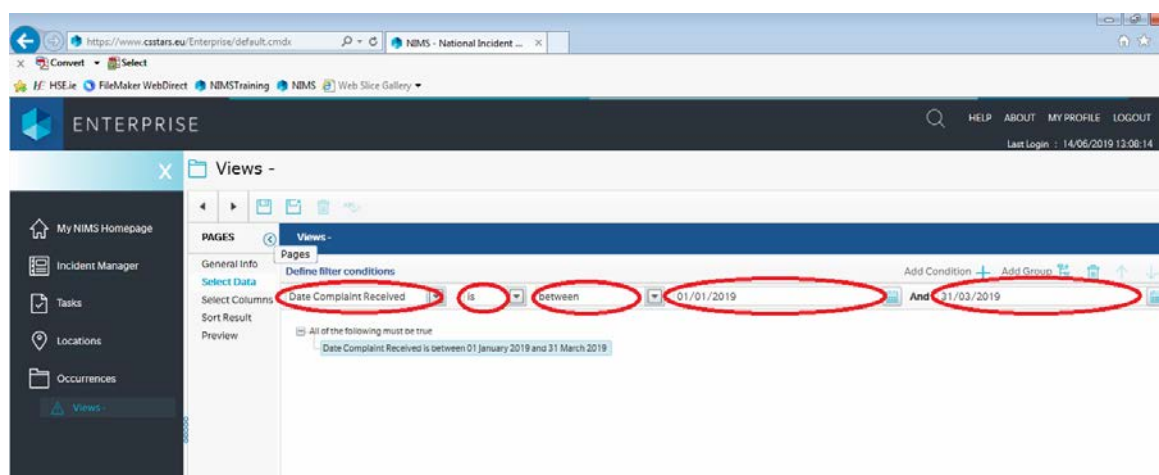


Figure 4.1

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- The third page 'Select Columns' allows you to select the columns you want to output on your report. Move columns you want from the left to right pane. Move columns you don't want from the right to left pane using the blue arrows. Select the up/down arrows to change the column order for the selected fields. The requested fields for this scenario are **Occurrence Number**, **Date Complaint Received**, **Complaint Status** and **Complaint Outcome**. See figure 5.0

