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**Trailblazer Home**

Medication Safety Indicator Worksheet 1

Core Indicators

**Trailblazer Home**

Getting Started Kit!

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*“It’s a marathon, not a sprint!”*

**November 2022**

Medication Safety in Long Term Care

Trailblazer Home Core Indicator Incident Reporting Worksheet for Ontario Long-Term Care Homes.

Version 1 – November 1, 2022.

Please refer to the Trailblazer Home Medication Safety Indicator Instruction Book, available at <https://ismpcanada.ca/resource/ltc/measuring-and-evaluating/> for information on how to use this worksheet.

1. Complete the worksheets for the timeframes:
   1. For the preceding year, to be submitted as soon as possible:
      1. Quarter 4 2021: Oct, Nov, Dec, 2021
      2. Quarter 1 2022: Jan, Feb, Mar, 2022
      3. Quarter 2 2022: Apr, May, Jun, 2022
      4. Quarter 3 2022: Jul, Aug, Sep, 2022
   2. For the upcoming half year, to be submitted quarterly as available:
      1. Quarter 4, 2022: Oct, Nov, Dec, 2022
      2. Quarter 1, 2023: Jan, Feb, Mar, 2023
      3. Quarter 2, 2023: Apr, May, Jun, 2023 – optional but encouraged
2. Do not identify any residents/family/staff in the worksheets submitted to ISMP Canada
3. These worksheets can be submitted confidentially to [LTC@ismpcanada.ca](mailto:LTC@ismpcanada.ca)

Home:

Compare these numbers with previous quarters or other homes.

Is anything significantly different?

Does anything need further investigation?

Number of beds:

Quarter: 4 Year: 2021 Months: Oct, Nov, Dec

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Raw Number in quarter | Multiply by 100 | Divide by the number of beds | This is your rate per 100 beds for the quarter |
| Number of near-misses | |  | X 100 = | ÷ beds |  |
| Number of incidents causing no harm (reached resident but did not cause harm) | |  | X 100 = | ÷ beds |  |
| Number of incidents causing harm | |  | X 100 = | ÷ beds |  |
| Number of incidents causing death | |  | X 100 = | ÷ beds |  |
| **Total of above** | |  | **X 100 =** | **÷ beds** |  |
| Number of incidents above related to contributing factor category: | | |  |  |  |
|  | Task |  | X 100 = | ÷ beds |  |
|  | Environment |  | X 100 = | ÷ beds |  |
|  | Organization |  | X 100 = | ÷ beds |  |
|  | Care Team |  | X 100 = | ÷ beds |  |
|  | Resident |  | X 100 = | ÷ beds |  |
|  | Equipment |  | X 100 = | ÷ beds |  |
|  | Other |  | X 100 = | ÷ beds |  |
| Number of Medication incidents that altered the resident’s health status or required enhanced monitoring | |  | X 100 = | ÷ beds |  |
| Number of incidents that involved high-alert medications (refer to your organization’s high alert medication list) | |  | X 100 = | ÷ beds |  |
| Number of resident transfers to emergency department | |  | X 100 = | ÷ beds |  |
| Number of usages of glucagon/or number of cases of severe unresponsive hypoglycemia | |  | X 100 = | ÷ beds |  |

Home:

Compare these numbers with previous quarters or other homes.

Is anything significantly different?

Does anything need further investigation?

Number of beds:

Quarter: 1 Year: 2022 Months: Jan, Feb, Mar

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Raw Number in quarter | Multiply by 100 | Divide by the number of beds | This is your rate per 100 beds for the quarter |
| Number of near-misses | |  | X 100 = | ÷ beds |  |
| Number of incidents causing no harm (reached resident but did not cause harm) | |  | X 100 = | ÷ beds |  |
| Number of incidents causing harm | |  | X 100 = | ÷ beds |  |
| Number of incidents causing death | |  | X 100 = | ÷ beds |  |
| **Total of above** | |  | **X 100 =** | **÷ beds** |  |
| Number of incidents above related to contributing factor category: | | |  |  |  |
|  | Task |  | X 100 = | ÷ beds |  |
|  | Environment |  | X 100 = | ÷ beds |  |
|  | Organization |  | X 100 = | ÷ beds |  |
|  | Care Team |  | X 100 = | ÷ beds |  |
|  | Resident |  | X 100 = | ÷ beds |  |
|  | Equipment |  | X 100 = | ÷ beds |  |
|  | Other |  | X 100 = | ÷ beds |  |
| Number of Medication incidents that altered the resident’s health status or required enhanced monitoring | |  | X 100 = | ÷ beds |  |
| Number of incidents that involved high-alert medications (refer to your organization’s high alert medication list) | |  | X 100 = | ÷ beds |  |
| Number of resident transfers to emergency department | |  | X 100 = | ÷ beds |  |
| Number of usages of glucagon/or number of cases of severe unresponsive hypoglycemia | |  | X 100 = | ÷ beds |  |

Home:

Compare these numbers with previous quarters or other homes.

Is anything significantly different?

Does anything need further investigation?

Number of beds:

Quarter: 2 Year: 2022 Months: Apr, May, Jun

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Raw Number in quarter | Multiply by 100 | Divide by the number of beds | This is your rate per 100 beds for the quarter |
| Number of near-misses | |  | X 100 = | ÷ beds |  |
| Number of incidents causing no harm (reached resident but did not cause harm) | |  | X 100 = | ÷ beds |  |
| Number of incidents causing harm | |  | X 100 = | ÷ beds |  |
| Number of incidents causing death | |  | X 100 = | ÷ beds |  |
| **Total of above** | |  | **X 100 =** | **÷ beds** |  |
| Number of incidents above related to contributing factor category: | | |  |  |  |
|  | Task |  | X 100 = | ÷ beds |  |
|  | Environment |  | X 100 = | ÷ beds |  |
|  | Organization |  | X 100 = | ÷ beds |  |
|  | Care Team |  | X 100 = | ÷ beds |  |
|  | Resident |  | X 100 = | ÷ beds |  |
|  | Equipment |  | X 100 = | ÷ beds |  |
|  | Other |  | X 100 = | ÷ beds |  |
| Number of Medication incidents that altered the resident’s health status or required enhanced monitoring | |  | X 100 = | ÷ beds |  |
| Number of incidents that involved high-alert medications (refer to your organization’s high alert medication list) | |  | X 100 = | ÷ beds |  |
| Number of resident transfers to emergency department | |  | X 100 = | ÷ beds |  |
| Number of usages of glucagon/or number of cases of severe unresponsive hypoglycemia | |  | X 100 = | ÷ beds |  |

Home:

Compare these numbers with previous quarters or other homes.

Is anything significantly different?

Does anything need further investigation?

Number of beds:

Quarter: 3 Year: 2022 Months: Jul, Aug, Sep

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Raw Number in quarter | Multiply by 100 | Divide by the number of beds | This is your rate per 100 beds for the quarter |
| Number of near-misses | |  | X 100 = | ÷ beds |  |
| Number of incidents causing no harm (reached resident but did not cause harm) | |  | X 100 = | ÷ beds |  |
| Number of incidents causing harm | |  | X 100 = | ÷ beds |  |
| Number of incidents causing death | |  | X 100 = | ÷ beds |  |
| **Total of above** | |  | **X 100 =** | **÷ beds** |  |
| Number of incidents above related to contributing factor category: | | |  |  |  |
|  | Task |  | X 100 = | ÷ beds |  |
|  | Environment |  | X 100 = | ÷ beds |  |
|  | Organization |  | X 100 = | ÷ beds |  |
|  | Care Team |  | X 100 = | ÷ beds |  |
|  | Resident |  | X 100 = | ÷ beds |  |
|  | Equipment |  | X 100 = | ÷ beds |  |
|  | Other |  | X 100 = | ÷ beds |  |
| Number of Medication incidents that altered the resident’s health status or required enhanced monitoring | |  | X 100 = | ÷ beds |  |
| Number of incidents that involved high-alert medications (refer to your organization’s high alert medication list) | |  | X 100 = | ÷ beds |  |
| Number of resident transfers to emergency department | |  | X 100 = | ÷ beds |  |
| Number of usages of glucagon/or number of cases of severe unresponsive hypoglycemia | |  | X 100 = | ÷ beds |  |

Home:

Compare these numbers with previous quarters or other homes.

