

Hospital-Based Canadian Medication Incident Reporting and Prevention System (CMIRPS)

December 2008

What is this new system?

- Hospital-based component of the Canadian Medication Incident Reporting & Prevention system;
- A pan-Canadian, web-based application for medication incident reporting;
- Supports collection, analysis and sharing medication incident data; and
- Permits access to anonymous data from other participating hospitals



Collaborative Approach

- Build on strengths and expertise of existing Canadian organizations
 - Health Canada
 - CIHI (hospital-based component of CMIRPS), and
 - Institute for Safe Medication Practices (ISMP) Canada (individual practitioner reporting component of CMIRPS)
- Ongoing consultation with the Canadian Patient Safety Institute
- Guidance provided by CMIRPS Advisory Committee (2004 – 2008)



Features of CMIRPS

What we heard from stakeholders:

- Voluntary participation
- Anonymity for providers and patients
- Sharing of incident data and lessons learned
- Local access to data for risk management and quality improvement purposes
- Dynamic for continued relevancy and utility of the program
- Function in a non-punitive environment
- Support medication incident analyses



Key Benefits of CMIRPS

- Hospitals and regions have full access to de-identified medication incident details
- System facilitates analysis and anonymous communication between participating organizations
- Local access supports the development of risk management and quality improvement strategies
- System includes both near-misses and rare events



CIHI Minimum Data Set for Hospital-Based Reporting

- 32 data elements
 - 9 to 12 mandatory, 20 optional
- Apparent Outcome of the Medication Incident¹
 - Cornerstone of MDS
 - Determines mandatory and optional data elements
- 9 Categories of Apparent Outcome:
 - CIHI adapted these to classify incidents according to:
 - Whether or not an incident occurred;
 - Whether or not a patient was involved; and
 - The severity of patient harm (if applicable)

¹Adapted with permission of the National Coordinating Council for Medication Error Reporting and Prevention. 2001. All Rights Reserved.



CIHI Hospital-Based Reporting System

System comprised of three main components

1. Data entry tool
 - For entering completed incident records
 - Not a point-of-care data capture tool
2. Communication tool (Jive™ Software)
3. Analytical tool (MicroStrategy®)



National Pilot Test

- Four-month duration (Nov 2008 – Feb 2009)
- Eighteen hospitals in 5 jurisdictions
 - Nova Scotia
 - Ontario
 - Saskatchewan
 - Northwest Territories
 - Nunavut



ISMP Canada's Role in CIHI's National Pilot Test

- ISMP in collaboration with the CIHI National Pilot Test will:
 - Test the functionality of the web-based reporting application
 - Assess the feasibility of:
 - Developing/disseminating information, bulletins and alerts;
 - Conducting analytical studies
 - Identifying preventative strategies



External Field Review

- Receive feedback from hospital-based risk managers and pharmacists
- Gathers input from hospitals not participating in the pilot test of the system
- Online survey format
- Focus on
 - Face/content validity of MDS
 - Objectives and concepts of the reporting system
 - Data sharing and learning strategies



Next Steps

Activity	Dates
National Pilot Test – 18 hospitals across 5 provinces/territories	Nov 2008 – Feb 2009
External Field Review	January 2009
System Enhancements (includes batch data transfer)	Spring/Summer 2009
National rollout	Autumn 2009



Beyond Medication Incidents

- Explore feasibility of reporting other incident types
 - Examples – wrong site surgery, falls, infections
- Monitor international activities
- Conduct a technical requirements analysis
- Consult/collaborate with Canadian stakeholders



Questions?



Contact Information

Spencer Ross

Program Lead, Pharmaceuticals

Phone: 613-694-6910

Email: cmirps@cihi.ca

Website: www.cihi.ca/cmirps