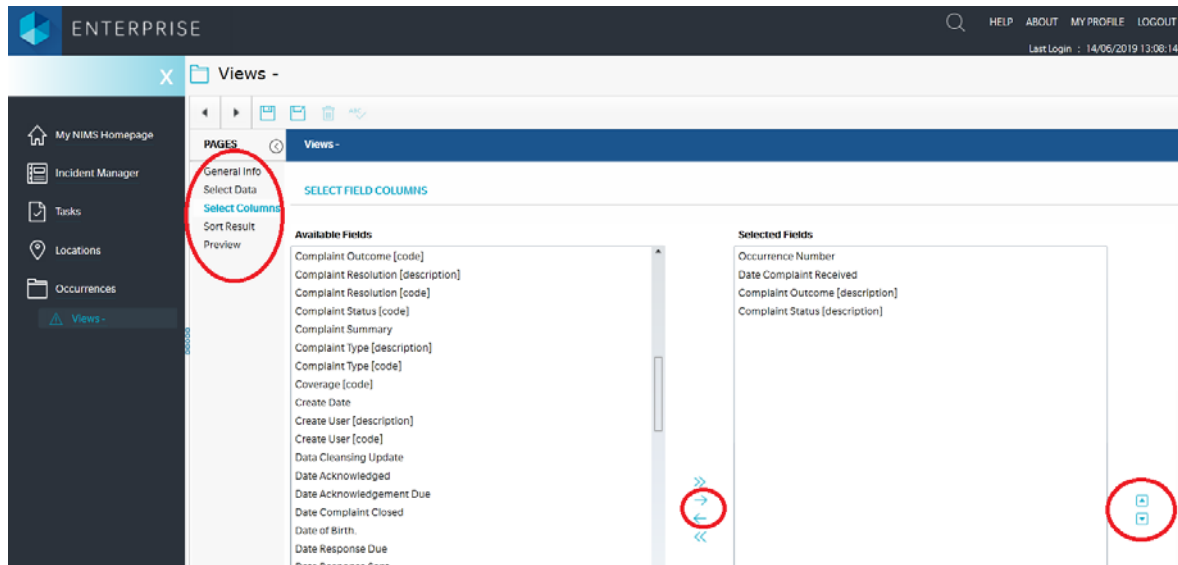


Figure 5.0

- The fourth page 'Preview' allows you to preview the output should you wish to do so. Otherwise click 'Save View' and select 'X' to close this window. See Figure 6.0

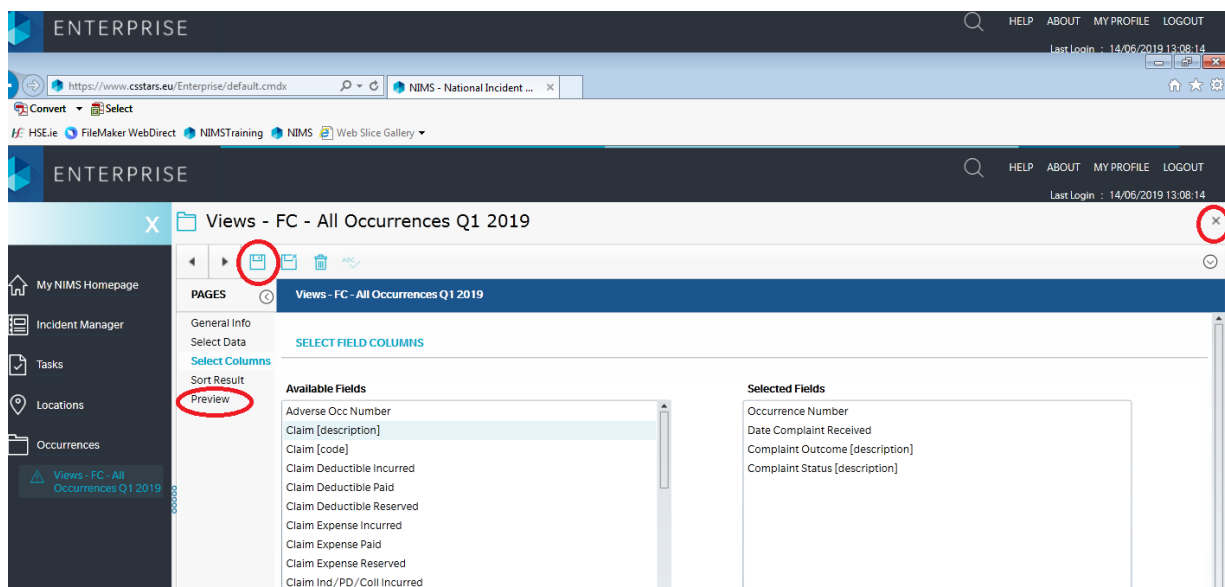


Figure 6.0

Complaints Management System Reporting: How-to Guide:

- The new view is now available. When you return to the Occurrences module, the **'FC- All Occurrences Q1 2018'** view will be the default view. If you need to access it again later, it will be available in the view name drop down list.

To display your view, simply select it from the drop down list of views available in the **'Occurrences'** module as seen in **Step 1**.

