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**Integrated guide   
to NIMS reporting**

# Integrated guide to NIMS reporting for assurance and data quality improvement

The National Incident Management System (NIMS) is the key platform for HSE and HSE-funded healthcare providers to report incidents on. It is not only a legislative requirement under the NTMA[[1]](#footnote-1) to report incidents of potential claims but reporting to NIMS provides an opportunity for learning locally and nationally by identifying incident trends and risks in the system. Having such rich information is invaluable to improving patient safety.

Additionally, the NIMS system is the source of data in terms of incident management as a quality indicator and is also used to inform the National Service Plan KPIs. These were revised for 2022 following on from recommendations made by multiple stakeholders including HSE and HSE-funded healthcare providers, QPS staff and NIMS users.

To explain the changes and to help HSE and HSE-funded healthcare providers understand and improve data quality we have written this guide which outlines how the data is pulled from NIMS at national level. It will allow services to apply the same methodology and ensure consistency when the data is pulled at local level for data validation and monitoring purposes. This document will be referred to as the Guide throughout.

There are no changes for 2023 KPIs calculation compared to 2022. The Guide includes the new reporting calendar for 2023, all documentation included in the 2022 Guide is updated and an additional attachment to support data check is included.

## Scope

The Guide is a tool for services to allow them to understand and replicate at local level the procedures employed by the National Quality and Patient Safety Directorate (NQPSD) in calculating a range of reports relevant for NIMS assurance and data quality purposes, including but not limited to the three KPIs selected for inclusion in the 2022 HSE National Service Plan under Service wide indicators.

This Guide only focuses on measurement from a data and technical perspective, use of measurements and improvement initiatives are outside the scope for this Guide.

## Ownership and roles

Responsibility for assuring and driving the quality of NIMS data ultimately lies at service level under the role of the senior accountable officer. As data owner’s, services should have assurance processes in place to ensure the data is accurate, complete and timely.

Responsibility for national oversight sits with NQPSD through the Quality and Patient Safety Incident Management team (QPSIM). The QPSIM team reports on the data for the NSP KPIs, analyses national data and informs learning from such events.

Should any issues arise in terms of the data then services can liaise with NQPSD to understand and address those issues if they cannot be addressed locally.

## Timelines

The NQPSD is responsible for producing monthly reports at the beginning of each month (current month, CM) for the previous month, to be referred to further as ‘reporting month’ (repM).

The process has only two steps: data extract on 1st current month (CM) and final report on 8th of current month (CM).

There are five types of reports calculated at the same time from the same data extract.

Example for reports produced in Feb 2023 for reporting month Jan 2023:

1/10/2020 125d KPI 28/09/2021

1/01/2021 30d KPI 31/12/2021

1/02/2021 % Categ1 KPI 31/01/2022

NIMS GSC and PP

Total period for extract in this example would be: 1/10/2020 to 31/01/2022.

Exclusions and inclusions are calculated in the Excel document provided in this document to match the KPI metadata. A preliminary report will be provided on the 1st of the month and a final report on the 8th by NQPSD to the contacts from different HSE and HSE-funded healthcare providers as per Distribution list. Local services can extract their own data following this guide and can then check their KPI data against the NQPSD preliminary KPI.

Distribution list



The final data extract is made available for IIS on the 8th of the month as outlined above for inclusion in the OSR Dashboard.

The schedule of data extraction is detailed in Appendix 1 of this Guide

## Data extract and reporting rules

The data extract includes the following fields in the order provided here:

|  |  |
| --- | --- |
| **Field name** | **[Identification]** |
| Record Number | [Claim, ClaimNumber] |
| Date Notified | [Claim, IncidentReportDate] |
| Date of Incident | [Claim, LossDate] |
| Incident Create Date | [Claim, MiscDate#180] |
| Date notified to SAO | [Claim, MiscDate#59] |
| Division | [Claim, SpecialAnalysis#17] |
| Service | [Claim, SpecialAnalysis#45] |
| Location Desc Level B | [Claim, MiscDescription#66] |
| Location Desc Level C | [Claim, MiscDescription#67] |
| Location Desc Level E | [Claim, MiscDescription#69] |
| Location Desc Level F | [Claim, MiscDescription#105] |
| Location Desc Level G | [Claim, MiscDescription#108] |
| Date Review Accepted by Commissioner | [Claim, MiscDate#77] |
| Level of Review Required | [Claim, SpecialAnalysis#19] |
| Approach to Review | [Claim, SpecialAnalysis#22] |
| Severity Rating | [Claim, SpecialAnalysis#9] |
| Category of incident | [Claim, SpecialAnalysis#20] |
| Who was involved | [Claim, SpecialAnalysis#42] |
| Incident / Hazard Category | [Claim, SpecialAnalysis#48] |
| Sub Hazard Type | [Claim, SpecialAnalysis#52] |
| Brief Summary of the Incident | [Claim, ClaimDescription] |
| Outcome At Time Of Incident Reporting | [Claim, SpecialAnalysis#83] |
| Additional Outcome Since Incident | [Claim, SpecialAnalysis#11] |
| Level of Independence required | [Claim, SpecialAnalysis#358] |
| Did the Incident Relate to | [Claim, SpecialAnalysis#13] |
| Problem/Cause | [Claim, SpecialAnalysis#47] |
| Where (Hierarchy) | [Claim, LocationID] |
| Did this happen | [Claim, SpecialAnalysis#133] |
| Date Additional Outcome Identified | [Claim, MiscDate#42] |

