

# Medication Event Reporting Form

As part of [changes to the AIMS Program](#), pharmacies in Ontario have until January 1, 2027, to select a medication incident reporting platform. During this transition time, pharmacies are still expected to meet all requirements of the AIMS Program, including recording the medication incidents and near misses that occur. This form is provided to help assist pharmacies in meeting these requirements.

*This form is meant for internal use only and is designed to support shared learnings, improved processes, continuous quality improvement, and a strong safety culture. Completed forms will not be accessed by the College during routine practice or operations assessments. Use of this form is optional. How a pharmacy chooses to document medication events is at the discretion of the Designated Manager.*

***Do not send completed forms to the College.***

<b>Date of incident / near miss:</b> _____
<b>Time of incident / near miss:</b> _____
<b>Patient's date of birth:</b> Month _____ Year _____
<b>Additional details:</b> _____

**Type of event (select all that apply):**

<input type="checkbox"/> Incorrect drug	<input type="checkbox"/> Incorrect strength	<input type="checkbox"/> Incorrect frequency
<input type="checkbox"/> Incorrect quantity	<input type="checkbox"/> Incorrect patient	<input type="checkbox"/> Other: _____

**Incident discovered by:**

<input type="checkbox"/> Patient/caregiver	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Pharmacy technician
<input type="checkbox"/> Pharmacy assistant	<input type="checkbox"/> Pharmacy student	<input type="checkbox"/> Other: _____

**Medication prescribed by:**

Physician       Pharmacist       Dentist  
 Nurse practitioner       Other: \_\_\_\_\_

**Medication system stage involved (when it happened):**

Prescribing       Order entry       Verification  
 Preparation/dispensing       Delivery       Other: \_\_\_\_\_

**Medication or medical device involved (include drug, dose, form, route and directions):**

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**Event description:**

**Degree of harm caused to patient (as per World Health Organization definitions),<sup>1</sup> if applicable:**

1. Unknown
2. No harm: outcome is not symptomatic, and no treatment was required.
3. Mild harm: outcome was symptomatic, but symptoms were mild, loss of function or harm was either minimal or intermediate but short term, and no/minimal intervention was required.

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<sup>1</sup> Cooper J, Williams H, Hibbert P, et al. 2018. Classification of patient-safety incidents in primary care. *Bull World Health Organ.* 96(7): 498–505. Available from: <https://PMC6022620/>.

4. Moderate harm: outcome was symptomatic and required more than a minimal intervention, and/or an increased length of stay, and/or caused permanent or long-term harm or loss of function.
5. Severe harm: outcome was symptomatic and required a life-saving or other major medical/surgical intervention, shortened life expectancy, and/or caused major permanent or long-term harm or loss of function.
6. Death: death was caused or brought forward in the short term by the incident.

**Contributing factors (select all that apply):**

<input type="checkbox"/> Environmental distractions	<input type="checkbox"/> Operational process issue
<input type="checkbox"/> Lack of staff education	<input type="checkbox"/> Staff distribution
<input type="checkbox"/> Lack of quality control	<input type="checkbox"/> Other: _____

**Actions taken at the pharmacy level in response:**

**Root-cause analysis: the 5 whys<sup>2</sup>**

***After defining the problem/ incident, ask the question “why?” five or more times until a root cause is identified.***

- 1.
- 2.

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<sup>2</sup> Institute for Healthcare Improvement (IHI). 2019. 5 Whys: Finding the root cause of a problem. Available from: [https://www.ihi.org/sites/default/files/SafetyToolkit\\_5Whys.pdf](https://www.ihi.org/sites/default/files/SafetyToolkit_5Whys.pdf).

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- 3.
- 4.
- 5.

**Actions implemented:**

*(Ranked in order of effectiveness; refer to the hierarchy for more resources)*

**Action evaluation:**

**Date of follow up:** \_\_\_\_\_

**Describe status of actions taken and any updates needed:**