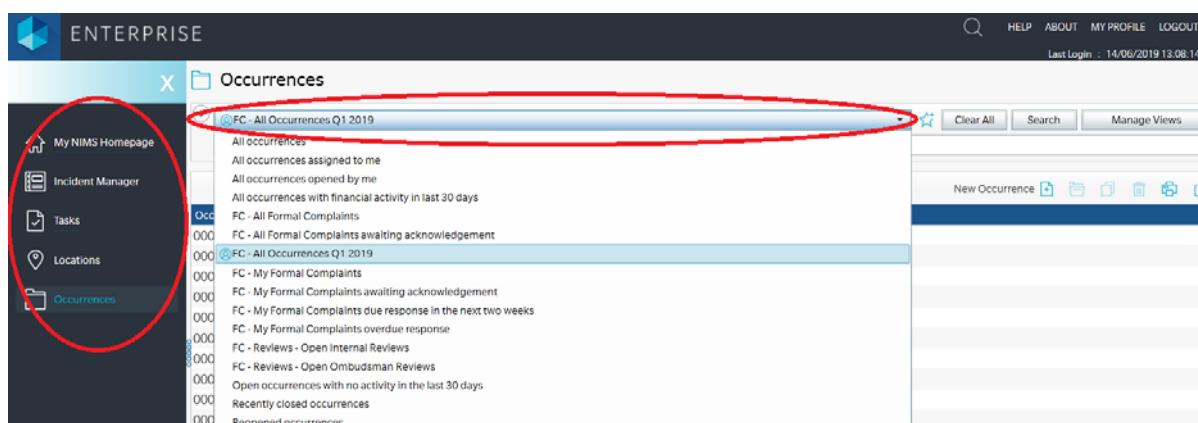
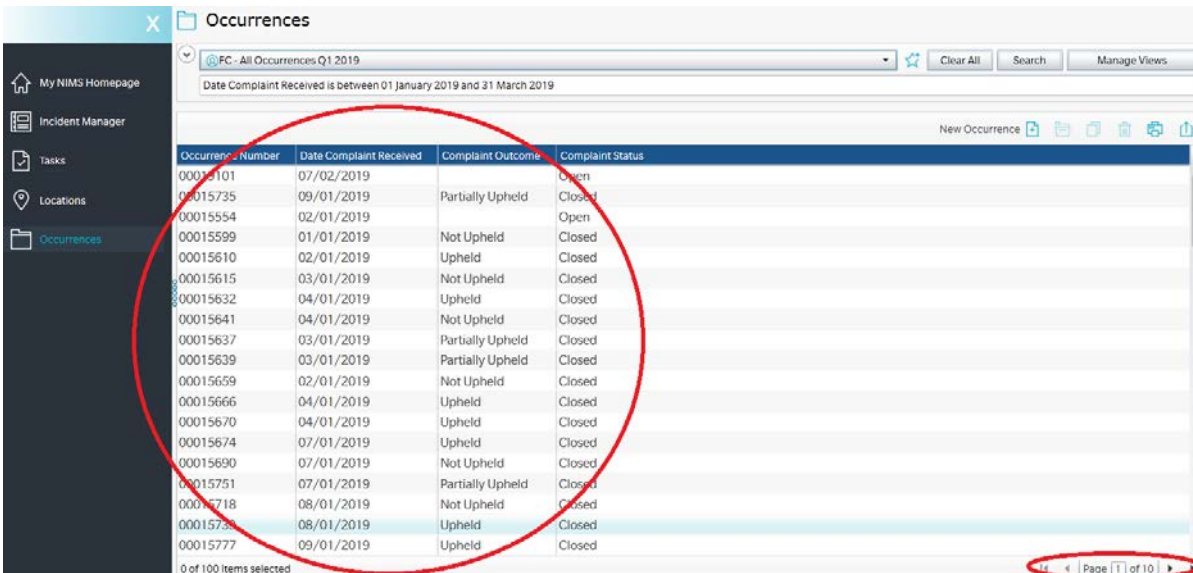


Figure 7.0

Below are all the records within your report. You can use the black arrows to scroll through the pages of your report if more than one exists.



