

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.

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EDITOR'S NOTE



Dan Altenberg

The January issue of Risk Watch includes studies from a wide range of healthcare sectors, looking at claims data, high-reliability practices, quality improvement, and patient co-design. Crosby et al. and Meyers et al. offer a look into claims data analysis from Canadian anesthesiology and US emergency medicine as contrasting windows into how claims data can be used to identify patient safety concerns. Studies from Bergerum et al., Gong et al. and Stafford et al., are international descriptions of quality improvement projects focused on patient co-design in acute care and community care settings. Finally, Abdulla and Braithwaite identify measures to evaluate high-reliability practices across sectors, and effective COVID-19 measures across nations.

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

CLAIMS/ACUTE CARE (ANESTHESIOLOGY)



[Anesthesiology airway-related medicolegal cases from the Canadian Medical Protection Association](#)

Crosby ET, Duggan LV, Finestone PJ, et al. Can J Anaesth. 2020 (online, November) 16:1–13.

Canadian study analysing closed civil legal cases in 2007-2016 from the Canadian Medical Protection Association involving specialist anesthesiologists where airway management was the central concern. Conclusions found that even with low risk patients, severe patient harm was common when airway management was the focus of a medicolegal complaint involving anesthesiologists. Failure to assess or to change management based on the airway exam or encountered difficulty were the most commonly occurring errors.

RISK MANAGEMENT/ONCOLOGY



[Comparing the evolution of risk culture in radiation oncology, aviation, and nuclear power](#)

Abdulla, A, Schell, K, Schell, M. J Patient Saf. 2020 (December): 14(4): e352-e358.

US based study exploring risk culture in radiation oncology, aviation, and nuclear power. Bibliographic coupling analysis determines the strength of engagement across disciplinary boundaries and the extent of cross-adoption of best practices. The results revealed that radiation oncology is more insulated than the other two fields in its adoption and propagation of state-of-the-art risk management tools.

QUALITY IMPROVEMENT/PATIENT INVOLVEMENT

[Patient involvement in quality improvement – a ‘tug of war’ or a dialogue in a learning process to improve healthcare?](#)

Bergerum, C, Engström, AK, Thor, J, et al. M. BMC Health Serv Res. 2020 (December): 20(1): 1-13.

Study from Sweden analysing data from six QI teams that involved patients in different ways (e.g. attending team meetings, collecting patient preferences through interviews, etc). The study involved a qualitative design by constructivist grounded theory, revealing a number of conclusions. These included recognition of continuous dialogue and collective thinking as essential for improving QI, and recognising structural and cultural aspects as obstructions to progress.

GLOBAL HEALTH/COVID-19

[The 40 health systems. COVID-19 \(40HS. C-19\) study](#)

Braithwaite J, Tran Y, Ellis LA, et al. J. Int J Qual Health Care. 2020 (November); 30:1-7.

Study conducted by researchers in Australia of 40 health systems to investigate relationships between governments' capacity to respond (CTR), their response stringency, scope of COVID-19 testing and COVID-19 outcomes. Multidimensional scaling (MDS) and cluster analysis were applied to examine latent dimensions and visualise country similarities and dissimilarities. Results showed that early stringency measures to deal with a pandemic are insufficient. As well, extended stringency measures, while important in the short term, are not economically sustainable, and broad-based testing is key to managing COVID-19.

QUALITY IMPROVEMENT/NON-COMMUNICABLE DISEASES

[Invitations and incentives: a qualitative study of behavioral nudges for primary care screenings in Armenia](#)

Gong E, Chukwuma A, Ghazaryan E, et al. BMC Health Serv Res. 2020 (December); 20:1-14

Study from Armenia, looking at opportunities to improve the uptake of primary care screenings through a Health Belief Model. Interviews with 100 participants revealed that decisions to screen are influenced by the perceived need and perceived utility of screening, as well as the influence of external motivators.

QUALITY IMPROVEMENT/PAEDIATRIC MENTAL HEALTH

[Improving access and flow within child and adolescent mental health services: a collaborative learning system approach](#)

Stafford J, Aurelio M, Shah A. BMJ Open Qual. 2020 (November); (4):1-10.

UK Study describing a quality improvement project by East London Foundation Trust. Seven teams were supported to use quality improvement (QI) as part of a collaborative learning system with the aim of improving access and flow. Outcomes demonstrated reduced time from referral to 1st, 2nd, and 3rd appointment, reduced cancellations and the number of accepted referrals, while the average number of referrals and discharges were maintained.

EMERGENCY/PREVENTING HARM

[Characteristics of medical malpractice claims involving emergency medicine physician](#)

Myers, LC, Einbinder, J, Camargo, CA, et al. J Healthc Risk Manag. 2020 (October); Online ahead of print.

This article presents the results of a retrospective study focused on identifying the characteristics of US medical legal claims associated with Emergency Medicine. The authors examined a large number of closed claims from 2007 to 2016, with a focus on adult patients. The conclusions highlighted both diagnosis and procedure-related areas of practice as being common areas where medical legal claims occurred.

RISK MANAGEMENT/EVALUATION

[A Likert-type scale for evaluating the “bottom line” of patient safety](#)

Rashkovits, S. J Patient Saf Risk Manag. 2020 (online, December):1-5.

The author uses a validated reliability Likert scale to evaluate the perceptions of staff and leadership towards patient safety. The tool is transferable to different settings and helps to determine the degree to which the unit or ward may be reaching their goal of reducing adverse events.

GERONTOLOGY/QUALITY AND SAFETY

[Linking patient safety culture to quality ratings in the nursing home setting](#)

Yount, N, Zebrak, KA, Famolaro, T, et al. J Appl Gerontol. 2020 (November); Online ahead of print.

This US article compares four rating scales associated with patient safety culture (SOPS, NH SOPS, AHRQ, and 5 star MMSNH) to examine the relationship between the ratings and patient safety culture. The results supported the authors' hypothesis that nursing homes with higher ratings tended to score higher on scales of patient safety culture.

Other Resources of Interest (all)

[Artificial intelligence in health care: Benefits and challenges of technologies to augment patient care](#) (November 2020). Joint report published by the Government Accountability Office (GAO) and the National Academy of Medicine (NAM) assessing current and emerging AI-enabled tools in both clinical and administrative applications.

[Canada's COVID-19 immunization plan: saving lives and livelihoods](#) (December, 2020). Public Health Agency of Canada's plan and core principles to guide the rollout of COVID 19 immunization.

[Fact sheet: Digital Charter Implementation Act, 2020](#) (November 17, 2020). This fact sheet from Government of Canada outlines the proposed legislative amendments.

[Government of Canada proposes amendments to PIPEDA](#) (November 2020). The Canadian federal government has issued a [fact sheet](#) summarising the proposed changes. Bill C-11 creates a new Consumer Privacy Protection Act (CPPA), and Data Protection Tribunal Act (DPTA) and proposes amendments to Personal Information Protection and Electronic Documents Act (PIPEDA).

[Gyms, restaurants, mass transit, and community COVID-19 exposures](#) (December, 2020). This audio review discusses the types of activities that might be associated with COVID-19 disease transmission.

[Key populations for early COVID-19 immunization: preliminary guidance for policy](#) (November 30, 2020). CMAJ article on Canada's National Advisory Committee on Immunization (NACI) preliminary policy guidance for administering COVID-19 vaccine to key populations.