

NSIR-RT UPDATE

Canadian Partnership for Quality Radiotherapy | Canadian Institute for Health Information

Hone your detective skills!

Join the country's foremost leaders in RT incident learning for an evening of intrigue. Held in conjunction with the 2017 CARO Annual Scientific Meeting the Incident Mystery Dinner will be a great way to expand your knowledge of incident learning and the NSIR-RT system.

Priority NSIR-RT System Changes

Priority system changes were released the first week of July. New to the system are updated values for the data elements Process Step Where Incident Occurred, Process Step Where Incident Was Detected, Problem Type and Contributing Factors. You will see these changes in the data entry screens and also in the analytical tool. Additional system changes are required and will be announced as they are completed.

Incident Mystery Dinner
 September 13, 2017
 University Club, Toronto, Canada

Join us for a unique evening of intrigue, fun & laughter! Learn about the power of incident reporting and investigation from quality experts. Help us solve the greatest incident mystery in Radiation Therapy!

Hosted by Michael Milosevic, Brian Liszewski, Carol-Anne Davis, Amanda Caissie, Nicole Harnett

Space is limited!

Tickets: \$110 per person
 Includes dinner & 2 beverages
 RCPS accreditation pending

Doors open at 5 PM
 Dinner at 6 PM

Contact: Emily.Milne@mp.uhn.ca
 www.AEPeducation.ca

Communication disruption?
 Calculation glitch?
 Friday afternoon?

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

UNIVERSITY OF TORONTO

accelerated education program
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CPQR Mandate: What's next for incident learning

A great incident learning system is more than just the sum of submitted incidents. The new CPQR mandate for 2017-2022 includes deliverables focused on enhancing the utility of NSIR-RT for programs across the country and supporting international harmonization.

NSIR-RT Advisory Committee

A pan-Canadian advisory committee will be struck to support the utilization of pan-Canadian radiation treatment incident data reported to NSIR-RT to inform quality improvement and safety initiatives. Supported by CPQR and CIHI, by 2019 the committee will have developed a process for analyzing pan-Canadian incident data and developed a periodic system performance report for disseminating pan-Canadian incident

Canada: Leader in global incident learning

CPQR has been invited to participate in the International Atomic Energy Agency (IAEA) *Technical Meeting on Strengthening of Safety Culture in Radiotherapy through the Use of Incident Learning Systems* in October 2017 in Vienna. Lending our voice and experience to the discussion will help maximize the global potential of incident learning!

NSIR-RT Pilot Evaluation Report

CIHI recently completed a report on the evaluation of the NSIR-RT pilot. The report provides a summary of the purpose, methodology, results, and recommendations from the 15-month NSIR-RT pilot. It will be distributed to NSIR-RT pilot participants shortly.

patterns and trends to the radiation treatment community.

Incident Reporting by Patients and their Families

Virtually all current incident reporting systems are based on provider reports of patient safety events. Like the complementary nature of provider and patient reported treatment

outcomes, it is expected that patients will provide a unique perspective. Direct patient reports of deviations in the radiation planning and delivery process, while perhaps not having major dosimetric or medical consequences, have the potential to enrich our understanding of issues that are important to patients and identify gaps in our current systems and processes requiring future investment. By 2019 CPQR will have conducted an environmental scan of similar activity internationally, surveyed patients, end-users and other key stakeholders about their attitudes towards patient reported radiation treatment quality of care and/or safety incidents, including the value to patients and the radiation treatment community and patient/family willingness to use the system.

NSIR-RT Minimum Data Set

The NSIR-RT minimum data set (MDS), which includes all of the recommendations from the pilot, was recently released. All NSIR users were sent a copy by email.

Updated service agreement for NSIR-RT participating facilities

As announced in the last NSIR-RT eBulletin, updated service agreements and schedules have been sent to sites.

For sites outside of Quebec, as the agreements are unchanged no action is required unless the organizational contacts for the NSIR-RT module (and medication module, of applicable) have changed.

In Quebec, updated agreements require re-signing. These documents were sent from CIHI's Client Services to the named organizational contact at your facility. If you have any questions please contact CIHI's Client Services (help@cihi.ca).