Is anything significantly different?

Does anything need further investigation?

Number of beds:

Quarter: 4 Year: 2022 Months: Oct, Nov, Dec

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Raw Number in quarter | Multiply by 100 | Divide by the number of beds | This is your rate per 100 beds for the quarter |
| Number of near-misses | |  | X 100 = | ÷ beds |  |
| Number of incidents causing no harm (reached resident but did not cause harm) | |  | X 100 = | ÷ beds |  |
| Number of incidents causing harm | |  | X 100 = | ÷ beds |  |
| Number of incidents causing death | |  | X 100 = | ÷ beds |  |
| **Total of above** | |  | **X 100 =** | **÷ beds** |  |
| Number of incidents above related to contributing factor category: | | |  |  |  |
|  | Task |  | X 100 = | ÷ beds |  |
|  | Environment |  | X 100 = | ÷ beds |  |
|  | Organization |  | X 100 = | ÷ beds |  |
|  | Care Team |  | X 100 = | ÷ beds |  |
|  | Resident |  | X 100 = | ÷ beds |  |
|  | Equipment |  | X 100 = | ÷ beds |  |
|  | Other |  | X 100 = | ÷ beds |  |
| Number of Medication incidents that altered the resident’s health status or required enhanced monitoring | |  | X 100 = | ÷ beds |  |
| Number of incidents that involved high-alert medications (refer to your organization’s high alert medication list) | |  | X 100 = | ÷ beds |  |
| Number of resident transfers to emergency department | |  | X 100 = | ÷ beds |  |
| Number of usages of glucagon/or number of cases of severe unresponsive hypoglycemia | |  | X 100 = | ÷ beds |  |

Home:

Compare these numbers with previous quarters or other homes.

Is anything significantly different?

Does anything need further investigation?

Number of beds:

Quarter: 1 Year: 2023 Months: Jan, Feb, Mar

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Raw Number in quarter | Multiply by 100 | Divide by the number of beds | This is your rate per 100 beds for the quarter |
| Number of near-misses | |  | X 100 = | ÷ beds |  |
| Number of incidents causing no harm (reached resident but did not cause harm) | |  | X 100 = | ÷ beds |  |
| Number of incidents causing harm | |  | X 100 = | ÷ beds |  |
| Number of incidents causing death | |  | X 100 = | ÷ beds |  |
| **Total of above** | |  | **X 100 =** | **÷ beds** |  |
| Number of incidents above related to contributing factor category: | | |  |  |  |
|  | Task |  | X 100 = | ÷ beds |  |
|  | Environment |  | X 100 = | ÷ beds |  |
|  | Organization |  | X 100 = | ÷ beds |  |
|  | Care Team |  | X 100 = | ÷ beds |  |
|  | Resident |  | X 100 = | ÷ beds |  |
|  | Equipment |  | X 100 = | ÷ beds |  |
|  | Other |  | X 100 = | ÷ beds |  |
| Number of Medication incidents that altered the resident’s health status or required enhanced monitoring | |  | X 100 = | ÷ beds |  |
| Number of incidents that involved high-alert medications (refer to your organization’s high alert medication list) | |  | X 100 = | ÷ beds |  |
| Number of resident transfers to emergency department | |  | X 100 = | ÷ beds |  |
| Number of usages of glucagon/or number of cases of severe unresponsive hypoglycemia | |  | X 100 = | ÷ beds |  |

Home:

Compare these numbers with previous quarters or other homes.

