National Incident Data Repository Safety Brief

Newfoundland and Labrador Data

from community pharmacies

Reporting period: April 1, 2025 – September 30, 2025

613 reports received

Stages of the medication-use process in which incidents were reported to occur	
Prescription preparation/dispensing	529
Prescription order entry	286
Prescribing	42
Administration	26
Monitoring/follow-up	15

"Not applicable" was reported in 23 incidents

Types of incidents (including near misses) **(Top 5)**	
Incorrect dose/frequency	151
Incorrect drug	125
Incorrect patient	75
Incorrect strength/concentration	57
Incorrect quantity	54

The error type "Other" was reported in 184 incidents

Reported levels of harm	
Near miss (e.g., no error)	188
No harm	393
Mild harm	**28**
Moderate harm	**4**
Severe harm	0
Death	0

National Learning

Newfoundland and Labrador community pharmacies contribute to national learning and improvement initiatives to advance patient safety. Reporting of medication incidents, including near misses, reflects a growing culture of safety in Canada.

*A selected focus for this safety brief is incidents where "**patient education problem**" was a potential contributing factor. In Newfoundland and Labrador, within this subset of reports (n=21), 14% reported **mild or moderate harm**.*

The following tips can optimize patient engagement at prescription intake (for information gathering) and at prescription pickup (for information sharing):

SAFETY TIPS:

- Incorporate a pharmacist at prescription intake to collect and verify relevant clinical information, including an earlier double check with the patient (e.g., to confirm the medication, dose, indication, directions for use).
- Use a patient-centred approach to counselling (e.g., open-ended questions, opportunities for patients to discuss issues) for new *and refilled* prescriptions.
- At pickup, show the patient and/or their representative the prescription vial contents and label to confirm their understanding and as a final check for accuracy. Ensure informed consent and privacy, as appropriate.

A key component of ISMP Canada data analysis is a review of the incident descriptions. The efforts by reporters to provide information that helps identify emerging issues and shared learning opportunities are gratefully acknowledged.

Additional safety recommendations can be found in ISMP Canada Safety Bulletins: https://ismpcanada.ca/safety-bulletins/

REPORT ✓ LEARN ✓ ACT ✓

More than 1,500 reports of medication incidents have been submitted to the National Incident Data Repository for Community Pharmacies (NIDR) from Newfoundland and Labrador since 2024.

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National Incident Data Repository / Référentiel de données nationales sur les incidents

CMIRPS Canadian Medication Incident Reporting and Prevention System / SCDPIM Système canadien de déclaration et de prévention des incidents médicamenteux