

# RISK WATCH Quarterly

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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](mailto:riskmanagement@hiroc.com) for assistance if required.



**Anthony Soung Yee**

## Editor's Note

The October 2021 issue of Risk Watch includes a quarterly offering of articles on the three HIROC patient safety drivers: maternal neonatal care, mental health death by suicide while under care, and patient deterioration.

On the subject of maternal neonatal care, Siegle et al. highlight the results of a qualitative study on hospital-based, midwife-led antenatal care and consultation to understand the potential benefits for obstetrical interventions and admission processes. You will also find two Canadian articles - Vigod et al. discuss the burden of postpartum mental illness on primary care physicians, while Waibel et al. describe the development of a framework to support the complex health needs of the pediatric population in British Columbia.

On the subject of mental health, death by suicide under care, Oliffe et al. describe a scoping review of male suicide research amongst Canadian male subgroups, revealing a number of areas of improvement. Khawagi et al. examine the

potential safety issues when prescribing medications for mental health patients in primary care, through the use of 18 mental health medication indicators.

On the subject of patient deterioration, articles from DeSai et al. and Lupei et al. discuss work on the standardization and simplification of discharge instructions and a hand-over communication tool, respectively. The latter includes the results of a one year follow up evaluation on their novel tool for the cardiovascular intensive care unit (CVICU).

You will also find a collection of resources, including a guidance document for managing mental health in pregnant and postpartum individuals, ECRI's first Annual Report reflecting on US patient safety events, as well as a whitepaper focusing on three key areas of risk to help organizations build resilience in the face of evolving risks.

If you have feedback about this quarterly edition of Risk Watch, please send them to me at [asoungyee@hiroc.com](mailto:asoungyee@hiroc.com)

## MATERNAL NEONATAL

**[Sustainability of hospital-based midwife-led antenatal care consultation — a qualitative study](#)**

Siegle, A., Sayn-Wittgenstein, F. Roes, M. BMC Health Serv Res. 2021 Aug 23;21(1):858. doi: 10.1186/s12913-021-06863-w.

This panel of national experts from Germany provide insights into a nursing and midwifery quality of care initiative. Semi-structured qualitative interviews were used to understand the various outcomes and benefits of the improving obstetrical interventions and admission processes. Sustainability and evaluation were identified as areas for further developments.

**[Postpartum mental illness during the COVID-19 pandemic: a population-based, repeated cross-sectional study](#)**

Vigod, S. et al. CMAJ. 2021 Jun 7;193(23):E835-E843. doi: 10.1503/cmaj.210151.

With the COVID-19 pandemic having shifted access to community supports for individuals in the post-partum period, this Canadian (Ontario) study examines the clinical burden of post-partum mental illness on primary care physicians. This research highlights the need for accessible and effective care. See the resource section for the new *Perinatal Mental Health Care Pathway and Guidance Document*.

**[Development of the Tiers of Service framework to support system and operational planning for children's healthcare services](#)**

Waibel et al. BMC Health Serv Res. 2021 Jul 13;21(1):693. doi: 10.1186/s12913-021-06616-9

Canadian study describing the value of developing a framework collaboratively to plan and address the complex health needs of the pediatric population in British Columbia (BC). The Tiers of Service framework was endorsed by Child Health BC, with the outcomes of optimizing the flow and access to high-quality services. The framework includes both community and sub-specialized services.

## MENTAL HEALTH - DEATH BY SUICIDE UNDER CARE

**[Segmenting or Summing the Parts? A Scoping Review of Male Suicide Research in Canada](#)**

Oliffe JL, Kelly MT, Montaner GG, Links PS, Kealy D, Ogrodniczuk JS. 2021 May;66(5):433-445. doi: 10.1177/07067437211000631. Epub 2021 Mar 15. PMID: 33719600; PMCID: PMC8107953.

Canadian study investigating a number of suicide prevention initiatives amongst Canadian male subgroups. A scoping review was conducted, with 68 studies meeting the inclusion criteria. Studies included those comparing at risk male subgroups to females, general male populations, and/or other marginalized groups with an emphasis on mental health disparities and increased suicide risk. The authors conclude that while male subgroups who are vulnerable to suicidality and suicide were consistently described, these insights have not translated to targeted upstream suicide prevention services for Canadian boys and men. The authors posit that there may be some important gains to be made in a number of areas of further studies focused on integrating social and mental healthcare services for marginalized men and implementing school-based masculinity programs for adolescent males.

 **Evaluating the safety of mental health-related prescribing in UK primary care: a cross-sectional study using the Clinical Practice Research Datalink (CPRD)**

Khawagi WY, Steinke D, Carr MJ, Wright AK, Ashcroft DM, Avery A, Keers RN. *BMJ Qual Saf.* 2021 Aug 25;bmjqs-2021-013427. doi: 10.1136/bmjqs-2021-013427. Epub ahead of print. PMID: 34433681.

UK study examining the prescribing safety issues for mental health patients in primary care, looking at prevalence of hazardous and inadequate prescribing indicators and medication monitoring indicators in UK primary care. A set of cross-sectional analyses of electronic health records revealed that patients aged 35–44, females and those receiving more than 10 repeat prescriptions were at greatest risk of triggering a prescribing indicator. Patients aged less than 25, females and those with one or no repeat prescription were found to be at risk of triggering a monitoring indicator. The authors state that these findings support primary care providers to identify improvement targets and inform improvement efforts to reduce medication-related harm in primary care.

**PATIENT DETERIORATION**

 **Empowering patients: simplifying discharge instructions**

DeSai C, Janowiak K, Secheli B, et al. *BMJ Open Quality* 2021;10:e001419. doi: 10.1136/bmjog-2021-001419.

UK study examining the limitations of written discharge instructions to provide patients essential information at discharge. A one-page discharge called a simplified information page (SIP) was developed as an interactive document written at a Flesch-Kincaid grade 5 level, which includes simple pictograms to act as a memory aid. The SIP was tested on 118 patients to measure its effect on patient understanding. The results showed significantly improved ED discharge instruction knowledge.

 **Implementation and 1-year follow-up of the cardiovascular ICU standardised handover**

Lupei M, Munshi N, Kaizer AM, Patten L, Wahr J. *BMJ Open Qual.* 2021 Sep;10(3):e001063. doi: 10.1136/bmjog-2020-001063. PMID: 34518301.

US study, evaluating the use of a novel hand-over communication tool specifically for use within an cardiovascular intensive care unit (CVICU). Researchers found that one year after implementation, healthcare provider satisfaction remained improved, there was increased team member engagement, and improved transfer of information. The article details a QI methodology led by multidisciplinary clinical teams and a simple survey used to assess staff satisfaction. While satisfaction and uptake were significantly improved, the impact on patient outcomes and team efficiency are noted to be subject for future studies.

**OTHER RESOURCES OF INTEREST**

**[Perinatal Mental Health: Guidance for the identification and management of mental health in pregnant and postpartum individuals](#)** (*Provincial Council of Maternal and Child Health, August 2021*). Tools to address the increasing needs of families regarding perinatal mental health.

**[2020 Annual Report - A Reflection on Patient Safety in 2020 with Actionable Insight for 2021 and Beyond](#)** (*ECRI, 2021*). ECRI's first Annual Report reflecting on US patient safety events from 2020, with insights for 2021.

**[Build a Highly Resilient Hospital for the New Normal](#)** (*Everbridge, 2021*). Whitepaper on a Critical Events Management approach, focusing on three key areas of risk to help organizations build resilience in the face of evolving risks.