

# RISK WATCH

June 2019

Selected research, publications, and resources to promote evidence-informed risk management in Canadian healthcare organizations. Prepared by Healthcare Risk Management staff at the Healthcare Insurance Reciprocal of Canada (HIROC). Titles with an open lock icon  indicate that a publication is open access. For all others a subscription or library access is required; the librarian at your organization may be able to assist you. Please contact [riskmanagement@hiroc.com](mailto:riskmanagement@hiroc.com) for assistance if required.

## EDITOR'S NOTE



This month in Risk Watch, we have a focus on patient engagement. We draw your attention to the studies by Tran et al., in which patients with chronic conditions were asked for their ideas to improve their healthcare, and by Ericsson et al., which asked patients about the extent to which they believed they could influence safety in their own care. In the Ericsson study, 80% of patients who experienced harm in the last 10 years believed their latest harm episode could have been avoided if the healthcare professionals had listened to them. The study by Rhudy et al. looked at ways to increase enrollment in the use of a patient portal, a strategy to promote patient self-management of care. The authors found nursing workload was reduced when patients utilized the portal which allowed nurses to spend more time providing care to patients. The importance of fostering patient engagement for promotion of safety continues to evolve.

We hope you find these articles and resources relevant and valuable. We look forward to your input, which can be provided to me at [schow@hiroc.com](mailto:schow@hiroc.com).

## HOT OFF THE PRESS

### PATIENT ENGAGEMENT/CARE IMPROVEMENTS

#### [Patients' perspective on how to improve the care of people with chronic conditions in France: a citizen science study within the ComPaRe e-cohort](#)

Tran VT, Riveros C, Péan C, et al. *BMJ Qual Saf*. 2019 (online, April):1-12.

Study which explored involvement of 1,636 patients with chronic conditions to generate ideas to improve healthcare which included 3,613 ideas in sectors of hospital/clinics and health system improvements. Authors provide figures which categorize the improvement ideas.

### PATIENT ENGAGEMENT/SPEAKING UP

#### [Can patients contribute to safer care in meetings with healthcare professionals? A cross-sectional survey of patient perceptions and beliefs](#)

Ericsson C, Skagerström J, Schildmeijer K, et al. *BMJ Qual Saf*. 2019 (online, April):1-10.

Study in Sweden to investigate 1,445 patients' perceptions of meetings with their healthcare providers in primary and secondary care and the extent to which they believe they can influence safety. Most patients believed active encouragement by healthcare providers would make it easier for patients to participate in their own care.

## PATIENT ENGAGEMENT/PATIENT PORTALS

### [Improving patient portal enrolment in an academic resident continuity clinic: quality improvement made simple](#)

Rhuday C, Broxterman J, Stewart S, et al. *BMJ Open Quality*. 2019 (April)8(2):1-5.

Quality improvement project to increase enrollment in the patient portal at a large multisite health system in the US. Results showed after the first 4-week cycle patient enrollment increased by 9.6%. During the second cycle, additional educational sessions were provided to the nurses and physicians which resulted in a 15% increase in patient enrollment.

## CARE COORDINATION

### [Engaging primary care physicians in care coordination for patients with complex medical conditions](#)

Lockhart E, Hawker G, Ivers N, et al. *Can Fam Physician*. 2019 (April);65(4):e155-e162.

Study in Canada to assess primary care physicians (PCPs) engagement with the Seamless Care Optimizing the Patient Experience (SCOPE) project designed to connect community-based PCPs with the larger healthcare system. Results showed PCPs perceived improved collaboration with members of the healthcare system following implementation of the project.

## OBSTETRICS

### [Association between Apgar scores of 7 to 9 and neonatal mortality and morbidity: population based cohort study of term infants in Sweden](#)

Razaz N, Chattingius S, Joseph K. *BMJ*. 2019 (online May);365:1-7.