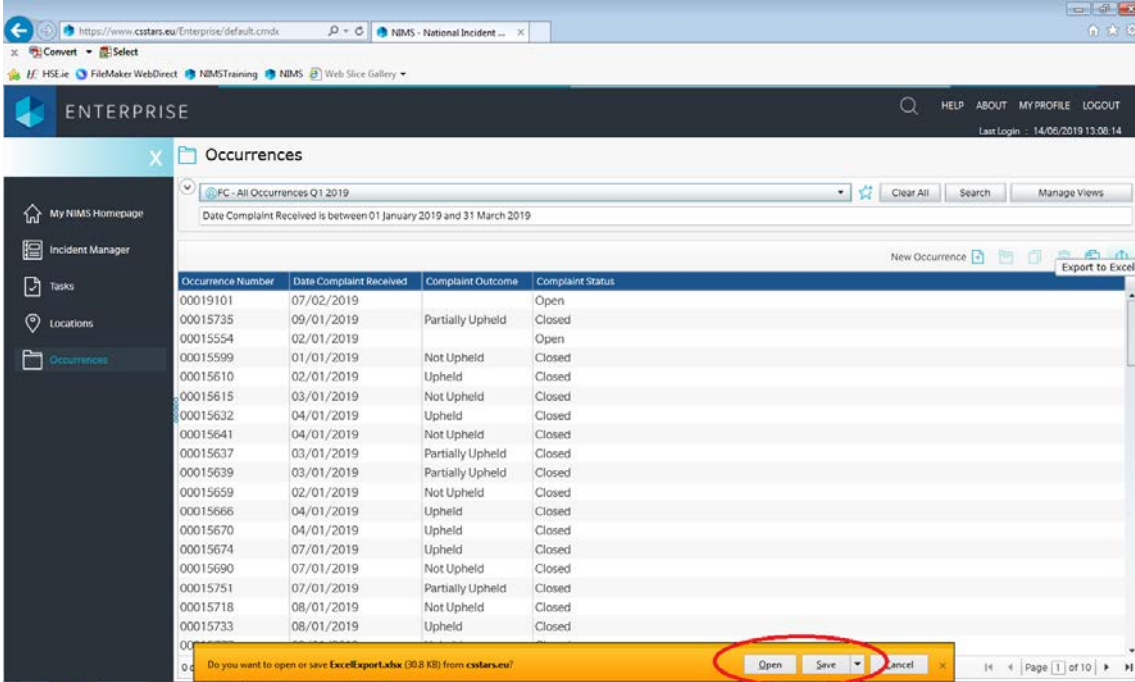
The screenshot shows a table of occurrence records. A red circle highlights the table content. At the bottom right, a red circle highlights the pagination controls, which show 'Page 1 of 10'. The table has the following columns: Occurrence Number, Date Complaint Received, Complaint Outcome, and Complaint Status.

Occurrence Number	Date Complaint Received	Complaint Outcome	Complaint Status
00015101	07/02/2019		Open
00015735	09/01/2019	Partially Upheld	Closed
00015554	02/01/2019		Open
00015599	01/01/2019	Not Upheld	Closed
00015610	02/01/2019	Upheld	Closed
00015615	03/01/2019	Not Upheld	Closed
00015632	04/01/2019	Upheld	Closed
00015641	04/01/2019	Not Upheld	Closed
00015637	03/01/2019	Partially Upheld	Closed
00015639	03/01/2019	Partially Upheld	Closed
00015659	02/01/2019	Not Upheld	Closed
00015666	04/01/2019	Upheld	Closed
00015670	04/01/2019	Upheld	Closed
00015674	07/01/2019	Upheld	Closed
00015690	07/01/2019	Not Upheld	Closed
00015751	07/01/2019	Partially Upheld	Closed
00015718	08/01/2019	Not Upheld	Closed
00015750	08/01/2019	Upheld	Closed
00015777	09/01/2019	Upheld	Closed

Figure 7.1

- You can also output your report to excel by selecting the **'Export to Excel'** icon. Once exported you can then save locally or open the report directly from CMS.