Criteria for NIMS report to obtain extract:

1. Incident create date is not unassigned
2. Division IS NOT
   1. Unassigned
   2. National Corporate Services
3. Location Desc Level B IS NOT
   1. Unassigned
   2. Healthcare Private
   3. Covid Vaccine Programme
4. Location Desc Level C IS NOT
   1. Unassigned
   2. National Forensic Mental Health Service
   3. Covid Vaccine Clinic
   4. The HSE National Drug Treatment Centre
   5. National Screening Service
   6. Contact Management Programme
5. Incident / Hazard Category IS NOT
   1. Dangerous Occurrence
6. Date notified, date of incident, Incident create date and Date notified to SAO
   1. All between first and last date as mentioned in Annex 1 or displayed in Excel, sheet 2.Select dates

The best training resource for producing reports in NIMS is the specialised training provided by the State Claims Agency which can be requested by contacting the NIMS team on [NIMS@hse.ie](mailto:NIMS@hse.ie).

The Guide includes a detailed step by step guide for Data Extraction and Manipulation.

Data extraction and manipulation step by step process:

Using **crystal reports**: Using **views**:

Excel Template for calculation:



NQPSD acknowledges the existing difficulty created by lack of a time stamp for incidents not initially classed as Category 1. The time stamp is implemented in NIMS now and included as an additional report in the excel tool provided. This field is not part of the official KPI report currently as it was only introduced in April 2023. Its use will be monitored in 2023 for potential incorporation as part of the KPI calculation in the future.

As the NIMS system is the primary incident management system for the HSE and HSE-funded services, the solution for improving relevance of reporting is to improve data quality of entries in the system and NQPSD welcome working with services to improve this.

## Report description

This Guide covers four types of reports, produced at the same time with the same tool, based on the same comprehensive data extract:

1. **Monthly KPI calculation:**

**Name of report**: % of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident

**Description:** The percentage of compliant Category 1 incidents in the selected period, where a Service User was involved excluding incidents where no further review was deemed necessary. To be compliant the selected incidents need to have a review completed and accepted by the commissioner in no more than 125 days from the date of notification, which is the first date the service became aware of the incident.

KPI Metadata:



Note: use check list to make sure you have updated in NIMS all fields relevant to 125d KPI calculation



1. **Quarterly KPI calculation:**

Name of report: % of reported incidents entered onto NIMS within 30 days of notification of the incident

Description: The percentage of compliant incidents out of total incidents notified in the reporting period. To be compliant an incident needs to be logged on NIMS within 30 days or less from the date the service becomes aware of it.

KPI Metadata:



1. **Quarterly KPI calculation:**

Name of report: Extreme and major incidents as a % of all incidents reported as occurring

Description: The percentage of Category 1 incidents out of total number of incidents reported for included locations.

KPI Metadata:



1. **NIMS Governance meeting reports:**

* Compliance with IMF re Category 1 incidents where Service Users are involved to be notified to the SAO in 24h from the moment service becomes aware of incident
* Days between incident date and date when service first becomes aware of incident
* Data quality reports provided separately to help drive improvements in data entry (see our web page).
* Summary for Category 1 incidents with Service User re Hazard and Sub Hazard types