Study in Sweden to assess the relationship between “normal” Apgar scores of 7, 8, and 9 and infant mortality and morbidity compared to Apgar scores of 10. Results showed lower Apgar scores within the “normal” range and a decreasing Apgar score from 5 to 10 minutes were both associated with increased risk for infant mortality and morbidity. Authors suggested recording Apgar scores at 10 minutes regardless of scores at 1 and 5 minutes.

## QUALITY IMPROVEMENT/MENTAL HEALTH

### [Effects of team-based quality improvement learning in two teams providing dementia care](#)

Dixon N, Wellsteed L. *BMJ Open*. 2019 (online, April);1-9.

Study in the UK to investigate the effects of structured quality improvement (QI) learning with two teams, one comprised of nurses and the other, a multidisciplinary team. This study differs from traditional approaches to QI by focusing on team development as part of the QI process itself.

## TECHNOLOGY/SAFETY

### [Responding to health information technology reported safety events: insights from patient safety event reports](#)

Adams K, Kim T, Fong A, et al. *J Patient Saf Risk Manage*. 2019 (online, May):1-7.

Study in the US to analyze the resolution to 2,625 patient safety events involving health information technology found that 64% did not include a resolution and of those that did, training/education was the most common (55%); only 6% of events described two or more resolutions. Authors noted that more effective solutions need to focus on broader system design improvements.

## ADVANCED CARE PLANNING/LONG TERM CARE HOMES

### [Do-Not-Resuscitate and do-not-hospitalize orders in nursing homes: who gets them and do they make a difference?](#)

Tanuseputro P, Hsu A, Chalifoux M, et al. *J Am Med Dir Assoc.* 2019 (online, April):1-6.

Study involving 640 long-term care homes in Canada to explore the rate of do-not resuscitate (DNR) and do not hospitalize (DNH) orders among newly admitted residents into long-term care homes. The study concluded both orders “led to lower rates, but not absolute avoidance of hospitalizations near and at death”.

## MEDICATION ERRORS/TRANSITION

### [Evaluation of medication errors at the transition of care from an ICU to Non-ICU location](#)

Tully A, Hammond D, Li C, et al. *Crit Care Med.* 2019 (April);47(4):543-549.

Study involving 58 ICUs within 34 institutions in the US and two in the Netherlands to explore the point prevalence of medication errors at the time of transition of care from ICU to non-ICU and assessed error type and risk factors. The two factors associated with reduced odds of medication error during TOC were daily patient care rounds and discontinuation/reordering medications on transfer.

## Other Resources of Interest (all )

**[5 tips for guiding improvement with visual data](#)** (April 2019). Institute for Healthcare Improvement (US) article on using visual data to enable improvement in healthcare.

**[Boeing and the importance of speaking up](#)** (May 2019). Harvard Business Review (US) article on organizational culture change, psychological safety, and institutionalizing the behaviour of speaking up.

**[Global Risk Management Survey 2019](#)**. Aon (UK) reports summarizing survey results related to top global risks for the healthcare and insurance industries.

**[Golden rules of internal harassment investigations](#)** (May 2019). Borden Ladner Gervais LLP (CND) article providing a list of “golden rules” to assist organizations when conducting internal harassment investigations.

**[Governance options: getting started and evolving towards maturity](#)** (April 2019). Borden Ladner Gervais LLP (CND) resource to assist healthcare providers and organizations to develop a governance structure as they transition to Ontario Health Teams.

**[“Humanness”—a crucial component of knowledge sharing for patient safety](#)** (April 2019). Journal of Patient Safety and Risk Management (US) editorial on optimizing the human processes in knowledge transfer.

**[Putting healing back at the center of health care](#)** (May 2019). Harvard Business Review (US) article on healthcare organizations facilitating healing through strengthening organizational culture.

**[Saving babies’ lives – the drive to improve the safety of maternity services in England – progress to date and what more needs to be done](#)** (April 2019). Journal of Patient Safety and Risk Management (US) article on maternity care improvements since the investigation following the deaths of 16 babies and three mothers.

**[Should you accept a patient’s friend request on social media?](#)** (April 2019). College of Nurses of Ontario article with guidance on using social media.