

Medication Incidents in Primary Care (MIPC)

(Version 1.0, January 25th 2015)

(Internet version not available in English)

Incident reporting form

Administrative Information

1. Sentinella identification number:

2. Week of reporting:

The Patient

3. Year of birth: 4. Gender: m f

5. What was your relationship to the patient when the incident happened? Were you the family physician emergency / substitute physician institution physician other if other what kind.....

6. What is the patient's living situation?
with partner / family alone institution unknown

7. Are there social problems?
yes no unknown

8. Is the patient demented or otherwise mentally handicapped?
yes no unknown

9. Does he suffer from psychological problems?
yes no unknown

10. Does he take psychotropic drugs (esp. antidepressants, neuroleptics, benzodiazepines, opiates)?
yes no unknown

11. Are there linguistic problems?
yes no unknown

12. Does he or she smoke?
yes no unknown

13. Is there substance abuse (other than nicotine)?
yes no unknown , falls „ja“ welche?

14. Does the patient have uncorrected / uncorrectable visual impairment?
yes no unknown

15. Does the patient have uncorrected / uncorrectable hearing impairment?

yes no unknown

16. Does the patient have uncorrected / incorrectable mobility impairment?

yes no unknown

17. Is there renal insufficiency (GFR: <60 ml/min/1.73 m²)?

yes no unknown

18. Is there hepatic insufficiency or liver cirrhosis?

yes no unknown

19. Was the patient hospitalized in the past 12 months?

yes no unknown

20. Is the patient taken care of by others? (only one answer permitted)?

yes, family / proxies yes, community nurse yes, institution no unknown

21. Number of regularly applied active substances (including non-daily applied ones, see guidelines)?

unknown

22. Number of chronic diagnoses (see guidelines)?

unknown

23. Scale value of „Thurgau Morbidity Index“ (chronic part, see guidelines)?

unknown

Details of the incident

24. Please, give a short **description** of the incident (in block letters):

25. Who observed the incident? (multiple answers possible)?

Physician / staff patient / relatives community nurse home / institution hospital

other physicians pharmacist other unknown

for „other“ please specify:

26. What happenen (multiple answers possible)?

dosage too high

dosage too low

application too short

- application too long
- wrong administration route
- wrong medication
- indicated medication not received
- expired / defective medication
- problems with insurance reimbursement
- unclear / undefined
- other (please specify):

27. Please state the **trade name** of the medication used in the incident:

.....

28. Please note other medication names, presuming they are relevant to the case.

none unknown

29. How would you judge the degree of hazard to the patient during the incident?

mild medium severe none does not apply unknown

30. How intense was the impairment (as judged by the patient)?

mild medium severe fatal no symptoms, but pathological lab values
 no impairment does not apply unknown

If there wasn't *any* impairment, please skip to **question 34**.

31. How long did the impairment last?

hours days weeks longer unknown

32. How was the recovery?

without residues with mild residues with severe residues / fatal unknown

33. Which organ system was affected (multiple answers possible)?

- cardiovascular
- central nervous
- gastro-enteral
- kidneys
- liver
- lung
- skin
- other, please specify

34. Did you have to apply a specific surveillance or treatment for the incident?

yes, ambulatory yes, hospital no unknown

If yes, please specify which?

35. What factors contributed causally to the emergence of the incident (multiple answers possible)?

- off duty hours
- communication failure within practice
- generic substitution by pharmacist
- hand-written prescription incorrectly interpreted
- conflicting multiple prescriptions
- lack of alertness within practice
- lack of documentation
- insufficient patient instruction
- lack of aids (e.g. Dosette®)
- lack of cooperation by patient / relatives
- misleading package leaflet information
- patient's internet search
- administrative problems
- manufacturer related (defective medication)
- distributor related (out of stock)
- lack of maintenance (e.g. first aid kit)
- other, please specify.....
- unknown

36. Was there an interface problem? If yes, which (multiple answers possible)?

- yes, with hospital
- yes, with institution
- yes, with community nurse
- yes, with pharmacist
- yes, with specialist physician
- yes, with other, please specify?
- no

If **no**, please skip to **question 40**.

37. Was there an explicit comparison of prescription lists with the institution / person?

- yes, verbal / by phone yes, written / by fax no unknown

38/39. Was the patient informed about the incident?

- yes, by myself / practice staff
- no, because he was not able to understand the message (children, demented)
- no, because the problem was solved and communication would have impaired confidence
- no, because the patient had moved or was deceased
- no, this was not needed because patient / relatives themselves had observed the incident
- no, because others had already informed him

no, because:

unknown

If yes, what was the patient's reaction?

40. What did you do as a result to prevent similar incidents in the future (multiple answers possible)?

- change standard operations procedures (SOPs)
- better instruction of patients
- communication with institution(s)
- notification of manufacturer
- notification of liability insurer
- notification of drug authority („yellow leaflet“)
- notification of the “critical incident reporting system”
- other, please specify?
- nothing

41. Who or what was ultimately **responsible** for the occurrence of the incident?

.....

42. In the given situation, do you think one could have **anticipated** the event?

yes no

43. Did you already report an **identical** or very similar incident to this study?

yes no

44. Please make any **suggestions** about the kind of measures that could be taken to generally reduce the frequency of such events (in block letters):

Please keep a copy of this questionnaire in the patient files. Thank you for filling it out!