1. **Quality and Patient Safety Performance Profile (PP) report**

* For each entry: totals for National, detail for Acute Hospitals (incl NAS, NSS & NCCP) and Community Healthcare
* Number of Category 1 incidents where a Service User was involved occurring in 12 rolling months inclusive of reporting month. Calculation based on Date of Incident. Current month is reporting month
* Summary KPI 125 day. Current month is last month included in 125d selection as per Annex 1; 12 month rolling inclusive of current month for this indicator. Calculation is based on Date Notified Adjusted (see Annex 3)
* Summary KPI 30day when due. Current quarter ends with last month included in 30d selection as per Annex 1; 4 quarters rolling inclusive of current quarter for this indicator. Calculation based on Date Notified Adjusted (see Annex 3)
* Summary KPI %SI when due. Current quarter ends with reporting month; 4 quarters rolling inclusive of current quarter for this indicator. Calculation based on Date of Incident
* Centraliser for 125d and Quarterly indicators due to be submitted as well
* Note: SRE summary is included in PP report. SRE report is produced through a different extraction using conditions:
  + Is this a Serious Reportable Event? [Claim, SpecialAnalysis#290] equals yes
  + Who was involved [Claim, SpecialAnalysis#42] equals Service User
  + Date of Incident [Claim, LossDate] equals 12 months up to end of reporting period. Current month is reporting month

Any changes in the Excel template used for calculation will be communicated and a new version of the template published on the QPSIM Teams page.

Appendix 1 Schedule detail

Please note Excel Tool calculates the extract and report dates for you, all you need to provide is the reporting month (repM).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Current month | Reporting month | Reports due | Start date report | End date report | Start date extract | End date extract |
| Feb-24 | Jan-24 | 125d M | 01/10/2022 | 28/09/2023 | 01/10/2022 | 31/01/2024 |
| (extract on 1st and 8th) | 30d Q | 01/01/2023 | 31/12/2023 |
|  | PP | 01/02/2023 | 31/01/2024 |
| Mar-24 | Feb-24 | 125d | 01/11/2022 | 27/10/2023 | 01/11/2022 | 29/02/2024 |
| (ex. on 1st and 8th) | PP | 01/03/2023 | 29/02/2024 |
| Apr-24 | Mar-24 | 125d | 01/12/2022 | 27/11/2023 | 01/12/2022 | 31/03/2024 |
| (ex. on 1st and 8th) | % Categ1 Q | 01/04/2023 | 31/03/2024 |
|  | & PP |
| May-24 | Apr-24 | 125d M | 01/01/2023 | 27/12/2023 | 01/01/2023 | 30/04/2024 |
| (ex. on 1st and 8th) | 30d Q | 01/04/2023 | 31/03/2024 |
|  | PP | 01/05/2023 | 30/04/2024 |
| Jun-24 | May-24 | 125d | 01/02/2023 | 27/01/2024 | 01/02/2023 | 31/05/2024 |
| (ex. on 4th and 10th) | PP | 01/06/2023 | 31/05/2024 |
| Jul-24 | Jun-24 | 125d | 01/03/2023 | 26/02/2024 | 01/03/2023 | 30/06/2024 |
| (ex. on 1st and 8th) | % Categ1 Q | 01/07/2023 | 30/06/2024 |
|  | & PP |
| Aug-24 | Jul-24 | 125d M | 01/04/2023 | 28/03/2024 | 01/04/2023 | 31/07/2024 |
| (ex. on 1st and 8th) | 30d Q | 01/07/2023 | 30/06/2024 |
|  | PP | 01/08/2023 | 31/07/2024 |
| Sep-24 | Aug-24 | 125d | 01/05/2023 | 28/04/2024 | 01/05/2023 | 31/08/2024 |
| (ex. on 2nd and 9th) | PP | 01/09/2023 | 31/08/2024 |
| Oct-24 | Sep-24 | 125d | 01/06/2023 | 28/05/2024 | 01/06/2023 | 30/09/2024 |
| (ex. on 1st and 8th) | % Categ1 Q | 01/10/2023 | 30/09/2024 |
|  | & PP |
| Nov-24 | Oct-24 | 125d M | 01/07/2023 | 28/06/2024 | 01/07/2023 | 31/10/2024 |
| (ex. on 1st and 8th) | 30d Q | 01/10/2023 | 30/09/2024 |
|  | PP | 01/11/2023 | 31/10/2024 |
| Dec-24 | Nov-24 | 125d | 01/08/2023 | 28/07/2024 | 01/08/2023 | 30/11/2024 |
| (ex. on 2nd and 9th) | PP | 01/12/2023 | 30/11/2024 |
| Jan-25 | Dec-24 | 125d | 01/09/2023 | 28/08/2024 | 01/09/2023 | 31/12/2024 |
| (ex. on 2nd and 8th) | % Categ1 Q | 01/01/2024 | 31/12/2024 |
|  | & PP |