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The screenshot displays the 'Occurrences' page in the NIMS Enterprise system. The page title is 'Occurrences' and the filter is set to 'PC - All Occurrences Q1 2019'. The date range is 'Date Complaint Received is between 01 January 2019 and 31 March 2019'. The table below lists various occurrences with their respective dates, outcomes, and statuses. At the bottom, a dialog box asks 'Do you want to open or save ExcelExport.xlsx (30.8 KB) from csstars.eu?' with 'Open', 'Save', and 'Cancel' buttons. The 'Open', 'Save', and 'Cancel' buttons are circled in red.

Occurrence Number	Date Complaint Received	Complaint Outcome	Complaint Status
00019101	07/02/2019		Open
00015735	09/01/2019	Partially Upheld	Closed
00015554	02/01/2019		Open
00015599	01/01/2019	Not Upheld	Closed
00015610	02/01/2019	Upheld	Closed
00015615	03/01/2019	Not Upheld	Closed
00015632	04/01/2019	Upheld	Closed
00015641	04/01/2019	Not Upheld	Closed
00015637	03/01/2019	Partially Upheld	Closed
00015639	03/01/2019	Partially Upheld	Closed
00015659	02/01/2019	Not Upheld	Closed
00015666	04/01/2019	Upheld	Closed
00015670	04/01/2019	Upheld	Closed
00015674	07/01/2019	Upheld	Closed
00015690	07/01/2019	Not Upheld	Closed
00015751	07/01/2019	Partially Upheld	Closed
00015718	08/01/2019	Not Upheld	Closed
00015733	08/01/2019	Upheld	Closed

Figure 8.0

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Step 2: Create a View for Issues (Incidents)

1. To create the new view for issues (incidents) go to the 'Incident Manager' module. Within 'Incident Manager' the default view prompt is *FC – All Complaint Issues*.

Occurrence Number	Record Number	Primary Complainant Name	Date of Incident	Issue Status	Issue Due Date	Issue Closed Date	Brief Summary of the Incident
00001908	15168760		03/11/2015	Open			
00001950	15170471		18/11/2015	Open			
00001951	15170454		18/11/2015	Open			
00001981	15180499		10/11/2015	Open			
00001982	15180756		12/11/2015	Closed	12/12/2015	07/12/2015	
00001982	15180768		12/11/2015	Closed	12/11/2015	07/12/2015	
00001985	16185231		13/11/2015	Closed	11/12/2015	16/02/2016	
00001985	16185240		13/11/2015	Closed	11/12/2015	16/02/2016	
00001985	16185240		13/11/2015	Closed	11/12/2015	16/02/2016	

You then follow the same process as **Step 1 (2-8)**.

Step 3: Create a View for Recommendations (Tasks)

1. To create the new view for recommendations (tasks) go to the 'Tasks' module. Within 'Tasks' the default view is *FC - All Complaint Recommendations*.

Create User	Create Date	Due Date	Description
	18/06/2018 17:51		
	18/06/2018 18:01		
	18/06/2018 18:05		
	18/06/2018 18:11		
	18/06/2018 18:38		
	30/06/2018 10:11		
	30/06/2018 10:50		
	30/06/2018 11:12		
	30/06/2018 13:23		
	30/06/2018 13:35		
	30/06/2018 14:03		
	03/07/2018 13:03		
	03/07/2018 16:06		

You then follow the same process as **Step 1 (2-8)**

Please email CMSTraining@hse.ie with any questions.

