Nova Scotia Data

248 405 reports received from community pharmacies

from January 29, 2010 to March 31, 2023

Reporting period: October 2022 – March 2023

Reports Received	7452
Types of Incidents (including near misses) (Top 5)	
Incorrect dose/frequency	1613
Incorrect quantity	1254
Incorrect drug	956
Incorrect prescriber	704
Incorrect strength/concentration	688
Levels of Harm	
No error (e.g., near miss)	5526
No harm	1880
Mild harm	43
Moderate harm	3
Severe harm	0
Death	0

National Learning

Nova Scotia community pharmacies contribute to national learning and safety initiatives that incorporate learning from reported medication incidents and suggest system safeguards to prevent patient harm.

In this 6-month period, 50% of the medication incidents, including near misses, reported by community pharmacies involved the order entry stage of the medication-use process. If unrecognized, such errors can reach the patient and persist through multiple refills.



SAFETY TIP: Scan a copy of the original prescription into the pharmacy system during order entry. During the initial fill and subsequent refills, the scanned prescription should be readily accessible and regularly consulted as part of technical and clinical checks.



SAFETY TIP: Consider incorporating a pharmacist into the order entry stage to facilitate data verification with an earlier double check with the patient (e.g., to confirm the medication, dose, indication, and directions for use), instead of relying on the final check at the time of prescription pickup.

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



More than 305 000 reports of medication incidents have been submitted to the National Incident Data Repository for Community Pharmacies (NIDR) since 2008.