Appendix 2 Comparison KPIs NSP 2021 – KPIs NSP 2022-KPIs NSP 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Indicator | Reporting period | NSP 2021 Target | NSP 2022 Target | NSP 2023 Target | Comments |
| **Serious Incidents**  % of serious incidents being notified within 24 hours of occurrence to the senior accountable officer | M | 80% | - | - | Discontinued in 2022 |
| **Serious Incidents**  % of serious incidents requiring review completed within 125 calendar days of occurrence of the incident | M | 70% | - | - | Discontinued in 2022 |
| **Incident Reporting**  % of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS | Q | 90% | - | - | Discontinued in 2022 |
| **Incident Reporting**  Extreme and major incidents as a % of all incidents reported as occurring | Q | <1% | <1% | <1% | Remains |
| **Serious Incidents**  % of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident | M | - | 70% | 70% | New indicator introduced in 2022 with title *% of Comprehensive and Concise Reviews Completed within 125 Days of Notification of a Category 1 Incident*  Indicator maintained with updated title *% of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident*  **No changes in calculation compared to 2022** |
| **Incident Reporting**  % of reported incidents entered onto NIMS within 30 days of notification | Q | - | 70% | 70% | New indicator introduced in 2022 |

Appendix 3 Calculation of Date Notified Adjusted

The notification date is the date when the service became aware of the incident.

Due to data errors, for some incidents the date notified is later than Incident Create Date [Claim, MiscDate#180] or Date notified to SAO [Claim, MiscDate#59].

To mitigate these situations a calculated field is used: Date Notified (Adjusted).

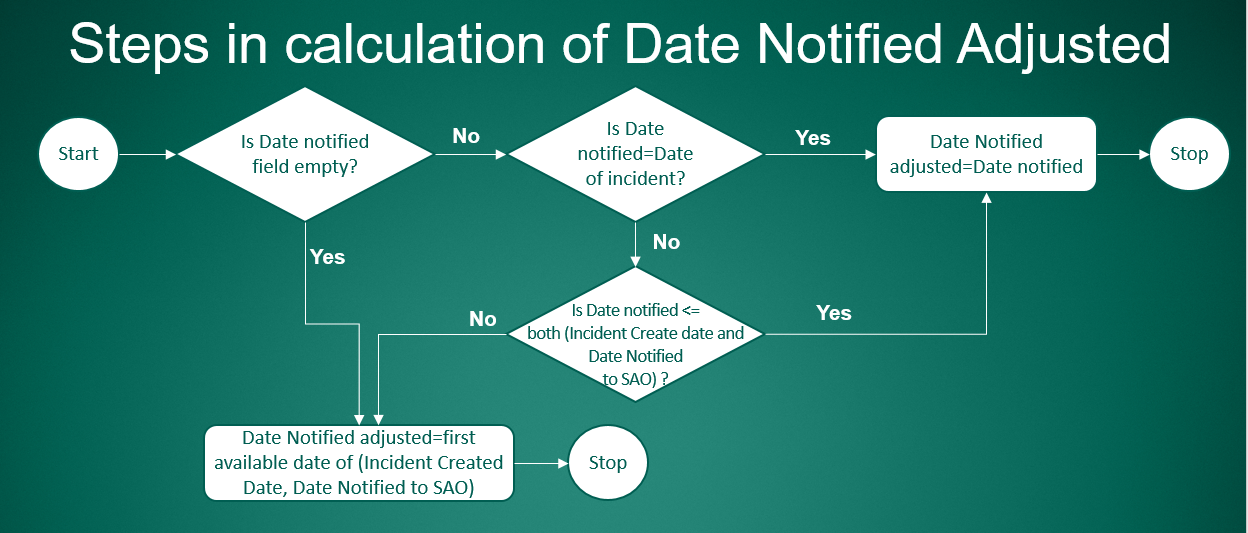
Fields in NIMS system included in calculation of Date Notified (Adjusted) are:

* Date Notified [Claim, IncidentReportDate],
* Date of Incident [Claim, LossDate],
* Incident Create Date [Claim, MiscDate#180]
* Date notified to SAO [Claim, MiscDate#59].

Date Notified (Adjusted) calculation:

If Date Notified=Date of Incident, then Date Notified (Adjusted) =Date Notified

If Date Notified<>Date of Incident, then Date Notified (Adjusted)=first available date of (Date Notified, Incident Created Date, Date Notified to SAO]



In the excel template provided, on column B, Date Notified, selection based on fill colour yellow will bring up all incidents where Date Notified (Adjusted) value is different than Date Notified value for ease of review.

1. NTMA (Amendment) Act 2000. Section 11 <http://www.irishstatutebook.ie/eli/2000/act/39/enacted/en/html> [↑](#footnote-ref-1)