Is anything significantly different?

Does anything need further investigation?

Number of beds:

Quarter: 2 Year: 2023 Months: Apr, May, Jun

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Raw Number in quarter | Multiply by 100 | Divide by the number of beds | This is your rate per 100 beds for the quarter |
| Number of near-misses | |  | X 100 = | ÷ beds |  |
| Number of incidents causing no harm (reached resident but did not cause harm) | |  | X 100 = | ÷ beds |  |
| Number of incidents causing harm | |  | X 100 = | ÷ beds |  |
| Number of incidents causing death | |  | X 100 = | ÷ beds |  |
| **Total of above** | |  | **X 100 =** | **÷ beds** |  |
| Number of incidents above related to contributing factor category: | | |  |  |  |
|  | Task |  | X 100 = | ÷ beds |  |
|  | Environment |  | X 100 = | ÷ beds |  |
|  | Organization |  | X 100 = | ÷ beds |  |
|  | Care Team |  | X 100 = | ÷ beds |  |
|  | Resident |  | X 100 = | ÷ beds |  |
|  | Equipment |  | X 100 = | ÷ beds |  |
|  | Other |  | X 100 = | ÷ beds |  |
| Number of Medication incidents that altered the resident’s health status or required enhanced monitoring | |  | X 100 = | ÷ beds |  |
| Number of incidents that involved high-alert medications (refer to your organization’s high alert medication list) | |  | X 100 = | ÷ beds |  |
| Number of resident transfers to emergency department | |  | X 100 = | ÷ beds |  |
| Number of usages of glucagon/or number of cases of severe unresponsive hypoglycemia | |  | X 100 = | ÷ beds |  |

Home: *North Hammermill Care Centre* ***EXAMPLE***

Compare these numbers with previous quarters or other homes.

Is anything significantly different?

Does anything need further investigation?

Number of beds: *192*

Quarter: *2*  Year: *2021*  Months: *April, May, June*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Raw Number in quarter | Multiply by 100 | Divide by the number of beds | This is your rate per 100 beds for the quarter |
| Number of near-misses | | *17* | X 100 = 1700 | ÷ beds | *8.9* |
| Number of incidents causing no harm (reached resident but did not cause harm) | | *8* | X 100 = 800 | ÷ beds | *4.2* |
| Number of incidents causing harm | | *3* | X 100 = 300 | ÷ beds | *1.6* |
| Number of incidents causing death | | *0* | X 100 = 0 | ÷ beds | *0* |
| **Total of above** | | ***28*** | **X 100 = 2800** | **÷ beds** | ***14.6*** |
| Number of incidents above related to contributing factor category: | | |  |  |  |
|  | Task | *11* | X 100 = 1100 | ÷ beds | *5.7* |
|  | Environment | *12* | X 100 = 1200 | ÷ beds | *6.3* |
|  | Organization | *6* | X 100 = 600 | ÷ beds | *3.1* |
|  | Care Team | *8* | X 100 = 800 | ÷ beds | *4.2* |
|  | Resident | *6* | X 100 = 600 | ÷ beds | *3.1* |
|  | Equipment | *14* | X 100 = 1400 | ÷ beds | *7.3* |
|  | Other | *7* | X 100 = 700 | ÷ beds | *3.6* |
| Number of Medication incidents that altered the resident’s health status or required enhanced monitoring | | *10* | X 100 = 1000 | ÷ beds | *5.2* |
| Number of incidents that involved high-alert medications (refer to your organization’s high alert medication list) | | *9* | X 100 = 900 | ÷ beds | *4.7* |
| Number of resident transfers to emergency department | | *13* | X 100 = 1300 | ÷ beds | *6.8* |
| Number of usages of glucagon/or number of cases of severe unresponsive hypoglycemia | | *1* | X 100 = 100 | ÷ beds | *0.5* |

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