Appendix A – Key Reporting Fields

Complaint (Occurrence) fields

Seq	Field	Details
100	Occurrence Number	Unique reference for the Complaint Occurrence
100	Primary Complainant	Who the Complaint relates to
100	Primary complainant contact details	Contact details of who the Complaint relates to
101	Date Complaint Received	When did we receive the complaint?
102	Report Date	This is the date it was added to NIMS
103	Location	Where was this specific issue located? Known as <i>Where (Hierarchy)</i>
104	Complaint Summary	Details of the complaint
105	Complaint Format	How did the complaint arrive?
106	Complaint Type	Categorise the complaint
107	Is Complaint subject to legislation?	Is the complaint subject to part 9 of the Health Act 2004?
108	Was complaint raised as NIMS incident	This is to record if the event was recorded separately as an adverse event.
109	Complaint Officer	What NIMS user is in charge of the complaint?
109	Complaint Officer (Surname, First)	Free text - what user is in charge of the complaint?
111	Service User Name (Surname, First)	Name of the patient/service user
112	Service User Phone/e-mail	Phone number or e-mail of the patient/service user
113	Service User Contact Details	Contact details of the patient/service user
116	Service User's Consent?	Did the patient/service user consent to their data being used for the complaints process or have they given consent to the complainant to complain on their behalf?
124	Complainant Age group*	This can be used to flag children/adults
125	Date of Birth.	
126	Service User's Consent	Did the Service User consent to their data being used for the complaints process?
127	Hospital number	
131	Complainant Name (Surname, First)	Name of the Complainant
132	Complainant Phone/e-mail	The Complaint's phone/email address
133	Complainant Contact Details	Contact details for the Complainant
134	Relationship to Service User	How is the Complainant related to Service user?
135	Referring Agent	Where did the complaint originate (if from another agency)?
136	Complainant Consent?	Did the Complainant consent to their data being used for the complaints process?
200	Number of Issues	This is an automatic count of the number of issues related to the complaint.
221	Date Acknowledgement Due	When does the acknowledgement need to be sent?
222	Date Acknowledged	When was the acknowledgement sent?
223	Update to Complainant	If there is a delay in the response when was an update last sent to the complainant?
224	Number of Delayed Letters	If there is a delay in the response how many update letters have been sent to the complainant?
225	Date Response Due	When does the response need to be sent?
227	Complaint Status	Is the complaint open or closed?
228	Date Complaint Closed	When was the complaint closed?
229	Weekdays to close (incl. Bank Holiday)	This is a count of the number of weekdays between the received date through to the close date.
241	Complaint Outcome	Once closed, what was the outcome?
243	Complaint Resolution	What was the final resolution?



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Seq	Field	Details
245	<i>Was Complaint closed within time limit?</i>	Was it closed in time?
246	<i>HIQA standard</i>	Standard
247	<i>Root Cause</i>	HIQA Root Cause
250	<i>Date Response Sent</i>	When was the response sent?
311	<i>Local Review Requested?</i>	When was the review requested?
312	<i>Local Review Officer (Surname, First)</i>	Who performed the Local Review?
313	<i>Local Review Sent Date</i>	When was it sent for review?
314	<i>Local Review Complete Date</i>	When was it completed?
315	<i>Local Review Outcome</i>	What was the outcome?
316	<i>Local Review Recommendations</i>	What recommendations were made?
317	<i>Local Review Details</i>	What were the review details
321	<i>Ombudsman Review Requested?</i>	When was the review requested?
323	<i>Ombudsman Review Sent Date</i>	When was it sent for review?
324	<i>Ombudsman Review Complete Date</i>	When was it completed?
325	<i>Ombudsman Review Outcome</i>	What was the outcome?
326	<i>Ombudsman Review Recommendations</i>	What recommendations were made?
327	<i>Ombudsman Review Details</i>	What were the review details?
332	<i>Which Ombudsman</i>	Was it the Ombudsman or Children's Ombudsman?
400	<i>Location Desc Level A</i>	Location name level A
400	<i>Location Desc Level B</i>	Location name level B
400	<i>Location Desc Level C</i>	Location name level C
400	<i>Location Desc Level D</i>	Location name level D
400	<i>Location Desc Level E</i>	Location name level E
400	<i>Location Desc Level F</i>	Location name level F
400	<i>Location Desc Level G</i>	Location name level G
500	<i>Hospital Number.</i>	

