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NSIR-RT UPDATE

Canadian Partnership for Quality Radiotherapy | Canadian Institute for Health Information

NSIR-RT by the Numbers

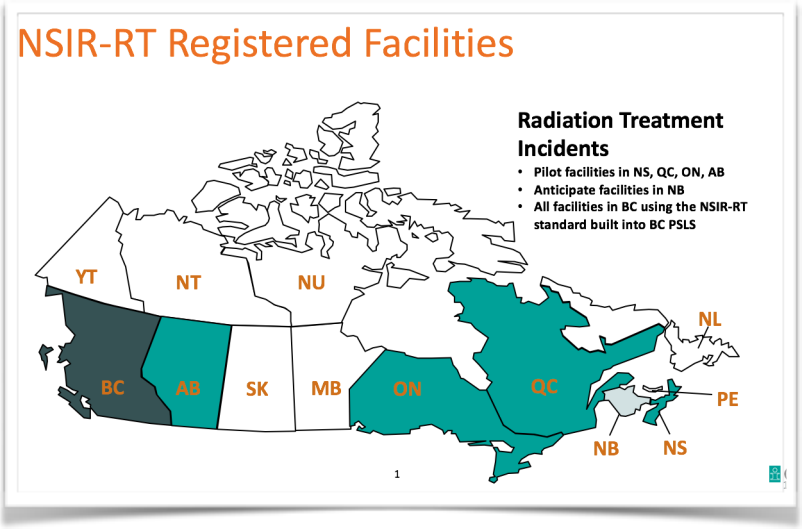
Over **50** registered users from **21** sites in **5** provinces.

600 incidents submitted

Together with the community

Since the NSIR-RT Pilot launch in September 2015, CPQR and CIHI have been working with the radiation treatment community, and participating centres to BETA test the NSIR-RT system. Thank you to registered users who have provided feedback! Your comments and suggestions will help improve the usability, functionality and applicability of the NSIR-RT system and the Minimum Data Set (MDS) to ensure that it meets the needs of the Canadian radiation treatment community when rolled out in early 2017.

Send feedback nsir@cihi.ca



Did you know?

It can take as little as 5 minutes to enter an incident into NSIR-RT! Our resident "super-user" Brian Liszewski from Sunnybrook Cancer Centre is able to review data on his local system to make the process faster for his department. Brian's tip?

*- "When you have established a recognized incident trend (i.e.: a bolus error, behaviour, etc.) don't reinvent the wheel each time! A bolus error is a **wrong treatment accessory error** (Problem Type). If the staff were distracted not putting it on because the patient was in pain then it will be due to **loss of attention** (Contributing Factor), but if they forgot, then it will be due to a **failure to execute a planned action - plan forgotten in progress** (Contributing Factor). Once you start entering similar incidents you can start to template the process and become more efficient!"*

We're listening!

CPQR and CIHI recently presented on NSIR-RT at the National Quality and Safety Summit in Halifax! The Summit was held in conjunction with the Canadian Association of Medical Radiation Technologists (CAMRT) Annual Conference and was supported by CPQR and the Atlantic Radiotherapy Forum. Feedback during the session suggested that additional training and education is required to optimize NSIR-RT use. Stay tuned for details on webinars and online resources your centre can use to get the most out of pan-Canadian incident reporting.

Case Study: How to Classify a Delay

Question: A patient was to be treated for cord compression C6-C7, using a mask. On day 1 the mask was unable to be found. Consequently the patient had to be resimulated. Although a rush plan was completed, due to high volumes, the patient was delayed 4 days. As a result, the patient suffered disease progression leading to partial paralysis. How do I classify this?

Category	Coding Value	Rationale
Incident type	Actual	The incident reached the patient
Acute Medical Harm	Severe	Incident resulted in partial paralysis
Problem Type	Treatment volume: Wrong Treatment Accessories	The mask was not used
Contributing Factor(s)	Clinical Process: Failure to Execute a Planned Action	The treatment plan necessitated use of a mask and could not be executed due to missing mask

Taxonomy Update: From Theory to Practice

Incident submissions and queries from users have prompted changes to the definitions or classification structure, called the Minimum Data Set (MDS). Changes have also been made to improve system functionality based on analysis of user input and coding processes. The table below highlights some of the early changes that users will see to the data entry tool and MDS.

Enhancement	Details
Expanded access to date fields	The data initiators can now populate the dates/times incidents occurred and were detected, along with the incident description field.
Reduce response burden/skip logic	When Dosimetric Impact = none, Latent Medical Harm is not applicable
	For Near Miss Incidents, the following data elements are now optional: Diagnosis Relevant to Treatment, Total Dose and Number of Fractions Prescribed, Safety Barriers that Failed to Prevent the Incident
	For Reportable Circumstances, these elements are not applicable: • Radiation Treatment Technique(s) • Process Step Where Incident Occurred • Occurred Date, Occurred Time and Occurred Time Period
	For Reportable Circumstances and Near Miss, Ameliorating Actions is NA
Corrections to values	Added the word "cancer" to Melanoma/non-melanoma skin cancer"

CPQR Canadian Partnership for Quality Radiotherapy
PCQR Partenariat canadien pour la qualité en radiothérapie
CIHI