


RISK WATCH

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 for assistance if required.



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Editor's note

The June 2023 issue of Risk Watch includes articles on the three areas: maternal neonatal care, COVID-19 emergency response planning, and healthcare human resources.

On maternal/neonatal issues, Jairam et al. investigate severe maternal morbidity and mortality among immigrant and Canadian-born women residing within low-income neighbourhoods, as well as Ginsberg et al. examining the current psychosocial services and practices for parents with infants in neonatal intensive care units (NICU) across Australia and New Zealand.

On the topic of COVID-19 emergency response planning, we have Canadian articles from Smith et al. investigating centralization and integration of public health system responses to the COVID-19 pandemic, and Kafiriri et al. investigate the aspect of priority setting in pandemic planning and response.

Articles on healthcare human resources include Canadian articles from Adams et al. investigating the topic of virtual practice policies during COVID-19, and from Montesanti et al. investigating the impact of family presence and visitor policies in acute care hospitals during COVID-19.

You will also find a collection of resources, including a community partnership toolkit from Algoma Ontario Health Team, a report on modernizing Ontario's Personal Health Information Protection Act, and announcements from the Government of Canada related to investments in research for vaccine and therapeutics production.

If you have feedback about this edition of Risk Watch, please send them to me at asoungyee@hiroc.com.

**MATERNAL NEONATAL****Severe maternal morbidity and mortality among immigrant and Canadian-born women residing within low-income neighborhoods in Ontario, Canada**

Jairam JA, Vigod SN, Siddiqi A, Guan J, Boblitz A, Wang X, O'Campo P, Ray JG. JAMA Netw Open. 2023 Feb 1;6(2):e2256203. doi: 10.1001/jamanetworkopen.2022.56203. PMID: 36795412; PMCID: PMC9936351.

Canadian study comparing the risk of severe maternal morbidity or mortality (SMM-M) among immigrant and nonimmigrant women residing exclusively within low-income areas. A population-based cohort study used administrative data for Ontario, Canada, from 2002 to 2019. The authors suggested that among universally insured women residing in low-income urban areas, immigrant women have a slightly lower associated risk of SMM-M than their nonimmigrant counterparts. The authors recommended that efforts aimed at improving pregnancy care should focus on all women residing in low-income neighbourhoods.

**Psychosocial support provided to parents of infants in Neonatal Intensive Care Units: An international survey**

Ginsberg KH, Serlachius A, Rogers J, Alsweller J; Australian and New Zealand Neonatal Network. J Pediatr. 2023 May 10:113456. doi: 10.1016/j.jpeds.2023.113456. Epub ahead of print. PMID: 37172808.

Study examining the current psychosocial services and practices for parents with infants in Level II nurseries and Level III neonatal intensive care units (NICU) across Australia and New Zealand. Mixed methods of descriptive and statistical analysis were used to describe current services and practices. The authors identified significant gaps in parent support services in Level II and Level III NICUs across Australia and New Zealand despite well-documented distress parents with infants in neonatal units experience and the evidence-based practices known to reduce this stress.

**COVID-19 EMERGENCY RESPONSE PLANNING****Centralization and integration of public health systems: Perspectives of public health leaders on factors facilitating and impeding COVID-19 responses in three Canadian provinces**

Smith RW, Jarvis T, Sandhu HS, Pinto AD, O'Neill M, Di Ruggiero E, Pawa J, Rosella L, Allin S. Health Policy. 2023 Jan;127:19-28. doi: 10.1016/j.healthpol.2022.11.011. Epub 2022 Nov 23. PMID: 36456399; PMCID: PMC9681988.

Canadian study on the impacts of centralization and integration on public health system responses to the COVID-19 pandemic in three Canadian provinces. A comparative case study public health system leaders in three Canadian provinces revealed insights about potential structural facilitators and impediments of effective COVID-19 pandemic responses, and highlighted key areas to inform system design that support leaders to manage large-scale public health emergencies.

**Was priority setting included in the Canadian COVID-19 pandemic planning and preparedness? A comparative analysis of COVID-19 pandemic plans from eight provinces and three territories.**

Kapiriri L, Essue BM, Velez CM, Julia A, Elysee N, Bernardo A, Marion D, Susan G, Ieystn W. Health Policy. 2023 Apr 5;133:104817. doi: 10.1016/j.healthpol.2023.104817. Epub ahead of print. PMID: 37150048; PMCID: PMC10074731.

Canadian study examining how the Canadian federal, provincial and territorial COVID-19 pandemic preparedness planning documents integrated priority setting, and how it can be influenced by diverse political, cultural and behavioral factors. The authors found that the federal plan included most of the parameters of effective priority setting, while the provinces and territories reflected few parameters. The authors conclude that provinces could consider the use of frameworks and the WHO guidelines to guide future pandemic planning, and recommend regular evaluation of the priorities set during emergency response planning.

