Selected research, publications, and resources to promote evidence-informed safety and 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 for assistance if required.

COVID-19 Updates on HIROC.com
For information and resources related to COVID-19, please visit HIROC.com to access our COVID-19 Updates page. For a Q&A of Subscriber questions, log in and select COVID-19: Your Questions Answered from the Member Portal Links dropdown.

EDITOR’S NOTE
The December issue of Risk Watch includes a leading article with a Canadian Mental Health focus, as well as a wide array of quality improvement studies on diverse topics such as ICU rounding, and medication reconciliation. COVID-19 continues to have a significant impact on everything we do today, three articles, Twogood et al., Wang et al., and Martin et al. (closed article) describe innovative solutions for virtual student placements, elective surgery and hospital governance. Additionally, in our resources section readers will find a collection of source material on COVID related items ranging from cybersecurity, pregnancy, and how to combat COVID-19 fatigue. So get ready to indulge the analytical side of your mind, and dig into HIROC’s round up of quality safety and risk literature from the last two months.
If you have feedback about this month’s articles or Risk Watch, please send them to me at daltenberg@hiroc.com.

HOT OFF THE PRESS

QUALITY IMPROVEMENT/ MENTAL HEALTH

Mental Health and Addictions System Performance in Ontario: An Updated Scorecard, 2009–2017

Canadian Study updated the 2020 Mental Health and Addictions Scorecard, reporting on a number of indicators between 2009 and 2017. Findings support that the performance of the mental health and addictions health system did not improve substantially over time. Over the past decade, suicide rates have not declined and rates of emergency department visits for deliberate self-harm have continued to rise. There continues to be a growing use of mental health services in outpatient settings, with the majority of care provided by primary care physicians.

QUALITY IMPROVEMENT/ ACUTE CARE (ICU)

Evaluating the effect of nurse-initiated discussion of infection management during ICU bedside rounds

UK Study described a structured quality improvement (QI) evaluation of the daily bedside rounding model of the ICU clinical team with the addition of ‘infection’ as an entity in the ICU nurses’ structured daily report was found to improve inter-professional discussion of infection management.

The content does not necessarily reflect HIROC’s views. For queries contact riskmanagement@hiroc.com.
QUALITY IMPROVEMENT/PHARMACY

A realist synthesis of pharmacist-conducted medication reviews in primary care after leaving hospital: what works for whom and why?

Article from UK and Australia regarding medication reviews for transitions from hospital to community. Utilized “realist synthesis” and systematic literature search of databases. Results identified nine contexts in which 10 mechanisms to influence outcomes of pharmacist medication reviews (e.g. how trust in pharmacist skill might influence patient experience and attitudes toward the pharmacist’s clinical role).

QUALITY IMPROVEMENT/ USE OF PHOTOVOICE

Enhancing the healthcare quality improvement storyboard using photovoice

This Canadian study evaluates 17 quality improvement projects that participated in a photovoice initiative. This innovative approach allowed for greater engagement of participants and stakeholders with the identified problem.

INNOVATION/ VIRTUAL PLACEMENTS

Rapid implementation and improvement of a virtual student placement model in response to the COVID-19 pandemic

This article shows how the PDSA cycle was used to address challenges in providing clinical placements for physiotherapy students during the COVID-19 lockdown. Table 1 provides an example of how the project evolved from initiation, implementation to improvement.

QUALITY IMPROVEMENT/ SURGERY

Clearing the surgical backlog caused by COVID-19 In Ontario: a time series modelling study

This Canadian study models the size of the nonemergent surgical backlog during COVID-19. The study parametrises data from six administrative data sources and analyses accumulated backlog data from five Ontario health regions (West, Central, Toronto, East and North) during the COVID outbreak. Table 2 shows the province-wide and regional estimates of the backlog size by surgery type, clearance times and resources required to clear the backlog.

SAFETY/COMMUNICATION

Communication science lessons for patient safety and quality care

Article from Switzerland which explored communication science precepts applied to patient safety. Scenarios to understand complexities of healthcare are provided related to safety and inter-professional communication as well as provider-patient communication.
QUALITY IMPROVEMENT/RESILIENCY

How a shared humanity model can improve provider well-being and client care: An evaluation of Fraser Health’s Trauma and Resiliency Informed Practice (TRIP) training program

Article from a Canadian Health Authority which explored evaluation of the Trauma and Resiliency Informed Practice (TRIP) training program. The training program aims to reduce stigmatizing behaviours by enhancing knowledge and skills related to trauma awareness, self-compassion and compassion satisfaction. Authors note overall results support embedding resiliency and self-compassion within trauma-informed training programs to mitigate burnout, improve healthcare provider resilience and improve care by reducing stigma.

HOSPITAL GOVERNANCE/COVID-19

Finding a new normal: Hospital governance best practices during COVID-19
Martin N. Healthcare Quarterly. 2020 (October); 23(3):24-28.

Article from Canada which explores with the pandemic hospital boards need to act in an agile manner with good governance requiring active and effective oversight and being able to manage for an indefinite period. Provided are five suggestions for hospital boards to consider when preparing for future waves related to topic areas of: virtual meetings, board polices and work plans, board priorities, adjustment of enterprise risk framework, and good governance practices. The author states “Boards can seize this opportunity to reflect on best practices, extract underlying principles of good governance and elevate these practices into a “new normal” governance environment” (p.24).

Other Resources of Interest (all)

Canada: Taking Charge After A Cyber Attack (November 2020). Discussion with speakers from Accenture and Gowling WLG of considerations for a range of topics including preparation and prevention of cyberattacks, incident response and approaches to manage crisis communications.


How to combat COVID fatigue (November 2020). Article from The Canadian Press offers some strategies for supporting staff that are expressing concerns of the ongoing implementation of public health recommendations.

National Cyber Threat Assessment 2020 (October 2020). Canadian Centre for Cyber Security report on cyber threat to the Canadian economy through the theft of intellectual property and proprietary information.


Ontario proposes new bill to provide COVID-19 liability protection (October 2020). Article from BLG (CDN), describing a new bill from the Ontario government would, if passed, provide targeted liability protection against lawsuits arising out of exposure to and contraction of COVID-19.

Public health experts are learning from Canada’s anti-mask protests (October 2020). Article from Canadian Medical Association Journal News highlighting what can be learned from anti-mask protests as reflections of the mistrust of public health messaging, and the importance of improving public knowledge of vaccines to improve that trust.