

NSIR-RT UPDATE

Canadian Partnership for Quality Radiotherapy | Canadian Institute for Health Information

NISR-RT Pilot: by the numbers

Participating centres: 22

Participating provinces: 5

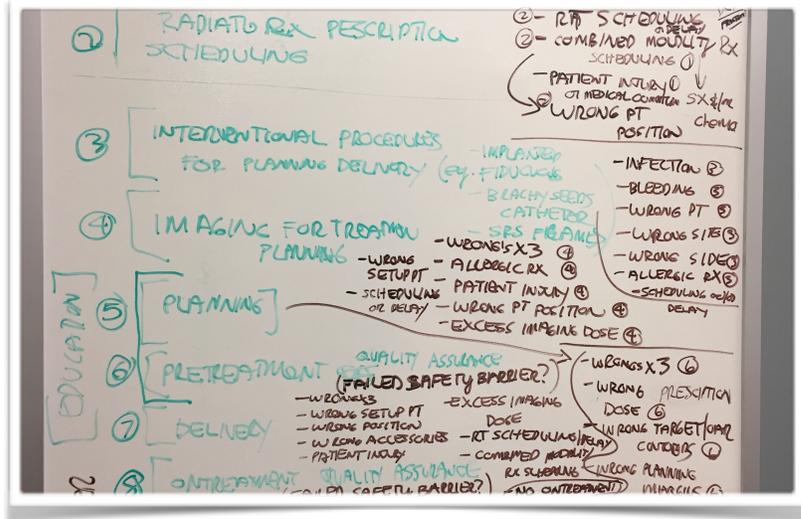
Submitted incidents as of February: 1,299

Keep submitting your incidents to NSIR-RT

While 22 facilities registered to participate in the pilot for the National System for Incident Reporting - Radiation Treatment (NSIR-RT), not all of those centres submitted data.

Part of this discrepancy may be due to the length of time it took to complete a signed service agreement. However, if your centre requires more user training to participate fully in the system contact nsir@cihi.ca

As updates roll out, CIHI staff will be available to help you understand how to submit incident data making sure your centre is getting the most out of NSIR-RT.

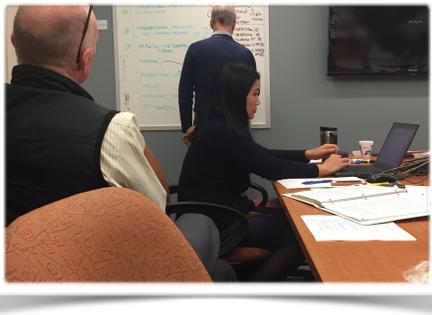


NSIR-RT pilot: Using data to inform system improvement

Months of incident submissions and a formal survey of all registered users gave CIHI and CPQR an extensive amount of data to review. Both organizations met in November 2016 to review submission trends and compile a set of recommended changes to the NSIR-RT system. Improvements focus on:

- A minimum data set to improve quality and consistency;
- Functionality of the reporting system;
- Communication with sites; and
- Effectiveness of educational products.

CIHI began incorporating the recommended changes to the system in January 2017 and expect to release the first updates in spring.



Has your centre signed a service agreement?

Service agreements provide the legal structure that allow your centre to submit incident data to CIHI. While the agreements remain valid, the schedules will need to be revised to reflect that the pilot is complete and to allow continued participation.

Pilot survey feedback told us that it took most centres more than 5 hours to have this agreement reviewed and signed by their facility. CIHI will work with new centres to make the process as easy as possible.

Please contact CIHI at nsir@cihi.ca for more information or to begin the agreement process.

Coming Soon

A comprehensive summary of changes to NSIR-RT will be available in spring 2017. Visit cpqr.ca for more information.

Did you have a problem with problem type?

In NSIR-RT **Problem Type** is used to categorize an incident from the perspective of how it directly affected a patient, or in the case of a near miss, how it would have affected the patient had it not been detected by chance or by one or more safety barriers. 42% of pilot incidents assigned Problem Type as *other* - by far the most commonly used of all options. Survey feedback suggested that missing values, redundancy or overlap between values, and an unintuitive hierarchy may have contributed to the over-use of the *other* value.

In addition, the **Secondary Problem Type** category, intended to provide users with the ability to classify other issues associated with the root cause of the problem, was ill-used and caused confusion.

Based on this input, CPQR and CIHI recommended the removal of Secondary Problem Type, and the re-categorization of Primary Problem Type values to improve data quality. When the new version is released you'll see:

- 7 new values and the amalgamation of 4 redundant values into 2;
- Clarification to the wording and definition of 6 values; and
- Removal of the hierarchical format, allowing users to select from a list of 23 values.

Using pilot data to clarify contributing factors

In NSIR-RT, a **Contributing Factor** is a circumstance, action or influence that is thought to have played a part in the origin or development of an incident, or to have increased the risk of an incident. The original data set included 4 groups, 4 subgroups and a total of 26 contributing factor values. Incident data from the pilot suggested that users did not differentiate between the values, resulting in inconsistent coding, and possible overuse of both *clinical process - failure to select the correct rule* and *clinical process - patient-related circumstance* values. When considered from a

learning perspective, the correct coding of **Contributing Factors** can help centres understand the breadth and depth of the system flaw that caused, or could have caused, an incident. To help ensure accurate contributing factor coding, CIHI and CPQR recommend

- Adjusting 8 value names to improve clarity;
- Adding 3 new values to fill identified gaps in the classification;
- Amalgamating 14 values into 5; and
- Removing the hierarchical format, allowing users to select from a list of 17 values.

Online Course Offering - Radiation Treatment Incident Management and Learning in Canada

To address the growing need for experts in incident learning and classification, and to support the continued expansion and utility of NSIR-RT at centres across the country, CPQR is launching the web-based course: **Radiation Treatment Incident Management and Learning using the National System for Incident Reporting - Radiation Treatment (NSIR-RT)**.

The 6-week online course will be conducted by leaders in Canadian radiation treatment incident management and will include weekly 60-minute web-based lectures and approximately 20 hours of course work. Participation in the lectures and the completion of online assignments will be required to receive a final certificate.

The course will allow participants to

1. Understand the importance of incident investigation, learning and reporting, and grasp the basics of incident analysis methodology, including the Canadian Patient Safety Institute (CPSI) incident reporting framework and the London protocol for incident investigation;
2. Understand the CPSI comprehensive incident investigation guidelines for complicated or complex events;
3. Learn about and use NSIR-RT and its key features, including the minimum data set and analytical tools; and
4. Participate in pan-Canadian communities of practice that facilitate incident learning capacity-building and support continuing education and uptake of incident investigation, reporting and learning.

Full course details, including a list of course instructors and registration information, will be available online at cpqr.ca shortly.