**Adverse Patient Safety Events During the COVID Epidemic**

Yackel EE, Knowles R, Jones CM, Turner J, Pendley Louis R, Mazzia LM, Mills PD. J Patient Saf. 2023 May 1. doi: 10.1097/PTS.0000000000001129. Epub ahead of print. PMID: 37125700.

US retrospective descriptive analysis of patient safety events related to COVID-19 within the Veterans Hospital Association from March 2020 to February 2021. Events coded for type of event, location, and cause of event revealed a number of insights consistent with other studies within the first year of the pandemic. The authors recommended a focus on patient safety culture, leadership, and governance; proactive development of checklists, cognitive aids, and other tools; enhancing communication efforts with patient safety huddles; and maximizing the use of experts who are knowledgeable in system and human factors theories.

**HEALTHCARE HUMAN RESOURCES****Regulating for-profit virtual care in Canada: Implications for medical profession regulators and policy-makers**

Adams TL, Leslie K. Healthc Manage Forum. 2023 Mar;36(2):113-118. doi: 10.1177/08404704221134872. Epub 2022 Nov 24. PMID: 36421019; PMCID: PMC9975815.

Canadian study investigating the extent to which virtual practice policies addressed issues around mobility and licensure, equitable access, privacy, complaints, and continuity of care. A mapping of regulatory policy across 10 Canadian provinces by analyzing practice standards and guidelines for virtual care found considerable variation across provincial regulatory bodies. The authors identified gaps and leading practices to inform recommendations for professional regulators and policy-makers, and concluded that collaboration among regulators, governments, and virtual care corporations in Canada and internationally is needed.

**Family caregivers as essential partners in care: examining the impacts of restrictive acute care visiting policies during the COVID-19 pandemic in Canada**

Montesanti S, MacKean G, Fitzpatrick KM, Fancott C. BMC Health Serv Res. 2023 Mar 31;23(1):320. doi: 10.1186/s12913-023-09248-3. PMID: 37004050; PMCID: PMC10066017.

Canadian study investigating how changes to family presence and visiting policies and practices during the COVID-19 pandemic have impacted patients, family caregivers and frontline healthcare providers (HCPs) in acute care hospitals. Analysis of a total of 38 semi-structured interviews with patients, family caregivers and HCPs highlighted that there is no "one-size-fits-all" caregiver presence policy that will address all patient needs, and that patients and family caregivers are welcomed as part of the healthcare team in ways that work for them.

Other Resources of Interest

Community Partnership Toolkit

(The Algoma Ontario Health Team, 2020.) Tools and templates for organizations looking to start or strengthen their partnership and engagement activities with patients, clients, family members, caregivers, individuals with lived and living experience, and other citizens.

Modernizing Ontario's Personal Health Information Protection Act: Recommendations for a data-driven health system

(Cartagena R, Lewandoski A, Paterson M, Schull M, Smeed T, Smith M, Vermeulen M. Toronto, ON: ICES; 2023.) Report aims to stimulate discussion about how robust and creative data frameworks and data governance models will benefit the public and lead to improvements in the health system. The report provides an overview of Institute for Clinical Evaluative Sciences (ICES)' five recommendations to the Ministry of Health

Lessons From the Northeast COVID-19 Surge: Well-Being of the Health Care Workforce (Kiely SC, Parisi S, Farley H, Ripp J. Am J Med Qual. 2023 Jan-Feb 01;38(1):57-62). A summary article from a series of talks from the Thomas Jefferson University, College of Population Health Seminar Series. The authors describe issues impacting health care workers during this early period of the pandemic with example strategies to approach well-being at the organizational level.

Implementing leading practices in regional-level primary care workforce planning: Lessons learned in

Toronto (Simkin S, Chamberland-Rowe C, Damba C, Sava N, Lim T, Bourgeault IL. Healthcare Manage Forum. 2023 Jan;36(1):15-20. doi: 10.1177/08404704221117263) Article on key considerations for an integrated workforce planning process to support evidence-based primary care workforce decision-making for the Toronto region. The toolkit was co-developed and operationalized by Ontario Health Toronto and the Canadian Health Workforce Network (CHWN).

International partnership supports vaccine research to prevent future outbreaks

(Government of Canada, 2023) The Canadian Government announced an investment of over \$100 million to support the Coalition for Epidemic Preparedness Innovations (CEPI), to help accelerate the development of vaccines and reduce the vaccine development time for a range of known and emerging infectious diseases, including those with pandemic potential.

Government of Canada establishes new research hubs to accelerate Canada's vaccine and therapeutics production

(Government of Canada, 2023) To accelerate the research and development of next-generation vaccines and therapeutics and diagnostics, the Canadian Government announced an investment of \$10 million in support of the creation of five research hubs:

- CBRF PRAIRIE Hub, led by the University of Alberta
- Canada's Immuno-Engineering and Biomanufacturing Hub, led by The University of British Columbia
- Eastern Canada Pandemic Preparedness Hub, led by the Université de Montréal
- Canadian Pandemic Preparedness Hub, led by the University of Ottawa and McMaster University
- Canadian Hub for Health Intelligence & Innovation in Infectious Diseases, led by the University of Toronto