Complaint Issue (Incident) fields

Field name	Details
<i>Record Number</i>	Unique reference for the issue
<i>Occurrence Number</i>	Unique reference for the Complaint Occurrence
<i>Complainant Name</i>	Copy of the <i>Primary Complainant</i> from complaint. This is also visible as <i>Name of Injured Party</i> (read-only)
<i>Complaint Officer</i>	Name of the NIMS user that is the Complaints Officer
<i>Complaint Officer (surname, First)</i>	Free text name of any other (non NIMS) user that is the Complaints Officer
<i>Date Complaint Received</i>	Copied from complaint (read-only)
<i>Date of Incident</i>	Date of issue (may differ from Date complaint received)
<i>Did this happen</i>	Offsite or onsite at location of complaint
<i>Issue Due Date</i>	When the Issue details are to be returned to Complaint Officer
<i>Issue Closed Date</i>	When the Issue details were closed
<i>Issue Status</i>	Current status
<i>Issue Outcome</i>	Once the issue is closed, was the Issue upheld or not?
<i>Issue Resolution</i>	Once the issue is closed, what was the resolution?
<i>Severity Rating</i>	A five point rating scale for how severe it is
<i>Likelihood</i>	A five point rating scale for the chance it will happen again
<i>Impact score</i>	Calculated by NIMS as <i>Likelihood x Impact score</i>

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Field name	Details
<i>Where (Location)</i>	Where was this specific issue located?
<i>Brief Summary of the Incident</i>	A brief description of the Issue details
<i>Pathway</i>	How is the complaint to be handled?
<i>Pathway Description</i>	Detailed
<i>Issue Category</i>	HSE Pillars
<i>Issue Category Type</i>	HSE Pillars
<i>Issue Category Sub-type</i>	HSE Pillars
<i>HIQA standard</i>	What HIQA standard is referred to?
<i>Division</i>	The HSE Division
<i>Service</i>	Specifies service
<i>Sub Service</i>	Lists sub services
<i>Profession</i>	Profession of the person the complaint is about
<i>Tusla Service Type</i>	Tusla Categorisations
<i>Tusla Function</i>	Tusla Categorisations
<i>Concern?</i>	Tusla Categorisations
<i>National Standards</i>	
<i>Examination Assigned to (Surname, First)</i>	NIMS user that is examining the issue
<i>Examination Assigned to</i>	Free text (non-NIMS) user that is examining the issue
<i>Date of Birth.</i>	Copy of the <i>DOB</i> from complaint (read-only)
<i>Hospital Number.</i>	Copy of the <i>Hospital Number</i> from complaint (read-only)
<i>Location Desc Level A</i>	Location name level A
<i>Location Desc Level B</i>	Location name level B
<i>Location Desc Level C</i>	Location name level C
<i>Location Desc Level D</i>	Location name level D
<i>Location Desc Level E</i>	Location name level E
<i>Location Desc Level F</i>	Location name level F
<i>Location Desc Level G</i>	Location name level G

Complaint Task fields

Field name	Details
<i>Attached to</i>	Record number of the Complaint Issue
<i>Recommendation Made by (Surname, First)</i>	Who owns the recommendation?
<i>Assigned to (Surname, First)</i>	Who is it assigned to?
<i>Status</i>	What is the status?
<i>Completed by</i>	Who set the <i>Status</i> to 'Closed'
<i>Recommendation Close Date</i>	When was the recommendation closed?
<i>Title</i>	This is always "Complaint Recommendation"
<i>Details</i>	What are the details of the issue?
<i>Required Action Description</i>	What are the required actions?
<i>Recommendation Accepted / Rejected</i>	Was the recommendation accepted?
<i>Recommendation Outcome</i>	What was the final outcome?